

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 \$ _____

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 \$

SEE NEXT PAGE

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 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 \$

SEE NEXT PAGE

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 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 \$

SEE NEXT PAGE

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 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 \$

SEE NEXT PAGE

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 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 \$

SEE NEXT PAGE

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017

| 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

WC 99 06 01

(Ed. 3-08)

DATE PRINTED: 09/26/2017