

**United Wisconsin Insurance Company**

Member Accident Fund Group

**WC 00 00 01 A**  
**(Ed. 08/10)**

A STOCK COMPANY

15200 W. Small Road, New Berlin, WI 53151

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****NCCI No. 24244****INFORMATION PAGE****NAICS Code** 621610**POLICY NO.** 0400161815

Renewal of Policy Number \_\_\_\_\_

State Unemployment I.D. No. or other Identifying Number as Required:

FEIN: 75-2863389

Client ID: 517186

1. Insured: AngMar Medical Holdings, Inc.  
Mailing 2301 FM 1187  
Address Suite 203  
Mansfield, TX 76063

Producer: Rich & Cartmill-Midwest LLC  
Mailing 13025 S. MurLen Rd, #200  
Address Olathe, KS 66062

☐

Individual

☐

Partnership

☒

Corporation or \_\_\_\_\_

Other workplaces not shown above: SEE WC 99 06 05 (Ed 3-08) Additional Locations  
Additional Named Insured:

2. Policy Period: The policy is from **10/01/17** to **10/01/18** 12:01 A.M. Standard Time, at the Insured's mailing address.

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

**AZ,FL,IA,IN,KS,MI,NE,OK****Part One(Workers Compensation) does not apply to work in: OH**

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 \$1,000,000 each accident  
Bodily Injury by Disease \$1,000,000 policy limit  
Bodily Injury by Disease \$1,000,000 each employee

C. Other states Insurance: Part Three of the policy applies to the states, if any, listed here:

**ALL STATES EXCEPT  
ND,OH,WA,WY**

D. This policy includes these endorsements and schedules: See Endorsement Schedule WC 99 06 09 A

4. The premium for this policy will be determined by our Manuals of Rules, Classification, Rates and Rating Plans. All information required below is subject to verification and change by audit.

| Classification                    | Code No.                 | Premium Basis<br>Total Estimated<br>Annual Remuneration | Rates Per<br>\$100 of<br>Remuneration | Estimated Annual<br>Premium |
|-----------------------------------|--------------------------|---|---------------------------------------|-----------------------------|
| SEE EXTENSION OF INFORMATION PAGE |                          |   |                                       |                             |
| Experience Modification           | SEE WC 99 06 01 by State |   |                                       | 79,599.00                   |
| Other Premium Charges             | 0.00                     |   |                                       | 0.00                        |
| Premium Discount                  | 11.3%                    |   |                                       | (67,791.00)                 |
| Expense Constant                  |                          |   |                                       | 250.00                      |
| <b>MINIMUM PREMIUM \$750</b>      |                          | <b>TOTAL ESTIMATED ANNUAL PREMIUM \$</b>                |                                       | <b>530,814.00</b>           |

IF INDICATED BELOW, INTERIM ADJUSTMENTS OF PREMIUM SHALL BE MADE:

☐

Semi-Annually

☐

Quarterly

☐

Monthly

Deposit Premium \$ \_\_\_\_\_

ISSUING OFFICE: Milwaukee, Wisconsin

DATE PRINTED: 09/26/2017

WC 00 00 01 A (Ed. 08/10)

Countersigned by: \_\_\_\_\_

**ENDORSEMENT SCHEDULE**

Item (3.D.) Included Endorsements and Schedules of the Information Page is amended to include the following:

| State | Form Number            | Ed. Date | Form Title  |
|-------|------------------------|----------|---|
| CW    | WC-00-00-01 A          |          | UWIC Declaration Page   |
| CW    | WC 99 06 09 A          |          | Endorsement Schedule  |
| CW    | WC 99 06 01 (Ed 3-08)  |          | Extension of Information Page   |
| CW    | WC 99 06 05 (Ed 3-08)  |          | Additional Locations  |
| CW    | WC 00 04 24            |          | Audit Noncompliance Charge Endorsement                                      |
| CW    | WC 00 04 25            |          | Experience Rating Modification Factor Revision Endorsement                  |
| CW    | WC 00 04 21 D          |          | Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement    |
| CW    | WC 00 04 22 B          |          | Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement |
| CW    | WC 00 04 14            |          | Notification of Change in Ownership Endorsement                             |
| CW    | WC 00 04 04            |          | Pending Rate Change Endorsement   |
| CW    | WC 00 04 06            |          | Premium Discount Endorsement  |
| CW    | WC 00 04 06 A          |          | Premium Discount Endorsement  |
| CW    | WC 00 04 19            |          | Premium Due Date Endorsement  |
| CW    | WC 00 00 00 C          |          | Workers Compensation & Employers Liability Insurance Policy                 |
| CW    | WC 99 06 60 (Ed. 5-17) |          | Execution Clause Endorsement  |
| AZ    | WC 02 06 01 A          |          | Arizona Cancellation and Nonrenewal Endorsement                             |
| FL    | WC 09 03 03            |          | Florida Employers Liability Coverage Endorsement                            |
| FL    | WC 09 04 03 B          |          | Florida Terrorism Risk Reauthorization Act Endorsement                      |
| FL    | WC 09 04 07            |          | Florida Non-Cooperation With Premium Audit Endorsement                      |
| FL    | WC 09 06 05            |          | Florida Benefits Deductible Endorsement                                     |
| FL    | WC 09 06 07            |          | Florida Workers Compensation Insurance Guaranty Assoc Surcharge Endorsement |
| IN    | WC 13 06 04            |          | Indiana Benefits Deductible Endorsement                                     |
| IA    | WC 14 06 03            |          | Iowa Medical Deductible Program - Carrier Reimbursed Deductible Endorsement |
| KS    | WC 15 04 01 A          |          | Kansas Final Premium Endorsement  |
| KS    | WC 15 06 01 A          |          | Kansas Cancellation and Nonrenewal Endorsement                              |
| KS    | WC 15 06 03            |          | Kansas Per Claimant Benefits Deductible Endorsement                         |
| MI    | WC 21 03 03 A          |          | Michigan Notice to Policyholder Endorsement                                 |
| MI    | WC 21 03 04            |          | Michigan Law Endorsement  |
| MI    | WC 99 04 06            |          | Michigan Premium Discount Endorsement                                       |
| MI    | WC 99 21 01            |          | Michigan Amendatory Endorsement   |
| NE    | WC 26 04 03            |          | Nebraska Experience Rating Modification Factor Revision Endorsement         |
| NE    | WC 26 06 01 C          |          | Nebraska Cancellation and Nonrenewal Endorsement                            |
| NE    | WC 26 06 02            |          | Nebraska Medical Benefits Deductible Endorsement                            |
| OH    | WC 34 03 01 C          |          | Ohio Employers Liability Coverage Endorsement                               |
| OH    | WC 99 34 01            |          | Ohio Cancellation and Nonrenewal Endorsement                                |
| OK    | WC 35 03 02            |          | Oklahoma Employers Liability Amended Coverage Endorsement                   |
| OK    | WC 35 03 03            |          | Oklahoma Employers Liability Intentional Tort Exclusion Endorsement         |
| OK    | WC 35 06 01 F          |          | Oklahoma Cancellation, Nonrenewal and Change Endorsement                    |
| OK    | WC 35 06 02 D          |          | Oklahoma Benefits Deductible Endorsement                                    |
| OK    | WC 35 06 03            |          | Oklahoma Fraud Warning Endorsement  |
| TX    | WC 42 03 08            |          | Texas Partners, Officers and Others Exclusion Endorsement                   |

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective: Policy No.: Endorsement No.:

Insured: Premium:

Insurance Company:

Countersigned By \_\_\_\_\_

**WC 99 06 09 A**

Date Printed: 09/26/17

(Ed. 11-08)

## EXTENSION OF INFORMATION PAGE

Policy Number 0400161815

| 4. Premium   |        | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate Per<br>\$100 Of<br>Remuneration | Estimated<br>Annual<br>Premium |
|--|--------|--|--------------------------------------|--------------------------------|
| Classification                                       | Code # |  |                                      |                                |
| <b>Period 10/01/2017 - 10/01/2018</b>                |        |  |                                      |                                |
| <b>Arizona</b>                                       |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                 | 8742   | 140,354  | 0.32                                 | 449                            |
| SALESPERSONS OUTSIDE                                 | 8742   | 251,775  | 0.32                                 | 806                            |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 694,675  | 0.20                                 | 1,389                          |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 100,120  | 0.20                                 | 200                            |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 1,150,079  | 1.82                                 | 20,931                         |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 2,859,205  | 1.82                                 | 52,038                         |
| Total Manual Premium                                 |        |  |                                      | 75,813                         |
| Employers Liability (E/L) Increased Limits Factor    | 9812   | 75,813   | 1.10%                                | 834                            |
| Total Subject Premium                                |        |  |                                      | 76,647                         |
| Experience Modification                              | 9898   | 76,647   | 1.160                                | 12,264                         |
| Total Modified Premium                               |        |  |                                      | 88,911                         |
| Schedule Rating Factor                               | 9889   | 88,911   | 3.00%                                | 2,667                          |
| Total Standard Premium                               |        |  |                                      | 91,578                         |
| Premium Discount                                     | 0063   | 91,578   | 10.4%                                | (9,540)                        |
| Terrorism  | 9740   | 5,196,208  | 1.00%                                | 520                            |
| Catastrophe (other than Certified Acts of Terrorism) | 9741   | 5,196,208  | 1.00%                                | 520                            |
| Total Estimated Annual Premium                       |        |  |                                      | 83,078                         |
| <b>Florida</b>                                       |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                 | 8742   | 233,984  | 0.51                                 | 1,193                          |
| SALESPERSONS OUTSIDE                                 | 8742   | 158,942  | 0.51                                 | 811                            |
| SALESPERSONS OUTSIDE                                 | 8742   | 9,467  | 0.51                                 | 48                             |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 71,349   | 0.26                                 | 186                            |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 170,946  | 0.26                                 | 444                            |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 332,107  | 0.26                                 | 863                            |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 736,533  | 2.79                                 | 20,549                         |

Total Estimated Annual Premium \$

SEE NEXT PAGE

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 4. Premium   |        | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate Per<br>\$100 Of<br>Remuneration | Estimated<br>Annual<br>Premium |
|--|--------|--|--------------------------------------|--------------------------------|
| Classification                                       | Code # |  |                                      |                                |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 288,500  | 2.79                                 | 8,049                          |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 219,546  | 2.79                                 | 6,125                          |
| Total Manual Premium                                 |        |  |                                      | 38,268                         |
| Employers Liability (E/L) Increased Limits Factor    | 9812   | 38,268   | 1.40%                                | 536                            |
| Small Deductible Credit                              | 9664   | 38,268   | 7.80%                                | (2,985)                        |
| Subject Premium                                      |        |  |                                      | 35,819                         |
| Total Subject Premium                                |        |  |                                      | 35,819                         |
| Experience Modification                              | 9898   | 35,819   | 1.160                                | 5,731                          |
| Total Modified Premium                               |        |  |                                      | 41,550                         |
| Total Standard Premium                               |        |  |                                      | 41,550                         |
| Premium Discount                                     | 0063   | 41,550   | 10.4%                                | (4,328)                        |
| Terrorism  | 9740   | 2,221,374  | 2.00%                                | 444                            |
| Total Estimated Annual Premium                       |        |  |                                      | 37,666                         |
| <b>Iowa</b>  |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                 | 8742   | 192,111  | 0.52                                 | 999                            |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 322,829  | 0.28                                 | 904                            |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 1,057,123  | 3.04                                 | 32,137                         |
| Total Manual Premium                                 |        |  |                                      | 34,040                         |
| Employers Liability (E/L) Increased Limits Factor    | 9812   | 34,040   | 1.10%                                | 374                            |
| Total Subject Premium                                |        |  |                                      | 34,414                         |
| Experience Modification                              | 9898   | 34,414   | 1.160                                | 5,506                          |
| Total Modified Premium                               |        |  |                                      | 39,920                         |
| Schedule Rating Factor                               | 9889   | 39,920   | 3.00%                                | 1,198                          |
| Total Standard Premium                               |        |  |                                      | 41,118                         |
| Premium Discount                                     | 0063   | 41,118   | 10.4%                                | (4,283)                        |
| Terrorism  | 9740   | 1,572,063  | 2.00%                                | 314                            |
| Catastrophe (other than Certified Acts of Terrorism) | 9741   | 1,572,063  | 1.00%                                | 157                            |
| Total Estimated Annual Premium                       |        |  |                                      | 37,306                         |
| <b>Indiana</b>                                       |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                 | 8742   | 12,000   | 0.29                                 | 35                             |
| SALESPERSONS OUTSIDE                                 | 8742   | 12,000   | 0.29                                 | 35                             |

Total Estimated Annual Premium \$

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**WC 99 06 01**

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| 4. Premium   |        | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate Per<br>\$100 Of<br>Remuneration | Estimated<br>Annual<br>Premium |
|--|--------|--|--------------------------------------|--------------------------------|
| Classification   | Code # |  |                                      |                                |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 27,600   | 0.16                                 | 44                             |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 27,600   | 0.16                                 | 44                             |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL          | 8835   | 80,400   | 2.29                                 | 1,841                          |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL          | 8835   | 80,400   | 2.29                                 | 1,841                          |
| Total Manual Premium                                       |        |  |                                      | 3,840                          |
| Employers Liability (E/L) Increased Limits Factor          | 9812   | 3,840  | 1.10%                                | 42                             |
| Small Deductible Credit                                    | 9664   | 3,840  | 11.10%                               | (426)                          |
| Total Subject Premium                                      |        |  |                                      | 3,456                          |
| Experience Modification                                    | 9898   | 3,456  | 1.160                                | 553                            |
| Total Modified Premium                                     |        |  |                                      | 4,009                          |
| Schedule Rating Factor                                     | 9889   | 4,009  | 3.00%                                | 120                            |
| Total Standard Premium                                     |        |  |                                      | 4,129                          |
| Premium Discount   | 0063   | 4,129  | 10.4%                                | (430)                          |
| Terrorism  | 9740   | 240,000  | 1.00%                                | 24                             |
| Catastrophe (other than Certified Acts of Terrorism)       | 9741   | 240,000  | 1.00%                                | 24                             |
| Second Injury Fund Surcharge (based on employer's premium) | 0935   | 3,747  | 0.560                                | 21                             |
| Total Estimated Annual Premium                             |        |  |                                      | 3,768                          |
| <b>Kansas</b>  |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                       | 8742   | 245,865  | 0.29                                 | 713                            |
| SALESPERSONS OUTSIDE                                       | 8742   | 279,820  | 0.29                                 | 811                            |
| SALESPERSONS OUTSIDE                                       | 8742   | 297,673  | 0.29                                 | 863                            |
| SALESPERSONS OUTSIDE                                       | 8742   | 12,000   | 0.29                                 | 35                             |
| SALESPERSONS OUTSIDE                                       | 8742   | 12,000   | 0.29                                 | 35                             |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 27,600   | 0.17                                 | 47                             |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 27,600   | 0.17                                 | 47                             |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 767,457  | 0.17                                 | 1,305                          |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 997,768  | 0.17                                 | 1,696                          |
| CLERICAL OFFICE EMPLOYEES NOC                              | 8810   | 650,832  | 0.17                                 | 1,106                          |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL          | 8835   | 1,675,832  | 1.72                                 | 28,824                         |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL          | 8835   | 2,268,036  | 1.72                                 | 39,010                         |

Total Estimated Annual Premium \$

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DATE PRINTED: 09/26/2017

| 4. Premium   |        | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate Per<br>\$100 Of<br>Remuneration | Estimated<br>Annual<br>Premium |
|--|--------|--|--------------------------------------|--------------------------------|
| Classification                                       | Code # |  |                                      |                                |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 2,739,164  | 1.72                                 | 47,114                         |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 80,400   | 1.72                                 | 1,383                          |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 80,400   | 1.72                                 | 1,383                          |
| Total Manual Premium                                 |        |  |                                      | 124,372                        |
| Employers Liability (E/L) Increased Limits Factor    | 9812   | 124,372  | 1.10%                                | 1,368                          |
| Small Deductible Credit                              | 9664   | 124,372  | 8.80%                                | (10,945)                       |
| Total Subject Premium                                |        |  |                                      | 114,795                        |
| Experience Modification                              | 9898   | 114,795  | 1.160                                | 18,367                         |
| Total Modified Premium                               |        |  |                                      | 133,162                        |
| Schedule Rating Factor                               | 9889   | 133,162  | 3.00%                                | 3,995                          |
| Total Standard Premium                               |        |  |                                      | 137,157                        |
| Premium Discount                                     | 0063   | 137,157  | 10.4%                                | (14,288)                       |
| Terrorism  | 9740   | 10,162,447   | 2.00%                                | 2,032                          |
| Catastrophe (other than Certified Acts of Terrorism) | 9741   | 10,162,447   | 2.00%                                | 2,032                          |
| Total Estimated Annual Premium                       |        |  |                                      | 126,933                        |

| Michigan   |      |         |       |       |
|--|------|---------|-------|-------|
| SALESPERSONS OUTSIDE                                 | 8742 | 71,392  | 0.43  | 307   |
| SALESPERSONS OUTSIDE                                 | 8742 | 139,320 | 0.43  | 599   |
| CLERICAL OFFICE EMPLOYEES                            | 8810 | 29,120  | 0.18  | 52    |
| CLERICAL OFFICE EMPLOYEES                            | 8810 | 64,638  | 0.18  | 116   |
| COUNSELING - SOCIAL WORK                             | 8835 | 64,213  | 3.52  | 2,260 |
| COUNSELING - SOCIAL WORK                             | 8835 | 72,422  | 3.52  | 2,549 |
| Total Manual Premium                                 |      |         |       | 5,883 |
| Employers Liability (E/L) Increased Limits Factor    | 9812 | 5,883   | 2.80% | 165   |
| Total Subject Premium                                |      |         |       | 6,048 |
| Experience Modification                              | 9898 | 6,048   | 0.950 | (302) |
| Total Modified Premium                               |      |         |       | 5,746 |
| Schedule Rating Factor                               | 9889 | 5,746   | 3.00% | 172   |
| Total Standard Premium                               |      |         |       | 5,918 |
| Premium Discount                                     | 0063 | 5,918   | 9.5%  | (565) |
| Terrorism  | 9740 | 441,105 | 2.00% | 88    |
| Catastrophe (other than Certified Acts of Terrorism) | 9741 | 441,105 | 1.00% | 44    |

Total Estimated Annual Premium \$

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| 4. Premium   |        | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate Per<br>\$100 Of<br>Remuneration | Estimated<br>Annual<br>Premium |
|--|--------|--|--------------------------------------|--------------------------------|
| Classification                                       | Code # |  |                                      |                                |
| Expense Constant                                     | 0900   |  |                                      | 250                            |
| Total Estimated Annual Premium                       |        |  |                                      | 5,735                          |
| <b>Nebraska</b>                                      |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                 | 8742   | 242,473  | 0.61                                 | 1,479                          |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 457,210  | 0.21                                 | 960                            |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 1,040,842  | 2.67                                 | 27,790                         |
| Total Manual Premium                                 |        |  |                                      | 30,229                         |
| Employers Liability (E/L) Increased Limits Factor    | 9812   | 30,229   | 1.10%                                | 333                            |
| Small Deductible Credit                              | 9664   | 30,229   | 7.80%                                | (2,358)                        |
| Total Subject Premium                                |        |  |                                      | 28,204                         |
| Experience Modification                              | 9898   | 28,204   | 1.160                                | 4,513                          |
| Total Modified Premium                               |        |  |                                      | 32,717                         |
| Flexible Rating Adjustment Factor                    | 9659   | 32,717   | 1.03%                                | 982                            |
| Total Standard Premium                               |        |  |                                      | 33,699                         |
| Premium Discount                                     | 0063   | 33,699   | 10.4%                                | (3,510)                        |
| Terrorism  | 9740   | 1,740,525  | 2.00%                                | 348                            |
| Catastrophe (other than Certified Acts of Terrorism) | 9741   | 1,740,525  | 2.00%                                | 348                            |
| Total Estimated Annual Premium                       |        |  |                                      | 30,885                         |
| <b>Ohio</b>  |        |  |                                      |                                |
| STOP GAP PAYROLL                                     | 9681   | IF ANY   | 0.03                                 | 0                              |
| Total Manual Premium                                 |        |  |                                      | 0                              |
| Balance to Min Charge for Stop Gap                   |        | 0  |                                      | 250                            |
| Employers Liability (E/L) Increased Limits Factor    |        | 250  | 80.00%                               | 200                            |
| Total Estimated Annual Premium                       | 9139   |  |                                      | 450                            |
| <b>Oklahoma</b>                                      |        |  |                                      |                                |
| SALESPERSONS OUTSIDE                                 | 8742   | 189,471  | 0.49                                 | 928                            |
| SALESPERSONS OUTSIDE                                 | 8742   | 360,315  | 0.49                                 | 1,766                          |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 1,187,743  | 0.32                                 | 3,801                          |
| CLERICAL OFFICE EMPLOYEES NOC                        | 8810   | 532,441  | 0.32                                 | 1,704                          |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 1,617,598  | 4.14                                 | 66,969                         |
| NURSING HOME, HEALTH, PUBLIC, AND TRAVELING - ALL    | 8835   | 3,092,580  | 4.14                                 | 128,033                        |

Total Estimated Annual Premium \$

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**WC 99 06 01**

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 4. Premium   |        | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate Per<br>\$100 Of<br>Remuneration | Estimated<br>Annual<br>Premium |
|--|--------|--|--------------------------------------|--------------------------------|
| Classification                                       | Code # |  |                                      |                                |
| Total Manual Premium                                 |        |  |                                      | 203,201                        |
| Employers Liability (E/L) Increased Limits Factor    | 9812   | 203,201  | 1.40%                                | 2,845                          |
| Total Subject Premium                                |        |  |                                      | 206,046                        |
| Experience Modification                              | 9898   | 206,046  | 1.160                                | 32,967                         |
| Total Modified Premium                               |        |  |                                      | 239,013                        |
| Schedule Rating Factor                               | 9889   | 239,013  | 3.00%                                | 7,170                          |
| Total Standard Premium                               |        |  |                                      | 246,183                        |
| Premium Discount                                     | 0063   | 246,183  | 12.5%                                | (30,847)                       |
| Small Deductible Credit                              | 9657   | 215,336  | 6.10%                                | (13,135)                       |
| Terrorism  | 9740   | 6,980,148  | 2.00%                                | 1,396                          |
| Catastrophe (other than Certified Acts of Terrorism) | 9741   | 6,980,148  | 2.00%                                | 1,396                          |
| Total Estimated Annual Premium                       |        |  |                                      | 204,993                        |

Total Estimated Annual Premium \$

530,814.00

**WC 99 06 01**

(Ed. 3-08)

DATE PRINTED: 09/26/2017