Sequoia 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: 19755 | | | | | | |
|----|---|---|--------------------------|---|-------------|----|--|--|
| 1. | Insured: | | | Policy Number: | QWC1378956 | | | |
| | | Truitt Tingle Paramore & Argent, LLC 5436 Stadium Trace Pkwy STE 202 | | | | | | |
| | | Hoover, AL 35244 | | Individual | Partnership | | | |
| | Othe | workplaces not shown above: | | Corporation or X LLC Federal Tax ID: 631237936 Risk Id: | | | | |
| | | See Extension of Information Page | | | | | | |
| | Prod | | | | | | | |
| | | Higginbotham Insurance Agency, Inc PO Box 1309 | | Renewal of: | QWC1310634 | | | |
| | | Jasper, AL 35502 | | | | | | |
| 2. | The p | the policy period is from 7/13/2024 to 7/13/2025 12:01 a.m. at the insured's mailing address. | | | | | | |
| 3. | A. | A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Alabama, Montana, North Carolina | | | | | | |
| | 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 | | | |
| | | \$500,000 each accident | \$500,000 policy limit | \$500,000 eac | ch 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 PREM | MIUM | | 1,62 | 21 | | |
| | | STATE ASSESSMENT | | | | 6 | | |
| | | TOTAL ESTIMATED COST | | | 1,62 | | | |
| | | Minimum Premium | | | | 00 | | |
| | | Deposit Premium | 0 11 | | 1,62 | 27 | | |
| | | Issue Date: 6/4/2024 | Countersigned by: | | | | | |
| | | | | Authorized Repres | entative | | | |

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE **POLICY**

INFORMATION PAGE

Policy Number: QWC1378956

Insured: Truitt Tingle Paramore & Argent, LLC

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

NAMED INSURED: WORKPLACES:

Truitt Tingle Paramore & Argent, LLC

Location Number 1. 5346 Stadium Trace Pkwy STE 202 Hoover, AL 35244

Location Number 3. 145 Berringer Ln Garner, NC 27529

Fein: 631237936 Location Number 2. 2411 38th St Billings, MT 59102

INFORMATION PAGE

Policy Number: QWC1378956

Insured: Truitt Tingle Paramore & Argent, LLC

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

| State | Form Number | Description |
|----------------|------------------------------------|--|
| | WC990001B WC000000C | DECLARATIONS PAGE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY |
| | WC000404 WC000406 | PENDING RATE CHANGE ENDORSEMENT PREMIUM DISCOUNT ENDORSEMENT |
| | WC000406A WC000414A WC000419 | PREMIUM DISCOUNT ENDORSEMENT NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT PREMIUM DUE DATE ENDORSEMENT |
| | WC000419 WC000419A WC000421F | PREMIUM DUE DATE ENDORSEMENT PREMIUM DUE DATE ENDORSEMENT CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM |
| | WC0004211 | ENDORSEMENT TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT |
| | WC000424 | DISCLOSURE ENDORSEMENT AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT |
| MT MT | WC250305 WC250401A | MONTANA INTENTIONAL INJURY EXCLUSION ENDORSEMENT MONTANA AMENDATORY ENDORSEMENT |
| MT MT NC | WC250601B WC250602 WC320301D | MONTANA AMENDATORY ENDORSEMENT MONTANA SAFETY ENDORSEMENT NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT |
| 110 | VV 0320301D | NONTH OAROLINA AMENDED GOVERAGE ENDORGEMENT |

| North Carolina | | | | | |
|---|----------|------|--------|------|-------|
| Clerical Office Employees NOC | 1 | 8810 | 82,400 | 0.06 | 49 |
| Manual Premium | | | | | 49 |
| Total Manual Premium | | | | | 49 |
| Employers Liability Increased Limits 0.8% | | 9812 | | | 0 |
| Total Premium Subject To Experience Modif | fication | | | | 49 |
| Experience Modification (N/A) | | 9898 | | | 49 |
| Terrorism 0.6% | | 9740 | | | 5 |
| Catastrophe (other than Terrorism) 1% | | 9741 | | | 8 |
| Minimum Premium Adjustment | | 0990 | | | 0 |
| Expense Constant | | 0900 | | | 0 |
| Total NC Premium | | | | | 62 |
| Total NC Cost | | | | | 62 |
| TOTAL ESTIMATED ANNUAL PREMIUM | | | | | 1,621 |
| STATE ASSESSMENT | | | | | 6 |
| TOTAL COST | | | | | 1,627 |

Sequoia Insurance Company

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Truitt Tingle Paramore & Argent, LLC

Policy Number: QWC1378956

PAYMENT SCHEDULE

| Statement Payment Closing Date Due Date Description | | Description | Amount Due | |
|---|-----------|--------------------|-----------------------|--|
| | 7/13/2024 | Annual Premium Due | \$1,627.00 | |
| | | | Total Cost \$1 627 00 | |

Printed: 6/4/2024