

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-2J425737-24-42-G

RENEWAL OF (UB-2J425737-23-42-G)

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY
A Stock Company

NCCI CO CODE: 11223

1.

INSURED:
WESLEY FOUNDATION UNIV OF AL
505 9TH ST
TUSCALOOSA, AL 35401

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 06-25-24 to 06-25-25 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:
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:	\$	100,000	Each Accident
Bodily Injury by Disease:	\$	500,000	Policy Limit
Bodily Injury by Disease:	\$	100,000	Each Employee

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

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 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: 05-10-24 SD
OFFICE: BIRMINGHAM AL 014
PRODUCER: HIGGINBOTHAM INS AGENCY HE565

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-2J425737-24-42-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: 8661 NAICS: 813110

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	731
PREMIUM DISCOUNT	NONE
0900-01 EXPENSE CONSTANT	160
TERRORISM	9
CAT (OTHER THAN CERT ACTS OF TERRORISM)	19
TOTAL ESTIMATED PREMIUM	919
DEPOSIT AMOUNT DUE	919MP

Minimum Premium: \$ 891

DATE OF ISSUE: 05-10-24 SD

OFFICE: BIRMINGHAM AL 014

PRODUCER: HIGGINBOTHAM INS AGENCY HE565

COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-2J425737-24-42-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: WESLEY FOUNDATION UNIV OF AL

11223-AL

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 FEIN 630729216 ENTITY CD 001 00				
WESLEY FOUNDATION UNIV OF AL				
14885 BROWN DR NORTHPORT , AL 35475 NAICS: 813110				
RELIGIOUS ORGANIZATION: PROFESSIONAL EMPLOYEES & C (COUNTY/TOWN CODE 0180)	8868	78260.00	0.51	399
RELIGIOUS ORGANIZATION: ALL OTHER EMPLOYEES (COUNTY/TOWN CODE 0180)	9101	5075.00	3.40	173

AL MANUAL PREMIUM \$ 572

0.850 MERIT MODIFICATION(9885)	\$	-86
ADD FOR POLICY MINIMUM		245
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		731
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		9
CAT(OTHER THAN CERT ACTS OF TERRORISM) (9741)		19
TOTAL ESTIMATED PREMIUM		919
TOTAL PREMIUM		919
DEPOSIT AMOUNT DUE		919

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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 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 08 00 - 001	PARTNERS OFFICERS AND OTHERS EXCL ENDT
WC 01 04 01 00 - 001	ALABAMA MERIT RATING ENDORSEMENT

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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

NON PROFIT BOARD

OTHERS