



P.O. BOX 1389  
AUSTIN, TX 78767

Auto\_JLAIFU5SP  
1805 S 10th St  
Mt Vernon, IL 62864

Policy Number: WC69036P2019

## POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                 | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                       |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                  | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                       |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                 | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14)          |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15)            |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)      | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)          |
| <input type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)               |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18)   |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19)                         |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)         | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11)               |   |

is changed to read:

\*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

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

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

Endorsement Effective 04-09-2019  
Insured  
Auto\_JLAIFU5SP  
Insurance Company  
Employers Insurance Company of Nevada

Policy No.  
WC69036P2019

Endorsement No. 1  
Premium Included

Countersigned by \_\_\_\_\_

WC 89 06 00 B  
(Ed. 7-01)

## INFORMATION PAGE

INSURER:  
Employers Insurance Company of Nevada

POLICY NO: WC69036P2019

PRIOR POLICY NO: NEW

RISK ID #:

A Stock Insurance Company

NCCI Company No: 34924

1. The Insured:  
Auto\_JLAIFU5SP  
Mailing address:  
1805 S 10th St  
Mt Vernon, IL 62864

PRODUCER NAME AND ADDRESS:  
Cerity Services, Inc.  
P.O. Box 1389  
Austin, TX 78767

PRODUCER NO.:

LEGAL ENTITY: LLC

Other Workplaces not shown above: See Schedule of Locations

2. The policy period is from 04-09-2019 to 04-09-2020 Effective 12:01 A.M. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: IL
- 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	<u>\$1,000,000</u>	each accident
Bodily Injury by Disease	<u>\$1,000,000</u>	policy limit
Bodily Injury by Disease	<u>\$1,000,000</u>	each employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
None
- D. This policy includes these endorsements and schedules:  
See Schedule of Forms
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.  
See Schedule of Classifications and State

Deposit Premium: \$ .00  
Audit Period: Annual  
Minimum Premium: \$ 400.00

Total Estimated Annual Premium: \$ 4,576.76  
Assessments & Surcharges: \$ 45.76  
Expense Constant: \$ 222.00



Date: 04-09-2019

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

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**EXTENSION OF INFORMATION PAGE**

Revised

Schedule of Named Insured

ITEM 1

Named Insured: Auto\_JLAIFU5SP

NCCI Company No.: 34924

Policy No.: WC69036P2019

Effective Date: 04-09-2019

**Name**

<u>Link</u>	<u>Named Insured</u>	<u>Legal Entity</u>	<u>FEIN</u>	<u>Unemployment No.</u>	<u>Tax Payer ID</u>
001	Auto_JLAIFU5SP	LLC	123456789		

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

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**EXTENSION OF INFORMATION PAGE**

Revised

Schedule of Locations

ITEM 1

Named Insured: Auto\_JLAIFU5SP  
NCCI Company No.: 34924

Policy No.: WC69036P2019  
Effective Date: 04-09-2019

<b>Name</b>						<b>Number of</b>
<b><u>Link</u></b>	<b><u>Location</u></b>	<b><u>Address</u></b>	<b><u>City</u></b>	<b><u>State</u></b>	<b><u>Zip</u></b>	<b><u>Employees</u></b>
001	Primary Location	1801 S 10th St	Mt Vernon	IL	62864	10

**EXTENSION OF INFORMATION PAGE**Classifications  
ITEM 4Named Insured: Auto\_JLAIFU5SPPolicy No.: WC69036P2019NCCI Company No.: 34924Effective Date: 04-09-2019

State of IL

Code No.	Classifications	Premium Basis Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
9082	RESTAURANT NOC	500,000	1.07	\$5,350

EXTENSION OF INFORMATION PAGE  
STATE CLASSIFICATION SCHEDULE

Revised

Named Insured: Auto\_JLAIFU5SP Policy No.: WC69036P2019  
NCCI Company No.: 34924 Effective Date: 04-09-2019  
State of IL 04/09/19-04/09/20

	Stat	Rate	Premium
Manual Premium:			\$4,009
E/L Increased Limits:	9812	1.40%	\$56
E/L Increased Limits Balance to Minimum Charge:	9848		\$94
Subject Premium:			\$4,159
Experience Modification:	Final 9898	1.000	\$0
Modified Premium:			\$4,159
Total Standard Premium:			\$4,159
Expense Constant:	0900		\$222
Terrorism:	9740	0.0200	\$100
Catastrophe:	9741	0.0100	\$50
<b>Total State Premium:</b>			<b>\$4,531</b>
WC Commission Operations Fund:		0.0101	\$45.76
<b>Total Estimated Cost:</b>			<b>\$4,576.76</b>

**PREMIUM DISCOUNT ENDORSEMENT**

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

## Schedule

1. **State** **Estimated Eligible Premium** \$4,159  
Illinois
- | First    | Next      | Next        | Balance |
|----------|-----------|-------------|---------|
| \$10,000 | \$190,000 | \$1,550,000 |         |
| 0.00 %   | 9.10 %    | 11.30 %     | 12.30 % |
2. Average percentage discount: 0%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number: WC69036P2019

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

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

Endorsement Effective 04-09-2019  
Insured  
Auto\_JLAIFU5SP  
Insurance Company  
Employers Insurance Company of Nevada

Policy No.  
WC69036P2019

Endorsement No. 1  
Premium Included

Countersigned by \_\_\_\_\_

**WC 00 04 06 A**  
(Ed. 7-95)



**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.

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

Endorsement Effective 04-09-2019  
Insured  
Auto\_JLAIFU5SP  
Insurance Company  
Employers Insurance Company of Nevada

Policy No.  
WC69036P2019

Endorsement No. 1  
Premium Included

Countersigned by \_\_\_\_\_

**WC 00 04 14 A**  
(Ed. 1-19)

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is 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). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (other than Certified Acts of Terrorism):** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
  - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
  - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
  - c. It is an act that 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.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

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
IL	.0100	\$50

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Endorsement Effective 04-09-2019

Insured  
Auto\_JLAIFU5SP

Insurance Company  
Employers Insurance Company of Nevada

Policy No.  
WC69036P2019

Endorsement No. 1  
Premium: Included

Countersigned by \_\_\_\_\_

**WC 00 04 21 D**

(Ed. 1-15)

**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 2015. 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 2015.

“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, 2015, and ending on December 31, 2020, 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 exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
  - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

(Ed. 1-15)

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
IL	.0200	\$100

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Endorsement Effective 04-09-2019

Insured  
Auto\_JLAIFU5SP

Insurance Company  
Employers Insurance Company of Nevada

Policy No.  
WC69036P2019

Countersigned by \_\_\_\_\_

Endorsement No. 1  
Premium Included

**EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT**

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.

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

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

Endorsement Effective 04-09-2019

Policy No.  
WC69036P2019

Endorsement No. 1  
Premium Included

Insured  
Auto\_JLAIFU5SP

Insurance Company  
Employers Insurance Company of Nevada

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****EXTENSION OF INFORMATION PAGE  
SCHEDULE OF FORMS  
ITEM 3D**

**NAMED INSURED:** Auto\_JLAIFU5SP  
**POLICY NO:** WC69036P2019  
**EFFECTIVE DATE:** 04-09-2019  
**NCCI COMPANY NO:** 34924

**FORMS**

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*The following forms have been added:*

NUMBER	EDITION DATE	TITLE	STATES
WC890600B	0701	POLICY INFORMATION PAGE ENDORSEMENT	IL
WC000001A	0492	INFORMATION PAGE	IL
WC990601	1018	EXTENSION OF INFORMATION PAGE - SCHEDULE OF NAMED INSURED	
WC990602	1018	EXTENSION OF INFORMATION PAGE - SCHEDULE OF LOCATIONS	
WC990603	1018	EXTENSION OF INFORMATION PAGE - CLASSIFICATION SCHEDULE	
WC990604	1018	EXTENSION OF INFORMATION PAGE - STATE CLASSIFICATION SCHEDULE	
WC000406A	0795	PREMIUM DISCOUNT ENDORSEMENT	IL
WC000414A	0119	90-DAY REPORTING REQUIREMENT-NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	IL
WC000421D	0115	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT	IL
WC000422B	0115	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	IL
WC000425	0517	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT	IL