

INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
INSURER: SEE ATTACHED ENDORSEMENT



NCCI Company Number: 30147
Company Code: 9

POLICY NUMBER: 76 WEG AC4097
Previous Policy Number: 76 WEG AC4097

Suffix	
LARS	RENEWAL
	4

1. Named Insured and Mailing Address: KELLY S WACHS
 (No., Street, Town, State, Zip Code) 8070 SOQUEL DR STE 130
 APTOS CA 95003

FEIN Number: 68-0381708

State Identification Number(s): Refer to the EXTENSION OF THE INFORMATION PAGE – WC990365.

The Named Insured is: Individual
Business of Named Insured: Offices of Lawyers
Other workplaces not shown above: See Endorsement - WC990366

2. Policy Period: From 01/15/22 To 01/15/23 ANNUAL
 12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: AP INTEGRO INSURANCE GROUP LLC
 375 WOODCLIFF DRIVE STE 103
 FAIRPORT NY 14450

Producer's Code: 76250846

Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
 3600 WISEMAN BLVD
 SAN ANTONIO TX 78251
 (877) 287-1316

Total Estimated Annual Premium: \$1,989

Deposit Premium:

Policy Minimum Premium: \$570 CA (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan S. Castaneda
 Authorized Representative

12/06/21
 Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: NV SEE ENDORSEMENT - WC 99 03 67

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 NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

SEE ENDORSEMENT-WC 99 03 68

4. 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 Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
Total Standard Premium			\$1,603
Expense Constant			\$240
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$85
Catastrophe (Other Than Certified Acts Of Terrorism)			\$1
Estimated Annual Premium (before Surcharges)			\$1,929
Total Estimated Surcharges			\$60

*See the attached Schedule(s) of Operations for Location and State Level Premium Information

Total Estimated Annual Premium:	\$1,989
Deposit Premium:	
Policy Minimum Premium:	\$570 CA (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 541110
SIC: 8111

