




WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

6210 E Highway 290
Austin, Texas 78723-1098

INFORMATION PAGE

ITEM 1	<p>FERNANDO CHAVEZ DBA: F&V DRYWALL ACOUSTIC INC</p> <p>INSURED NAME AND ADDRESS</p> <p>OTHER WORKPLACES NOT SHOWN ABOVE: see attached schedule of operation.</p> <p>PRODUCER 05334</p> <p>FREEMAN MANAGING GENERAL AGENCY INC DBA: TEXAS INSURANCE MARKETPLACE 5222 THUNDER CREEK RD STE A AUSTIN, TX 78759-4037</p> <p>POLICY NUMBER SBP-0001296350 20151029</p> <p>Federal Tax ID 464344221 Bureau Number Branch AUSTIN Renewal of NEW Entity CORPORATION Interim Adjustment QUARTERLY-33% 3 Group NCCI Carrier Code 29939</p>																																										
ITEM 2	<p>The Policy Period is from: 10-29-2015 To: 10-29-2016 12:01 A.M. standard time at the insured's mailing address</p>																																										
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"> <tr> <td>Bodily Injury by Accident</td> <td>\$ 1,000,000</td> <td>Each Accident</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$ 1,000,000</td> <td>Each Employee</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$ 1,000,000</td> <td>Policy Limit</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	Each Accident	Bodily Injury by Disease	\$ 1,000,000	Each Employee	Bodily Injury by Disease	\$ 1,000,000	Policy Limit																																	
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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"> <tr> <td>TOTAL ESTIMATED STANDARD PREMIUM</td> <td>\$</td> <td>4,075.00</td> </tr> <tr> <td>WAIVER OF SUBROGATION</td> <td></td> <td>.00</td> </tr> <tr> <td>INCREASED EMPLOYERS LIABILITY LIMITS</td> <td></td> <td>150.00</td> </tr> <tr> <td>TOTAL PREMIUM SUBJECT TO MODIFICATIONS</td> <td></td> <td>4,225.00</td> </tr> <tr> <td>PREMIUM MODIFIED TO REFLECT EXPERIENCE MOD OF ()</td> <td></td> <td>.00</td> </tr> <tr> <td>PREMIUM MODIFIED TO REFLECT SCHEDULE RATING OF (.90)</td> <td></td> <td>423.00-</td> </tr> <tr> <td>WORKERS' COMP HEALTH CARE NETWORK DISCOUNT (.12)</td> <td></td> <td>456.00-</td> </tr> <tr> <td>DEDUCTIBLE PREMIUM</td> <td></td> <td>.00</td> </tr> <tr> <td>ADMIRALTY/FELA OR L & H W</td> <td></td> <td>.00</td> </tr> <tr> <td>PREMIUM DISCOUNT, IF APPLICABLE ()</td> <td></td> <td>.00</td> </tr> <tr> <td>EXPENSE CONSTANT CHARGE</td> <td></td> <td>150.00</td> </tr> <tr> <td>TOTAL ESTIMATED ANNUAL PREMIUM</td> <td>\$</td> <td>3,496.00</td> </tr> <tr> <td>MINIMUM PREMIUM</td> <td>250.00</td> <td></td> </tr> <tr> <td>DEPOSIT PREMIUM</td> <td>1,154.00</td> <td></td> </tr> </table> <p>Issue Date: 10-28-2015</p> <p>Countersigned by </p> <p>Includes copyright material of the National Council on Compensation Insurance, Inc. used with its permission © Copyright 2015 National Council of Compensation Insurance, Inc. All rights reserved.</p>	TOTAL ESTIMATED STANDARD PREMIUM	\$	4,075.00	WAIVER OF SUBROGATION		.00	INCREASED EMPLOYERS LIABILITY LIMITS		150.00	TOTAL PREMIUM SUBJECT TO MODIFICATIONS		4,225.00	PREMIUM MODIFIED TO REFLECT EXPERIENCE MOD OF ()		.00	PREMIUM MODIFIED TO REFLECT SCHEDULE RATING OF (.90)		423.00-	WORKERS' COMP HEALTH CARE NETWORK DISCOUNT (.12)		456.00-	DEDUCTIBLE PREMIUM		.00	ADMIRALTY/FELA OR L & H W		.00	PREMIUM DISCOUNT, IF APPLICABLE ()		.00	EXPENSE CONSTANT CHARGE		150.00	TOTAL ESTIMATED ANNUAL PREMIUM	\$	3,496.00	MINIMUM PREMIUM	250.00		DEPOSIT PREMIUM	1,154.00	
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