

## INFORMATION PAGE

### WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

**INSURER:** Trumbull Insurance Company  
ONE HARTFORD PLAZA HARTFORD CT 06155



**NCCI Company Number:** 19666  
**Company Code:** H

**POLICY NUMBER:** 21 WEC AP6272  
**Previous Policy Number:** 21 WEC AP6272

Suffix	
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1. **Named Insured and Mailing Address:** THE GENERAL RETIREMENT SYSTEMS  
(No., Street, Town, State, Zip Code) 716 RICHARD ARRINGTON JR BLVD N RM 430  
BIRMINGHAM AL 35203

**FEIN Number:** 63-0595995

**State Identification Number(s):**

**The Named Insured is:** Corporation

**Business of Named Insured:** Investment Advice

**Other workplaces not shown above:** 716 RICHARD ARRINGTON JR BLVD N  
BIRMINGHAM AL 35203

2. **Policy Period:** From 07/01/24 To 07/01/25 ANNUAL  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** BYARS WRIGHT INC  
PO BOX 1309  
JASPER AL 35502

**Producer's Code:** 21250558

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

**Total Estimated Annual Premium:** \$1,932

**Deposit Premium:**

**Policy Minimum Premium:** \$431 AL (Includes Increased Limit Min. Prem.)

**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  
Authorized Representative

05/22/24  
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:

<b>Bodily injury by Accident</b>	\$1,000,000	<b>each accident</b>
<b>Bodily injury by Disease</b>	\$1,000,000	<b>policy limit</b>
<b>Bodily injury by Disease</b>	\$1,000,000	<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			\$1,433
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$97
Catastrophe (Other Than Certified Acts Of Terrorism)			\$162
Estimated Annual Premium (before Surcharges)			\$1,932

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

<b>Total Estimated Annual Premium:</b>	\$1,932
<b>Deposit Premium:</b>	
<b>Policy Minimum Premium:</b>	\$431 AL (Includes Increased Limit Min. Prem.)

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

NAICS: 523930

**Labor Contractors Policy Number:**

**SIC:** 6282



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

**Policy Number:** 21 WEC AP6272

**Endorsement Number:**

**Effective Date:** 07/01/24

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

**Named Insured and Address:** THE GENERAL RETIREMENT SYSTEMS  
716 RICHARD ARRINGTON JR BLVD N RM 430  
BIRMINGHAM AL 35203

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
WC010401	ALABAMA MERIT RATING 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
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:** TRUMBULL INSURANCE COMPANY

**Company Code:** H

**Policy Number:** 21 WEC AP6272

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

**Effective Date:** 07/01/24 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:**

THE GENERAL RETIREMENT SYSTEMS  
716 RICHARD ARRINGTON JR BLVD N  
BIRMINGHAM AL 35203

NAICS: 523930

SIC: 6282

NO. OF EMPL: 7

**FEIN:** 63-0595995

**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	808,500.00	0.190000	1,536

### Total State Summary

Total Class Premium			1,536
Emp liab increased limits		0.014000	22
Employer Liability Increase Limits balance to Minimum Premium			128
Merit Rating		0.850000	-253
Total Estimated Annual Standard Premium			1,433
Expense constant			240
Terrorism Risk Insurance Program Reauthorization Act	808,500.00	0.012000	97
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	808,500.00	0.020000	162
Total Estimated Annual Premium			1,932

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