

85 (Policy Provisions: WC 00 00 00 C)

61

IO **INFORMATION PAGE**

WEC **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

INSURER: HARTFORD CASUALTY INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

14397

Company Code: 3



POLICY NUMBER:

20 WEC IO6185

Previous Policy Number:

20 WEC IO6185

HOUSING CODE: SA

1. **Named Insured and Mailing Address:** BYERS & HARVEY INC
(No., Street, Town, State, Zip Code)

FEIN Number: 620596016

P O BOX 848
CLARKSVILLE, TN 37040

State Identification Number(s):

The Named Insured is: CORPORATION

Business of Named Insured: REAL ESTATE AGENCY

Other workplaces not shown above: SEE ATTACHED SCHEDULES

2. **Policy Period:** From 01/01/18 To 01/01/19
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: MSC INSURANCE AGENCY LLC

PO BOX 3220
CLARKSVILLE, TN 37043
Producer's Code: 245940

Issuing Office: THE HARTFORD
8711 UNIVERSITY EAST DRIVE
CHARLOTTE NC 28213
(877) 853-2582

Total Estimated Annual Premium: \$3,758

Deposit Premium:

Policy Minimum Premium: \$581 TN (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

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

Countersigned by

Suean S. Castaneda

Authorized Representative

10/14/17

Date

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

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 ND, OH, WA, WY, US TERRITORIES, AND
STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 99 00 05 WC 00 04 12 WC 00 04 21D WC 00 04 22B WC 00 04 24
WC 99 03 00F WC 99 03 66 WC 00 04 14 WC 00 04 25

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
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(SEE ATTACHED SCHEDULES)

INCREASED LIMITS PART TWO (9807)	1.10 PERCENT		37
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			63
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			3,451
TN - INTRA EXPERIENCE MODIFICATION 410845555 (CONTINGENT)			.920
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			3,175
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			3,175
EXPENSE CONSTANT (0900)			215
TERRORISM (9740)	919,500	.010	92
CATASTROPHE (9741)	919,500	.030	276
TOTAL ESTIMATED ANNUAL PREMIUM			3,758

Total Estimated Annual Premium:	\$3,758
Deposit Premium:	
Policy Minimum Premium:	\$581 TN (INCLUDES INCREASED LIMIT MIN. PREM.)

Interstate/Intrastate Identification Number: / 410845555

Labor Contractors Policy Number:

NAICS: 531390
SIC: 6531



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: HARTFORD CASUALTY INSURANCE COMPANY

Company Code: 3

Policy Number: 20 WEC IO6185 **Schedule Number:** 01-41-01

Effective Date: 01/01/18 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:

BYERS & HARVEY INC

529 N 2ND ST

CLARKSVILLE TN 37040

NAICS: 531390

FEIN: 620596016 UIN:

SIC: 6531

NO. OF EMPL: 000025

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
8721 REAL ESTATE AGENCY - OUTSIDE EMPLOYEES & COLLECTORS	298,200	.28	835
8810 CLERICAL OFFICE EMPLOYEES NOC	432,400	.16	692

Countersigned by _____ Authorized Representative

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

Process Date: 10/14/17

Policy Expiration Date: 01/01/19



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: HARTFORD CASUALTY INSURANCE COMPANY

Company Code: 3

Policy Number: 20 WEC IO6185 **Schedule Number:** 01-41-02

Effective Date: 01/01/18 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:

BYERS & HARVEY INC
2218 FORT CAMPBELL BLVD
CLARKSVILLE TN 37042

NAICS: 531390

FEIN: 620596016 **UIN:**

SIC: 6531

NO. OF EMPL: 000002

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
8721 REAL ESTATE AGENCY - OUTSIDE EMPLOYEES & COLLECTORS	24,800	.28	69
9012 BUILDING OR PROPERTY MANAGEMENT - PROPERTY MANAGERS AND LEASING AGENTS & CLERICAL, SALESPERSONS	127,500	1.33	1,696

Countersigned by _____ Authorized Representative

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

Process Date: 10/14/17

Policy Expiration Date: 01/01/19



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: HARTFORD CASUALTY INSURANCE COMPANY

Company Code: 3

Policy Number: 20 WEC IO6185 **Schedule Number:** 01-41-03

Effective Date: 01/01/18 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:

BYERS & HARVEY INC

1051 HWY 76

CLARKSVILLE TN 37043

NAICS: 531390

FEIN: 620596016 **UIN:**

SIC: 6531

NO. OF EMPL: 000003

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
8721 REAL ESTATE AGENCY - OUTSIDE EMPLOYEES & COLLECTORS	IF ANY	.28	
8810 CLERICAL OFFICE EMPLOYEES NOC	36,600	.16	59
TOTAL CLASS PREMIUM			3,351
INCREASED LIMITS PART TWO (9807) 1.10 PERCENT			37
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			63
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			3,451
TN - INTRA EXPERIENCE MODIFICATION 410845555 (CONTINGENT)			.920
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			3,175
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			3,175
EXPENSE CONSTANT (0900)			215
TERRORISM (9740)	919,500	.010	92
CATASTROPHE (9741)	919,500	.030	276
TOTAL ESTIMATED ANNUAL PREMIUM			3,758

Countersigned by _____

Authorized Representative

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

Process Date: 10/14/17

Policy Expiration Date: 01/01/19



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

Policy Number: 20 WEC IO6185

Endorsement Number:

Effective Date: 01/01/18 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: BYERS & HARVEY INC

P O BOX 848

CLARKSVILLE, TN 37040

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

529 N 2ND ST
2218 FORT CAMPBELL BLVD
1051 HWY 76

CLARKSVILLE
CLARKSVILLE
CLARKSVILLE

TN	37040	TN
TN	37042	TN
TN	37043	TN