

Wesco Insurance Company

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 26135

1. Insured:

CLAY'S CONSTRUCTION AND DEVELOPMENT INC.
105 PEAR TREE LANE
THOMASVILLE, GA 31757

Policy Number: WWC3644891

☐ Individual ☐ Partnership

Other workplaces not shown above:

☒ Corporation

See Extension of Information Page

Federal Tax ID: 202136398

Producer:

Risk Id:

The Braddy Agency LLC
PO Box 2138
Thomasville, GA 31799

Renewal of: WWC3592690

2. The policy period is from 5/4/2023 to 5/4/2024 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 states listed here: Florida, Georgia

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:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$100,000 each accident	\$500,000 policy limit	\$100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules: See Extension of Information Page

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.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

12,933

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

12,933

Minimum Premium

511

Deposit Premium

1,296

Issue Date: 3/30/2023

Countersigned by: _____
Authorized Representative

Insured: CLAY'S CONSTRUCTION AND DEVELOPMENT INC.

Policy Number: WWC3644891

EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES

NAMED INSURED:

CLAY'S CONSTRUCTION AND
DEVELOPMENT INC.

Fein: 202136398

WORKPLACES:

Location Number 1.
105 PEAR TREE LANE
THOMASVILLE, GA 31757

Location Number 2.
2703 A US Hwy 98
Mexico Beach, FL 32456

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: CLAY'S CONSTRUCTION AND DEVELOPMENT INC.

Policy Number: WWC3644891

**EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
ITEM 3.D: ENDORSEMENT SCHEDULE**

State	Form Number	Description
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	WC990001B	DECLARATIONS PAGE
	WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
	WC000404	PENDING RATE CHANGE ENDORSEMENT
	WC000406	PREMIUM DISCOUNT ENDORSEMENT
	WC000406A	PREMIUM DISCOUNT ENDORSEMENT
	WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
	WC000419	PREMIUM DUE DATE ENDORSEMENT
	WC000419A	PREMIUM DUE DATE 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
FL	WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL	WC090402A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
FL	WC090403C	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL	WC090407	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
FL	WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
FL	WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
GA	WC100601C	GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT

Georgia

Concrete or Cement Work—Floors, Driveways, Yards or Sidewalks & Drivers	10	5221	206,000	6.80	14,008
Contractor —Project Manager, Construction Executive, Construction Manager, or Construction Superintendent	1	5606	38,192	1.22	<u>466</u>
Manual Premium					14,474

Total Manual Premium					14,474
Total Premium Subject To Experience Modification					14,474
Experience Modification 89%					12,882
Premium Discount 2.1%		0063			-271
Terrorism 1.1%		9740			27
Catastrophe (other than Terrorism) 2%		9741			49
Expense Constant		0900			200
Total GA Premium					12,887
Total GA Cost					12,887

TOTAL ESTIMATED ANNUAL PREMIUM	12,933
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STATE ASSESSMENT	0
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TOTAL COST	12,933
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: CLAY'S CONSTRUCTION AND DEVELOPMENT INC.

Policy Number: WWC3644891

PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	5/4/2023	Downpayment	\$1,296.00
	6/4/2023	Installment 1 of 9	\$1,293.00
	7/4/2023	Installment 2 of 9	\$1,293.00
	8/4/2023	Installment 3 of 9	\$1,293.00
	9/4/2023	Installment 4 of 9	\$1,293.00
	10/4/2023	Installment 5 of 9	\$1,293.00
	11/4/2023	Installment 6 of 9	\$1,293.00
	12/4/2023	Installment 7 of 9	\$1,293.00
	1/4/2024	Installment 8 of 9	\$1,293.00
	2/4/2024	Installment 9 of 9	\$1,293.00
			<hr/> Total Cost \$12,933.00

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****Others**

Alvin Clay
Nick Clay
Jonathan Clay
Christopher Clay

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	5/4/2023	Policy No.	WWC3644891	Endorsement No.	0
Insured	CLAY'S CONSTRUCTION AND DEVELOPMENT INC.			Premium \$	12,933
Insurance Company	Wesco Insurance Company				

Countersigned by _____