

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Sentinel Insurance Company Ltd.
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 13161
Company Code: A

POLICY NUMBER: 21 WEC NV4709
Previous Policy Number: 21 WEC NV4709

Suffix	
LARS	RENEWAL
	18

1. Named Insured and Mailing Address: KING WILEY & WILLIAMS, LLC
(No., Street, Town, State, Zip Code) PO BOX 1688
JASPER AL 35502

FEIN Number: 20-5501231

State Identification Number(s):

The Named Insured is: LLC
Business of Named Insured: Offices of Lawyers
Other workplaces not shown above: 1824 3RD AVE
JASPER AL 35501

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: \$1,718
Deposit Premium:
Policy Minimum Premium: \$281 AL

Audit Period: ANNUAL **Installment Term:** Full Pay (100%Down)
The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan S. Castaneda 04/22/24
Authorized Representative Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states 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	\$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:

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			\$1,130
Extended Broad Form Coverage			\$40
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$98
Catastrophe (Other Than Certified Acts Of Terrorism)			\$210
Estimated Annual Premium (before Surcharges)			\$1,718

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

Total Estimated Annual Premium: \$1,718
Deposit Premium:
Policy Minimum Premium: \$281 AL

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 541110
SIC: 8111



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

Policy Number: 21 WEC NV4709

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: KING WILEY & WILLIAMS, LLC

PO BOX 1688

JASPER AL 35502

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

Named Insured : KING WILEY & WILLIAMS, LLC

State ID : Not Applicable

FEIN : 20-5501231

DBA Name

Not Applicable

Named Insured : AND KINWAR PROPERTIES, LLC

State ID : Not Applicable

FEIN : 20-5501231

DBA Name

Not Applicable



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

Policy Number: 21 WEC NV4709

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: KING WILEY & WILLIAMS, LLC

PO BOX 1688

JASPER AL 35502

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
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
WC010401	ALABAMA MERIT RATING ENDORSEMENT
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990301B	WORKERS COMPENSATION BROAD FORM ENDORSEMENT EXTENDED OPTIONS
WC990357A	AMENDMENT TO WORKERS COMPENSATION BROAD FORM ENDORSEMENT EXTENDED OPTIONS - EMPLOYERS LIABILITY STOP GAP COVERAGE
WC990365	EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED



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

Policy Number: 21 WEC NV4709

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: KING WILEY & WILLIAMS, LLC

PO BOX 1688

JASPER AL 35502

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

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: SENTINEL INSURANCE COMPANY LTD.

Company Code: A

Policy Number: 21 WEC NV4709

Schedule Number: 01-01-01

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:

KING WILEY & WILLIAMS, LLC

1824 3RD AVE

JASPER AL 35501

NAICS: 541110

SIC: 8111

NO. OF EMPL: 25

FEIN: 20-5501231

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
8820 ATTORNEY - ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	699,900.00	0.190000	1,330

Total State Summary

Total Class Premium			1,330
Merit Rating		0.850000	-200
Total Estimated Annual Standard Premium			1,130
Extended Broad Form Coverage		3	40
Expense constant			240
Terrorism Risk Insurance Program Reauthorization Act	699,900.00	0.014000	98
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	699,900.00	0.030000	210
Total Estimated Annual Premium			1,718

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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy Number: 21 WEC NV4709

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: KING WILEY & WILLIAMS, LLC
PO BOX 1688
JASPER AL 35502

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

JAMES C KING / EO
JR / EO HENRY C WILEY
FRANKLIN G WILLIAMS /
EO

Countersigned by _____
Authorized Representative