

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Nutmeg Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 21261
Company Code: K

POLICY NUMBER: 21 WEC AG5R81
Previous Policy Number: 21 WEC AG5R81

| Suffix | |
|--------|---------|
| LARS | RENEWAL |
| | 5 |

1. **Named Insured and Mailing Address:** HH BEAUTY QUEEN INC.
(No., Street, Town, State, Zip Code) 1340 GRAY HWY
MACON GA 31211

FEIN Number: 82-3120775

State Identification Number(s):

The Named Insured is: LLC
Business of Named Insured: Cosmetics, Beauty Supplies, and Perfume Stores
Other workplaces not shown above: See Endorsement - WC990366

2. **Policy Period:** From 06/01/24 To 06/01/25 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BYARS WRIGHT INC/PHS
1700 4TH AVENUE
JASPER AL 35502

Producer's Code: 21251454

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

Total Estimated Annual Premium: \$4,915

Deposit Premium:

Policy Minimum Premium: \$603 GA (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL

Installment Term: Four Pay (30%Down+2@25%+1@20%)

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan L. Castaneda
Authorized Representative

04/22/24
Date

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

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:

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.

| Classifications Code Number and Description | Premium Basis Total Estimated Annual Remuneration | Rates Per \$100 of Remuneration | Estimated Annual Premium |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| Total Standard Premium | | | \$4,639 |
| Expense Constant | | | \$230 |
| Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement | | | \$15 |
| Catastrophe (Other Than Certified Acts Of Terrorism) | | | \$31 |
| Estimated Annual Premium (before Surcharges) | | | \$4,915 |

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

| | |
|----------------------------------------|------------------------------------------------|
| Total Estimated Annual Premium: | \$4,915 |
| Deposit Premium: | |
| Policy Minimum Premium: | \$603 GA (Includes Increased Limit Min. Prem.) |

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

NAICS: 446120

Labor Contractors Policy Number:

SIC: 5999



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

Policy Number: 21 WEC AG5R81

Endorsement Number:

Effective Date: 06/01/24 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: HH Beauty Queen Inc.
1340 GRAY HWY
MACON GA 31211

Item 1 of the Information Page is completed to include as named insured:

Named Insured : HH Beauty Queen Inc.

State ID : Not Applicable

FEIN : 82-3120775

DBA Name

Beauty Queen



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

Policy Number: 21 WEC AG5R81

Endorsement Number:

Effective Date: 06/01/24 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: HH Beauty Queen Inc.
1340 GRAY HWY
MACON GA 31211

Item 1 of the Information Page is completed to include other workplaces of the named insured:

1340 Gray Highway, Macon, GA 31211
1685 Shurling Drive, Macon, GA 31217



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

Policy Number: 21 WEC AG5R81

Endorsement Number:

Effective Date: 06/01/24

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

Named Insured and Address: HH Beauty Queen Inc.

1340 GRAY HWY
MACON GA 31211

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 |
| WC000308 | PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT |
| WC000412 | CONTINGENT 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 |
| WC000425 | EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT |
| WC100601C | GEORGIA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT |
| WC990001K | Signature/Copyright |
| WC990002 | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY |
| WC990005 | SCHEDULE OF OPERATIONS |
| WC990300B | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| WC990359B | AMENDMENT TO WORKERS COMPENSATION BROAD FORM ENDORSEMENT - EMPLOYERS LIABILITY STOP GAP COVERAGE |



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

Policy Number: 21 WEC AG5R81

Endorsement Number:

Effective Date: 06/01/24

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

Named Insured and Address: HH Beauty Queen Inc.

1340 GRAY HWY
MACON GA 31211

Item 3.D. of the Information Page is completed to include the following endorsements:

WC990365

EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

WC990366

EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

WC990368

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

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: NUTMEG INSURANCE COMPANY

Company Code: K

Policy Number: 21 WEC AG5R81

Schedule Number: 01-10-01

Effective Date: 06/01/24 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:

HH Beauty Queen Inc.

1340 Gray Highway

Macon GA 31211

NAICS: 446120

SIC: 5999

NO. OF EMPL: 4

FEIN: 82-3120775

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 |
|---------------------------------------------------|------------------------------------------------------------|---------------------------------------|--------------------------------|
| 8017 STORE - RETAIL NOC | 249,700.00 | 1.150000 | 2,872 |

Countersigned by _____
Authorized Representative

Form WC 99 00 05 (1) Printed in U.S.A.

Process Date: 04/22/24

Policy Expiration Date: 06/01/25



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: NUTMEG INSURANCE COMPANY

Company Code: K

Policy Number: 21 WEC AG5R81

Schedule Number: 01-10-02

Effective Date: 06/01/24 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:

HH Beauty Queen Inc.
1685 Shurling Drive
Macon GA 31217

NAICS: 446120

SIC: 5999

NO. OF EMPL: 4

FEIN: 82-3120775

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 |
|---------------------------------------------------|------------------------------------------------------------|---------------------------------------|--------------------------------|
| 8017 STORE - RETAIL NOC | 57,500.00 | 1.150000 | 661 |

Total State Summary

| | | | |
|------------------------------------------------------------------|------------|----------|-------|
| Total Class Premium | | | 3,533 |
| Emp liab increased limits | | 0.011000 | 39 |
| Employer Liability Increase Limits balance to Minimum Premium | | | 81 |
| Experience modifier 101319040 | | 1.270000 | 986 |
| Total Estimated Annual Standard Premium | | | 4,639 |
| Expense constant | | | 230 |
| Terrorism Risk Insurance Program Reauthorization Act | 307,200.00 | 0.005000 | 15 |
| Disclosure Endorsement | | | |
| Catastrophe (other than certified acts of terrorism) | 307,200.00 | 0.010000 | 31 |
| Total Estimated Annual Premium | | | 4,915 |

Countersigned by _____ Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PARTNERS, OFFICERS, AND OTHERS EXCLUSION
ENDORSEMENT**

Policy Number: 21 WEC AG5R81

Endorsement Number:

Effective Date: 06/01/24

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

Named Insured and Address: HH Beauty Queen Inc.
1340 GRAY HWY
MACON GA 31211

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

Others

Sole Proprietors

Nahla Sukar
Jelal Shehada
Hasan Shehada

Countersigned by _____
Authorized Representative