

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Insurance Company of the Southeast
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 20621
Company Code: J

POLICY NUMBER: 20 WEC AH4XXB
Previous Policy Number: 20 WEC AH4XXB

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1. **Named Insured and Mailing Address:** LITTLE PEOPLE LLC
(No., Street, Town, State, Zip Code) 8078 KINGSTON PIKE STE 104
KNOXVILLE TN 37919

FEIN Number: 20-1304111

State Identification Number(s):

The Named Insured is: LLC

Business of Named Insured: Women's Clothing Stores

Other workplaces not shown above: 8078 KINGSTON PIKE STE 104
KNOXVILLE TN 37919

2. **Policy Period:** From 09/15/23 To 09/15/24 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: \$3,974

Deposit Premium:

Policy Minimum Premium: \$425 TN (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

08/04/23
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	\$500,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$500,000	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			\$3,648
Expense Constant			\$215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$37
Catastrophe (Other Than Certified Acts Of Terrorism)			\$74
Estimated Annual Premium (before Surcharges)			\$3,974

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

Total Estimated Annual Premium:	\$3,974
Deposit Premium:	
Policy Minimum Premium:	\$425 TN (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

NAICS: 448120

Labor Contractors Policy Number:

SIC: 5621



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

Policy Number: 20 WEC AH4XXB

Endorsement Number:

Effective Date: 09/15/23 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Little People LLC
8078 KINGSTON PIKE STE 104
KNOXVILLE TN 37919

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

Named Insured : Little People LLC

State ID : Not Applicable

FEIN : 20-1304111

DBA Name

Once Upon A Child & Plato'



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

Policy Number: 20 WEC AH4XXB

Endorsement Number:

Effective Date: 09/15/23

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

Named Insured and Address: Little People LLC

8078 KINGSTON PIKE STE 104
KNOXVILLE TN 37919

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
WC000412	CONTINGENT 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
WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION 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
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 THE SOUTHEAST

Company Code: J

Policy Number: 20 WEC AH4XXB

Schedule Number: 01-41-01

Effective Date: 09/15/23 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:

Little People LLC
8078 KINGSTON PIKE STE 104
KNOXVILLE TN 37919

NAICS: 448120

SIC: 5621

NO. OF EMPL: 20

FEIN: 20-1304111

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
8008 STORE: CLOTHING, WEARING APPAREL OR DRY GOODS - RETAIL	735,700.00	0.550000	4,046

Total State Summary

Total Class Premium			4,046
Emp liab increased limits		0.011000	45
Employer Liability Increase Limits balance to Minimum Premium			55
Experience modifier 410841894		0.880000	-498
Total Estimated Annual Standard Premium			3,648
Expense constant			215
Terrorism Risk Insurance Program Reauthorization Act	735,700.00	0.005000	37
Disclosure Endorsement			
Catastrophe (other than certified acts of terrorism)	735,700.00	0.010000	74
Total Estimated Annual Premium			3,974

Countersigned by _____

Authorized Representative