




Phone: 602.631.2300
Toll Free: 1.800.231.1363

3030 N 3rd Street | Phoenix AZ 85012-3068

copperpoint.com

03/02/2024

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

**Policyholder Registration Credential**

Policy Number:

1022454

Account Number:

5000018722

Please reference these credentials when accessing copperpoint.com

Policy Number: 1022454

Dear Policyholder:

Thank you for renewing through CopperPoint Indemnity Insurance Company. Enclosed please find your new Workers Compensation and Employers Liability Insurance Policy.

Total Premium	Down Payment	Installment Frequency or Payment Plan
\$23,475.00	\$2,491.50	Installment Plan - 10 Pay, 10% Down

As a reminder, helpful products and services are available on our website, copperpoint.com, where it is easy to create a registered account using your policy and account numbers located above.

Please visit the Customer Login page at ce.copperpoint.com to create your web account or call us at 1-800-231-1363 for assistance.

With your account, you'll have 24/7 access to resources, such as:

- Fast claim filing
- Payroll reporting
- Account invoices and billing history
- Payment by electronic funds transfer (EFT)
- Exclusive safety videos
- Safety cards by industry and injury prevention
- Downloadable step-by-step safety plan template
- State-specific workplace compliance and safety posters

Again, we thank you for choosing CopperPoint Indemnity Insurance Company, a premier provider of workers compensation and a leading advocate for workplace safety. "Put us to work for you."

If you have any questions, please contact us at 602.631.2300 or 1.800.231.1363.
This document may have been uploaded to the CopperPoint Portal.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Type of Ownership: **Corporation - Private**
Tax Identification No: **72-1535661**

Item 1

RT BROWN MECHANICAL INC
3113 N NORFOLK
MESA, AZ 85215

Item 2

Policy Period, From: **04/01/2024** To: **04/01/2025**
12:01 AM Standard Time at your mailing address.

Item 3

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here: **AZ**

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** each employee
Bodily Injury by Disease \$ **1,000,000** policy limit

C. Other States Insurance: Part three of the policy per the Terms of the Limited Others States Insurance Endorsement

D. This policy includes these endorsements and schedules: See Extension of Information Pages

See **Item 4**, below, for other workplaces not shown above.

Item 4 Classification of Operations	Class Code	The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.	PREMIUM BASIS Estimated Total Annual Remuneration	RATES Rate per \$100 of Payroll	ESTIMATED ANNUAL PREMIUM
ARIZONA					
04/01/2024 - 04/01/2025					
1 3113 N NORFOLK, MESA, AZ 85215					
	8720	Construction – Job Site Salesperson and Estimators	\$0	0.570000	\$0
	5537	HEATING, VENTILATION, AIR-CONDITIONING, AND REFRIGERATION SYSTEMS - INSTALLATION, SERVICE AND REPAIR, SHOP, YARD	\$1,047,131	2.580000	\$27,016
	5606	CONTRACTOR - PROJECT MANAGER, CONSTRUCTION EXECUTIVE, CONSTRUCTION MANAGER OR CONSTRUCTION SUPERINTENDENT	\$108,902	0.640000	\$697
	8742	SALESPERSONS OR COLLECTORS - OUTSIDE	\$0	0.160000	\$0
	8810	CLERICAL OFFICE EMPLOYEES-N.O.C.	\$78,535	0.080000	\$63
		Manual Premium			\$27,776
	0930	Waiver of Subrogation - Blanket	\$27,776	0.020000	\$556
	9812	Increased Limit Charge	\$27,776	0.011000	\$306
	9898	Experience modifier	\$28,638	1.120000	\$3,437
	9887	Schedule credit	\$32,075	-0.200000	(\$6,415)
* THIS IS NOT A BILLING *					
If indicated, interim adjustments of premium shall be made: Installment Plan - 10 Pay, 10% Down		Minimum Premium: \$573	Down Payment Premium: \$2,491.50	Total Estimated Annual Premium: \$23,475	

Endorsement Numbers: Refer to Endorsement WC 99 06 60

Rating Effective Date: **04/01/2024**
Experience Modification Factor: **1.120000**
Expires: **04/01/2025**
NCCI Risk ID: **020502878**

Rating Effective Date:


Experience Modification Factor:

Expires:

WCIRB Risk ID:

Countersigned: **March 2**

20 **24**



President / Authorized Representative

WC 00 00 01 D (Ed. 03/22)

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Type of Ownership: Corporation - Private Tax Identification No: 72-1535661	Item 2 Policy Period, From: 04/01/2024 To: 04/01/2025 12:01 AM Standard Time at your mailing address.
Item 1 RT BROWN MECHANICAL INC 3113 N NORFOLK MESA, AZ 85215	Item 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here: AZ 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 each employee Bodily Injury by Disease \$ 1,000,000 policy limit C. Other States Insurance: Part three of the policy per the Terms of the Limited Others States Insurance Endorsement D. This policy includes these endorsements and schedules: See Extension of Information Pages
See Item 4 , below, for other workplaces not shown above.	

Item 4 Classification of Operations	Class Code	The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.	PREMIUM BASIS Estimated Total Annual Remuneration	RATES Rate per \$100 of Payroll	ESTIMATED ANNUAL PREMIUM
	9846	Alcohol and Drug Free Workplace Credit	\$25,660	-0.050000	(\$1,283)
	9740	Terrorism	\$1,234,568	0.010000	\$123
	9741	Catastrophe (other than Certified Acts of Terrorism)	\$1,234,568	0.010000	\$123
	0063	Premium discount	\$24,377	0.053670	(\$1,308)
	0900	Expense constant	\$1	160	\$160
		ARIZONA Total Premium			\$23,475
* THIS IS NOT A BILLING *					

If indicated, interim adjustments of premium shall be made: Installment Plan - 10 Pay, 10% Down	Minimum Premium: \$573	Down Payment Premium: \$2,491.50	Total Estimated Annual Premium: \$23,475
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Endorsement Numbers: Refer to Endorsement WC 99 06 60

Rating Effective Date: 04/01/2024 Experience Modification Factor: 1.120000 Expires: 04/01/2025 NCCI Risk ID: 020502878	Rating Effective Date: Experience Modification Factor: Expires: WCIRB Risk ID: Countersigned: March 2	20 24
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President / Authorized Representative

EXTENSION OF INFORMATION PAGE

Schedule of Forms

ITEM 3D

POLICY NO: 1022454

<u>Form Numbers</u>	<u>Form Name</u>	<u>Applicable States</u>
WC 99 06 17	Dividend Endorsement	AZ
P-504.1	Out of State Coverage Advisory	AZ
P-799	Policy Renewal Statement Letter	AZ
WC 00 00 01 D	Information Page Notes	AZ
WC 99 04 19	Premium When Due Endorsement	AZ
WC 99 06 18	Notification of Dividend	AZ
SM-705	Annual Drug and Alcohol Program	AZ
P-503	Verification Form Independent Contractor Premium Advisory	AZ
WC 00 00 00 C	Workers Compensation and Employers	AZ
P-531	Liability Insurance Policy Installment Plan Schedule	AZ
WC 00 99 06 25	Schedule of Fees	AZ
WC 02 06 03	Arizona Amendatory Endorsement	AZ
WC 00 04 22 C	Terrorism Risk Insurance Program	AZ
WC 00 99 03 22	Reauthorization Act Disclosure Endorsement Limited Other States Insurance Endorsement	AZ
WC 00 03 13	Waiver of Our Right to Recover from Others	AZ
WC 99 06 60	Endorsement Extension of Information Page Item 3D	AZ
WC 00 04 21 F	Endorsement Catastrophe (Other Than Certified Acts of	AZ
WC 00 99 06 23	Terrorism) Premium Endorsement Membership Endorsement	AZ
WC 02 04 01 C	Arizona Alcohol & Drug Free Workplace	AZ
WC 00 03 08	Premium Credit Endorsement Partners, Officers And Others Exclusion	AZ
WC 00 04 04	Endorsement Pending Rate Change Endorsement	AZ

Note:

This endorsement may be used to extend the information page by listing additional endorsements and schedules that are part of the policy.

WC 99 06 60

(Ed. 05/22)

<u>Form Numbers</u>	<u>Form Name</u>	<u>Applicable States</u>
WC 00 04 14 A	90-Day Reporting Requirement—Notification	AZ
WC 00 04 25	of Change in Ownership Endorsement	
	Experience Rating Modification Factor	AZ
WC 02 06 01 C	Revision Endorsement	
	Arizona Cancellation and NonRenewal	AZ
WC 99 06 22	Endorsement	
	Extension of Information Page Schedule of	AZ
	Named Insured	

Note:

This endorsement may be used to extend the information page by listing additional endorsements and schedules that are part of the policy.

WC 99 06 60

(Ed. 05/22)




CopperPoint Indemnity Insurance Company

CARRIER CODE 93107

POLICY ENDORSEMENT

Please attach this endorsement to your policy

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

EFFECTIVE 12:01 AM	MO DAY YEAR	AMENDING POLICY NUMBER	MO DAY YEAR	AUTHORIZED REPRESENTATIVE
	04/01/2024	1022454	03/02/2024	 Counter signed at Phoenix, Arizona

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

EXTENSION OF INFORMATION PAGE

Schedule of Named Insured

Item 1

Named Insured

FEIN

N/A

N/A

Doing Business As

N/A

Agency

LeBaron & Carroll LLC (Mesa)
1350 E Southern Ave
Mesa, AZ 85204

602-602-6002

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 01-15)

insurance or self insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Non-appropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

(Ed. 01-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for “bodily injury by accident—each accident” is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for “bodily injury by disease—policy limit” is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for “bodily injury by disease—each employee” is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE—PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX—CONDITIONS**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



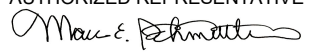
CARRIER CODE 93107

POLICY ENDORSEMENT

Please attach this endorsement to your policy

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

CopperPoint Indemnity Insurance Company

EFFECTIVE 12:01AM AT THE MAILING ADDRESS OF THE INSURED	MO DAY YEAR 04/01/2024	AMENDING POLICY NUMBER 1022454	ENDORSEMENT NO	MO DAY YEAR 03/02/2024	AUTHORIZED REPRESENTATIVE  Counter signed at Phoenix, Arizona
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RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

PREMIUM WHEN DUE ENDORSEMENT

Payment of all "premium when due" includes payment of any outstanding workers compensation premium obligation or other monetary obligation (e.g. deductible) on any previous workers compensation policy from a subsidiary or affiliate of the insurer named on the information page.

"Premium when due" also includes payment of final premium based upon audit. If you do not complete an audit as requested, final premium will be determined based upon an estimated audit. The due date for audit and retrospective premiums is the date indicated on the billing statement.

We may credit payments received to the oldest amounts due.




CARRIER CODE 93107

POLICY ENDORSEMENT

Please attach this endorsement to your policy

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

CopperPoint Indemnity Insurance Company

EFFECTIVE 12:01AM AT THE MAILING ADDRESS OF THE INSURED	MO DAY YEAR 04/01/2024	AMENDING POLICY NUMBER 1022454	ENDORSEMENT NO	MO DAY YEAR 03/02/2024	AUTHORIZED REPRESENTATIVE  Counter signed at Phoenix, Arizona
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RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

MEMBERSHIP ENDORSEMENT

The employer named in Item 1 of the Information Page is a member of CopperPoint Mutual Insurance Holding Company with all the rights and obligations of such membership and shall remain a member so long as this policy remains in force.




CopperPoint Indemnity Insurance Company

CARRIER CODE 93107

POLICY ENDORSEMENT

Please attach this endorsement to your policy
This endorsement changes the policy to which it is attached and is effective on
the date issued unless otherwise stated.

MO	DAY	YEAR	AMENDING POLICY NUMBER	MO	DAY	YEAR	AUTHORIZED REPRESENTATIVE
EFFECTIVE 12:01 AM	04/01/2024		1022454	03/02/2024			
Counter signed at Phoenix, Arizona							

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

SCHEDULE OF FEES ENDORSEMENT

You may be subject to the following fees.

<i>Fees will be shown at amounts approved at time of policy issuance.</i>	
Installment Fee (Per Invoice)	\$5.00
Late Fee (Per Month)	Greater of 1.5% of the past due balance or \$10.00
Payment Plan Processing Fee (Per Payment Plan Installment)	\$8.00
Payment Reversal Fee (Per Reversal)	\$20.00
Reinstatement Fee (Per Policyholder Requested Reinstatement)	\$50.00
Reporting Fee (Per Payroll Report)	\$7.00



CopperPoint Indemnity Insurance Company

Phone: 602.631.2300
Toll Free: 1.800.231.1363

3030 N 3rd Street | Phoenix AZ 85012-3068

copperpoint.com

03/02/2024

**RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215**

IMPORTANT NOTICE

Coverage Advisory for Out-of-State Injuries

Workers' compensation benefits for a work-related injury to one of your employees while temporarily in another state doing work for you will be paid in accordance with applicable law and the Limited Other States Endorsement that is part of your policy.

Workers' compensation laws vary from state to state and the performance of work in another state, even temporarily, may subject your business to the workers' compensation laws of the other state, including a requirement that your employees be covered by a workers' compensation insurance policy issued in the other state. Information about purchasing coverage in other states is available from your insurance agent or broker.

LIMITED OTHER STATES INSURANCE ENDORSEMENT

"Part Three — Other States Insurance" of the policy is replaced by the following:

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, regularly employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage in that state, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the job or contract requiring the work being performed in the state for which the employee is claiming benefits does not exceed one hundred eighty (180) continuous days.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the conditions above apply, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.
4. This insurance applies only to accidental injuries and/or death occurring outside of the states listed in Item 3.A. of the Information Page to workers who are otherwise entitled to the benefits as though the workers were injured within a state listed in Item 3.A. of the Information Page.

B. Notice

Tell us at once if you begin work or hire any employees in any state not listed in Item 3.A. of the Information Page.

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, because this endorsement may not satisfy the requirements of that state's workers' compensation law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This document may have been uploaded to the CopperPoint Portal.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

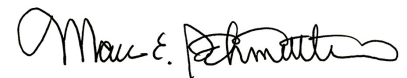
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 4
Premium \$

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by





03/02/2024

**RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215**

Important Notice – Contractor Advisory

If you engage contractors, you may be responsible for payment of workers compensation premium for uninsured contractors and their employees and subcontractors. Additionally, if an uninsured contractor is injured while engaged by you, the contractor may claim to be entitled workers compensation benefits under your policy.

We will NOT charge premium for your contractors if you have the following documentation:

1. A **written agreement** between you and the contractor that:
 - Is dated and signed by both you and the contractor before services are performed; and
 - Demonstrates you do not have the authority to supervise or control the actual work of the contractor or contractor's employees; and
 - Includes a statement that the contractor is not entitled to workers compensation benefits from you.

OR

2. **Certificates of workers compensation insurance** from all contractors and owners of hired vehicles when using their services. Coverage provided by the certificates of insurance must include the period during which the services were performed.

OR

3. **An AZ Sole Proprietor Wavier** if the contractor is a sole proprietor with no employees signed and dated by the contractor before the services are performed. *(Form is available at copperpoint.com)*

Note: An IRS Form 1099-MISC is NOT acceptable proof of an independent contractor relationship without at least one of the documents referenced above. If the Industrial Commission of Arizona or other regulatory authority determines that a contractor is in fact your employee, we will assess additional premium.

Be prepared to provide these documents to us upon request in the event of a claim or premium audit.

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This document may have been uploaded to the CopperPoint Portal.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

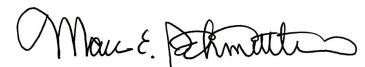
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 12
Premium \$ 23,475

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by



WC 00 04 14 A
(Ed. 01-19)

Arizona Cancellation and NonRenewal Endorsement

This endorsement applies because Arizona is shown in Item 3.A. of the Information Page.
Part Six --Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation and Nonrenewal

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. If you cancel or fail to renew this policy, we must promptly notify the Industrial Commission of Arizona.
3. We may cancel this policy if you fail to pay premium when due, or when one or both of the parties to a professional employer agreement terminate the agreement.
 - If we cancel or nonrenew this policy, we must provide to you and the Industrial Commission of Arizona at least 30 days' notice of the cancellation or nonrenewal.
 - Notice to you may be sent via mail or delivered by electronic means as follows:
 - Mailing that notice to you at your last-known mailing address on file with us will be sufficient proof of notice.
 - Delivery to an email address at which you have consented to receive notices or documents.
 - Posting on a portal, secure website, electronic network or site accessible via the Internet or a mobile application, computer, mobile device, tablet, or other electronic device, together with a separate notice that includes a description of the document or notice that was posted and that was provided by email to the email address at which you consented to receive notice, or by any other delivery method to which you consented.
 - If you consented to have the notice emailed in accordance with Arizona law, emailing that notice to you at your last-known email address as provided by you to us will be sufficient proof of notice.
 - If the email notice is: (1) rejected for delivery; (2) returned to us; or (3) we become aware that the email address provided by you is no longer valid, then we will also mail that notice to you by US Postal Service certified mail, certificate of mailing, or first-class mail using intelligent mail barcode, or another similar tracking method used or approved by the US Postal Service.
 - If we nonrenew this policy and fail to give you notice of nonrenewal, coverage will not extend beyond the policy period.
4. The policy period will end on the date and time stated in the cancellation or nonrenewal notice.
5. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
This document may have been uploaded to the CopperPoint Portal.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 14
Premium \$ 0.00

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by






CopperPoint Indemnity Insurance Company

CARRIER CODE 93107

POLICY ENDORSEMENT

Please attach this endorsement to your policy

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

EFFECTIVE 12:01 AM	MO DAY YEAR 04/01/2024	AMENDING POLICY NUMBER 1022454	MO DAY YEAR 03/02/2024	AUTHORIZED REPRESENTATIVE 
Counter signed at Phoenix, Arizona				

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

Part Seven, Participating Provision, is added to this policy as follows:

Part Seven-Participating Provision:

A. Participating Provision

You may be entitled to participate in the distribution of dividends in accordance with a dividend plan applicable to this policy by declaration of our board of directors, in accordance with law, after this policy has expired.

B. Conditions to Participation

You will not be entitled to participate in the distribution of dividends on this policy if, as of the date of dividend distribution:

1. you have breached any condition, covenant or provision of this policy;
2. any part of the premium of this policy remains unpaid for more than thirty days after we have mailed or delivered to you written demand for that premium;
3. you have not completed an audit as requested or your books or records are not available for audit or are not in such condition that we can readily determine the premium earned under this policy;
4. you owe any delinquent amount to us or any of our affiliates or subsidiaries, whether arising under this policy or otherwise;
5. the total premium earned and paid under this policy is less than the amount specified under the applicable dividend plan;
6. the policy is cancelled before its normal expiration date, unless we issue you or your successors a new policy as of the cancellation date of this policy or unless you are retiring from business; or
7. you have waived your right to participate in the distribution of dividends on this policy as part of a written agreement with us.

Nothing herein contained shall be held to vary, waive or extend any of the terms, conditions, agreements or limitations of this policy other than as stated above.




CopperPoint Indemnity Insurance Company

CARRIER CODE 93107

POLICY ENDORSEMENT

Please attach this endorsement to your policy

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EFFECTIVE 12:01 AM	MO DAY YEAR	AMENDING POLICY NUMBER	MO DAY YEAR	AUTHORIZED REPRESENTATIVE
	04/01/2024	1022454	03/02/2024	 Counter signed at Phoenix, Arizona

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

NOTIFICATION OF DIVIDEND

If a dividend is declared and you have satisfied the conditions to participate as required in Part Seven of this Policy (WC 99 06 17), your dividend will be calculated as follows:

1. Your Incurred Loss Ratio will be determined eighteen months after the Policy Effective Date and is determined by dividing your actual total incurred losses (including paid and reserved losses and expenses) under this Policy by the final audited premium for this Policy (excluding expense constant, catastrophe and terrorism premium and any assessments).
2. Once paid, dividends will not be adjusted based upon subsequent claim development.
3. The table below is an illustrative sample. Actual dividend amounts will depend upon the Board of Directors' dividend declaration. Dividends are not guaranteed.

Table of Dividends as % of Final Audited Premium

Incurred Loss Ratio	0.0 – 10.0%	10.1 – 20.0%	20.1 – 30.0%	30.1 – 40.0%	40.1 – 45.0%	45.1 – 50.0%
	4%	3%	2%	1%	0%	0%

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
Arizona	0.010000	123

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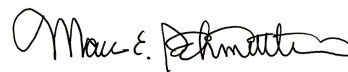
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 3
Premium \$ 23,475

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by



Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverages for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement,

- Catastrophe (Other Than Certified Acts of Terrorism) is defined as:
A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
Arizona	0.010000	123

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(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

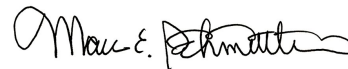
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 7
Premium \$ 23,475

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by



EXPERIENCE RATING MODIFICATION FACTOR REVISION DOCUMENT

This endorsement is added to Part Five—Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

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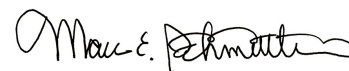
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 13
Premium \$

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by



WC 00 04 25
(Ed. 5-17)

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

Arizona

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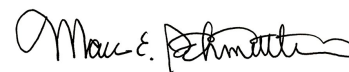
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 11
Premium \$ 23,475

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by



ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Arizona is shown in Item 3.A. of the Policy Information Page.

This endorsement provides notice that premium for your policy may be affected by the Arizona Alcohol- and Drug-Free Workplace Premium Credit Program.

You may qualify for a 5% premium credit if you have established and maintain a qualifying alcohol- and drug-free workplace program in accordance with Title 23, Chapter 2, Article 14 of Arizona Statutes.

We will determine your eligibility for this premium credit after total premium has been paid for the policy period and may be revised at the time your final premium audit is processed.

The determination that you have a qualifying program must be made each year that you receive the premium credit. To implement a premium credit program, the following guidelines must be established:

1. Insurers offering the premium credit program may apply a 5% premium credit to qualifying employers.
2. To receive the premium credit, you must:
 - a. Provide a written statement to the insurer prior to or within 30 days after the beginning of the policy effective date each year, certifying that the business has implemented a program meeting the requirements of Title 23, Chapter 2, Article 14.
 - b. At any time during the term of the policy, provide additional information to the insurer, as required, to confirm that a qualifying program has been established and is being maintained.
 - c. Comply with the alcohol and drug testing policy requirements in accordance with Title 23, Chapter 2, Article 14.
 - d. Conduct alcohol and drug testing of prospective employees.
 - e. Conduct alcohol and drug testing of an employee after the employee has been injured.
 - f. Allow us to have access to the alcohol and drug testing results under d. and e. above.
3. The determination that you have established and maintain a qualifying program must be made during each policy term that you receive the premium credit.
4. Your certification and any other information relied upon by the insurer in granting the premium credit must be kept in the insurer's underwriting files and made available to the Department of Insurance upon request.
5. The premium credit may be applied after total premium has been paid for the policy period and may be revised at final audit to the employer's policy. The credit is applicable as a supplement to deviated rates and is applied in a multiplicative manner, after the application of the experience modification, and before the application of the premium discount and expense constant.
6. You must reimburse the premium credit if it is determined that you were not in compliance with the provisions of the program.
7. Minimum premium policies are eligible for this premium credit.
8. Residual market employers are eligible to apply for this premium credit.

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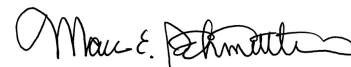
Endorsement Effective 04/01/2024
Insured RT Brown Mechanical Inc

Policy No. 1022454

Endorsement No. 9
Premium \$

Insurance Company CopperPoint Indemnity Insurance Company

Countersigned by



PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

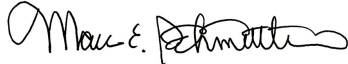
The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

	Schedule		
Partners	Officers	Others	
	Brown, Robert Brown, Carol		

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
This document may have been uploaded to the CopperPoint Portal.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04/01/2024	Policy No. 1022454	Endorsement No. 10
Insured RT Brown Mechanical Inc		Premium \$
Insurance Company CopperPoint Indemnity Insurance Company	Countersigned by	

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us).

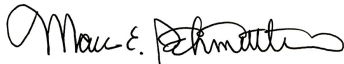
This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

	Schedule
State	Blanket/Schedule/State
AZ	BLANKET

Blanket Waiver: Anyone for whom you have agreed to provide this Waiver subject to the terms of this endorsement

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
This document may have been uploaded to the CopperPoint Portal.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04/01/2024	Policy No. 1022454	Endorsement No. 5
Insured RT Brown Mechanical Inc		Premium \$
Insurance Company CopperPoint Indemnity Insurance Company	Countersigned by	



CopperPoint Indemnity Insurance Company

Phone: 602.631.2300
Toll Free: 1.800.231.1363
3030 N 3rd Street | Phoenix AZ 85012-3068

copperpoint.com

03/02/2024

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

Policy/Quote Number: 1022454
Coverage Period: 04/01/2024 - 04/01/2025

You have enrolled in our annual premium installment plan.

The installment plan schedule presented below is based upon your total estimated annual premium. A billing invoice will be sent to you prior to each installment period. The final premium will be determined after this policy ends and a final audit is completed. Failure to pay all billing invoices by the payment due date may result in cancellation of your policy.

Installment Plan Schedule

Installment	Amount Due	Bill Date
Down Payment	\$2,491.50	03/06/2024
Installment 1	\$2,331.50	04/01/2024
Installment 2	\$2,331.50	05/01/2024
Installment 3	\$2,331.50	06/01/2024
Installment 4	\$2,331.50	07/01/2024
Installment 5	\$2,331.50	08/01/2024
Installment 6	\$2,331.50	09/01/2024
Installment 7	\$2,331.50	10/01/2024
Installment 8	\$2,331.50	11/01/2024
Installment 9	\$2,331.50	12/01/2024

Total Estimated Annual Premium: \$23,475.00

Installments will be billed as noted above and will appear on your billing invoice. With the exception of the First Payment, all remaining Installment payments are due 25 days from the policy billing invoice date.



CopperPoint Indemnity Insurance Company

Phone: 602.631.2300
Toll Free: 1.800.231.1363

3030 N 3rd Street | Phoenix AZ 85012-3068

copperpoint.com

03/02/2024

RT Brown Mechanical Inc
3113 N Norfolk
Mesa, AZ 85215

Policy Number: 1022454
Policy Period: 04/01/2024 - 04/01/2025

ARIZONA ANNUAL DRUG AND ALCOHOL PROGRAM VERIFICATION

I. Eligibility Requirements

Arizona Law (A.R.S. § 23-961 (H)) provides that insurance carrier may reduce the amount of premiums paid by an employer by up to 5% if all of the following apply

- 1) The insured employer complies with the drug testing policy requirements set forth in § 23-493.04,
- 2) The insured employer conducts drug testing of prospective employees,
- 3) The insured employer conducts drug testing of an employee after the employee has been injured, and
- 4) The insured employer allows the employer's insurance carrier to have access to the drug testing results.

§ 23-493.04 provides that all drug and alcohol testing policies must be in writing and distributed to every employee subject to testing. Further, the written policy must include a description of the employees or prospective employees who are subject to testing, the circumstances under which testing may be required, the substances to which testing may be required, a description of testing methods and collection procedures, the consequences of refusal to participate in the testing, any adverse personnel action that may be taking based on the testing procedure or results, the right of any employee, on request, to obtain the written test results and/or to explain in a confidential setting a positive test result, and a statement of the employer's policy regarding the confidentiality of the test result.

II. Declaration of Eligibility

To qualify for the premium credit, the policyholder must provide CopperPoint a written statement certifying that the policyholder has established and maintains an alcohol and drug testing program meeting the above-referenced requirements. CopperPoint reserves the right to require additional information to verify that the policyholder has established and maintains a qualifying program. The determination that a policyholder has established and maintains a qualifying program must be made during each year that the policyholder receives the premium credit. The policyholder must reimburse the premium credit if it is determined that they are not in compliance with the program's provisions.

To qualify for the drug and alcohol testing program premium credit, you must answer "yes" to the following questions and return this form to CopperPoint:

1. Yes ☐ No ☐

The policyholder has a written drug and alcohol testing policy that complies with the requirements set forth in § 23-493.04.

2. Yes ☐ No ☐

The policyholder conducts drug testing of prospective employees.



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3. Yes ☐ No ☐

The policyholder conducts drug testing of an employee after an employee has been injured.

4. Yes ☐ No ☐

The policyholder will allow CopperPoint access to the drug testing results of prospective employees and employees tested after an injury.

Attestation of Eligibility

The undersigned has the authority to certify that the policyholder acknowledges that they have an ongoing obligation to maintain the above-referenced eligibility requirements to qualify for continued participation in the program. The undersigned acknowledges that the policyholder has an obligation to immediately advise CopperPoint should the policyholder no longer meet all the eligibility requirements set forth above. The undersigned acknowledges that the policyholder will reimburse CopperPoint for any premium credit applied to the policy when the policyholder does not meet all eligibility requirements. The undersigned attests that they understand and certify that they meet all the criteria set forth in this document.

Signature

Date

Printed Name

Title

This program must be renewed each year and this form must be completed within 30 days of the effective date of the policy.