

WEG WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 13269

Company Code: 1



01784 \*1500276GD17850101

POLICY NUMBER:

76 WEG GD1785

Previous Policy Number:

02 WEG CG3971

HOUSING CODE: 76

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- 1. **Named Insured and Mailing Address:** A1 GARAGE DOOR SERVICE LLC  
(No., Street, Town, State, Zip Code)

FEIN Number: 800561214

2125 E 5TH ST  
TEMPE, AZ 85281

State Identification Number(s):

UIN:

The Named Insured is: CORPORATION

Business of Named Insured: SMALL MOTOR & ENGINE REPAIR

Other workplaces not shown above: 2125 E 5TH ST

TEMPE AZ 85281

- 2. **Policy Period:** From 02/15/14 To 02/15/15  
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: AP INTEGO INSURANCE GROUP LLC

PO BOX 33015  
SAN ANTONIO, TX 78265

Producer's Code: 250846

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

Total Estimated Annual Premium: \$51,367

Deposit Premium:

Policy Minimum Premium: \$1,075 AZ (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

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

Countersigned by

*Susan J. Castaneda*

Authorized Representative

01/31/14  
Date

3. A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: AZ

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	\$500,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$500,000	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  
STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 00 04 06A WC 00 01 14 WC 00 03 08 WC 00 04 21C WC 00 04 22A  
SEE ENDT

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
3724 ELECTRICAL APPARATUS INSTALLATION OR REPAIR & DRIVERS	1,144,015	5.76	65,895
INCREASED LIMITS PART TWO (9807)	.80 PERCENT		527
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			66,422
AZ - INTRA EXPERIENCE MODIFICATION 021022543			.800
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			53,138
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			53,138
PREMIUM DISCOUNT 4.1 PERCENT			-2,179
EXPENSE CONSTANT (0900)			180
TERRORISM (9740)	1,144,015	.010	114
CATASTROPHE (9741)	1,144,015	.010	114
TOTAL ESTIMATED ANNUAL PREMIUM			51,367

Total Estimated Annual Premium: \$51,367

Deposit Premium:

Policy Minimum Premium: \$1,075 AZ (INCLUDES INCREASED LIMIT MIN. PREM.)

Interstate/Intrastate Identification Number: / 021022543

Labor Contractors Policy Number:

NAICS:  
SIC: 7699  
UIN:  
NO. OF EMP: 000005