

Workers' Compensation and Employer's Liability Policy

Information Page

NCCI Carrier Code: 29939

Agent copy

Item 1 Insured name and address	<div style="display: flex; justify-content: space-between;"> <div> BARBARA DOMINGUEZ 108 SPANISH OAK TRL CAMERON TX 76520-3023 </div> <div> Policy number 0002023142 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Other workplaces not shown above See Schedule of Operations attached. </div> <div> Federal tax ID 462935605 </div> <div> Entity Sole proprietorship </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Interim adjustment Quarterly 33% - 3 Reports </div> <div> Bureau no. 421720916 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Producer 02988 JULIE A SULAK DBA: JULIE SULAK STATE FARM PO BOX 450 CAMERON TX 76520-0450 </div> <div> Branch Austin Renewal of 0002023142 </div> </div>																														
Item 2	The policy period is from: 11/6/21 To: 11/6/22 12:01 a.m. standard time at the insured's mailing address																														
Item 3	<p>A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: Texas</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The Limits of our Liability under Part Two are:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Bodily Injury by Accident</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: right;">Each Accident</td> </tr> <tr> <td style="text-align: right;">Bodily Injury by Disease</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: right;">Policy Limit</td> </tr> <tr> <td style="text-align: right;">Bodily Injury by Disease</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: right;">Each Employee</td> </tr> </table> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: None</p> <p>D. This policy includes these endorsements and schedules: see Schedule of Endorsements attached.</p>	Bodily Injury by Accident	\$1,000,000.00	Each Accident	Bodily Injury by Disease	\$1,000,000.00	Policy Limit	Bodily Injury by Disease	\$1,000,000.00	Each Employee																					
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Item 4	<p>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.</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">Payroll</td> <td style="text-align: right;">Premium</td> </tr> <tr> <td>Total payroll and estimated manual premium</td> <td style="text-align: right;">\$40,000.00</td> <td style="text-align: right;">\$990.00</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: left;">Description</td> <td style="text-align: right;">Factor</td> <td style="text-align: right;">Amount</td> </tr> <tr> <td>Increased Limits Factor 1,000,000/1,000,000/1,000,000</td> <td style="text-align: right;">0.014</td> <td style="text-align: right;">14.00</td> </tr> <tr> <td>Increased Limits Balance to Minimum Premium (\$150)</td> <td></td> <td style="text-align: right;">136.00</td> </tr> <tr> <td>Experience Modifier</td> <td></td> <td style="text-align: right;">(34.00)</td> </tr> <tr> <td>Schedule Modifier</td> <td style="text-align: right;">0.780</td> <td style="text-align: right;">(243.00)</td> </tr> <tr> <td>Healthcare Network Option</td> <td style="text-align: right;">0.120</td> <td style="text-align: right;">(104.00)</td> </tr> <tr> <td>Expense Constant</td> <td></td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>Total estimated annual premium</td> <td></td> <td style="text-align: right;">\$909.00</td> </tr> </table> <p>Minimum premium \$250.00</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Issue date: 11/5/21 </div> <div> Countersigned by </div> </div> <p style="font-size: small; margin-top: 10px;">Includes copyright material of the National Council on Compensation Insurance, Inc. used with its permission ©Copyright 2021 National Council of Compensation Insurance, Inc. All rights reserved.</p>		Payroll	Premium	Total payroll and estimated manual premium	\$40,000.00	\$990.00	Description	Factor	Amount	Increased Limits Factor 1,000,000/1,000,000/1,000,000	0.014	14.00	Increased Limits Balance to Minimum Premium (\$150)		136.00	Experience Modifier		(34.00)	Schedule Modifier	0.780	(243.00)	Healthcare Network Option	0.120	(104.00)	Expense Constant		150.00	Total estimated annual premium		\$909.00
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