

## INFORMATION PAGE

### WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

**INSURER:** Hartford Underwriters Insurance Company  
ONE HARTFORD PLAZA HARTFORD CT 06155



**NCCI Company Number:**  
**Company Code:** 6

10456

**POLICY NUMBER:**  
**Previous Policy Number:**

21 WEC AF5648  
21 WEC AF5648

Suffix	
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	12

1. **Named Insured and Mailing Address:** SUNTIME SOUTH LLC  
(No., Street, Town, State, Zip Code) 2941-C ZELDA RD  
MONTGOMERY AL 36106

**FEIN Number:** 20-0988844

**State Identification Number(s):**

**The Named Insured is:** LLC

**Business of Named Insured:** Other Personal Care Services

**Other workplaces not shown above:** 6770 VETERANS PKWY STE 1  
COLUMBUS GA 31909

2. **Policy Period:** **From** 06/12/24 **To** 06/12/25 **ANNUAL**  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** BYARS WRIGHT INC/PHS  
1700 4TH AVENUE  
JASPER AL 35502

**Producer's Code:** 21251454

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

**Total Estimated Annual Premium:** \$1,977

**Deposit Premium:**

**Policy Minimum Premium:** \$610 GA (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

05/02/24  
Date

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

**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:

<b>Bodily injury by Accident</b>	\$1,000,000	<b>each accident</b>
<b>Bodily injury by Disease</b>	\$1,000,000	<b>policy limit</b>
<b>Bodily injury by Disease</b>	\$1,000,000	<b>each employee</b>

**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,ND,OH,WA,AL

**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.**

<b>Classifications Code Number and Description</b>	<b>Premium Basis Total Estimated Annual Remuneration</b>	<b>Rates Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
Total Standard Premium			\$1,674
Expense Constant			\$230
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$7
Catastrophe (Other Than Certified Acts Of Terrorism)			\$66
Estimated Annual Premium (before Surcharges)			\$1,977

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

<b>Total Estimated Annual Premium:</b>	\$1,977
<b>Deposit Premium:</b>	
<b>Policy Minimum Premium:</b>	\$610 GA (Includes Increased Limit Min. Prem.)

**Interstate/Intrastate Identification Number:** Refer to Schedule of Operations

NAICS: 812199

**Labor Contractors Policy Number:**

**SIC:** 7299



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

**Policy Number:** 21 WEC AF5648

**Endorsement Number:**

**Effective Date:** 06/12/24

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

**Named Insured and Address:** SUNTIME SOUTH LLC  
2941-C ZELDA RD  
MONTGOMERY AL 36106

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
WC100601C	GEORGIA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990368	EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS



## 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 UNDERWRITERS INSURANCE COMPANY

**Company Code:** 6

**Policy Number:** 21 WEC AF5648

**Schedule Number:** 01-10-01

**Effective Date:** 06/12/24 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:**

SUNTIME SOUTH LLC  
6770 VETERANS PKWY STE 1  
COLUMBUS GA 31909

NAICS: 812199

SIC: 7299

NO. OF EMPL: 10

**FEIN:** 20-0988844

**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
9586 TANNING PARLOR AS A SEPARATE ENTERPRISE	131,700.00	1.180000	1,554

### Total State Summary

Total Class Premium			1,554
Emp liab increased limits		0.011000	17
Employer Liability Increase Limits balance to Minimum Premium			103
Total Estimated Annual Standard Premium			1,674
Expense constant			230
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	131,700.00	0.005000	7
Catastrophe (other than certified acts of terrorism)	131,700.00	0.050000	66
Total Estimated Annual Premium			1,977

Countersigned by \_\_\_\_\_ Authorized Representative



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

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

**Policy Number:** 21 WEC AF5648

**Endorsement Number:**

**Effective Date:** 06/12/24

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

**Named Insured and Address:** SUNTIME SOUTH LLC  
2941-C ZELDA RD  
MONTGOMERY AL 36106

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**

CHRIS BIRDSONG

Countersigned by \_\_\_\_\_  
Authorized Representative