



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

WAIVED  
(FINAL AUDIT)

## STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

### INFORMATION PAGE

Issued By: NATIONWIDE GENERAL  
INSURANCE COMPANY(25216)

Policy Number: ACP WC013210542519

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: 8865 STANFORD BLVD STE 202  
COLUMBIA, MD 21045

Agency Phone: (410) 744-4313

Producer: FAREED KHAN



### *Premium/Fees*

No Change

\$0.00

THIS IS NOT A BILL. YOUR BILLING WILL FOLLOW.

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Your policy audit was waived.

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MD 25240



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# STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

## INFORMATION PAGE

WC 00 00 01 A 01 19

Audited On 10-12-2023  
Printed On 10-12-2023

Policy Number: ACP WC013210542519		Policy Period: From 10-08-2022 To 10-08-2023	
Insurer:	NATIONWIDE GENERAL INSURANCE COMPANY (A STOCK COMPANY) ONE WEST NATIONWIDE BLVD COLUMBUS, OH 43215-2220	Agency:	HBW INSURANCE GROUP INC
		Address:	8865 STANFORD BLVD STE 202 COLUMBIA, MD 21045
NCCI Carrier Code No:	25216		
Policy Number:	ACP WC013210542519	Agency Phone:	(410) 744-4313
Prior Policy:	ACP WC013210542519	Producer:	FAREED KHAN

### ITEM 1: INSURED

Named Insured:	A SWEET DAUGHTER LLC DBA DAUGHTER THAI <i>Refer to Information Page Extension</i>	Interstate ID:	None
		Intrastate/Bureau ID:	None
Mailing Address:	19 E BROAD WAY LOVETTSVILLE, VA 20180-8609	NAICS:	722511
FEIN:	<i>Refer to Information Page Extension</i>		
Entity of Insured:	Limited Liability Company		
Other workplaces not shown above:	None		



### ITEM 2: POLICY PERIOD

The policy period is from 10-08-2022 to 10-08-2023 12:01 AM standard time at the insured's mailing address.

### ITEM 3: COVERAGE

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Virginia
- B. 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:

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 and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules:  
*Refer to Information Page Extension*



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# STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

## INFORMATION PAGE

Policy Number: ACP WC013210542519

Policy Period: From 10-08-2022 To 10-08-2023

### 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	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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*Refer to Information Page Extension*

Minimum Premium:	\$310.00	Total Estimated Annual Premium:	\$1,124.00
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Deposit Premium:	\$1,124.00	Expense Constant Premium:	\$160.00
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Countersigned by \_\_\_\_\_

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# STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

## EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013210542519

Policy Period: From 10-08-2022 To 10-08-2023

### 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





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## EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013210542519

Policy Period: From 10-08-2022 To 10-08-2023

### ITEM 4: PREMIUM

#### VIRGINIA OPERATIONS

Location	Classifications	Code No.	Audited Basis	Rate	Audited Premium
001	Restaurant Noc	9082	120000.00	0.7500	\$900.00
	Total Manual Premium				\$900.00
	Increased Limit Factor	9807	900.00	0.8000	\$7.00
	Increased Limit Charge	9848	7.00	75.0000	\$68.00
	Total Subject Premium				\$975.00
	Total Modified Premium				\$975.00
001	Schedule Mod	9887	975.00	-0.0500	(\$49.00)
001	Expense constant	0900	1.00	160.0000	\$160.00
	Total Standard Premium				\$926.00
	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	9740	120000.00	0.0320	\$38.00
	Estimated Annual Premium				\$1,124.00
	<b>Total Estimated Annual Premium</b>				<b>\$1,124.00</b>

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# STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

## EXTENSION OF INFORMATION PAGE

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Policy Number: ACP WC013210542519

Policy Period: From 10-08-2022 To 10-08-2023

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**IN WITNESS WHEREOF**, the company has caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

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**Secretary**

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**President**

