

Wesco Insurance Company

A Stock Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 26135

1. Insured:

CLAY'S CONSTRUCTION AND DEVELOPMENT INC.
105 PEAR TREE LANE
THOMASVILLE, GA 31757

Other workplaces not shown above:

See Extension of Information Page

Producer:

The Braddy Agency LLC
PO Box 2138
Thomasville, GA 31799

Policy Number: WWC3710566

☐ Individual ☐ Partnership

☒ Corporation or

Federal Tax ID: 202136398

Risk Id:

Renewal of: WWC3644891

2. The policy period is from 5/4/2024 to 5/4/2025 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida, Georgia

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:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$1,000,000 each accident	\$1,000,000 policy limit	\$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 ND, OH, WA, WY and State(s) Designated in Item 3.A

D. This policy includes these endorsements and schedules: See Extension of Information Page

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

11,586

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

11,586

Minimum Premium

500

Deposit Premium

1,155

Issue Date: 4/5/2024

Countersigned by: _____

Authorized Representative

Insured: CLAY'S CONSTRUCTION AND DEVELOPMENT INC.

Policy Number: WWC3710566

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

NAMED INSURED:

CLAY'S CONSTRUCTION AND
DEVELOPMENT INC.

Fein: 202136398

WORKPLACES:

Location Number 1.
105 PEAR TREE LANE
THOMASVILLE, GA 31757

Location Number 2.
2703 A US Hwy 98
Mexico Beach, FL 32456

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INFORMATION PAGE

Insured: CLAY'S CONSTRUCTION AND DEVELOPMENT INC.

Policy Number: WWC3710566

EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
ITEM 3.D: ENDORSEMENT SCHEDULE

State	Form Number	Description
	WC990001B	DECLARATIONS PAGE
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
	WC000404	PENDING RATE CHANGE ENDORSEMENT
	WC000406	PREMIUM DISCOUNT ENDORSEMENT
	WC000406A	PREMIUM DISCOUNT ENDORSEMENT
	WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
	WC000419	PREMIUM DUE DATE 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
FL	WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL	WC090402A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
FL	WC090403C	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL	WC090407A	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
FL	WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
FL	WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
GA	WC100601C	GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT

Georgia

Concrete or Cement Work—Floors, Driveways, Yards or Sidewalks & Drivers	10	5221	212,180	5.76	12,222
Contractor —Project Manager, Construction Executive, Construction Manager, or Construction Superintendent	1	5606	39,338	1.05	<u>413</u>
Manual Premium					12,635

Total Manual Premium					12,635
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			139
Total Premium Subject To Experience Modification					12,774
Experience Modification 90%					11,497
Premium Discount 2%		0063			-230
Terrorism 1.1%		9740			28
Catastrophe (other than Terrorism) 2%		9741			50
Expense Constant		0900			200
Total GA Premium					11,545
Total GA Cost					11,545

TOTAL ESTIMATED ANNUAL PREMIUM	11,586
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STATE ASSESSMENT	0
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TOTAL COST	11,586
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: CLAY'S CONSTRUCTION AND DEVELOPMENT INC.

Policy Number: WWC3710566

PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	5/4/2024	Downpayment	\$1,155.00
	6/4/2024	Installment 1 of 9	\$1,159.00
	7/4/2024	Installment 2 of 9	\$1,159.00
	8/4/2024	Installment 3 of 9	\$1,159.00
	9/4/2024	Installment 4 of 9	\$1,159.00
	10/4/2024	Installment 5 of 9	\$1,159.00
	11/4/2024	Installment 6 of 9	\$1,159.00
	12/4/2024	Installment 7 of 9	\$1,159.00
	1/4/2025	Installment 8 of 9	\$1,159.00
	2/4/2025	Installment 9 of 9	\$1,159.00
			Total Cost \$11,586.00

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

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
	Alvin Clay	
	Nick Clay	
	Lewis Glen Scoggins	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

5/4/2024
CLAY'S CONSTRUCTION AND DEVELOPMENT
INC.

Policy No. WWC3710566

Endorsement No. 0

Insurance Company

Wesco Insurance Company

Premium \$ 11,586

Countersigned by _____