Workers Compensation and Employers Liability Insurance Policy

NFO	DM	A TI	\cup N	$D\Lambda$	CE

Insurer: Producer: 26098 - 2 Benchmark Insurance Company – NCCI# 32352 AssuredPartners NL, LLC

17 20TH STREET NORTH 1945 SCOTTSVILLE ROAD SUITE 100 **BOWLING GREEN, KY 42104**

SUITE 600

BIRMINGHAM, AL 35203

(888) 344-8002

The Green Service Co., LLC 1. Insured Name:

DBA:

Mailing address: 2415 River Rd Policy Number: WC-044-0769648-

> Murfreesboro, TN 37129 2024A Type of Business: **Limited Liability**

Company (LLC)

Other workplaces not shown above: FEIN: 833610268

If applicable see Extension Schedule WC 99 06 04 Risk ID

2. The policy period is from 12:01 a.m. on 4/16/2024 to 12:01 a.m. on 4/16/2025 at the insured's mailing address.

3. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of Α. the states listed here: TN.

Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. B. 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

- Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All States except ND, NY, OH, WA, WY, NY and States Designated in Item 3A of the Information Page
- This policy includes these endorsements and schedules: See Extension Schedule WC 99 06 09
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating 4. Plans. All information required below is subject to verification and change by audit.

Classifcations Code Premium Basis Rate per \$100 of Estimated No.

Remuneration Annual Premium Total Estimated

Annual remuneration

TO REVIEW SCHEDULE OF OPERATIONS See Attached Schedule

Total Estimated Premium: \$1.291

> Minimum Premium: \$900 Expense constant: \$205

> > Charles E. Bryan III

Countersigned By

Benchmark Insurance Company 2900 SW Wanamaker Drive Suite 204 Topeka, KS 66614

WE HAVE PROPERLY ISSUED THIS POLICY. IT IS VALID AS ISSUED. IF YOUR STATE LAW REQUIRES A COUNTERSIGNATURE IN THE DECLARATIONS PAGE BY ONE OF OUR AUTHORIZED REPRESENTATIVES, THEN THE POLICY BECOMES VALID WHEN COUNTERSIGNED.

ANDREW M. O'BRIEN PRESIDENT

ELISABETH ROSANDICH SECRETARY

Elisalette Rosandich

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

- Bodily injury by accident must occur during the policy period.
- Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

- reasonable expenses incurred at our request, but not loss of earnings;
- 2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
- 3. litigation costs taxed against you:
- interest on a judgment as required by law until we offer the amount due under this insurance; and
- 5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 1-15)

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

- 1. of your serious and willful misconduct;
- you knowingly employ an employee in violation of law;
- you fail to comply with a health or safety law or regulation; or
- you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

- As between an injured worker and us, we have notice of the injury when you have notice.
- Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
- We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
- 4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
- 5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
- Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

- The bodily injury must arise out of and in the course of the injured employee's employment by you.
- The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
- 3. Bodily injury by accident must occur during the policy period.
- 4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
- If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

- such third party as a result of injury to your employee;
- 2. For care and loss of services; and
- For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
- Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

- Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
- Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
- Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers:
- 4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
- 5. Bodily injury intentionally caused or aggravated by you;
- 6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries:
- Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;

- 8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
- Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
- 10.Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
- 11. Fines or penalties imposed for violation of federal or state law; and
- 12.Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

- Reasonable expenses incurred at our request, but not loss of earnings;
- 2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
- 3. Litigation costs taxed against you;

- 4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
- 5. Expenses we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

- Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.
 - A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
- 2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.
 - Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
- We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

You have complied with all the terms of this policy; and

The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

- This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
- If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
- 3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
- 4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

- Provide for immediate medical and other services required by the workers compensation law.
- 2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
- 3. Promptly give us all notices, demands and legal

- papers related to the injury, claim, proceeding or suit.
- 4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
- 5. Do nothing after an injury occurs that would interfere with our right to recover from others.
- Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE—PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

- 1. all your officers and employees engaged in work covered by this policy; and
- 2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

- If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
- 2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX—CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancelation

- You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
- We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
- The policy period will end on the day and hour stated in the cancelation notice.
- Any of these provisions that conflict with a law that controls the cancelation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancelation.

Policy Number: WC-044-0769648-2024A

Workers Compensation and Employers Liability Insurance Policy Insurer: Benchmark Insurance Company

SCHEDULE OF ENDORSEMENTS

Insured: The Green Service Co., LLC 832448 4/16/2024

The policy period is from: 4/16/2024 to: 4/16/2025

Schedule of Endorsements:

WC 00 00 01 A (BIC)	00 00 01 A - Information Page (BIC)
BM_SIG_PG	Benchmark Policy Signature Page
WC 00 00 00 C	00 00 00 C - Information Packet
WC 99 06 09	99 06 09 - Extension Schedule Listing
WC 99 06 04	Schedule of Locations
WC 00 00 01 A	Classification Schedule
ILNI 85 15 12 88	Tennessee Notice to Insured
WC 00 04 14 A	00 04 14 A - Notification of Change in Ownership Endorsement
WC 00 03 08	00 03 08 - Partners, Officers and Others Exclusion Endorsement
WC 99 06 05	Installment Schedule
WC 00 04 04	00 04 04 - Pending Rate Change Endorsement
WC 00 04 19 A	00 04 19 A - Premium Due Date Endorsement
WC 00 04 24	00 04 24 - Audit Noncompliance Charge Endorsement
WC 00 04 25	WC 00 04 25 Experience Rating Modification Factor Revision Endorsement
WC 00 04 21 F	00 04 21 F - Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
WC 00 04 22 C	WC 00 04 22 C - Terrorism Risk Insurance Program

Reauthorizaion Act Disclosure

ISSUE DATE: 3/19/2024

Policy Number: WC-044-0769648-2024A

Workers Compensation and Employers Liability Insurance Policy Insurer: Benchmark Insurance Company

OTHER LOCATIONS ENDORSEMENT

Insured: The Green Service Co., LLC

832448 4/16/2024

The policy period is from: 4/16/2024 to: 4/16/2025

Schedule of Locations

Unit: 1 Workplace: 2 The Green Service Co., LLC 2415 River Rd Murfreesboro, TN 37129

ISSUE DATE: 3/19/2024

Policy Number: WC-044-0769648-2024A **Workers Compensation and Employers Liability Insurance Policy Insurer: Benchmark Insurance Company**

CLASSIFICATION SCHEDULE

Insured: The Green Service Co., LLC Unit No.: 1 - The Green Service Co., LLC

The policy Period is from: 4/16/2024 to: 4/16/2025

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration		Estimated Annual Premium
Salespersons Or Collectors-Outside	8742	\$0		0.15	0
Clerical Office Employees Noc	8810	\$30,000		0.07	21
Janitorial Services By Contractors - No Window Cleaning Above Ground L	9014	\$70,000		1.08	756
Total Manual Premium 1,000,000/1,000,000/1,000,00 EEL Minimum Premium Adjus Subject Premium Modified Premium	stment	1.4%			777 11 139 927 927
Scheduled Rating Modificatio Standard Premium Normal Premium Expense Constant	n	15%			139 1,066 1,066 205
Terrorism Act		1%			10
DTEC Act Policy Premium		1%			10 1,291
Total Premium & Surcharges					1,291

Billing Payment Mode: Annual ISSUE DATE: 3/19/2024

Policy Number: WC-044-0769648-2024A

Workers Compensation and Employers Liability Insurance Policy Insurer: Benchmark Insurance Company

TENNESSEE NOTICE TO INSURED

Insured: The Green Service Co., LLC Agency Number: 26098

The policy period is from: 4/16/2024 to: 4/16/2025

The Green Service Co., LLC

2415 River Rd

AssuredPartners NL, LLC

1945 Scottsville Road Suite 100

Murfreesboro, TN 37129 Bowling Green, KY 42104

In the event you need to contact someone about this policy please contact your agent shown above. If you have additional questions, you may contact the insurance company issuing this policy at the following address:

Benchmark Insurance Company

STEADPOINT INSURANCE GROUP, INC. 2200 Resource Drive Suite 101 Birmingham, Alabama 35242

TELEPHONE: 1-888-344-8006

ISSUE DATE: 3/19/2024 ILNI 85 15 12 88 TN

(Ed. 1-19)

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/16/2024 12:01 AM Insured The Green Service Co., LLC

Policy No. WC-044-0769648-2024A

Endorsement 0

Premium \$1,291

Charles E. Bryan III

Insurance Company
Benchmark Insurance Company

Countersigned by

(Ed. 4-84)

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule	The I	policy	does no	ot cover bo	dily ir	njury	to any	perso	on described	I in the Sched	alub
---	-------	--------	---------	-------------	---------	-------	--------	-------	--------------	----------------	------

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Title **Persons** Effective **Expiration** Jess Butikofer Member (LLC) 4/16/2022

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/16/2024 12:00:00 AM

Policy No. WC-044-0769648-2024A

Endorsement No. 0

Insured The Green Service Co., LLC

Premium \$1,291

Charles E. Bryan III

Insurance Company

Countersigned by

Benchmark Insurance Company

WC 00 03 08 (Ed. 4-84)

INSURER: POLICY NUMBER: WC-044-0769648-2024A

Benchmark Insurance Company NAIC COMPANY NUMBER: 41394

INSTALLMENT SCHEDULE

State of: TN Effective Date: 4/16/2024

Named Insured: The Green Service Co., LLC 12:01 A.M. Standard Time

Producer Name: AssuredPartners NL, LLC Producer Number: 26098 - 2

Policy Unit Name: The Green Service Co., LLC

Policy Unit No.: 1

Initial Payment Items:

Subsequent Payment Items:

Due DateTransaction TypeAmount Due4/16/2024Installment 1\$1,291

Total \$1,291

(Ed. 4-84)

PENDING RATE CHANGE ENDORSEMENT

m

A rate change filing is being considered by the the rates shown on the policy. If it does, we will	e proper regulatory authority. The filing may result in rates different for Il issue an endorsement to show the new rates and their effective date
If only one state is shown in Item 3.A. of the In state is shown there, this endorsement applies	information Page, this endorsement applies to that state. If more than a sonly in the state shown in the Schedule.
	Schedule
State	
Applies to all states listed in 3A with the except	tion of CA, IL, NM, MN, MO & TX (if those states are listed in 3A).
This endorsement changes the policy to which	th it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only whe	en this endorsement is issued subsequent to preparation of the policy.)
Endorsement Effective 4/16/2024 12:01 AM Insured The Green Service Co., LLC	Policy No. WC-044-0769648-2024A Endorsement 0 Premium \$1,291
	Charles E. Bryan III
Insurance Company	Countersigned by

Benchmark Insurance Company

Policy Number: WC-044-0769648-2024A

Workers Compensation and Employers Liability Insurance Policy Insurer: Benchmark Insurance Company

PREMIUM DUE DATE ENDORSEMENT

Insured: The Green Service Co., LLC

0 4/16/202/

4/16/2024

The policy period is from: 4/16/2024 to: 4/16/2025

Part Five—Premium Amendatory Endorsement

This endorsement amends Part Five—Premium of the policy as follows:

Part Five—Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

- 1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
- 2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
- 3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
- 4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

1291

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. Endorsement No.

4/16/2024 12:01 AM WC-044-0769648-2024A 0

Insured Premium

The Green Service Co., LLC \$1,291

Countersigned by

Charles E. Bryan III

(Ed. 1-17)

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five—Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5—Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
AL, GA, MS, TN, KY, SC	Estimated Annual Premium	Up to two times
-	policy to which it is attached and is effective on the ired only when this endorsement is issued sub	
Endorsement Effective Insured	Policy No.	Endorsement No. Premium

Countersigned by _____

WC 00 04 24

Insurance Company

(Ed. 1-17)

(Ed. 5-17)

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

This endorsement is added to Part Five—Premium of the policy
--

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/16/2024 12:01 AM Policy No. WC-044-0769648-2024A

Endorsement No. 0

Charles E. Bryan III

Premium \$1,291

Insured The Green Service Co., LLC

Insurance Company Benchmark Insurance Company Countersigned by

(Ed. 08-2022 Countrywide, Ed. 07-2022 in Texas)

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
TN	1.00%	\$10.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/16/2024 12:00:00 AM Insured The Green Service Co., LLC

Policy No. WC-044-0769648-2024A

Endorsement No. 0

Premium \$1,291

Charles E. Bryan III

Insurance Company Benchmark Insurance Company Countersigned by

© Copyright 2021 National Council on Compensation Insurance, Inc. All rights reserved.

(Ed. 01-21)

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act .If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

- 1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
- 2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
- 3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

(Ed. 01-21)

_			
C-			_
ЭC	hed	ш	е

State	Rate	Premium
TN	1.00%	\$10.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/16/2024 12:00:00 AM Insured The Green Service Co., LLC

Policy No. WC-044-0769648-2024A

Endorsement No. 0

Charles E. Bryan III

Premium \$1,291

Insurance Company Benchmark Insurance Company Countersigned by

TENNESSEE WORKERS' COMPENSATION INSURANCE

POSTING NOTICE

How to Report Work-Related Injuries

What should be done if injured at work?

Employee

- Immediately report the injury to the employer representative named below.
- 2. **Select a treating physician** from a panel provided by your employer.
- 3. If you have questions or problems, contact the employer representative or the Bureau of Workers' Compensation.

Employer

- Complete your company's internal "Workplace Injury form" and notify your workers' compensation insurance company immediately, even if you have concerns about the validity of the claim.
- 2. **Offer a panel of physicians** to the employee via Form C-42 available on the Bureau's website. *In cases of emergency, call an ambulance and provide this form as soon as the injured employee has stabilized.*

PIIIILEC	I name and title of the employer representative to be notified in the event of a work-related injury
- Printed r	name of an alternative employer representative to be notified in the event of a work-related injury
-	Telephone number of employer representative to notify in event of a work-related injury

The Tennessee Bureau of Workers' Compensation is available to help both employees and employers.



220 French Landing Dr. 1-B Nashville, TN 37243-2667

800-332-2667

615-532-4812 *TTD: 800-332-2257*

tn.gov/workerscomp

Workers' Compensation law requires this notice to be posted in a conspicuous place at the work site at all times.

SEGURO DE COMPENSACIÓN A TRABAJADORES DE TENNESSEE

PUBLICACIÓN DE AVISO Cómo informar de lesiones laborales

¿Qué se debe hacer en caso de lesión laboral?

Empleado

- Informe inmediatamente de la lesión al representante del empleador indicado aquí abajo.
- 2. **Seleccione un médico tratante** del panel provisto por su empleador.
- Si tiene alguna pregunta o problema, comuníquese con el representante de empleadores de la Oficina de Compensación a Trabajadores.

Empleador

- Complete el formulario interno de su empresa de "Lesión laboral" y notifique a su aseguradora de compensación a trabajadores inmediatamente, incluso aunque tenga dudas acerca de la validez de la reclamación.
- 2. **Ofrezca un panel de médicos** al empleado a través del Formulario C-42, disponible en el sitio web de la Agencia. *En casos de emergencia, llame a una ambulancia y proporcione este formulario en cuanto el empleado lesionado se haya estabilizado.*

NOITIDI	r e en letra de molde y título del representante del empleador a ser notificado en caso de una lesión laboral
Nombre	e en letra de molde del representante del empleador alterno a ser notificado en caso de una lesión labora
	Número de teléfono del representante del empleador a ser notificado en caso de una lesión laboral

La Oficina de Compensación a Trabajadores de Tennessee está disponible para ayudar a empleados y empleadores.



220 French Landing Dr. 1-B Nashville, TN 37243-2667

800-332-2667

615-532-4812 *TTD*: 800-332-2257

tn.gov/workerscomp

La ley de Compensación a Trabajadores exige que se publique este aviso en un lugar visible en el centro de trabajo en todo momento.



Steadpoint Insurance Group, Inc.

IMPORTANT **CLAIMS** INFORMATION

IF YOU HAVE A QUESTION ABOUT A CLAIM,

PLEASE CONTACT OUR CLAIMS SERVICE COMPANY

Steadpoint Risk Management Solutions, LLC

Our mailing address is:

Steadpoint Risk Management Solutions, LLC 2200 Resource Drive, Suite 101 Birmingham, AL 35242

Our telephone number is:

(205) 980-7810

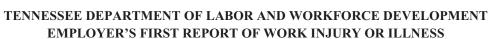
Our fax number is:

(205) 980-7809

Our email is:

Claims@steadpointgroup.com

PLEASE REMEMBER TO REPORT ALL CLAIMS PROMPTLY





CLAIMS ADM/CARRIER	JURISDICTION		CLAIM				THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS O TENNESSEE WORKERS' COMPENSATION LAW AND MUS:									
	CLAIMS ADM CLAIM# (INSURER CLAIM#)						☐ INDEMNITY ☐ BECAME LOST TIME			COMPLETED AND FILED WITH YOUR INSURANCE CARRIER						
	OSHA LOG CASE #					BECAME MED ONLY NOTIFY ONLY			7	IMMEDIATELY AFTER NOTICE OF INJURY. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR						
	NAME OF INSURANCE CARRIER					TRANSFER CARRIER FEIN			MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING							
	CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM					FEIN OF CLMS ADM				FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.						
	CARRIER) CLAIMS ADJUS		CLMS ADJ PHO				SYSTEM WHERE A WORKERS'				COMPENSATION SPECIALIST CAN					
	CLAIM HANDL	vie 2					PROVIDE A	SSISTANCE	E. CALL	1-800	0-332-2667 STATE	32-2667 (TDD).				
		NE Z	EMPLOYER FE			EINI					PHONE NUMBER					
E MPLOYER	EMPLOYER NAME						EMPLOYER FEIN			SIC CODE						
	EMPLOYER ADDRESS LINE 1 AND LINE 2									NATURE OF BUSINESS						
	CITY				STATE ZIP					INSURED REPO		RT#		EM	PLOYER LOCATION	
POLICY	INSURED NAM EMPLOYER)				IBER		EFF DATE				EMPLOYMENT STATUS CODE TIME/REGULAR					
	ŕ				INSURED?		EXP DATE			PART ' PIECE	TIME WORKER					
EMPLOYEE	EMPLOYEE LAST NAME					PHONE INCL			E	GENDER MALE			SEASC VOLU	ONAL INTEER		
	FIRST				MI	DEPAR WORKI		T REGULARLY		FEMALE UNKNOWN			APPRENTICE FULL TIME APPRENTICE PART TIME			
	ADRRESS LINE 1 & 2									OCCUPATIO	PTION					
	CITY					STATE ZIP				MARITAL ST			_	RRIED PARATED	NCCI CLASS COD	ÞΕ
	SSN DATE OF				BIRTH DATE OF			FHIRE		DIVORCED			_	KNOWN		
ш	WAGE \$	NUMBER OF DAYS WORKED PER WEEK					SALARY CONTINUED IN LIEU OF COMPENSATION YES NO									
WAGE	Ψ					FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO										
ACCIDENT/INJURY	DATE OF INJUR	TIME OF INJURY COULD NOT BE DE			ETERMINED		M ☐ PM TIME EMPLOYEE BEGAN				N WORK ON INJURY DATE ☐ AM ☐ PM					
	DATE EMPLOYER NOTIFIED OF INJURY				BODY PART AFFECTED			D CODE		NATURE OF INJURY CODE			CAUSE OF INJURY CODE			
	DATE CLAIM ADM NOTIFIED OF INJURY					HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DO JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECT										
	DATE LAST DAY WORKED					HARMED THE EMPLOYEE.										
	DATE DISABILITY BEGAN															
	RETURN TO WORK DATE (IF APPLICABLE)															
	DATE OF DEATH (IF APPLICABLE)					TH CLAIN	M, GIV		DENTS I	FOR EACH RELATIONSHIP THER SISTER				TOTAL # DEPENDENTS		
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? YES NO					WIDOWER MOTHER			·		UGHTER BRO		THER DICAPPED CHILI			
	ADDRESS WHERE INJURY OCCURRED (IF OTHER							THAN EMP CITY	PLOYER'S PREMISES) STATE			ZIP		(COUNTY OF INJURY	
TREATMENT	PHYSICIAN NAME							HOSPITAL OR OFF SITE TREATMENT NAME								
	ADDRESS LINE 1 AND 2							ADDRESS LINE 1 AND 2								
	CITY S			STATE	STATE ZIP			CITY				STA		ATE	TE ZIP	
TR	<u> </u>				INOR BY EMPLOYER			=		D > 24 HRS	FUT	FUTURE MAJOR MI		ICAL/LOST TIME		
~	DATE PREPARED PREPARER'S NA					Y CLINIC/HOSPITAL ME & TITLE			RGENCY ER'S COM	CARE IPANY NAME	AN PHONE	TICIPA NUMI				
OTHER																