



EIG Services, Inc.
In California, dba
EIG Insurance Services

Quotation for Workers' Compensation and Employers Liability Insurance

Date: 10/23/2020

Quote Number: EIG4645883-00
Proposed Effective Date: 10/30/2020
Proposed Expiration Date: 10/30/2021

Applicant/First Named Insured: LaPorte RapidCare Emergency Room
DBA Urgent Care

Insurance Company: Employers Preferred Insurance Company

Agency Number: 0938100
Agent Name: Networked Insurance Agents LLC
Agent Email: froggy@amariskadvisors.com

We are pleased to offer the following quotation for your workers' compensation insurance. This quotation describes the coverage, terms and conditions offered by the Company. Please review them carefully as they may differ from the specifications requested in the submission or from the expiring program. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this quotation/quote have not been agreed to by the insurer.

The estimated annual premium is \$640.00. This quotation is valid until the Proposed Effective Date noted above. Coverage must be bound prior to the Proposed Effective Date. You may accept this quotation and request policy issuance by selecting **Request to Bind** in the quoting system and making a timely payment. The requested payment plan is based on estimated annual premium (EAP) and is subject to change after policy issuance and final audit. We will send the First Named Insured an invoice when the policy is issued. Please do not make payment from this quotation.

This quotation has been prepared based on the information submitted by you and/or your agency. If, prior to binding, the information we received and relied on to generate this quotation changes, we may rescind the existing quotation or offer a new quotation. A new quotation may contain changes in rates, premium, and/or conditions. This quotation, and any subsequently issued policy and estimated premium, may also be subject to change based on changes in rates, assessments, bureau promulgated experience modifiers or any other item issued by controlling jurisdictions.

This quotation applies solely to the above-referenced First Named Insured and any legally combinable, additionally scheduled Named Insureds listed herein. This quotation is based on submitted information including legal name(s), legal entity type(s), federal tax identification number(s) (FEIN), ownership structure, and the legal combinability of any additionally scheduled Named Insureds. Legal combinability requires the First Named Insured to have majority interest in or common ownership of all additionally scheduled Named Insureds.

We are relying upon the accuracy of the information provided. Any irregularity, inaccuracy, or misrepresentation of information may result in modification, cancellation or rescission of a policy issued based upon such information.

This quotation is for illustrative purposes only and thus the policy terms and conditions will supersede this quotation. Additionally, the premium calculation details are estimates. The final premium will be determined after the policy ends using the actual, not estimated, payroll/remuneration to calculate the premium basis using the proper classifications and rates that lawfully apply to the business and exposures covered by the policy.

This quotation does not amend or otherwise affect the provisions of coverage of any resulting insurance policy issued by Employers Preferred Insurance Company. It is not a representation that coverage does or does not exist for any particular claim or loss under any policy issued. Coverage depends on the

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EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company

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applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Employers Preferred Insurance Company, rated A- (excellent) by A.M. Best Company provides insurance protection, loss control and claims management services for our policyholders.

Workers' Compensation / Employers Liability

Coverage Type	Statutory Limits
Employers Liability Limit — Each Claim	\$1,000,000.00
Employers Liability Limit — Each Employee	\$1,000,000.00
Employers Liability Limit — Policy	\$1,000,000.00

Policy Declarations

Item 1.	First Named Insured: LaPorte RapidCare Emergency Room
Item 3.A. Workers' Compensation Insurance: Part One of the policy applies to the workers' compensation law(s) in:	States of: TX
Item 3.C. Other States Insurance: Part Three of the policy applies to:	All states except ND, OH, WA, WY, self-insured states, those states insured under other policies and states listed in item 3.A.

Estimated Annual Premium Schedule

State	Class Code	Loc	Class Description	Payroll	Rate	Net Rate	Estimated Annual Premium
TX	8832	1	MINOR EMERGENCY CLINICS	\$480,000.00	0.1	0.000821	\$480.00
TX			SubTotal				\$480.00
TX	0930		WAIVER OF SUBROGATION	\$480.00	0.02		\$10.00
TX	9812		INCREASED COVERAGE II	\$490.00	0.014		\$7.00
TX	9848		BALANCE TO MIN PREM-COVERAGE II				\$143.00
TX	9887		SCHEDULE CREDIT	\$640.00	0.4		-\$256.00
TX	0900		EXPENSE CONSTANT				\$160.00
TX	9740		TERRORISM PREMIUM	\$480,000.00	0.02		\$96.00
TX			SubTotal				\$160.00
TX			Total For State			0.000821	\$640.00
TX			Total For Policy			0.000821	\$640.00
TX			Minimum Premium				\$171.00

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$96.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

Earthquake, Catastrophic Industrial Accidents and Noncertified Acts of Terrorism

Coverage for earthquake, catastrophic industrial accidents and noncertified acts of terrorism is included in your quote. This coverage applies to any single event resulting from an earthquake, catastrophic industrial accident, or noncertified act of terrorism which results in aggregate workers' compensation losses in excess of \$50 million. The portion of your quoted premium that is attributable to this coverage is: \$0.00.

This quote includes coverage for the following additional scheduled Named Insureds:
Named Insured: N/A

EMPLOYERS will accommodate requests for exclusion (rejection of coverage) of employees to the extent permitted by the applicable workers' compensation laws of the states shown in Item 3.A of the policy information page. It is the responsibility of the insured to comply with all state laws and to complete and submit all required forms to the agency of record for maintenance in the Agency file.



Any policy issued will include all state mandated endorsements.

This quote includes the following optional endorsements:
N/A

Conditions of binding:
N/A

Commission%
20.0

Note: Agency is responsible for notifying the Applicant Legal Name/First Named Insured of its commission and other compensation we pay, if any, as may be required by law.



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Quote No. /Policy No.: EIG4645883-00

Policy Effective Date: 2020-10-30

Writing Company: Employers Preferred Insurance Company

EMPLOYEE'S REJECTION OF STATUTORY COVERAGE – TEXAS
(Per Texas Labor Code § 406.097 and NCCI Texas Exception Rule 2.E)

As the authorized representative of the following Named Insured(s), I attest that the below scheduled individual Texas employees are eligible for exclusion from workers' compensation insurance coverage and have voluntarily elected to be excluded from coverage. If the individual is eligible at that time, each exclusion will be effective on the inception date of the proposed or in-force policy. Otherwise, exclusion from coverage will be effective no earlier than the date the individual became eligible for exclusion.

Authorized Representative's Printed Name:	Title:
Authorized Representative's Signature:	Date of Signature:

Named Insured Schedule		
Named Insured(s) (list any Named Insured for which an individual is requesting exclusion below)	Entity Type (see below)	FEIN:

Schedule of Individuals Voluntarily Electing to be Excluded			
Name of Texas Employee (Printed)	Employer/Named Insured (select from list above)	Title/Role (See below)	Ownership %

Eligible Entity Types and Eligible Titles/Roles per entity type:

A sole proprietorship – the sole proprietor (SP) or the spouse of the sole proprietor (SP-SP) that is active in the operations of the Named Insured.

A partnership - the recorded partner (P) or the spouse of a recorded partner (SP-P) that is active in the operations of the Named Insured.

A member managed Limited Liability Company (LLC) – a recorded managing member (MM).

A corporation – the President (PRES), Vice President (VP), Secretary (SEC), Treasurer (TREAS) or other officer appointed per the charter or by-law (*must state unique title*) that has an equity ownership.

IMPORTANT NOTICES:

- Failure to provide this signed, written statement to EMPLOYERS will void any pending or further request for exclusion of coverage for the same period.
- Rejection of coverage will be honored for all subsequent EMPLOYERS' policy periods unless revoked in writing and provided to the insurer or the individual is determined to be ineligible.
- While EMPLOYERS is not liable for any benefits or damages to any employee who rejects coverage should an injury or illness occur, this rejection of coverage does not relieve the employer of any liability that may exist for excluded individuals as employees under workers' compensation and employers' liability laws.
- If at any time any individual is found to be ineligible for exclusion, his or her payroll/remuneration will be included in the calculation of premium in accordance with state law. EMPLOYERS reserves the right to request and use documents and filings such as, but not limited to, ownership records, registrations, formation agreements, by-laws or incorporation records to verify eligibility.
- If any claim resulting from an injury or occupational illness occurring during the exclusion period is made, it will not be covered. If it is discovered that such a claim has already been made, the individual's exclusion request and any subsequent endorsement becomes void.

INSTRUCTIONS FOR COMPLETING THE FORM:

- Representative executing form must be legally authorized to speak on behalf of all Named Insureds and individuals shown.
- Any scheduled Named Insured must be scheduled on the proposed or in-force policy.
- This form may only be used to request exclusion for individuals qualifying for the entity types and titles or roles shown.
- If this is a multiple Named Insured policy, an individual may be eligible for exclusion from coverage for more than one Named Insured. A separate record or rejection needs to be made for each individual per each Named Insured.

Example: Multi-named insured policy has three Named Insureds (ABC LLC, GH LLC and XYZ LLC). Joe Smith is an eligible Managing Member of only two of those insureds – ABC LLC and GH LLC, and a member of XYZ LLC. Therefore, the rejection entries could be shown as follows for Joe Smith:

Name of TX Employee (Printed)	Employer/Named Insured (select from list above)	Title/Role (See below)	Ownership %
Joe Smith	ABC LLC	MM	15%
Joe Smith	GH LLC	MM	25%

Joe is not eligible for exclusion under XYZ LLC because while he is a member, he is not a managing member. For each Named Insured, where eligible, Joe must have a separate recorded entry.

- Incomplete detail, blanks or use of unacceptable titles may delay acceptance.
- If additional space is needed, use an additional form.
- Policy endorsement(s) will not be issued until the completed and signed form(s) is received, reviewed and deemed acceptable. Each exclusion will be effective as of the inception date of the proposed or in-force policy, if the individual is eligible at that time. Otherwise, exclusion from coverage will be effective no earlier than the date the individual became eligible for exclusion.
- **Submit completed forms to:**
E-mail: UnderwritingSupport@Employers.com
Mail: EMPLOYERS, PO Box 539003, Henderson, NV 89053-9003

DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

___ Yes, I want a deductible of (select only one):

1. \$ _____ per accident
2. \$ _____ per claim
3. \$ _____ medical-only

applied to benefits payable under the Texas Workers Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement _____
(monthly, quarterly or other).

☒ ___ No, I do not want a deductible applied to benefits payable under the Texas Workers' Compensation Law.

___ Yes, I do want a deductible policy, but am unable to obtain one for the following reason: _____

The deductible plans have been explained to me.

Electronically Signed 2020-10-27 16:05:55 UTC - 50.209.216.61

AssureSign®

202010271605554361402eac010100b6b3
Signature and Title

10/27/2020
Date

Employer Name (print or type)

Address

Insurance Company

Policy No.

Effective Date

DNE-1A (Ed. 6-14)

Addendum:

Electable Deductible options:

Medical and Indemnity Losses per Accident Deductible Options	
\$1,000	Per Accident Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$2,500	Per Accident Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$5,000	Per Accident Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$10,000	Per Accident Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$25,000	Per Accident Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
– OR – Medical and Indemnity Losses per Claim Deductible Options	
\$1,000	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$2,500	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$5,000	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$10,000	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$25,000	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
– OR – Medical Losses per Claim Deductible Options	
\$500	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$1,000	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$1,500	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$2,000	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)
\$2,500	Per Claim Deductible Only - (May not exceed 50% of Estimated Annual TX WC Premium)

PLEASE COMPLETE, SIGN AND DATE THE FIRST PAGE OF THIS FORM AND RETURN IT PROMPTLY TO THE INSURANCE COMPANY. IF THIS FORM IS NOT RETURNED PRIOR TO THE EFFECTIVE DATE OF AN ISSUED POLICY, IT WILL BE CONSTRUED TO MEAN THAT YOU HAVE ACCEPTED THE DEDUCTIBLE AS OFFERED IN THE QUOTATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.



Before you Bind Checklist

Please have the below required information ready when requesting to bind coverage online:

☐

Collect the Mailing Address for the First Named Insured, and the physical address (es) of all locations entered into the policy.

☐

Know the names and titles of Owners/Officers that will be included or excluded from the policy as an optional endorsement.

☐

Confirm desired payment plan.

Plan Selection

Down Payment

Installments

100% Deposit Payment

\$640.00

*Each installment will be charged a \$5.00 fee. Avoid installment fees by enrolling in Automatic Payments. Visit www.employers.com/auto-payments to get started.

☐

Know the number of employees per shift, if the Insured utilizes a shift schedule and has a location with over 500 total employees.