

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

**POLICY NUMBER:** UB-0S237726-24-42-G

**RENEWAL OF** (UB-0S237726-23-42-G)

**INSURER:** THE CHARTER OAK FIRE INSURANCE COMPANY  
A Stock Company

**NCCI CO CODE:** 15318

1.

**INSURED:**

DOWNTOWN 319 GROUP, LLC  
DBA WAREHOUSE 319  
221 19TH STREET W  
JASPER, AL 35501

**PRODUCER:**

BYARS WRIGHT INSURANCE  
PO BOX 1309  
JASPER, AL 35502-1309

Insured is **A LIMITED LIABILITY COMPANY**

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from **04-04-24** to **04-04-25** 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:  
**AL**

**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:

AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI  
WV

**D.** This policy includes these endorsements and schedules:

**SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE**

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

**DATE OF ISSUE:** 02-19-24 SD

**OFFICE:** BIRMINGHAM AL 014

**PRODUCER:** BYARS WRIGHT INSURANCE HE565

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-0S237726-24-42-G

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 5812 NAICS: 722511

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	5568
PREMIUM DISCOUNT	NONE
0900-01 EXPENSE CONSTANT	160
TERRORISM	37
CAT (OTHER THAN CERT ACTS OF TERRORISM)	78
TOTAL ESTIMATED PREMIUM	5843
DEPOSIT AMOUNT DUE	5843MP

Minimum Premium: \$ 448

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 02-19-24 SD

OFFICE: BIRMINGHAM AL 014

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COUNTERSIGNED-AGENT

**WORKERS COMPENSATION  
AND  
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: UB-0S237726-24-42-G

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

INSURED'S NAME: DOWNTOWN 319 GROUP, LLC

15318-AL

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 463878235 ENTITY CD 001 00				
DOWNTOWN 319 GROUP, LLC				
DBA WAREHOUSE 319				
221 19TH ST W				
JASPER , AL 35501				
NAICS: 722511				
RESTAURANT NOC	9082	461001.00	1.34	6177
(COUNTY/TOWN CODE 0142)				
AL MANUAL PREMIUM \$	6177			
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		1.40% EMPL. LIAB. INCREASED LIMITS(9812)	\$	86
		ADD FOR INCREASED LIMITS MINIMUM		64
		TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		6327
		EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
		-12.00% SCHEDULE CREDIT(9887)		-759
		TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		5568
		EXPENSE CONSTANT(0900)		160
		TERRORISM(9740)		37
		CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		78
		TOTAL ESTIMATED PREMIUM		5843
		TOTAL PREMIUM		5843
		DEPOSIT AMOUNT DUE		5843

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**LISTING OF ENDORSEMENTS  
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 00 04 22 C - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 99 04 28 00 - 001	PREMIUM MANUALS AND DUE DATE ENDORSEMENT
WC 00 04 21 F - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 00 03 08 00 - 001	PARTNERS OFFICERS AND OTHERS EXCL ENDT

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## **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**

TAYLOR MOSLEY

JERRY MOSLEY

JONATHAN SAPP

ROBERT BRYAN

GARY COWEN

DAVID PHILLIP WINDHAM

JOSEPH A MATTHEWS