

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: 30147
Company Code: P

POLICY NUMBER: 21 WEC BF1LSZ
Previous Policy Number: New

Suffix	
LARS	RENEWAL

1. **Named Insured and Mailing Address:** KIDZONE LEARNING CENTER, LLC
(No., Street, Town, State, Zip Code) 124 VETERANS DR SW
CULLMAN AL 35055

FEIN Number: 26-3832084

State Identification Number(s):

The Named Insured is: LLC
Business of Named Insured: Child Day Care Services
Other workplaces not shown above: 124 Veterans Dr Sw
Cullman AL 35055

2. **Policy Period:** From 04/10/24 To 04/10/25 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BYARS WRIGHT INC/PHS
1700 4TH AVENUE
JASPER AL 35502

Producer's Code: 21251454
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$3,191
Deposit Premium:
Policy Minimum Premium: \$566 AL (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 04/12/24
Authorized Representative 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:

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			\$2,861
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$37
Catastrophe (Other Than Certified Acts Of Terrorism)			\$53
Estimated Annual Premium (before Surcharges)			\$3,191

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

Total Estimated Annual Premium:	\$3,191
Deposit Premium:	
Policy Minimum Premium:	\$566 AL (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

NAICS: 624410

Labor Contractors Policy Number:

SIC: 8351



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

Policy Number: 21 WEC BF1LSZ

Endorsement Number:

Effective Date: 04/10/24

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

Named Insured and Address: Kidzone Learning Center, LLC

124 VETERANS DR SW
CULLMAN AL 35055

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: PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

Company Code: P

Policy Number: 21 WEC BF1LSZ

Schedule Number: 01-01-01

Effective Date: 04/10/24 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:

Kidzone Learning Center, LLC
124 Veterans Dr Sw
Cullman AL 35055

NAICS: 624410

SIC: 8351

NO. OF EMPL: 25

FEIN: 26-3832084

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
8869 CHILD CARE CENTER - ALL EMPLOYEES INCLUDING CLERICAL, SALESPERSONS & DRIVERS	529,000.00	0.820000	4,338

Total State Summary

Total Class Premium			4,338
Emp liab increased limits		0.014000	61
Employer Liability Increase Limits balance to Minimum Premium			89
Merit Rating		0.850000	-673
Schedule Rating Factor		0.750000	-954
Total Estimated Annual Standard Premium			2,861
Expense constant			240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	529,000.00	0.007000	37
Catastrophe (other than certified acts of terrorism)	529,000.00	0.010000	53
Total Estimated Annual Premium			3,191

Countersigned by _____

Authorized Representative