

**INFORMATION PAGE**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**INSURER:** SEE ATTACHED ENDORSEMENT



**NCCI Company Number:**  
**Company Code:** 9

30147

**POLICY NUMBER:**  
**Previous Policy Number:**

21 WEC AL8XCC  
21 WEC AL8XCC

**Suffix**  
**LARS RENEWAL**

4

1. **Named Insured and Mailing Address:** AMBL STUDIOS INC.  
(No., Street, Town, State, Zip Code) 106 E WASHINGTON ST  
ATHENS AL 35611

**FEIN Number:** 85-1355400

**State Identification Number(s):** Refer to the EXTENSION OF THE INFORMATION PAGE – WC990365.

**The Named Insured is:** Corporation

**Business of Named Insured:** Architectural Services

**Other workplaces not shown above:** See Endorsement - WC990366

2. **Policy Period:** **From** 05/17/24 **To** 05/17/25 **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:** 21253009

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

**Total Estimated Annual Premium:** \$1,629

**Deposit Premium:**

**Policy Minimum Premium:** \$439 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

04/07/24  
Date

**3. A. Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: AL SEE ENDORSEMENT - WC 99 03 67

**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			\$1,329
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$32
Catastrophe (Other Than Certified Acts Of Terrorism)			\$26
Estimated Annual Premium (before Surcharges)			\$1,627
Total Estimated Surcharges			\$2

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

<b>Total Estimated Annual Premium:</b>	\$1,629
<b>Deposit Premium:</b>	
<b>Policy Minimum Premium:</b>	\$439 AL (Includes Increased Limit Min. Prem.)

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

**Labor Contractors Policy Number:**

NAICS: 541310

SIC: 8712



## EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

**Policy Number:** 21 WEC AL8XCC

**Endorsement Number:**

**Effective Date:** 05/17/24 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** Ambl Studios Inc.  
106 E WASHINGTON ST  
ATHENS AL 35611

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

NO SPECIFIC LOCATION IN STATE OF KS  
NO SPECIFIC LOCATION IN STATE OF TN  
2312 W 35TH ST APT 3, CHICAGO, IL 60609-1040  
4620 FANNING DR, ANTIOCH, TN 37013-2729



## EXTENSION OF THE INFORMATION PAGE - ITEM 3.A - STATES COVERED

**Policy Number:** 21 WEC AL8XCC

**Endorsement Number:**

**Effective Date:** 05/17/24

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

**Named Insured and Address:** Ambl Studios Inc.

106 E WASHINGTON ST  
ATHENS AL 35611

Item 3.A. of the Information Page is completed to include the following states:

Alabama	AL
Tennessee	TN
Kansas	KS
Illinois	IL



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

**Policy Number:** 21 WEC AL8XCC

**Endorsement Number:**

**Effective Date:** 05/17/24

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

**Named Insured and Address:** Ambl Studios Inc.

106 E WASHINGTON ST  
ATHENS AL 35611

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

G-3177-3	Important Information For Illinois Policyholders
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000001A.1	INFORMATION PAGE
WC000001A.2	INFORMATION PAGE
WC000313	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS 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
WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
WC010401	ALABAMA MERIT RATING ENDORSEMENT
WC120306A	ILLINOIS WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY EXCLUSION ENDORSEMENT
WC120601F	ILLINOIS AMENDATORY ENDORSEMENT
WC120603	ILLINOIS RENEWAL ENDORSEMENT
WC150401A	KANSAS FINAL PREMIUM ENDORSEMENT
WC150404	KANSAS PENDING LOSS COST ENDORSEMENT



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

**Policy Number:** 21 WEC AL8XCC

**Endorsement Number:**

**Effective Date:** 05/17/24

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

**Named Insured and Address:** Ambli Studios Inc.

106 E WASHINGTON ST  
ATHENS AL 35611

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

WC150601A	KANSAS CANCELLATION AND NONRENEWAL ENDORSEMENT
WC410402	TENNESSEE PENDING LOSS COST AND ASSIGNED RISK RATE ENDORSEMENT
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990300B	WORKERS' COMPENSATION BROAD FORM ENDORSEMENT
WC990300F	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC990359B	AMENDMENT TO WORKERS COMPENSATION BROAD FORM ENDORSEMENT - EMPLOYERS LIABILITY STOP GAP COVERAGE
WC990366	EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES
WC990367	EXTENSION OF THE INFORMATION PAGE - ITEM 3.A - STATES COVERED
WC990368	EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS
WC990380	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
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 AL8XCC

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

**Effective Date:** 05/17/24 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:**

Ambi Studios Inc.  
106 E WASHINGTON ST  
ATHENS AL 35611

NAICS: 541310

SIC: 8712

NO. OF EMPL: 3

**FEIN:** 85-1355400

**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
8601 ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	130,300.00	0.230000	300

### Total State Summary

Total Class Premium			300
Waiver of Subrogation		0.020000	250
Emp liab increased limits		0.014000	4
Employer Liability Increase Limits balance to Minimum Premium			142
Merit Rating		0.850000	-104
Total Estimated Annual Standard Premium			592
Expense constant			240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	130,300.00	0.007000	9
Catastrophe (other than certified acts of terrorism)	130,300.00	0.010000	13
Total Estimated Annual Premium			854

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 INSURANCE COMPANY OF THE SOUTHEAST

**Company Code:** J

**Policy Number:** 21 WEC AL8XCC

**Schedule Number:** 01-12-04

**Effective Date:** 05/17/24 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:**

Ambi Studios Inc.  
2312 W 35TH ST APT 3  
CHICAGO IL 60609

NAICS: 541310

SIC: 8712

NO. OF EMPL: 1

**FEIN:** 85-1355400

**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>
8601 ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	72,000.00	0.270000	194

### Total State Summary

Total Class Premium			194
Emp liab increased limits		0.014000	3
Total Estimated Annual Standard Premium			197
Terrorism Risk Insurance Program Reauthorization Act	72,000.00	0.028000	20
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	72,000.00	0.010000	7
IL Industrial Commission Operations Fund Surcharge		1.010000	2
Total Estimated Annual Premium			226

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 INSURANCE COMPANY OF THE SOUTHEAST

**Company Code:** J

**Policy Number:** 21 WEC AL8XCC

**Schedule Number:** 01-15-02

**Effective Date:** 05/17/24 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:**

Ambi Studios Inc.

NO SPECIFIC LOCATION

IN STATE OF KS

NAICS: 541310

SIC: 8712

NO. OF EMPL: 1

**FEIN:** 85-1355400

**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
8601 ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	IF ANY	0.100000	0

### Total State Summary

Total Class Premium		0
Waiver of Subrogation	0.020000	250
Total Estimated Annual Standard Premium		250
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	0.004000	0
Catastrophe (other than certified acts of terrorism)	0.010000	0
Total Estimated Annual Premium		250

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 INSURANCE COMPANY OF THE SOUTHEAST**

**Company Code: J**

**Policy Number:** 21 WEC AL8XCC

**Schedule Number:** 01-41-03

**Effective Date:** 05/17/24      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:**

Ambl Studios Inc.

NO SPECIFIC LOCATION

IN STATE OF TN

NAICS: 541310

SIC: 8712

NO. OF EMPL: 1

**FEIN: 85-1355400**

**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
8601 ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	IF ANY	0.070000	0

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

**Form WC 99 00 05** (1) Printed in U.S.A.

**Process Date:** 04/07/24

**Policy Expiration Date:** 05/17/25



## 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 INSURANCE COMPANY OF THE SOUTHEAST

**Company Code:** J

**Policy Number:** 21 WEC AL8XCC

**Schedule Number:** 01-41-05

**Effective Date:** 05/17/24 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:**

Ambi Studios Inc.  
4620 FANNING DR  
ANTIOCH TN 37013

NAICS: 541310

SIC: 8712

NO. OF EMPL: 1

**FEIN:** 85-1355400

**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>
8601 ARCHITECTURAL OR ENGINEERING FIRM - INCLUDING SALESPERSONS & DRIVERS	55,000.00	0.070000	39

### Total State Summary

Total Class Premium			39
Waiver of Subrogation		0.020000	250
Emp liab increased limits		0.014000	1
Total Estimated Annual Standard Premium			290
Terrorism Risk Insurance Program Reauthorization Act	55,000.00	0.005000	3
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	55,000.00	0.010000	6
Total Estimated Annual Premium			299

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