

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Underwriters Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number:
Company Code: 6

10456

POLICY NUMBER:
Previous Policy Number:

21 WEC AC3A86
21 WEC AC3A86

| Suffix | |
|--------|---------|
| LARS | RENEWAL |
| | 6 |

1. **Named Insured and Mailing Address:** BEAUTY & BEYOND, INC.
(No., Street, Town, State, Zip Code) 160 W VALLEY AVE # C
HOMEWOOD AL 35209

FEIN Number: 72-1539024

State Identification Number(s):

The Named Insured is: Corporation

Business of Named Insured: Cosmetics, Beauty Supplies, and Perfume Stores

Other workplaces not shown above: See Endorsement - WC990366

2. **Policy Period:** **From** 03/01/24 **To** 03/01/25 **ANNUAL**
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BYARS WRIGHT INC
1700 4TH AVE
JASPER AL 35502

Producer's Code: 21253508

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

Total Estimated Annual Premium: \$8,260

Deposit Premium:

Policy Minimum Premium: \$1,160 GA (Includes Increased Limit Min. Prem.)

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

04/05/24
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 | | | \$8,037 |
| Premium Discount | | | -\$104 |
| Expense Constant | | | \$230 |
| Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement | | | \$11 |
| Catastrophe (Other Than Certified Acts Of Terrorism) | | | \$86 |
| Estimated Annual Premium (before Surcharges) | | | \$8,260 |

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

| | |
|--|--|
| Total Estimated Annual Premium: | \$8,260 |
| Deposit Premium: | |
| Policy Minimum Premium: | \$1,160 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 - OTHER WORKPLACES

Policy Number: 21 WEC AC3A86

Endorsement Number:

Effective Date: 03/01/24 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: BEAUTY & BEYOND, INC.
160 W VALLEY AVE # C
HOMEWOOD AL 35209

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

628 MARTIN LUTHER KING BLVD, Savannah, GA 31401
711 MONTGOMERY XRDS, Savannah, GA 31406
1940 MILLS B LAND #E, Savannah, GA 31405



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

Policy Number: 21 WEC AC3A86

Endorsement Number:

Effective Date: 03/01/24

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

Named Insured and Address: BEAUTY & BEYOND, INC.

160 W VALLEY AVE # C
HOMWOOD AL 35209

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 |
| WC000406 | Premium Discount 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 |
| 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 AC3A86

Endorsement Number:

Effective Date: 03/01/24

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

Named Insured and Address: BEAUTY & BEYOND, INC.

160 W VALLEY AVE # C

HOMWOOD AL 35209

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

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: HARTFORD UNDERWRITERS INSURANCE COMPANY

Company Code: 6

Policy Number: 21 WEC AC3A86

Schedule Number: 01-10-01

Effective Date: 03/01/24 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:

BEAUTY & BEYOND, INC.

628 MARTIN LUTHER KING BLVD

Savannah GA 31401

NAICS: 446120

SIC: 5999

NO. OF EMPL: 2

FEIN: 72-1539024

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 |
|--|--|--|---|
| 8810 CLERICAL OFFICE EMPLOYEES NOC | IF ANY | 0.250000 | 0 |
| 8017 STORE - RETAIL NOC | 71,700.00 | 3.680000 | 2,639 |

Countersigned by _____
Authorized Representative



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 UNDERWRITERS INSURANCE COMPANY

Company Code: 6

Policy Number: 21 WEC AC3A86

Schedule Number: 01-10-02

Effective Date: 03/01/24 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:

BEAUTY & BEYOND, INC.
711 MONTGOMERY XRDS
Savannah GA 31406

NAICS: 446120

SIC: 5999

NO. OF EMPL: 4

FEIN: 72-1539024

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 | 71,700.00 | 3.680000 | 2,639 |
| 8810 CLERICAL OFFICE EMPLOYEES NOC | IF ANY | 0.250000 | 0 |

Countersigned by _____
Authorized Representative



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 UNDERWRITERS INSURANCE COMPANY

Company Code: 6

Policy Number: 21 WEC AC3A86

Schedule Number: 01-10-03

Effective Date: 03/01/24 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:

BEAUTY & BEYOND, INC.

1940 MILLS B LAND #E

Savannah GA 31405

NAICS: 446120

SIC: 5999

NO. OF EMPL: 3

FEIN: 72-1539024

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 |
|---|--|---------------------------------------|--------------------------------|
| 8810 CLERICAL OFFICE EMPLOYEES NOC | IF ANY | 0.250000 | 0 |
| 8017 STORE - RETAIL NOC | 71,700.00 | 3.680000 | 2,639 |

Total State Summary

| | | | |
|---|------------|----------|-------|
| Total Class Premium | | | 7,917 |
| Emp liab increased limits | | 0.011000 | 87 |
| Employer Liability Increase Limits balance to Minimum Premium | | | 33 |
| Total Estimated Annual Standard Premium | | | 8,037 |
| Premium discount | | 0.013000 | -104 |
| Expense constant | | | 230 |
| Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement | 215,100.00 | 0.005000 | 11 |
| Catastrophe (other than certified acts of terrorism) | 215,100.00 | 0.040000 | 86 |
| Total Estimated Annual Premium | | | 8,260 |

Countersigned by _____ Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy Number: 21 WEC AC3A86

Endorsement Number:

Effective Date: 03/01/24

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

Named Insured and Address: BEAUTY & BEYOND, INC.
160 W VALLEY AVE # C
HOMEWOOD AL 35209

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

MUTLAK DIAB

Countersigned by _____
Authorized Representative