

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****NAICS Code** 621610**POLICY NO.** 0400161815**INFORMATION PAGE**

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 Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual 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
MINIMUM PREMIUM \$750		TOTAL ESTIMATED ANNUAL PREMIUM \$		530,814.00

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 Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
Classification	Code #			
Period 10/01/2017 - 10/01/2018				
Arizona				
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
Florida				
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 \$

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4. Premium		Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual 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
Iowa				
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
Indiana				
SALESPERSONS OUTSIDE	8742	12,000	0.29	35
SALESPERSONS OUTSIDE	8742	12,000	0.29	35

Total Estimated Annual Premium \$

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4. Premium		Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual 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
Kansas				
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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4. Premium		Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual 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 Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
Classification	Code #			
Expense Constant	0900			250
Total Estimated Annual Premium				5,735
Nebraska				
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
Ohio				
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
Oklahoma				
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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4. Premium		Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual 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

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