

AmTrust Insurance Company of Kansas, Inc.

A Stock Insurance Company

PO Box 655028

Dallas, TX 75251

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 00 00 01 A

INFORMATION PAGE

1. Insured:

Policy Number:

Other workplaces not shown above:
See Extension of Information Page
Producer:
AmTrust North America, Inc.

Federal Tax ID: 471468055
Board File Number:
Renewal Of: New
Entity: Limited Liability Company
Interim Adjustment: Annual
Ncci Code: 68405
SIC Code:

2. The policy period is from 12/8/2017 to 12/8/2018 12:01 a.m. 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: Oregon
- B. Employers Liability Insurance: Part Two of the policy applies to work in each stated 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 and State(s) Designated in Item 3A.
- D. This policy includes these endorsements and schedules:
See attached endorsement schedule.

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.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM	14,639
STATE ASSESSMENT	908
TOTAL ESTIMATED COST	15,547
Minimum Premium	400

Issue Date: 12/15/2017

Countersigned By: _____
Authorized Representative

Insured:

Policy Number:

**EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS**

Classification	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Oregon					
Clerical Office Employees NOC	1	8810	20,000	0.16	32
Nursing—Home Health, Public and Traveling—All Employees	11	8835	400,000	3.79	15,160
Manual Premium					15,192
Total Manual Premium					15,192
Premium for Increased Limits Part Two: 0.4% (1000/1000/1000)		9812			61
Premium to Equal Increased Limits Minimum Charge		9848			59
Total Premium Subject To Experience Modification					15,312
Experience Modification N/A					15,312
Premium Discount 7.3%		0063			-1,118
Terrorism		9740			139
Catastrophe (other than Terrorism)		9741			126
Expense Constant		0900			180
Total OR Premium					14,639
Premium Assessment Rate 6.2%		9999			908
Total OR Cost					15,547
TOTAL ESTIMATED ANNUAL PREMIUM					14,639
STATE ASSESSMENT					908
TOTAL COST					15,547