

Wesco Insurance Company

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 26135

1. Insured:

Powers Electrical Services, LLC
PO BOX 5826
Thomasville, GA 31758

Other workplaces not shown above:

None

Producer:

The Braddy Agency LLC
PO Box 2138
Thomasville, GA 31799

Policy Number: WWC3644648

☐ Individual ☐ Partnership

☐ Corporation ☒ LLC

Federal Tax ID: 473062302

Risk Id:

Renewal of: WWC3583646

2. The policy period is from 5/25/2023 to 5/25/2024 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 states listed here: Georgia

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:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$500,000 each accident	\$500,000 policy limit	\$500,000 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 and State(s) Designated in Item 3A.

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

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 Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

1,591

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

1,591

Minimum Premium

500

Deposit Premium

796

Issue Date: 3/30/2023

Countersigned by: _____
Authorized Representative

Insured: Powers Electrical Services, LLC

Policy Number: WWC3644648

EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES

NAMED INSURED:	Powers Electrical Services, LLC	Fein: 473062302
WORKPLACES:	Location Number 1. 817 N Madison St Thomasville, GA 31792	

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EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
ITEM 3.D: ENDORSEMENT SCHEDULE

State	Form Number	Description
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	WC990001B	DECLARATIONS PAGE
	WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
	WC000404	PENDING RATE CHANGE ENDORSEMENT
	WC000406	PREMIUM DISCOUNT ENDORSEMENT
	WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
	WC000419A	PREMIUM DUE DATE ENDORSEMENT
	WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
	WC000422C	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
	WC000424	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
GA	WC100601C	GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT

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Insured: Powers Electrical Services, LLC

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EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS

Classifications	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Georgia					
Electrical Wiring—within Buildings & Drivers	1	5190	30,257	4.10	1,241
Manual Premium					1,241
Total Manual Premium					1,241
Premium for Increased Limits Part Two: 0.8% (500/500/500)		9807			10
Total Premium Subject To Experience Modification					1,316
Experience Modification N/A					1,316
Schedule Modifier 5%		9889			66
Terrorism 1.1%		9740			3
Catastrophe (other than Terrorism) 2%		9741			6
Expense Constant		0900			200
Total GA Premium					1,591
Total GA Cost					1,591
TOTAL ESTIMATED ANNUAL PREMIUM					1,591
STATE ASSESSMENT					0
TOTAL COST					1,591

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
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PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	5/25/2023	Downpayment	\$796.00
	6/25/2023	Installment 1 of 1	\$795.00
			Total Cost \$1,591.00

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**

Art Powers

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	5/25/2023	Policy No.	WWC3644648	Endorsement No.	0
Insured	Powers Electrical Services, LLC			Premium \$	1,591
Insurance Company	Wesco Insurance Company				

Countersigned by _____