

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:

20 WEC IO6185
20 WEC IO6185

Suffix	
LARS	RENEWAL
	12

1. **Named Insured and Mailing Address:** BYERS & HARVEY INC
(No., Street, Town, State, Zip Code) P O BOX 848
CLARKSVILLE TN 37040

FEIN Number: 62-0596016

State Identification Number(s):

The Named Insured is: Corporation

Business of Named Insured: Other Activities Related to Real Estate

Other workplaces not shown above: See Endorsement - WC990366

2. **Policy Period:** **From** 01/01/20 **To** 01/01/21 **ANNUAL**
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: MSC INSURANCE AGENCY LLC
PO BOX 3220
CLARKSVILLE TN 3704332

Producer's Code: 20245940

Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(877) 853-2582

Total Estimated Annual Premium: \$5,269

Deposit Premium:

Policy Minimum Premium: \$577 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

11/18/19
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			\$4,774
Expense Constant			\$215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$105
Catastrophe (Other Than Certified Acts Of Terrorism)			\$175
Estimated Annual Premium (before Surcharges)			\$5,269

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

Total Estimated Annual Premium:	\$5,269
Deposit Premium:	
Policy Minimum Premium:	\$577 TN (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

NAICS: 531390

Labor Contractors Policy Number:

SIC: 6531



EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES

Policy Number: 20 WEC IO6185

Endorsement Number:

Effective Date: 01/01/20 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: BYERS & HARVEY INC
P O BOX 848
CLARKSVILLE TN 37040

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

529 N 2ND ST, CLARKSVILLE, TN 37040
2218 FORT CAMPBELL BLVD, CLARKSVILLE, TN 37042
1051 HWY 76, CLARKSVILLE, TN 37043



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

Policy Number: 20 WEC IO6185

Endorsement Number:

Effective Date: 01/01/20

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

Named Insured and Address: BYERS & HARVEY INC

P O BOX 848

CLARKSVILLE TN 37040

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
WC000115	NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2015
WC000412	CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
WC000414A	90-DAY REPORTING REQUIREMENT- NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC000421D	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
WC000422B	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC000424	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
WC990001I	Signature/ Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990300F	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC990366	EXTENSION OF THE INFORMATION PAGE - ITEM 1 - OTHER WORKPLACES
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: 20 WEC IO6185

Schedule Number: 01-41-01

Effective Date: 01/01/20 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:

BYERS & HARVEY INC
529 N 2ND ST
CLARKSVILLE TN 37040

NAICS: 531390

SIC: 6531

NO. OF EMPL: 25

FEIN: 62-0596016

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	168,700.00	0.200000	337
8721 REAL ESTATE AGENCY - OUTSIDE EMPLOYEES & COLLECTORS	279,500.00	0.300000	839

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 UNDERWRITERS INSURANCE COMPANY

Company Code: 6

Policy Number: 20 WEC IO6185

Schedule Number: 01-41-02

Effective Date: 01/01/20 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:

BYERS & HARVEY INC
2218 FORT CAMPBELL BLVD
CLARKSVILLE TN 37042

NAICS: 531390

SIC: 6531

NO. OF EMPL: 2

FEIN: 62-0596016

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
8721 REAL ESTATE AGENCY - OUTSIDE EMPLOYEES & COLLECTORS	166,400.00	0.300000	499
9012 BUILDING OR PROPERTY MANAGEMENT - PROPERTY MANAGERS AND LEASING AGENTS & CLERICAL, SALESPERSONS	260,600.00	1.310000	3,414

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 UNDERWRITERS INSURANCE COMPANY

Company Code: 6

Policy Number: 20 WEC IO6185

Schedule Number: 01-41-03

Effective Date: 01/01/20 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:

BYERS & HARVEY INC
1051 HWY 76
CLARKSVILLE TN 37043

NAICS: 531390
SIC: 6531

NO. OF EMPL: 3

FEIN: 62-0596016

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
8721 REAL ESTATE AGENCY - OUTSIDE EMPLOYEES & COLLECTORS	IF ANY	0.300000	0
8810 CLERICAL OFFICE EMPLOYEES NOC	IF ANY	0.200000	0

Total State Summary

Total Class Premium			5,089
Emp liab increased limits		0.011000	56
Employer Liability Increase Limits balance to Minimum Premium			44
Experience modifier 410845555		0.920000	-415
Total Estimated Annual Standard Premium			4,774
Expense constant			215
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	875,200.00	0.012000	105
Catastrophe (other than certified acts of terrorism)	875,200.00	0.020000	175
Total Estimated Annual Premium			5,269

Countersigned by _____

Authorized Representative

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

Process Date: 11/18/19

Policy Expiration Date: 01/01/21