

## 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 AI6532  
20 WEC AI6532

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1. **Named Insured and Mailing Address:** FARRAGUT-WEST KNOX CHAMBER OF COMMERCE  
(No., Street, Town, State, Zip Code) 11826 KINGSTON PIKE STE 110  
KNOXVILLE TN 37934

**FEIN Number:** 62-1333456

**State Identification Number(s):**

**The Named Insured is:** Non Profit  
**Business of Named Insured:** Business Associations  
**Other workplaces not shown above:**

2. **Policy Period:** From 08/21/24 To 08/21/25 ANNUAL  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** THE INSURANCE GROUP LLC  
PO BOX 32545  
KNOXVILLE TN 37930

**Producer's Code:** 20247088

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

**Total Estimated Annual Premium:** \$399  
**Deposit Premium:**  
**Policy Minimum Premium:** \$255 TN

**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

07/11/24  
Date

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

**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:

<b>Bodily injury by Accident</b>	\$100,000	<b>each accident</b>
<b>Bodily injury by Disease</b>	\$500,000	<b>policy limit</b>
<b>Bodily injury by Disease</b>	\$100,000	<b>each employee</b>

**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.**

<b>Classifications Code Number and Description</b>	<b>Premium Basis Total Estimated Annual Remuneration</b>	<b>Rates Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
Total Standard Premium			\$139
Expense Constant			\$215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$14
Catastrophe (Other Than Certified Acts Of Terrorism)			\$31
Estimated Annual Premium (before Surcharges)			\$399

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

**Total Estimated Annual Premium:** \$399  
**Deposit Premium:**  
**Policy Minimum Premium:** \$255 TN

**Interstate/Intrastate Identification Number:** Refer to Schedule of Operations

**Labor Contractors Policy Number:**

**NAICS:** 813910  
**SIC:** 8611



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

**Policy Number:** 20 WEC AI6532

**Endorsement Number:**

**Effective Date:** 08/21/24

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

**Named Insured and Address:** FARRAGUT-WEST KNOX CHAMBER OF COMMERCE  
11826 KINGSTON PIKE STE 110  
KNOXVILLE TN 37934

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
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
WC410402	TENNESSEE PENDING LOSS COST AND ASSIGNED RISK RATE ENDORSEMENT
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990300F	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
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 INSURANCE COMPANY OF THE MIDWEST

**Company Code:** G

**Policy Number:** 20 WEC AI6532

**Schedule Number:** 01-41-01

**Effective Date:** 08/21/24 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:**

FARRAGUT-WEST KNOX CHAMBER OF COMMERCE

11826 KINGSTON PIKE STE 110

KNOXVILLE TN 37934

NAICS: 813910

SIC: 8611

NO. OF EMPL: 6

**FEIN:** 62-1333456

**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	154,900.00	0.090000	139
8742 SALESPERSONS OR COLLECTORS - OUTSIDE	IF ANY	0.200000	0

### Total State Summary

Total Class Premium			139
Total Estimated Annual Standard Premium			139
Expense constant			215
Terrorism Risk Insurance Program Reauthorization Act	154,900.00	0.009000	14
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	154,900.00	0.020000	31
Total Estimated Annual Premium			399

Countersigned by \_\_\_\_\_  
Authorized Representative