

INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
INSURER: SEE ATTACHED ENDORSEMENT



NCCI Company Number:
Company Code: 9

10448

POLICY NUMBER:
Previous Policy Number:

21 WEC AD3GA9
21 WEC AD3GA9

Suffix	
LARS	RENEWAL
	6

1. **Named Insured and Mailing Address:** SEWELL SEWELL BEARD LLC
(No., Street, Town, State, Zip Code) 1841 2ND AVE STE 214
JASPER AL 35501

FEIN Number: 46-3224852

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

The Named Insured is: LLC
Business of Named Insured: Offices of Lawyers
Other workplaces not shown above: See Endorsement - WC990366

2. **Policy Period:** **From** 05/10/24 **To** 05/10/25 **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: 21250558

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

Total Estimated Annual Premium: \$487

Deposit Premium:

Policy Minimum Premium: \$420 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

03/31/24
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:

Bodily injury by Accident	\$1,000,000	each accident
Bodily injury by Disease	\$1,000,000	policy limit
Bodily injury by Disease	\$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 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			\$210
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$27
Catastrophe (Other Than Certified Acts Of Terrorism)			\$10
Estimated Annual Premium (before Surcharges)			\$487

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

Total Estimated Annual Premium:	\$487
Deposit Premium:	
Policy Minimum Premium:	\$420 AL (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

NAICS: 541110

Labor Contractors Policy Number:

SIC: 8111



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

Policy Number: 21 WEC AD3GA9

Endorsement Number:

Effective Date: 05/10/24 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Sewell Sewell Beard LLC
1841 2ND AVE STE 214
JASPER AL 35501

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

130 N PRESTON RD STE 316, PROSPER, TX 75078-9808



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

Policy Number: 21 WEC AD3GA9

Endorsement Number:

Effective Date: 05/10/24

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

Named Insured and Address: Sewell Sewell Beard LLC
1841 2ND AVE STE 214
JASPER AL 35501

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

Alabama
Texas

AL
TX



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

Policy Number: 21 WEC AD3GA9

Endorsement Number:

Effective Date: 05/10/24

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

Named Insured and Address: Sewell Sewell Beard LLC
1841 2ND AVE STE 214
JASPER AL 35501

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
WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC000403	EXPERIENCE RATING MODIFICATION FACTOR 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
WC010401	ALABAMA MERIT RATING ENDORSEMENT
WC420301L	TEXAS AMENDATORY ENDORSEMENT
WC550022A	NOTICE TO WORKERS' COMPENSATION POLICYHOLDERS IN TEXAS LETTER
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990300B	WORKERS' COMPENSATION BROAD FORM ENDORSEMENT



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

Policy Number: 21 WEC AD3GA9

Endorsement Number:

Effective Date: 05/10/24

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

Named Insured and Address: Sewell Sewell Beard LLC
1841 2ND AVE STE 214
JASPER AL 35501

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

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
WC990689	GOODS AND SERVICES ENDORSEMENT
WC990694	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: HARTFORD ACCIDENT AND INDEMNITY COMPANY

Company Code: 5

Policy Number: 21 WEC AD3GA9

Schedule Number: 01-01-01

Effective Date: 05/10/24 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:

Sewell Sewell Beard LLC
1841 2ND AVE STE 214
JASPER AL 35501

NAICS: 541110

SIC: 8111

NO. OF EMPL: 1

FEIN: 46-3224852

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
8820 ATTORNEY - ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	49,100.00	0.140000	69

Total State Summary

Total Class Premium			69
Emp liab increased limits		0.014000	1
Employer Liability Increase Limits balance to Minimum Premium			149
Merit Rating		0.850000	-33
Total Estimated Annual Standard Premium			186
Expense constant			240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	49,100.00	0.010000	5
Catastrophe (other than certified acts of terrorism)	49,100.00	0.020000	10
Total Estimated Annual Premium			441

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: TWIN CITY FIRE INSURANCE COMPANY

Company Code: 7

Policy Number: 21 WEC AD3GA9

Schedule Number: 01-42-02

Effective Date: 05/10/24 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:

Sewell Sewell Beard LLC
130 N PRESTON RD STE 316
PROSPER TX 75078

NAICS: 541110

SIC: 8111

NO. OF EMPL: 1

FEIN: 46-3224852

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
8820 ATTORNEY-ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	93,200.00	0.030000	28

Total State Summary

Total Class Premium			28
Premium Incentive For Small Employers		0.850000	-4
Total Estimated Annual Standard Premium			24
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	93,200.00	0.024000	22
Catastrophe (other than certified acts of terrorism)	93,200.00		0
Total Estimated Annual Premium			46

Countersigned by _____
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PARTNERS, OFFICERS, AND OTHERS EXCLUSION
ENDORSEMENT**

Policy Number: 21 WEC AD3GA9

Endorsement Number:

Effective Date: 05/10/24 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Sewell Sewell Beard LLC
1841 2ND AVE STE 214
JASPER AL 35501

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

Sole Proprietors

Doris K. Sewell
Alana S. Beard
Jeffrey M. Sewell

Countersigned by _____
Authorized Representative