

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Insurance Company of Illinois
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 20613
Company Code: F

POLICY NUMBER: 20 WEC AK1WS3
Previous Policy Number: 20 WEC AK1WS3

Suffix	
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	4

1. **Named Insured and Mailing Address:** PULMONAIRE SERVICE, INC.
(No., Street, Town, State, Zip Code) 836 MCCALLIE AVE
CHATTANOOGA TN 37403

FEIN Number: 62-1162897

State Identification Number(s):

The Named Insured is: Corporation

Business of Named Insured: Other Commercial and Industrial Machinery and Equipment Rental and Leasing

Other workplaces not shown above: See Endorsement - WC990366

2. **Policy Period:** From 01/21/24 To 01/21/25 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: \$6,066
Deposit Premium:
Policy Minimum Premium: \$881 TN

Audit Period: ANNUAL

Installment Term: Four Pay (30%Down+2@25%+1@20%)

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan L. Castaneda
Authorized Representative

12/12/23
Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: TN

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 AND
WY, WA, OH, ND, GA

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			\$5,649
Premium Discount			-\$23
Expense Constant			\$215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$64
Catastrophe (Other Than Certified Acts Of Terrorism)			\$161
Estimated Annual Premium (before Surcharges)			\$6,066

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

Total Estimated Annual Premium: \$6,066
Deposit Premium:
Policy Minimum Premium: \$881 TN

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 532490
SIC: 7352



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

Policy Number: 20 WEC AK1WS3

Endorsement Number:

Effective Date: 01/21/24

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

Named Insured and Address: Pulmonaire Service, Inc.

836 MCCALLIE AVE

CHATTANOOGA TN 37403

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

Named Insured : Pulmonaire Service, Inc.

State ID : Not Applicable

FEIN : 62-1162897

DBA Name

Not Applicable

Not Applicable

Named Insured : Pulmonaire Service Pharmacy, Inc.

State ID : Not Applicable

FEIN : 62-1429089

DBA Name

Not Applicable

Named Insured : Pulmonaire Service, Inc.

State ID : Not Applicable

FEIN : 62-1162897

DBA Name

Not Applicable

Not Applicable



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

Policy Number: 20 WEC AK1WS3

Endorsement Number:

Effective Date: 01/21/24 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Pulmonaire Service, Inc.

836 MCCALLIE AVE
CHATTANOOGA TN 37403

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

836 MCCALLIE AVE, CHATTANOOGA, TN 37403

HWY 153 STE 130, HIXSON, TN 37343-6718

821 MCCALLIE AVE, CHATTANOOGA, TN 37403-2613

5819 WINDING LN, HIXSON, TN 37343-3631



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

Policy Number: 20 WEC AK1WS3

Endorsement Number:

Effective Date: 01/21/24

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

Named Insured and Address: Pulmonaire Service, Inc.

836 MCCALLIE AVE
CHATTANOOGA TN 37403

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
WC000406	Premium Discount 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
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
WC990300F	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC990365	EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED



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

Policy Number: 20 WEC AK1WS3

Endorsement Number:

Effective Date: 01/21/24

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

Named Insured and Address: Pulmonaire Service, Inc.

836 MCCALLIE AVE

CHATTANOOGA TN 37403

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

WC990366

EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

WC990368

EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - 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: HARTFORD INSURANCE COMPANY OF ILLINOIS

Company Code: F

Policy Number: 20 WEC AK1WS3

Schedule Number: 01-41-01

Effective Date: 01/21/24 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:

Pulmonaire Service, Inc.
836 MCCALLIE AVE
CHATTANOOGA TN 37403

NAICS: 532490

SIC: 7352

NO. OF EMPL: 14

FEIN: 62-1162897

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
8010 STORE - HARDWARE	IF ANY	1.120000	0
8742 SALESPERSONS OR COLLECTORS - OUTSIDE	48,400.00	0.210000	102
8810 CLERICAL OFFICE EMPLOYEES NOC	119,800.00	0.090000	108
7380 DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	115,000.00	3.330000	3,830

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 ILLINOIS

Company Code: F

Policy Number: 20 WEC AK1WS3

Schedule Number: 01-41-02

Effective Date: 01/21/24 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:

Pulmonaire Service, Inc.

HWY 153 STE 130

HIXSON TN 37343

NAICS: 532490

SIC: 7352

NO. OF EMPL: 0

FEIN: 62-1162897

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
8742 SALESPERSONS OR COLLECTORS - OUTSIDE	IF ANY	0.210000	0
7380 DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	IF ANY	3.330000	0

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 ILLINOIS

Company Code: F

Policy Number: 20 WEC AK1WS3

Schedule Number: 02-41-03

Effective Date: 01/21/24 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:

Pulmonaire Service Pharmacy, Inc.

821 MCCALLIE AVE

CHATTANOOGA TN 37403

NAICS: 532490

SIC: 7352

NO. OF EMPL: 6

FEIN: 62-1429089

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
8810 CLERICAL OFFICE EMPLOYEES NOC	IF ANY	0.090000	0
8045 STORE: DRUG - RETAIL	291,000.00	0.410000	1,193
7380 DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	27,300.00	3.330000	909

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 ILLINOIS

Company Code: F

Policy Number: 20 WEC AK1WS3

Schedule Number: 01-41-04

Effective Date: 01/21/24 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:

Pulmonaire Service, Inc.

5819 WINDING LN

HIXSON TN 37343

NAICS: 532490

SIC: 7352

NO. OF EMPL: 1

FEIN: 62-1162897

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
8810 CLERICAL OFFICE EMPLOYEES NOC	204,000.00	0.090000	184

Total State Summary

Total Class Premium			6,326
Experience modifier 914481848		0.940000	-380
Schedule Rating Factor		0.950000	-297
Total Estimated Annual Standard Premium			5,649
Premium discount		0.004000	-23
Expense constant			215
Terrorism Risk Insurance Program Reauthorization Act	805,500.00	0.008000	64
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	805,500.00	0.020000	161
Total Estimated Annual Premium			6,066

Countersigned by _____ Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy Number: 20 WEC AK1WS3

Endorsement Number:

Effective Date: 01/21/24

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

Named Insured and Address: Pulmonaire Service, Inc.

836 MCCALLIE AVE

CHATTANOOGA TN 37403

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

Julie Yattoni

Fred Yattoni

Countersigned by _____
Authorized Representative