

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY – INFORMATION PAGE**

**INSURER:**  
**INSURANCE COMPANY OF THE WEST**

**POLICY NO:**     **WTE 5072352 01**

**RENEWAL OF:**         **WTE 5072352 00**

NCCI Company No:     **19593**

Account No:

**RISK ID #410681277**

N.J. Taxpayer Identification No.

**ITEM 1. NAMED INSURED AND MAILING ADDRESS:**  
**ALL AMERICAN ENTERPRISES**  
**PO BOX 131**  
**ALTAMONT TN 37301**

**PRODUCER NAME AND ADDRESS:**  
**SUPERIOR INSURANCE PARTNERS LLC**  
**THE INSURANCE GROUP AGENCY**  
**PO BOX 32545**  
**KNOXVILLE TN 37930**

**PRODUCER NO.:**     **0012946**

**LEGAL ENTITY:**         **PARTNERSHIP**

**OTHER WORKPLACES NOT SHOWN ABOVE:**     (See Workers Compensation Classification Schedule)

**ITEM 2. POLICY PERIOD:** From:         **07-15-2024** To:     **07-15-2025**

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

**ITEM 3. COVERAGE:**

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:  
**TN**

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$	<b>1,000,000</b>	each accident
Bodily Injury by Disease:	\$	<b>1,000,000</b>	policy limit
Bodily Injury by Disease:	\$	<b>1,000,000</b>	each employee

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

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

D. This Policy includes these Endorsements and Schedules:  
See Schedule of Forms and Endorsements.

**ITEM 4. PREMIUM:** The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

		Total Estimated	
Minimum Premium: \$	<b>700</b>	Annual Premium: \$	<b>12,239</b>
Audit Period: <b>ANNUAL</b>			

Issued At: **Tennessee, TN**

Date: **07-11-24**

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

Insurance Company of the West  
PO Box 509039  
San Diego, CA 92150-9039

Standard Workers' Compensation  
and Employers' Liability Policy

Named Insured: ALL AMERICAN ENTERPRISES  
Agent Name: SUPERIOR INSURANCE PARTNERS LLC  
THE INSURANCE GROUP AGENCY  
  
Agent No: 0012946

Policy Number: WTE 5072352 01  
Policy Period: 07-15-2024To 07-15-2025

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NAMED INSURED AND LOCATION SCHEDULE

001	ALL AMERICAN ENTERPRISES 1445 MAIN ST ALTAMONT TN 37301	Risk ID 410681277 FEIN: 62-1342649 SIC Code: 2511 # EMP : 34 PHONE # : (931) 692-3987
002	RORBERTS, LINDA (PARTNER) 1445 MAIN ST ALTAMONT TN 37301	Risk ID 410681277 FEIN: 62-1342649 SIC Code: 2511
003	ROBERTS, F MICAH (PARTNER) 1445 MAIN ST ALTAMONT TN 37301	Risk ID 410681277 FEIN: 62-1342649 SIC Code: 2511
004	ROBERTS, STEPHEN (PARTNER) 1445 MAIN ST ALTAMONT TN 37301	Risk ID 410681277 FEIN: 62-1342649 SIC Code: 2511
005	HARPER, AUBREY (PARTNER) 1445 MAIN ST ALTAMONT TN 37301	Risk ID 410681277 FEIN: 62-1342649 SIC Code: 2511

Named Insured: ALL AMERICAN ENTERPRISES

Policy Number: WTE 5072352 01

Agent Name: SUPERIOR INSURANCE PARTNERS LLC

Policy Period: 07-15-2024 To 07-15-2025

THE INSURANCE GROUP AGENCY

Agent No. 0012946

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EXTENSION OF INFORMATION PAGE

CLASSIFICATIONS SCHEDULE

St Loc	Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
TENNESSEE					
0001-01		ALL AMERICAN ENTERPRISES			
		FEIN # 62-1342649			
		SIC CODE 2511			
		NAICS CODE 337122			
		ROBERTS, LINDA (PARTNER)			
		FEIN # 62-1342649			
		SIC CODE 2511			
		NAICS CODE 337122			
		ROBERTS, STEPHEN (PARTNER)			
		FEIN # 62-1342649			
		SIC CODE 2511			
		NAICS CODE 337122			
		HARPER, AUBREY (PARTNER)			
		FEIN # 62-1342649			
		SIC CODE 2511			
		NAICS CODE 337122			
		ROBERTS, F MICAH (PARTNER)			
		FEIN # 62-1342649			
		SIC CODE 2511			
		NAICS CODE 337122			
		1445 MAIN ST			
		ALTAMONT TN 37301			

Named Insured: ALL AMERICAN ENTERPRISES

Agent Name: SUPERIOR INSURANCE PARTNERS LLC

THE INSURANCE GROUP AGENCY

Agent No. 0012946

Policy Number: WTE 5072352 01

Policy Period: 07-15-2024 To 07-15-2025

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EXTENSION OF INFORMATION PAGE

CLASSIFICATIONS SCHEDULE

St Loc	Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
	2883	FURNITURE MANUFACTURING AND CABINET SHOP - WOOD - NOC	\$ 478,273	1.89	\$ 9,039.00
	5146	FURNITURE OR FIXTURES INSTALLATION - PORTABLE NOC.	\$ 1,051	2.03	\$ 21.00
	5437	CARPENTRY-INSTALLATION OF CABINET WORK OR INTERIOR TRIM	\$ 72,185	2.67	\$ 1,927.00
	5645	CARPENTRY - CONSTRUCTION OF RESIDENTIAL DWELLINGS NOT EXCEEDING THREE STORIES IN HEIGHT	IF ANY	6.79	\$ 0.00
	7380	DRIVERS, CHAUFFEURS MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$ 67,005	2.79	\$ 1,869.00
	8810	CLERICAL OFFICE EMPLOYEES NOC.	\$ 367,664	.07	\$ 257.00

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THE INSURANCE GROUP AGENCY  
Agent No. 0012946

Policy Number: WTE 5072352 01  
Policy Period: 07-15-2024 To 07-15-2025

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EXTENSION OF INFORMATION PAGE  
CLASSIFICATIONS SCHEDULE

St Loc	Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
		TOTAL CLASS PREMIUM		\$	13,113.00
0930		BLANKET WAIVER		\$	262.00
		INCREASED LIMITS OF			
9812		LIABILITY 1.014		\$	184.00
		TOTAL SUBJECT PREMIUM		\$	13,559.00
9898		EXPERIENCE PREMIUM .81		\$	-2,576.00
		TOTAL MODIFIED PREMIUM		\$	10,983.00
9889		SCHEDULE MODIFICATION 1.10		\$	1,098.00
		STANDARD TOTAL		\$	12,081.00
0063		PREMIUM DISCOUNT .9843		\$	-190.00
0900		EXPENSE CONSTANT		\$	180.00
9740		TERRORISM .007		\$	69.00
		CATASTROPHE (OTHER THAN			
		CERTIFIED ACTS OF			
9741		TERRORISM) .01		\$	99.00
		TOTAL ESTIMATED PREMIUM		\$	12,239.00
		TOTAL		\$	12,239.00
POLICY TOTAL ESTIMATED COST					\$ 12,239.00

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**Named Insured:** ALL AMERICAN ENTERPRISES  
**Agent Name:** SUPERIOR INSURANCE PARTNERS LLC  
THE INSURANCE GROUP AGENCY  
  
**Agent No:** 0012946

**Policy Number:** WTE 5072352 01  
**Policy Period:** 07-15-2024 To 07-15-2025

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ENDORSEMENT SCHEDULE

NUMBER	DESCRIPTION
WORKERS COMPENSATION FORMS AND ENDORSEMENTS	
WC0000001A	09-06 WC INFORMATION PAGE
LOCATIONA	09-06 NAME AND LOCATION SCHEDULE
WCSCHD	09-06 EXTENSION OF INFORMATION PAGE CLASS SCHD
WC 00 00 00 C	01-15 INSURANCE POLICY
WC 99 06 59	02-23 SIGNATURE PAGE
WC 00 04 21 F	08-22 CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 03 13	04-84 WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 06 A	07-95 PREMIUM DISCOUNT ENDT
WC 00 04 14 A	01-19 90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 00 04 19 A	08-22 PREMIUM AMENDATORY ENDORSEMENT
WC 00 04 22 C	01-21 TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 24	01-17 AUDIT NONCOMPLIANCE CHARGE ENDT
WC 00 04 25	05-17 EXPERIENCE RATING MODIFICATION FCTR REV

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED IS  
REQUIRED UNDER WRITTEN CONTRACT TO FURNISH THIS WAIVER,  
FOR TENNESSEE OPERATIONS ONLY.

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 **07-15-24** Policy No. **WTE 5072352 01**  
Insured **ALL AMERICAN ENTERPRISES**  
Insurance Company **INSURANCE COMPANY OF THE WEST**

Endorsement No.  
Premium \$ **INCL.**

Countersigned By \_\_\_\_\_