

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: 20 WBC AP3BDB
Previous Policy Number: 20 WBC AP3BDB

Suffix	
LARS	RENEWAL
	3

1. Named Insured and Mailing Address: JAMES BARWICK
(No., Street, Town, State, Zip Code) 190 QUAIL DR
DUDLEY NC 28333

FEIN Number: 51-0523435

State Identification Number(s):

The Named Insured is: Individual
Business of Named Insured: Landscaping Services
Other workplaces not shown above: 190 QUAIL DR
DUDLEY NC 28333

2. Policy Period: From 12/01/23 To 12/01/24 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: THE INSURANCE GROUP LLC
PO BOX 32545
KNOXVILLE TN 37930

Producer's Code: 20247088

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

Total Estimated Annual Premium: \$2,937
Deposit Premium:
Policy Minimum Premium: \$736 NC

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 S. Castaneda
Authorized Representative

10/22/23
Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: NC (SP0)

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	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	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			\$2,668
Expense Constant			\$250
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$8
Catastrophe (Other Than Certified Acts Of Terrorism)			\$11
Estimated Annual Premium (before Surcharges)			\$2,937

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

Total Estimated Annual Premium: \$2,937
Deposit Premium:
Policy Minimum Premium: \$736 NC

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 561730
SIC: 0782



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

Policy Number: 20 WBC AP3BDB

Endorsement Number:

Effective Date: 12/01/23 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: James Barwick
190 QUAIL DR
DUDLEY NC 28333

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

Named Insured : James Barwick

State ID : Not Applicable

FEIN : 51-0523435

DBA Name

Barwick Lawn Care



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

Policy Number: 20 WBC AP3BDB

Endorsement Number:

Effective Date: 12/01/23

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

Named Insured and Address: James Barwick
190 QUAIL DR
DUDLEY NC 28333

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
WC000419	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
WC320301D	NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990277C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY PARTICIPATING PROVISIONS
WC990302B	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC990365	EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED
WC990368	EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS



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

Policy Number: 20 WBC AP3BDB

Endorsement Number:

Effective Date: 12/01/23

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

Named Insured and Address: James Barwick
190 QUAIL DR
DUDLEY NC 28333

Item 3.D. of the Information Page is completed to include the following 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: 20 WBC AP3BDB

Schedule Number: 01-32-01

Effective Date: 12/01/23 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:

James Barwick
190 QUAIL DR
DUDLEY NC 28333

NAICS: 561730

SIC: 0782

NO. OF EMPL: 3

FEIN: 51-0523435

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
9102 LAWN MAINTENANCE - COMMERCIAL OR DOMESTIC & DRIVERS	109,800.00	2.430000	2,668

Total State Summary

Total Class Premium			2,668
Total Estimated Annual Standard Premium			2,668
Expense constant			250
Terrorism Risk Insurance Program Reauthorization Act	109,800.00	0.007000	8
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	109,800.00	0.010000	11
Total Estimated Annual Premium			2,937

Countersigned by _____
Authorized Representative