

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-3S472001-23-42-G

RENEWAL OF (UB-3S472001-22-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT  
A Stock Company

NCCI CO CODE: 12637

1.

**INSURED:**

RNP REMODELING SERVICES, INC.  
307 BOXFORD CT  
FREDERICK, MD 21702-3733

**PRODUCER:**

WELCH GRAHAM & OGDEN INS  
7723 ASHTON AVE  
MANASSAS, VA 20109

Insured is A CORPORATION

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

2. The policy period is from 06-01-23 to 06-01-24 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:  
MD

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:	\$	500,000	Each Accident
Bodily Injury by Disease:	\$	500,000	Policy Limit
Bodily Injury by Disease:	\$	500,000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA 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: 04-07-23 SD

OFFICE: CHANTILLY/WASHDC 226

PRODUCER: WELCH GRAHAM & OGDEN INS CRJ61

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POLICY NUMBER: UB-3S472001-23-42-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: 1751 NAICS: 238350

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	8345
PREMIUM DISCOUNT	NONE
0900-19 EXPENSE CONSTANT	160
TERRORISM	140
CAT (OTHER THAN CERT ACTS OF TERRORISM)	35
TOTAL ESTIMATED PREMIUM	8680
DEPOSIT AMOUNT DUE	8680MP

Minimum Premium: \$ 1000

EMPLOYERS LIABILITY MINIMUM: \$75

DATE OF ISSUE: 04-07-23 SD

OFFICE: CHANTILLY/WASHDC 226

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COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-3S472001-23-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED'S NAME: RNP REMODELING SERVICES, INC.

12637-MD

RATE BUREAU ID: 190743403

EXP. MOD. EFFECTIVE DATE: 06-01-23

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 208300309 ENTITY CD 001 00				
RNP REMODELING SERVICES, INC.				
104 SUMMIT HALL RD GAITHERSBURG , MD 20877 NAICS: 238350				
CARPENTRY-INSTALLATION OF CABINET WORK OR INTERIOR TRIM	5437	70000.00	6.66	4662
PAINTING NOC & SHOP OPERATIONS, DRIVER	5474	35000.00	5.82	2037
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	54600.00	0.33	180

MD MANUAL PREMIUM \$ 6879

0.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	55
ADD FOR INCREASED LIMITS MINIMUM		20
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		6954
EXPERIENCE MODIFICATION:1.25 MODIFIED PREMIUM		8693
-4.00% SCHEDULE CREDIT(9887)		-348
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		8345
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		140
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		35
TOTAL ESTIMATED PREMIUM		8680
TOTAL PREMIUM		8680
DEPOSIT AMOUNT DUE		8680

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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 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
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 02 00 - 001	DESIGNATED WORKPLACES EXCLUSION
WC 00 03 08 00 - 001	PARTNERS OFFICERS AND OTHERS EXCL ENDT
WC 19 04 01 00 - 001	MD CONSTRUCTION CL PREM REDUCTION PROG.
WC 19 06 01 G - 001	MD CANCELLATION AND NONRENEWAL ENDT

POLICY NUMBER: ~~UB~~-3S472001-23-42-G

## **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**

REINALDO PALMA

KARLA LEON

#### **OTHERS**