

## INFORMATION PAGE

### WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

**INSURER:** Property and Casualty Insurance Company of Hartford  
ONE HARTFORD PLAZA HARTFORD CT 06155



**NCCI Company Number:**  
**Company Code:** P

30147

**POLICY NUMBER:**  
**Previous Policy Number:**

20 WEC AB9FPP  
20 WEC AB9FPP

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1. **Named Insured and Mailing Address:** TALLEY CHIROPRACTIC SERVICES  
(No., Street, Town, State, Zip Code) 321 ERIN DR  
KNOXVILLE TN 37919

**FEIN Number:** 11-2598657

**State Identification Number(s):**

**The Named Insured is:** LLC  
**Business of Named Insured:** Offices of Chiropractors  
**Other workplaces not shown above:** 321 ERIN DR  
KNOXVILLE TN 37919

2. **Policy Period:** **From** 08/13/24 **To** 08/13/25 **ANNUAL**  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** THE INSURANCE GROUP LLC  
PO BOX 32545  
KNOXVILLE TN 37930

**Producer's Code:** 20247088

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

**Total Estimated Annual Premium:** \$305  
**Deposit Premium:**  
**Policy Minimum Premium:** \$241 TN

**Audit Period:** ANNUAL

**Installment Term:** Twelve Pay (8.33%Down+11@8.33%)

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

Countersigned by Susan L. Castaneda  
Authorized Representative

07/04/24  
Date

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

**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:

<b>Bodily injury by Accident</b>	\$100,000	<b>each accident</b>
<b>Bodily injury by Disease</b>	\$500,000	<b>policy limit</b>
<b>Bodily injury by Disease</b>	\$100,000	<b>each employee</b>

**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.**

<b>Classifications Code Number and Description</b>	<b>Premium Basis Total Estimated Annual Remuneration</b>	<b>Rates Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
Total Standard Premium			\$80
Expense Constant			\$215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$4
Catastrophe (Other Than Certified Acts Of Terrorism)			\$6
Estimated Annual Premium (before Surcharges)			\$305

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

**Total Estimated Annual Premium:** \$305  
**Deposit Premium:**  
**Policy Minimum Premium:** \$241 TN

**Interstate/Intrastate Identification Number:** Refer to Schedule of Operations

**Labor Contractors Policy Number:**

**NAICS:** 621310  
**SIC:** 8041



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

**Policy Number:** 20 WEC AB9FPP

**Endorsement Number:**

**Effective Date:** 08/13/24

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

**Named Insured and Address:** Talley Chiropractic Services

321 ERIN DR  
KNOXVILLE TN 37919

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
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
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990300F	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
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: PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD**

**Company Code: P**

**Policy Number:** 20 WEC AB9FPP

**Schedule Number:** 01-41-01

**Effective Date:** 08/13/24      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:**

# Talley Chiropractic Services

321 ERIN DR

KNOXVILLE TN 37919

NAICS: 621310

SIC: 8041

NO. OF EMPL: 6

**FEIN: 11-2598657**

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
8832 PHYSICIAN & CLERICAL	61,400.00	0.130000	80

## Total State Summary

Total Class Premium			80
Total Estimated Annual Standard Premium			80
Expense constant			215
Terrorism Risk Insurance Program Reauthorization Act	61,400.00	0.007000	4
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	61,400.00	0.010000	6
Total Estimated Annual Premium			305

Countersigned by \_\_\_\_\_  
Authorized Representative

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

**Process Date:** 07/04/24

**Policy Expiration Date:** 08/13/25