

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: SEE ATTACHED ENDORSEMENT

NCCI Company Number:

10456

Company Code: 9



POLICY NUMBER:

Previous Policy Number:

HOUSING CODE: DX

Suffix	
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	02

1. **Named Insured and Mailing Address:** SAMPLE COMPANY INC.
(No., Street, Town, State, Zip Code)

1420 SHOTWELL ST
SAN FRANCISCO, CA 94110

FEIN Number: xxxxxxxx State

Identification Number(s):

The Named Insured is: CORPORATION

Business of Named Insured: MEDICAL OFFICE - PHYSIOTHERAPI

Other workplaces not shown above: SEE ATTACHED SCHEDULES

2. **Policy Period:** From 06/15/17 To 06/15/18
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: SAMPLE Company

PO BOX 33015
SAN ANTONIO, TX 78265

Producer's Code: 141506

Issuing Office: THE HARTFORD
3600 WISEMAN BLVD.
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$38,487

Deposit Premium:

Policy Minimum Premium: \$720 CA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by
Authorized Representative

05/02/17
Date

06525

*15000257KU97070101



3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: CA, OR

B. Employers liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$1,000,000	each accident
Bodily injury by Disease	\$1,000,000	policy limit
Bodily injury by Disease	\$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, US TERRITORIES, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 99 00 05 WC 00 04 06 WC 00 04 21D WC 00 04 22B WC 00 04 24
SEE ENDT

4. The premium for this policy **will** be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis	Rates Per \$100 of Remuneration	Estimated Annual Premium
	Total Estimated Annual Remuneration		

(SEE ATTACHED SCHEDULES)

TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)	120
CA TERRITORIAL DIFFERENTIAL PREMIUM T137 (0.810)	-12,710
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	54,183
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION	41,179
SCHEDULE MODIFICATION	-4,118
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	37,229
PREMIUM DISCOUNT	-1,117
EXPENSE CONSTANT (0900)	200
TOTAL ESTIMATED STATE SURCHARGE	1,167
TERRORISM (9740)	1,003
CATASTROPHE (9741)	5
TOTAL ESTIMATED ANNUAL PREMIUM	38,487

Total Estimated Annual Premium:	\$38,487
Deposit Premium:	
Policy Minimum Premium:	\$720 CA (INCLUDES INCREASED LIMIT MIN. PREM.)

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

NAICS:
SIC:



SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY

Company Code: 6

Policy Number: 57 WEC

Schedule Number: 01-04-01

Effective Date: 06/15/17 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

CA 94110

NAICS:

UIN:

SIC:

NO. OF EMPL:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

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Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8834 PHYSICIANS - ALL EMPLOYEES - INCLUDING CLERICAL OFFICE EMPLOYEES - N.P.D.	2,496,000	2.68	66,893
TOTAL CLASS PREMIUM			66,893
CA TERRITORIAL DIFFERENTIAL PREMIUM T137	0.810		-12,710
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			54,183
CA - INTRA EXPERIENCE MODIFICATION 045822279			.760
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			41,179
CA - SCHEDULE MODIFICATION (0.900) (9887)			-4,118
PREMIUM ADJUSTED BY SCHEDULE MODIFICATION			37,061
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			37,061
PREMIUM DISCOUNT 3.0 PERCENT			-1,112
EXPENSE CONSTANT (0900)			200
CA SURCHARGE 2.000 PERCENT			743
USER FUNDING ASSESSMENT 0.3128 PERCENT			116
FRAUD ASSESSMENT 0.1675 PERCENT			62
CA UNINSD EMPL BENEFIT TRUST FUND 0.0721 PERCENT			27
CA SUBSEQ INJ BENEFITS TRUST FUND 0.1335 PERCENT			50
CA OCCUP SAFETY AND HEALTH FUND 0.2305 PERCENT			86
CA LABOR ENFORCE AND COMPL FUND 0.1918 PERCENT			71
TERRORISM (9740)	2,496,000	.040	998
TOTAL ESTIMATED ANNUAL PREMIUM			38,302
DEPOSIT PREMIUM - CA			38,302

Countersigned by _____ Authorized Representative



SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

INSURER: PROPERTY & CASUALTY INS CO. OF HARTFORD

Company Code: P

Policy Number: 00000000

Schedule Number: 01-36-01

Effective Date: 06/15/17 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

Sample Company Inc . . NO

SPECIFIC LOCATION

OR

NAICS:

UIN:

SIC:

NO. OF EMPL:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Code Number and * Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8810 CLERICAL OFFICE EMPLOYEES NOC	24,100	.20	48
TOTAL CLASS PREMIUM			48
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			120
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			168
PREMIUM DISCOUNT 3.0 PERCENT			-5
OR WC ADMINISTRATIVE FUND 6.80 PERCENT			12
TERRORISM (9740)	24,100	.020	5
CATASTROPHE (9741)	24,100	.020	5
TOTAL ESTIMATED ANNUAL PREMIUM			185

Countersigned by _____ Authorized Representative

Form

(1) Printed in U.S.A.

Policy Expiration Date: 06/15/18

Process Date:

05/02/17