AmTrust Insurance Company A Stock Insurance Company 800 Superior Avenue East, 21st Floor Cleveland, OH 44114

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 00 01 A

INFORMATION PAGE

1.	Insur	red:		Policy Number:	KWC1344313			
	Othe	All Seasons LLC 239 Dollywood Lane Pigeon Forge, TN 37863 r workplaces not shown above: None ucer: Mountain Empire Agency Alliance, L 1524 Bridgewater Ln. #101 Kingsport, TN 37660	LC	Federal Tax ID: Board File Number: Renewal Of: Entity: Interim Adjustment: Ncci Code: SIC Code	810933305 KWC1307262 Limited Liability Compa Annual 68405	any		
2.	The 1	policy period is from 2/1/2024 to 2/1/20)25 12:01 a.m. a	t the insured's mailing addres	SS.			
3.	 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law the states listed here: Tennessee B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.4 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. D.	Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3.A This policy includes these endorsements and schedules: See attached endorsement schedule.						
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. See Extension of Information Page TOTAL ESTIMATED ANNUAL PREMIUM STATE ASSESSMENT TOTAL ESTIMATED COST 2,60							
		Minimum Premium Deposit Premium				332 263		
		Issue Date: 12/28/2023	Counter	rsigned by:		203		
				· ·	Representative			

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: All Seasons LLC Policy Number: KWC1344313

EXTENSION OF INFORMATION PAGE FOR ITEM #1 ITEM 1: NAMED INSURED and WORKPLACES

Location	Site	Address	FEIN#
All Seasons LLC	1	239 Dollywood Lane Pigeon Forge, TN 37863	810933305

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INFORMATION PAGE

Ncci Code: 68405

State Form Number		Number	Description		
		WC000001A	DECLARATIONS PAGE		
Т	ΓΝ	LB-1111	DRUG FREE WORKPLACE PROGRAM APPLICATION		
		WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY		
		WC000406	PREMIUM DISCOUNT ENDORSEMENT		
		WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT		
		WC000419A	PREMIUM DUE DATE 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		
		WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT		
Т	ΓN	WC410402	TENNESSEE PENDING LOST COST AND ASSIGNED RISK RATE ENDORSEMENT		

INFORMATION PAGE

Insured: All Seasons LLC Policy Number: KWC1344313

EXTENSION OF INFORMATION PAGE FOR ITEM #4 ITEM 4: SCHEDULE OF PREMIUMS

Classification	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium	
Tennessee						
Clerical Office Employees NOC	0	8810	93,714	0.10	94	
Hotel—All Other Employees & Salespersons,						
Drivers	0	9052	269,726	1.01 _	2,724	
Manual Premium					2,818	
Total Manual Premium					2,818	
Premium for Increased Limits Part Two: 1.1%		9807			31	
(500/500/500) Premium to Equal Increased Limits Minimum Cl	argo	9848			69	
Total Premium Subject To Experience Modificat					2,918	
Experience Modification 91%	1011				2,655	
Schedule Modifier -10%		9887			-265	
Terrorism 0.8%		9740			29	
Catastrophe (other than Terrorism) 2%		9741			73	
Expense Constant		0900			165	
Total TN Premium				_	2,657	
Total TN Cost					2,657	
TOTAL ESTIMATED ANNUAL PREMIUM						
STATE ASSESSMENT						
TOTAL COST					2,657	