

NATIONWIDE GENERAL INSURANCE COMPANY ONE WEST NATIONWIDE BLVD COLUMBUS, OH 43215-2220 1-877 On Your Side 1 (877) 669-6877

WAIVED (FINAL AUDIT)

\$0.00

Page 1 of 6

STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE

No Change

Premium/Fees

THIS IS NOT A BILL. YOUR BILLING WILL FOLLOW.

Issued By: NATIONWIDE GENERAL

INSURANCE COMPANY(25216)

Policy Number: ACP WC013200542519

Named Insured: A SWEET DAUGHTER LLC DBA

DAUGHTER THAI

See Schedule of Named Insureds

Mailing Address: 19 E BROAD WAY

LOVETTSVILLE, VA 20180-8609

Agency: HBW INSURANCE GROUP INC

Address: 2 E ROLLING CROSSROADS STE

151

CATONSVILLE, MD 21228-6213

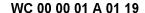
Agency Phone: (410) 744-4313

Producer: FAREED KHAN

6696

Your policy audit was waived.

WCS 800 05 90





STANDARD WORKERS COMPENSATION AND **EMPLOYERS LIABILITY POLICY**

INFORMATION PAGE

Audited On 12-22-2022 Printed On 12-22-2022

Policy Number: ACP WC013200542519 Policy Period: From 10-08-2021 To 10-08-2022

Insurer: NATIONWIDE GENERAL INSURANCE

> COMPANY (A STOCK COMPANY) ONE WEST NATIONWIDE BLVD

COLUMBUS, OH 43215-2220

NCCI Carrier Code No: 25216

Policy Number: ACP WC013200542519

Prior Policy: ACP WC013200542519

HBW INSURANCE GROUP Agency:

INC

Address: 2 E ROLLING CROSSROADS

STE 151

CATONSVILLE, MD

None

21228-6213

Agency Phone: (410) 744-4313 Producer: FAREED KHAN

ITEM 1: INSURED

Named Insured: A SWEET DAUGHTER LLC DBA

DAUGHTER THAI

Refer to Information Page Extension

Mailing Address: 19 E BROAD WAY

LOVETTSVILLE, VA 20180-8609

FEIN: Refer to Information Page Extension

Entity of Insured: **Limited Liability Company**

Other workplaces not

shown above: None

Intrastate/Bureau ID: None

Interstate ID:

722511 NAICS:



ITEM 2: POLICY PERIOD

The policy period is from 10-08-2021 to 10-08-2022 12:01 AM standard time at the insured's mailing address.

ITEM 3: COVERAGE

- Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Virginia
- Employers Liability Insurance: Part Two of the policy applies to work in each state listed in 3A. The limits of our liability under Part Two are:

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

- Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules: Refer to Information Page Extension



STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE

Policy Number: ACP WC013200542519 Policy Period: From 10-08-2021 To 10-08-2022

ITEM 4: PREMIUM

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 Rate Per \$100 of Code No. **Premium Basis Estimated Annual**

> **Total Estimated** Remuneration Premium

Annual Remuneration

Refer to Information Page Extension

Minimum Premium: \$334.00 **Total Estimated Annual Premium:** \$1,317.00

Deposit Premium: \$1,317.00 **Expense Constant Premium:** \$160.00

Countersigned by





STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013200542519 Policy Period: From 10-08-2021 To 10-08-2022

ITEM 1: SCHEDULE OF NAMED INSUREDS

Named Insured	Type of Entity	FEIN	State ID
A SWEET DAUGHTER LLC DBA DAUGHTER THAI	Limited Liability Company	87-2393872	

ITEM 1: SCHEDULE OF LOCATIONS

Location	Location ID	Location Address	
001		19 E BROAD WAY, LOVETTSVILLE, VA 20180-8609	





STANDARD WORKERS COMPENSATION AND EMPLOYERS **LIABILITY POLICY**

EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013200542519 Policy Period: From 10-08-2021 To 10-08-2022

ITEM 4: PREMIUM

VIRGINIA OPERATIONS

Location	Classifications	Code No.	Audited Basis	Rate	Audited Premium
001	Restaurant Noc	9082	120000.00	0.8700	\$1,044.00
	Total Manual Premium				\$1,044.00
	Increased Limit Factor	9807	1044.00	0.8000	\$8.00
	Increased Limit Charge	9848	8.00	75.0000	\$67.00
	Total Subject Premium				\$1,119.00
	Total Modified Premium				\$1,119.00
001	Schedule Mod	9887	1119.00		-
001	Expense constant	0900	1.00	160.0000	\$160.00
	Total Standard Premium				\$1,119.00
	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	9740	120000.00	0.0320	\$38.00
	Estimated Annual Premium				\$1,317.00
Total Esti	mated Annual Premium				\$1,317.00



WC 00 00 01 A 01 19



STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFORMATION PAGE

	Secretary		President	
	Dens Sto	Mars	hXBuen	
	HEREOF, the company has caused to shall not be valid unless countersigned			d by state
Policy Number:	ACP WC013200542519	Policy Period:	From 10-08-2021 To 1	0-08-2022

