

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Casualty Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number:
Company Code: 3

14397

POLICY NUMBER:
Previous Policy Number:

20 WEC AQ4327
20 WEC AQ4327

Suffix	
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	8

1. **Named Insured and Mailing Address:** NATURAL ALTERNATIVES SPA & SALON LLC
(No., Street, Town, State, Zip Code) 7624 GLEASON DR
KNOXVILLE TN 37919

FEIN Number: 62-1513125

State Identification Number(s):

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

2. **Policy Period:** **From** 09/25/23 **To** 09/25/24 **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: \$6,734

Deposit Premium:

Policy Minimum Premium: \$513 TN (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL

Installment Term: Ten Pay (25%Down+9@8.33%)

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

Countersigned by Susan L. Castaneda
Authorized Representative

08/16/23
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	\$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			\$6,021
Premium Discount			-\$36
Expense Constant			\$215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$200
Catastrophe (Other Than Certified Acts Of Terrorism)			\$334
Estimated Annual Premium (before Surcharges)			\$6,734

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

Total Estimated Annual Premium:	\$6,734
Deposit Premium:	
Policy Minimum Premium:	\$513 TN (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 812112
SIC: 7231



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

Policy Number: 20 WEC AQ4327

Endorsement Number:

Effective Date: 09/25/23

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

Named Insured and Address: NATURAL ALTERNATIVES SPA & SALON LLC
7624 GLEASON DR
KNOXVILLE TN 37919

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

11335 PARKSIDE DRIVE, KNOXVILLE, TN 37934
4491 KINGSTON PIKE, KNOXVILLE, TN 37919



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

Policy Number: 20 WEC AQ4327

Endorsement Number:

Effective Date: 09/25/23

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

Named Insured and Address: NATURAL ALTERNATIVES SPA & SALON LLC

7624 GLEASON DR
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
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
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
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 CASUALTY INSURANCE COMPANY

Company Code: 3

Policy Number: 20 WEC AQ4327

Schedule Number: 01-41-01

Effective Date: 09/25/23 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:

NATURAL ALTERNATIVES SPA & SALON LLC

7624 GLEASON DR

KNOXVILLE TN 37919

NAICS: 812112

SIC: 7231

NO. OF EMPL: 5

FEIN: 62-1513125

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	Rates Per \$100 of Remuneration	Estimated Annual Premium
	Total Estimated Annual Remuneration		
8810 CLERICAL OFFICE EMPLOYEES NOC	310,100.00	0.140000	434

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 CASUALTY INSURANCE COMPANY

Company Code: 3

Policy Number: 20 WEC AQ4327

Schedule Number: 01-41-02

Effective Date: 09/25/23 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:

NATURAL ALTERNATIVES SPA & SALON LLC

11335 PARKSIDE DRIVE

KNOXVILLE TN 37934

NAICS: 812112

SIC: 7231

NO. OF EMPL: 23

FEIN: 62-1513125

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	0.140000	0
9586 BARBERSHOP, BEAUTY PARLOR OR HAIR STYLING SALON	727,800.00	0.460000	3,348
9063 MASSAGE SALONS	IF ANY	0.740000	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 CASUALTY INSURANCE COMPANY

Company Code: 3

Policy Number: 20 WEC AQ4327

Schedule Number: 01-41-03

Effective Date: 09/25/23 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:

NATURAL ALTERNATIVES SPA & SALON LLC

4491 KINGSTON PIKE

KNOXVILLE TN 37919

NAICS: 812112

SIC: 7231

NO. OF EMPL: 26

FEIN: 62-1513125

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
9063 MASSAGE SALONS	IF ANY	0.740000	0
9586 BARBERSHOP, BEAUTY PARLOR OR HAIR STYLING SALON	632,700.00	0.460000	2,910
8810 CLERICAL OFFICE EMPLOYEES NOC	IF ANY	0.140000	0

Total State Summary

Total Class Premium			6,692
Emp liab increased limits		0.014000	94
Employer Liability Increase Limits balance to Minimum Premium			56
Experience modifier 410708531		0.880000	-821
Total Estimated Annual Standard Premium			6,021
Premium discount		0.006000	-36
Expense constant			215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	1,670,600.00	0.012000	200
Catastrophe (other than certified acts of terrorism)	1,670,600.00	0.020000	334
Total Estimated Annual Premium			6,734

Countersigned by _____

Authorized Representative

Form WC 99 00 05 (1) Printed in U.S.A.

Process Date: 08/16/23

Policy Expiration Date: 09/25/24