

Technology Insurance Company, Inc.

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 39071

1. Insured:

The Barn Event Center of the Smokies, Inc.
P.O. Box 218
Walland, TN 37885

Other workplaces not shown above:

None

Producer:

Mountain Empire Agency Alliance, LLC
1524 Bridgewater Ln. #101
Kingsport, TN 37660

Policy Number: TWC4446699

☐ Individual ☐ Partnership

☒ Corporation

Federal Tax ID: 261850886

Risk Id:

Renewal of: TWC4271447

2. The policy period is from 7/24/2024 to 7/24/2025 12:01 a.m. at the insured's mailing address.

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

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:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$100,000 each accident	\$500,000 policy limit	\$100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3.A

D. This policy includes these endorsements and schedules: See Extension of Information Page

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.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

990

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

990

Minimum Premium

500

Deposit Premium

99

Issue Date: 6/4/2024

Countersigned by: _____
Authorized Representative

Insured: The Barn Event Center of the Smokies, Inc.

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**EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES**

NAMED INSURED:

The Barn Event Center of the Smokies, Inc. Fein: 261850886

WORKPLACES:

Location Number 1.
7263-7264 E Lamar Parkway
Townsend, TN 37882

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EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
ITEM 3.D: ENDORSEMENT SCHEDULE

State	Form Number	Description
TN	WC990001B	DECLARATIONS PAGE
	LB-1111	DRUG FREE WORKPLACE PROGRAM APPLICATION
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
	WC000406	PREMIUM DISCOUNT ENDORSEMENT
	WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
	WC000419A	PREMIUM DUE DATE 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
TN	WC410402	TENNESSEE PENDING LOST COST AND ASSIGNED RISK RATE ENDORSEMENT

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**EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS**

Classifications	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Tennessee					
Restaurant NOC	0	9082	146,892	0.60	881
Manual Premium					881
Total Manual Premium					881
Total Premium Subject To Experience Modification					881
Experience Modification N/A					881
Schedule Modifier -15%		9887			-132
Terrorism 0.8%		9740			12
Catastrophe (other than Terrorism) 2%		9741			29
Expense Constant		0900			200
Total TN Premium					990
Total TN Cost					990
TOTAL ESTIMATED ANNUAL PREMIUM					990
STATE ASSESSMENT					0
TOTAL COST					990

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
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PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	7/24/2024	Downpayment	\$99.00
	8/24/2024	Installment 1 of 9	\$99.00
	9/24/2024	Installment 2 of 9	\$99.00
	10/24/2024	Installment 3 of 9	\$99.00
	11/24/2024	Installment 4 of 9	\$99.00
	12/24/2024	Installment 5 of 9	\$99.00
	1/24/2025	Installment 6 of 9	\$99.00
	2/24/2025	Installment 7 of 9	\$99.00
	3/24/2025	Installment 8 of 9	\$99.00
	4/24/2025	Installment 9 of 9	\$99.00
			<hr/> Total Cost \$990.00

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

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
	Richard Way	
	Deborah Way	
	Mike Blair	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	7/24/2024	Policy No.	TWC4446699	Endorsement No.	0
Insured	The Barn Event Center of the Smokies, Inc.			Premium \$	990
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by _____