

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Accident and Indemnity Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 10448
Company Code: 5

POLICY NUMBER: 21 WEC AA4O2N
Previous Policy Number: 21 WEC AA4O2N

Suffix	
LARS	RENEWAL
	8

1. **Named Insured and Mailing Address:** BIVONA FAMILY DENTAL LLC
(No., Street, Town, State, Zip Code) 1208 HIGHWAY 78 E
JASPER AL 35501

FEIN Number: 46-0873341

State Identification Number(s):

The Named Insured is: LLC
Business of Named Insured: Offices of Dentists
Other workplaces not shown above:

2. **Policy Period:** From 06/29/24 To 06/29/25 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BYARS WRIGHT INC
PO BOX 1309
JASPER AL 35502

Producer's Code: 21250558

Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$3,251

Deposit Premium:

Policy Minimum Premium: \$467 AL (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL

Installment Term: Full Pay (100%Down)

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

Countersigned by Susan L. Castaneda
Authorized Representative

05/20/24
Date

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

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			\$2,765
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$82
Catastrophe (Other Than Certified Acts Of Terrorism)			\$164
Estimated Annual Premium (before Surcharges)			\$3,251

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

Total Estimated Annual Premium:	\$3,251
Deposit Premium:	
Policy Minimum Premium:	\$467 AL (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

NAICS: 621210

Labor Contractors Policy Number:

SIC: 8021



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

Policy Number: 21 WEC AA4O2N

Endorsement Number:

Effective Date: 06/29/24

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

Named Insured and Address: BIVONA FAMILY DENTAL LLC

1208 HIGHWAY 78 E
JASPER AL 35501

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
WC000419A	PART FIVE - PREMIUM AMENDATORY 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
WC010401	ALABAMA MERIT RATING ENDORSEMENT
WC990001K	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
WC990689	GOODS AND SERVICES ENDORSEMENT



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 ACCIDENT AND INDEMNITY COMPANY

Company Code: 5

Policy Number: 21 WEC AA4O2N

Schedule Number: 01-01-01

Effective Date: 06/29/24 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:

BIVONA FAMILY DENTAL LLC

1208 HIGHWAY 78 E

JASPER AL 35501

NAICS: 621210

SIC: 8021

NO. OF EMPL: 12

FEIN: 46-0873341

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
8832 DENTIST & CLERICAL	819,000.00	0.360000	2,948

Total State Summary

Total Class Premium			2,948
Emp liab increased limits		0.014000	41
Employer Liability Increase Limits balance to Minimum Premium			109
Merit Rating		0.850000	-465
Schedule Rating Factor		1.050000	132
Total Estimated Annual Standard Premium			2,765
Expense constant			240
Terrorism Risk Insurance Program Reauthorization Act	819,000.00	0.010000	82
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	819,000.00	0.020000	164
Total Estimated Annual Premium			3,251

Countersigned by _____ Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy Number: 21 WEC AA4O2N

Endorsement Number:

Effective Date: 06/29/24

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

Named Insured and Address: BIVONA FAMILY DENTAL LLC
1208 HIGHWAY 78 E
JASPER AL 35501

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

Jacob Bivona
John Branstetter

Countersigned by _____
Authorized Representative