



EIG Services, Inc.
In California, dba
EIG Insurance Services

Quotation for Workers' Compensation and Employers Liability Insurance

Date: 06/05/2017

Applicant/First Named Insured: [REDACTED]
Insurance Company: Employers Preferred Insurance Company
Underwriting Contact: [REDACTED]
Underwriter Phone: [REDACTED]
Underwriter Email: [REDACTED]
Quote Number: [REDACTED]
Proposed Effective Date: 06/01/2017
Proposed Expiration Date: 06/01/2018
Agency: Beere & Purves Inc (GA)
Agency Number: [REDACTED]
Payment Plan: 100% DP
Down Payment: \$861.00
Installments of: \$0.00

We are pleased to offer the following quotation for your workers' compensation insurance. The estimated annual premium is \$861. This quotation is valid until the Proposed Effective Date noted above. Coverage must be bound prior to the Proposed Effective Date. You may accept this quotation and request policy issuance by selecting **Request Bind** in the quoting system and making a timely payment. The requested payment plan is based on estimated annual premium (EAP) and is subject to change after policy issuance and final audit. We will send the First Named Insured an invoice when the policy is issued. Please do not make payment from this quotation.

This quotation has been prepared based on the information submitted by you and/or your agency. If, prior

to binding, the information we received and relied on to generate this quotation changes, we may rescind the existing quote or offer a new quote. A new quote may contain changes in rates, premium, and/or conditions. This quotation and any subsequently issued policy and estimated premium, may also be subject to change based on changes in rates, assessments, bureau promulgated experience modifiers or any other item issued by controlling jurisdictions.

This quotation applies solely to the above-referenced First Named Insured and any legally combinable, additionally scheduled Named Insureds listed herein. This quotation is based on submitted information including legal name(s), legal entity type(s), federal tax identification number(s) (FEIN), ownership structure, and the legal combinability of any additionally scheduled Named Insureds. Legal combinability requires the First Named Insured to have majority interest of all additionally scheduled Named Insureds.

We are relying upon the accuracy of the information provided. Any irregularity, inaccuracy, or misrepresentation of information may result in modification, cancellation or rescission of a policy issued based upon such information.

This quotation is for illustrative purposes only and thus the policy terms and conditions will supersede this quotation. Additionally, the premium calculation details are estimates. The final premium will be determined after the policy ends using the actual, not estimated, payroll/remuneration to calculate the premium basis using the proper classifications and rates that lawfully apply to the business and exposures covered by the policy.

This quotation does not amend or otherwise affect the provisions of coverage of any resulting insurance policy issued by Employers Preferred Insurance Company. It is not a representation that coverage does or does not exist for any particular claim or loss under any policy issued. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

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EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada

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Employers Preferred Insurance Company, rated A- (excellent) by A.M. Best Company provides insurance protection, loss control and claims management services for our policyholders.

Workers' Compensation/Employers Liability

	Coverage	Limits
Workers' Compensation Employers Liability	Bodily Injury by Accident	Statutory
	Each Accident	\$1,000,000
	Bodily Injury by Disease	
	Policy Limit	\$1,000,000
	Each Employee	\$1,000,000

Policy Declarations	
Item1.	First Named Insured: [REDACTED]
Item 3.A. Workers' Compensation Insurance:	States of: CA

Part One of the policy applies to the workers' compensation law(s) in:	
Item 3.C. Other States Insurance: Part Three of the policy applies to:	All states except ND, OH, WA, WY, AK, DE, HI, LA, ME, NH, RI, SD, VT, WV, self-insured states, those states insured under other policies and states listed in item 3.A.

Estimated Annual Premium Schedule

State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
CA	8859	1	COMPUTER PROGRAMMING OR SOFTWARE DEVELOPMENT - ALL EMPLOYEES-INCLUDING CLERICAL OFFICE EMPLOYEES AND SALESPERSONS	\$120,000	0.11	\$132
			SubTotal			\$132
CA	0900		EXPENSE CONSTANT			\$220
CA	0990		BALANCE TO MINIMUM PREMIUM			\$398
CA	0936		STATE W.C. FRAUD ASSESSMENT	\$834	0.001675	\$1



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State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
CA	0935		STATE W.C. ADMINISTRATIVE ASSESSMENT	\$834	0.003128	\$3
CA	0937		CA INSURANCE GUARANTY	\$834	0.02	\$17
CA	0938		CA UNINSURED EMPLOYERS FUND	\$834	0.000721	\$1
CA	0939		CA SUBSEQUENT INJURY FUND	\$834	0.001335	\$1
CA	0940		OSHF ASSESSMENT	\$834	0.002305	\$2
CA	0943		LABOR ENFORCEMENT & COMPLIANCE	\$834	0.001918	\$2
CA	9741		CATASTROPHE PREMIUM	\$120,000	0.04	\$48
CA	9740		TERRORISM PREMIUM	\$120,000	0.03	\$36
			SubTotal			\$729
			Total For State			\$861

			Total For Policy			\$861
			Minimum Premium			\$750

If during the policy term or at final audit, the Zip Code for any California location is determined to be other than the corresponding Zip Code upon which premium was originally calculated, the premium will be subject to adjustment to reflect exposures in the actual Zip Code.

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83%