

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-6K19549A-24-42-G

NJ TAX IDENTIFICATION NO.: 264076479000

RENEWAL OF (UB-6K19549A-23-42-E)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
A Stock Company

NCCI CO CODE: 13439

1.

**INSURED:**

X-CELL COMMUNICATIONS SUKKAR  
1936 MACDADE BLVD  
WOODLYN, PA 19094-2005

**PRODUCER:**

HIGGINBOTHAM INS AGENCY  
PO BOX 1309  
JASPER, AL 35502-1309

Insured is A CORPORATION

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

2. The policy period is from 05-28-24 to 05-28-25 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:  
NJ PA

**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:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI  
MN MO MS MT NC NE NH NM NV NY OK OR 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: 04-18-24 SD

OFFICE: BIRMINGHAM AL 014

PRODUCER: HIGGINBOTHAM INS AGENCY HE565

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POLICY NUMBER: UB-6K19549A-24-42-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: 5731 NAICS: 443112

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	8955
PREMIUM DISCOUNT	NONE
0900-37 EXPENSE CONSTANT	160
TERRORISM	201
CAT (OTHER THAN CERT ACTS OF TERRORISM)	101
TOTAL ESTIMATED PREMIUM	9417
TAXES AND SURCHARGES	228
DEPOSIT AMOUNT DUE	9645

Minimum Premium: \$ 935

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 04-18-24 SD

OFFICE: BIRMINGHAM AL 014

PRODUCER: HIGGINBOTHAM INS AGENCY HE565

COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-6K19549A-24-42-G

INSURER: THE PHOENIX INSURANCE COMPANY

INSURED'S NAME: X-CELL COMMUNICATIONS SUKKAR

12610-NJ

RATE BUREAU ID: 000638955

EXP. MOD. EFFECTIVE DATE: 05-28-24

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 003 FEIN 264076479 ENTITY CD 001 00 TAX IDENTIFIER NUMBER 264076479000 X-CELL COMMUNICATIONS SUUKAR  24 BERLIN RD CLEMENTON , NJ 08021 NAICS: 443112				
STORE: RETAIL NOC	8017	IF ANY	2.87	0

LOCATION 004  
FEIN 264076479 ENTITY CD 001 00  
TAX IDENTIFIER NUMBER 264076479000  
X-CELL COMMUNICATIONS  
SUUKAR

707 ELANDIS AVE  
VINELAND , NJ 08360  
NAICS: 443112

STORE: RETAIL NOC	8017	IF ANY	2.87	0
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LOCATION 005  
FEIN 264076479 ENTITY CD 001 00  
TAX IDENTIFIER NUMBER 264076479000



ONE TOWER SQUARE  
HARTFORD CT 06183

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

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CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 005 (CONT'D) FEIN 264076479 ENTITY CD 001 00 (CONT'D) X-CELL COMMUNICATIONS SUKKAR  28 N LAUREL ST BRIDGETON , NJ 08302 NAICS: 443112				
STORE: RETAIL NOC	8017	IF ANY	2.87	0
LOCATION 011 FEIN 264076479 ENTITY CD 001 00 TAX IDENTIFIER NUMBER 264076479000 X-CELL COMMUNICATIONS SUKKAR  1312 ATLANTIC AVE ATLANTIC CITY , NJ 08401 NAICS: 443112				
STORE: RETAIL NOC	8017	IF ANY	2.87	0
LOCATION 012 FEIN 264076479 ENTITY CD 001 00 TAX IDENTIFIER NUMBER 264076479000 X-CELL COMMUNICATIONS SUKKAR  1700 NOTTINGHAM WAY # 9 TRENTON , NJ 08619 NAICS: 443112				
STORE: RETAIL NOC	8017	IF ANY	2.87	0



ONE TOWER SQUARE  
HARTFORD CT 06183

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CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 013				
FEIN 264076479 ENTITY CD 001 00				
TAX IDENTIFIER NUMBER 264076479000				
X-CELL COMMUNICATIONS				
SUKKAR				
130 BLACK HORSE PIKE				
# C9				
AUDUBON , NJ 08106				
NAICS: 443112				
STORE: RETAIL NOC	8017	IF ANY	2.87	0

NJ MANUAL PREMIUM \$ 0

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TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	0
EXPERIENCE MODIFICATION:0.859 MODIFIED PREMIUM		0
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
TOTAL ESTIMATED PREMIUM		0
4.19% SECOND INJURY FUND SURCHARGE		0
TOTAL PREMIUM		0
DEPOSIT AMOUNT DUE		0

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

POLICY NUMBER: UB-6K19549A-24-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: X-CELL COMMUNICATIONS SUKKAR

13439-PA

RATE BUREAU ID: 003259413

EXP. MOD. EFFECTIVE DATE: 05-28-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 003				
FEIN 264076479 ENTITY CD 001 00				
X-CELL COMMUNICATIONS SUKKAR				
2538 S 24TH ST PHILADELPHIA , PA 19145 NAICS: 443112				
RETAIL STORE, N.O.C.	0928	IF ANY	1.91	0
LOCATION 004				
FEIN 264076479 ENTITY CD 001 00				
X-CELL COMMUNICATIONS SUKKAR				
1936 MACDADE BLVD WOODLYN , PA 19094 NAICS: 443112				
RETAIL STORE, N.O.C.	0928	IF ANY	1.91	0

LOCATION 006  
FEIN 264076479 ENTITY CD 001 00



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CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 006 (CONT'D) FEIN 264076479 ENTITY CD 001 00 (CONT'D) X-CELL COMMUNICATIONS SUKKAR				

5615 N BROAD ST  
PHILADELPHIA , PA 19141  
NAICS: 443112

RETAIL STORE, N.O.C.	0928	IF ANY	1.91	0
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LOCATION 010  
FEIN 264076479 ENTITY CD 001 00

X-CELL COMMUNICATIONS  
SUKKAR

12 S 60TH ST  
PHILADELPHIA , PA 19139  
NAICS: 443112

RETAIL STORE, N.O.C.	0928	591245.00	1.91	11293
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PA MANUAL PREMIUM \$ 11293

1.40% EMPL. LIAB. INCREASED LIMITS(9812)	\$ 158
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	11451
EXPERIENCE MODIFICATION:0.832 MODIFIED PREMIUM	9527
-6.00% SCHEDULE CREDIT(9887)	-572
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	8955
EXPENSE CONSTANT(0900)	160
TERRORISM(9740)	201
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)	101
TOTAL ESTIMATED PREMIUM	9417
2.42% EMPLOYER ASSESSMENT	228
TOTAL PREMIUM	9645
DEPOSIT AMOUNT DUE	9645

POLICY NUMBER: UB-6K19549A-24-42-G

**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 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 00 04 21 E - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 29 03 06 B - 001	NJ PART TWO EMPLOYERS LIABILITY ENDT.
WC 37 06 01 00 - 001	SPECIAL PA ENDT - INSPECTION OF MANUALS
WC 37 06 02 00 - 001	NOTICE INS CONSULTATION SERVICE EXEMPT.
WC 37 06 03 A - 001	PA ACT 86-1986 ENDORSEMENT
WC 37 06 04 00 - 001	PA EMPLOYER ASSESSMENT ENDORSEMENT