



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (69K0UB-6R27925-6-22) NEW-22

INSURER: BUILDERS MUTUAL INSURANCE COMPANY A MUTUAL COMPANY

NCCI CO CODE: 80440

1.

INSURED:

WHITE, JEREMY DBA J SIGNS AND GRAPHICS 1345 N SANDHILLS BLVD ABERDEEN NC 28315

PRODUCER:

ROLAND INSURANCE AND 277 W PENNSYLVANIA AVE SOUTHERN PINES NC 28387

Insured is AN INDIVIDUAL

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 02-10-22 to 02-10-23 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 state(s) listed here:

NC

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: \$ 1000000 Each Accident
Bodily Injury by Disease: \$ 1000000 Policy Limit
Bodily Injury by Disease: \$ 1000000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

COVERAGE EXCLUDED - REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT WC 00 03 26

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.



DATE OF ISSUE: 02-23-22 NV OFFICE: RMD BUILDERS 26D PRODUCER: ROLAND INSURANCE AND

ST ASSIGN: NC

79RYH



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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**CLASSIFICATION SCHEDULE:**

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 7389 NAICS: 561499

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	1460
PREMIUM DISCOUNT	NONE
0900-32 EXPENSE CONSTANT	160
TERRORISM	NONE
CAT (OTHER THAN CERT ACTS OF TERRORISM)	NONE
TOTAL ESTIMATED PREMIUM	1620
DEPOSIT AMOUNT DUE	1620MP

A/R (WCIP) #

Minimum Premium: \$ 1500

EMPLOYERS LIABILITY MINIMUM: \$ 120

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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: (69K0UB-6R27925-6-22)

INSURER: BUILDERS MUTUAL INSURANCE COMPANY

80440-NC

INSURED'S NAME: WHITE, JEREMY DBA  
J SIGNS AND GRAPHICS

RATE BUREAU ID: 24203220

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001 01				
FEIN 245556723 ENTITY CD 001				
WHITE, JEREMY DBA J SIGNS AND GRAPHICS				
1345 N SANDHILLS BLVD ABERDEEN, NC 28315 SIC CODE: 7389 NAICS: 561499				





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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A )

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CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D) SIGN INSTALLATION, MAINTENANCE, REPAIR, REMOVAL OR REPLACEMENT - NOC - AWAY FROM SHOP & DRIVERS	9554	IF ANY	15.94	

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1.10% INCREASED LIMITS	\$	NONE
ADD FOR INCREASED LIMITS MINIMUM (9848)		120
EXPERIENCE MODIFICATION: NONE MODIFIED PREMIUM		NONE
ADD FOR POLICY MINIMUM		1340
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1460
EXPENSE CONSTANT(0900)		160
0.0100 TERRORISM (9740)		INCL
0.0100 CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		INCL
TOTAL ESTIMATED PREMIUM		1620
DEPOSIT AMOUNT DUE		1620

DATE OF ISSUE: 02-23-22 NV

ST ASSIGN: NC

SCHEDULE NO: 2 OF LAST

