

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Insurance Company of the Midwest
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number:
Company Code: G

20605

POLICY NUMBER:
Previous Policy Number:

20 WEC AQ8813
20 WEC AQ8813

Suffix	
LARS	RENEWAL
	5

1. **Named Insured and Mailing Address:** LIVES WITHOUT LIMITS
(No., Street, Town, State, Zip Code) PO BOX 1652
THOMASVILLE GA 31799

FEIN Number: 46-1898441

State Identification Number(s):

The Named Insured is: Non Profit
Business of Named Insured: Other Social Advocacy Organizations
Other workplaces not shown above: 125 LESTER ST
THOMASVILLE GA 31792

2. **Policy Period:** From 01/26/21 To 01/26/22 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: CALDWELL & LANGFORD
PO BOX 2138
THOMASVILLE GA 3179921

Producer's Code: 20260223
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(877) 853-2582

Total Estimated Annual Premium: \$367
Deposit Premium:
Policy Minimum Premium: \$292 GA

Audit Period: ANNUAL

Installment Term: Full Pay (100%Down)

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

Countersigned by Susan S. Castaneda
Authorized Representative

12/17/20
Date

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

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	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

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

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

SEE ENDORSEMENT-WC 99 03 68

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

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
Total Standard Premium			\$122
Expense Constant			\$230
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$2
Catastrophe (Other Than Certified Acts Of Terrorism)			\$13
Estimated Annual Premium (before Surcharges)			\$367

*See the attached Schedule(s) of Operations for Location and State Level Premium Information

Total Estimated Annual Premium: \$367
Deposit Premium:
Policy Minimum Premium: \$292 GA

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 813319
SIC: 8641



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D - ENDORSEMENTS

Policy Number: 20 WEC AQ8813

Endorsement Number:

Effective Date: 01/26/21

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: LIVES WITHOUT LIMITS

PO BOX 1652

THOMASVILLE GA 31799

Item 3.D. of the Information Page is completed to include the following endorsements:

WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000001A.1	INFORMATION PAGE
WC000001A.2	INFORMATION PAGE
WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC000403	EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
WC000414A	90-DAY REPORTING REQUIREMENT- NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC000421E	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
WC000422C	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC000424	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC100601C	GEORGIA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT
WC990001I	Signature/ Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990368	EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS



SCHEDULE OF OPERATIONS

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

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST

Company Code: G

Policy Number: 20 WEC AQ8813

Schedule Number: 01-10-01

Effective Date: 01/26/21 Effective hour is the same as stated on the Information Page of the policy.

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

LIVES WITHOUT LIMITS
125 LESTER ST
THOMASVILLE GA 31792

NAICS: 813319

SIC: 8641

NO. OF EMPL: 1

FEIN: 46-1898441

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

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8810 CLERICAL OFFICE EMPLOYEES NOC	43,400.00	0.280000	122

Total State Summary

Total Class Premium			122
Total Estimated Annual Standard Premium			122
Expense constant			230
Terrorism Risk Insurance Program Reauthorization Act	43,400.00	0.005000	2
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	43,400.00	0.030000	13
Total Estimated Annual Premium			367

Countersigned by _____
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PARTNERS, OFFICERS, AND OTHERS EXCLUSION
ENDORSEMENT**

Policy Number: 20 WEC AQ8813

Endorsement Number:

Effective Date: 01/26/21

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: LIVES WITHOUT LIMITS
PO BOX 1652
THOMASVILLE GA 31799

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

Sole Proprietors

DEBORAH GASKINS
J MARK PARKER
JANET HOWARD
MARY BETH DONALSON
BEVERLY HAWKINS

Countersigned by _____
Authorized Representative