



Workers Compensation And Employers Liability Insurance

Insured Name

Source Personnel LLC DBA Expre
1000 E CAMPBELL RD STE 114
RICHARDSON, TX 75081

Producer Information

CS&S/ST LOCKTON EXPRESS SERVICES
444 W 47TH ST
STE 900
KANSAS CITY, MO 64112

Policy Number

WC 6 21512734

Producer Processing Code

310-067527

Policy Period

05/01/2021 to 05/01/2022

CNA Branch

KANSAS CITY
7400 College Blvd
Suite 650
Overland Park, KS 66210

Renewal

Thank you for choosing CNA!

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

- To report a loss go to www.FNOLCNA.com or send an email to ReportClaim@FNOLCNA.com, or call 833-FNOL-CNA (833-366-5262)
- To find a network provider or for a PPO panel request, go to www.FNOLCNA.com
- To request loss runs send an email to fsrmail@cnacentral.com
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

State Required Posting Notices

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.

Quality Assurance

Questions pertaining to this transaction should be referred to CNA Customer Interaction Center at (877) 574-0540, Option 3. Please submit endorsements through www.cnacentral.com, send endorsement requests to ciet@cna.com or fax (877) 363-8669.



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WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

Policy Information

Coverage Provided By	Policy Number
The Continental Insurance Company a Stock Insurance Company 151 N Franklin St Chicago, IL 60606 NCCI Carrier Code: 15113	Policy Number: WC 6 21512734 Renewal of: WC 6 21512734

Item 1 Named Insured and Mailing Address

Source Personnel LLC DBA Expre
1000 E CAMPBELL RD STE 114
RICHARDSON, TX 75081

Type of Entity: Limited Liability Company
FEIN Number: 68-0576669

Producer Information

CS&S/ST LOCKTON EXPRESS SERVICES
444 W 47TH ST
STE 900
KANSAS CITY, MO 64112

Producer Processing Code: 310-067527

If there are other work places not shown above: See attached Schedule (s).

Item 2 Policy Period

05/01/2021 to 05/01/2022 at 12:01 a.m. Standard Time at the **Insured's** mailing address.

Anniversary Rating Date: NONE

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

States: TX

Item 3 B. Employers Liability Insurance: Part Two of this 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

WC000001

Form No: P-56016-A (12-1989)
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Item 3 C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

States: All states except ND, OH, WA, WY and states designated in Item 3A of the Information Page

Item 3 D. This policy includes these endorsements and schedules:

See Extension of Information Page.

Item 4

The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans.

All information required below is subject to verification and change by audit.

Adjustment of Premium shall be made: At Policy Expiration

Classification of Operations: See Extension of Information Page

	Estimated Annual Premium	\$190
	Premium Discount	\$0
	Expense Constant	\$160
	Terrorism Premium	\$12
	Catastrophe (O/T Cert Acts of Terror)	\$0
Minimum Premium	\$169	
	Total Estimated Annual Premium	\$362
	Total Estimated Cost	\$362.00
Deposit Premium	\$362	

Account Number: 3032627055

Date of Issuance: 03/17/2021

Policy Issuance Office: KANSAS CITY

Countersigned:

Date: _____

By: _____

Authorized Agent

Chairman of the Board

Secretary

WC000001

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Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

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Extension of Information Page

Schedule of Operations

Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
State - Texas				
	Location 001			
8810	Clerical Office Employees NOC	95,000	0.04	\$38
8742	Collectors Or Salespersons--Outside	50,000	0.07	\$35
	Subtotal for Location # 001			\$73
9812	Employers Liability Increased Limits		0.0140	\$1
9848	Employers Liability Increased Limits - Balance To Minimum Premium			\$149
9885	TX Merit Rating Credit		0.8500	(\$33)
	Total Estimated Standard Premium			\$190
0900	Expense Constant			\$160
9740	Terrorism Premium	145,000	0.0080	\$12
	Total Estimated Premium			\$362
	Total Estimated Cost			\$362

WC000001

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Schedule of Operations

Policy Totals	Estimated Annual Premium
Estimated Class Premium	\$73
Estimated Standard Premium	\$190
Expense Constant	\$160
Expense Constant State	Texas
Terrorism Premium	\$12
Estimated Annual Premium	\$362
Estimated Cost	\$362

WC000001

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Endorsement Schedule

Number	Edition Date	Endorsement Title	Endorsement Number
WC 00 00 00 C	01-2015	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	
WC 00 04 14 A	01-2019	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	1
WC 00 04 22 C	01-2021	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	2
WC 42 03 01 J	06-2020	TEXAS AMENDATORY ENDORSEMENT	3
WC 42 03 08	01-1997	TEXAS PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT	4
WC 42 04 07	03-2002	TEXAS-AUDIT PREMIUM AND RETROSPECTIVE PREMIUM ENDORSEMENT	5

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

Number	Edition Date	Form Title
G-17877-D	06-2014	DEDUCTIBLE NOTICE OF ELECTION TEXAS
CC031605A	12-2014	CNA INSURANCE PREMIUM AUDIT
G-115114-F	12-2020	IMPORTANT INFORMATION FOR TEXAS POLICYHOLDERS
G-116814-H	10-2013	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS - ACCIDENT PREVENTION SERVICES
G-140370-E	05-2019	PRIVACY POLICY NOTICE
G-300285-B	01-2008	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS - HEALTH CARE NETWORK PREMIUM CREDIT
G-300399-A	08-2015	AVISO IMPORTANTE PARA ASEGURADOS EN TEXAS

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Named Insured Schedule

Named Insured	Type of Entity	FEIN	State ID
Source Personnel LLC DBA Expre	Limited Liability Company	68-0576669	

WC000001

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Name and Address Schedule

Location	Entity	Entity Name and Address
1	001	Source Personnel LLC DBA Expre 1000 E CAMPBELL RD STE 114 RICHARDSON, TX 75081

WC000001

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PAYMENT PLAN SCHEDULE

PAYMENT PLAN SCHEDULE

THE BILLING FOR THIS POLICY WILL BE FORWARDED TO YOU DIRECTLY FROM CNA.

THIS PREMIUM WILL BE INVOICED BY CNA ON A SEPARATE STATEMENT ACCORDING TO THE PAYMENT OPTION YOU SELECT.

The premium amount for this transaction is:	\$362.00
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Premium	Commission
\$362.00	\$36.20

WC000001

Form No: P-56016-A (12-1989)

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**Workers Compensation And Employers Liability Insurance
Policy Endorsement**

TEXAS 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

NA

Vicki Walker

NA

Sole Proprietor

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 42 03 08 (01-1997)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 4; Page: 1 of 1

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