

rec'd
 Filed in U.S. Bankruptcy Court
 Northern District of Georgia
 Vania S. Allen, Clerk

APR 08 2025

By: J. S. Allen
 Deputy Clerk

Fill in this information to identify the case:

Debtor 1 AFH Air Pros, LLC

Debtor 2
 (Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Georgia (Newnan) ☐

Case number 25-10356

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Continental Casualty Co. & National Fire Insurance Company of Hartford Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? CNA Insurance Company Name 500 Colonial Center Parkway Number Street Lake Mary FL 32746 City State ZIP Code Contact phone <u>N/A</u> Contact email <u>N/A</u>	Where should payments to the creditor be sent? (if different) CNA Insurance Company Name 23453 Network Place Number Street Chicago IL 60673 City State ZIP Code Contact phone <u>N/A</u> Contact email <u>N/A</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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'APR 22 2025

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251035625040800000000008

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes, Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 4 4 5

7. How much is the claim? \$ 66,578.69 Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Insurance Policies Audits

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

☐ Fixed

☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01 19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/01/2025
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name	Cynthia	Renee	Goral
	First name	Middle name	Last name
Title	Legal Specialist		
Company	CNA Insurance Company		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	500 Colonial Center Parkway		
	Number	Street	
	Lake Mary	FL	32746
	City	State	ZIP Code
Contact phone	407-804-5854	Email	Cynthia.Goral@cna.com

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APR 22 2025
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Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

POLICY NUMBER	POLICY PERIOD	UNDERWRITING COMPANY	PRODUCER PROCESSING CODE
BUA 7037129073	05/10/2023 - 05/10/2024	Continental Casualty Company	620-077478

FIRST NAMED INSURED AND ADDRESS	PRODUCER INFORMATION
AIR PROS, LLC 150 S PINE ISLAND RD STE 200 PLANTATION, FL 33324-2695	ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES LLC 9155 S DADELAND BLVD STE 1112 MIAMI, FL 33156-2738

Audit Processing Date: 09/23/2024
AUDIT BASED ON AUDITOR'S REPORT

BUSINESS AUTO COMPENSATION AUDIT SUMMARY	
TOTAL EARNED PREMIUM (SEE ATTACHED SCHEDULE)	\$1,000,554.00
TOTAL PREVIOUSLY CHARGED	\$1,075,377.00
MINIMUM POLICY PREMIUM	
MINIMUM LIABILITY PREMIUM	
MINIMUM PHYSICAL DAMAGE PREMIUM	
MINIMUM POLICY NON SUBJECT PREMIUM	
MINIMUM LIABILITY NON SUBJECT PREMIUM	
MINIMUM PHYSICAL DAMAGE NON SUBJECT PREMIUM	
MINIMUM POLICY SUBJECT PREMIUM	
MINIMUM LIABILITY SUBJECT PREMIUM	
MINIMUM PHYSICAL DAMAGE SUBJECT PREMIUM	
ADDITIONAL PREMIUM TO MEET MINIMUM PREMIUM (INCLUDED)	
BALANCE DUE Insured	\$74,823.00

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THIS AUDIT STATEMENT IS VALID ONLY IF THE AMOUNT INDICATED AS PREVIOUSLY CHARGED, HAS, IN FACT, BEEN RECEIVED BY CNA.

Policy Issuing Office: FLORIDA

Auditor: Rufus Mackey

Form No: UWCAUDIT00004XX (04-2017)

Underwriting Company: Continental Casualty Company, 151 N Franklin St, Chicago, IL 60606

Policy No: BUA 7037129073
Policy Effective Date: 05/10/2023
Page: 1 of 4



Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

AUDIT SCHEDULE

VEHICLE SUMMARY PER STATE

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Basis Type	Exposures			
						Written	Adjusted Written	Audited	Composite
AL			4414	Liability/Physical Damage	Vehicles	141	141	119	130
CO			4414	Liability/Physical Damage	Vehicles	89	89	50	69.50
FL			4414	Liability/Physical Damage	Vehicles	222	222	205	213.50
GA			4414	Liability/Physical Damage	Vehicles	54	54	58	56
LA			4414	Liability/Physical Damage	Vehicles	40	40	37	38.50

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Composite Premium	Audited Premium	Change in Premium
AL			4414	Liability/Physical Damage	\$215,307.00	\$198,510.00	-\$16,797.00
CO			4414	Liability/Physical Damage	\$135,903.00	\$106,127.00	-\$29,776.00
FL			4414	Liability/Physical Damage	\$338,994.00	\$326,015.00	-\$12,979.00
GA			4414	Liability/Physical Damage	\$82,458.00	\$85,512.00	\$3,054.00
LA			4414	Liability/Physical Damage	\$61,080.00	\$58,790.00	-\$2,290.00



Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

AUDIT SCHEDULE

VEHICLE SUMMARY PER STATE

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Basis Type	Exposures			
						Written	Adjusted Written	Audited	Composite
TX			4414	Liability/Physical Damage	Vehicles	70	70	57	63.50
WA			4414	Liability/Physical Damage	Vehicles	88	88	80	84

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Composite Premium	Audited Premium	Change in Premium
TX			4414	Liability/Physical Damage	\$106,890.00	\$96,965.00	-\$9,925.00
WA			4414	Liability/Physical Damage	\$134,376.00	\$128,268.00	-\$6,108.00
Total					\$1,075,008.00	\$1,000,187.00	-\$74,821.00



Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

AUDIT SCHEDULE

TAXES, FEES, AND SURCHARGES

State	Description	Basis Type	Written Exposure	Rate	Written Amount	Audited Exposure	Audited Amount	Change in Amount
CO	Colorado Theft Prevention Fee	Vehicle	89	1	\$89.00	89	\$89.00	\$0.00
TX	Texas Motor Vehicle Crime Prevention	Vehicle	70	4	\$280.00	70	\$280.00	\$0.00
Total					\$369.00		\$369.00	\$0.00



Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

POLICY NUMBER	POLICY PERIOD	UNDERWRITING COMPANY	PRODUCER PROCESSING CODE
BUA 7039516591	05/10/2023 - 05/10/2024	Continental Casualty Company	620-077478

FIRST NAMED INSURED AND ADDRESS	PRODUCER INFORMATION
AIR PROS, LLC 150 S PINE ISLAND RD STE 200 PLANTATION, FL 33324-2695	ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES LLC 9155 S DADELAND BLVD STE 1112 MIAMI, FL 33156-2738

Audit Processing Date: 09/24/2024
AUDIT BASED ON AUDITOR'S REPORT

BUSINESS AUTO COMPENSATION AUDIT SUMMARY	
TOTAL EARNED PREMIUM (SEE ATTACHED SCHEDULE)	\$274,352.38
TOTAL PREVIOUSLY CHARGED	\$297,561.07
MINIMUM POLICY PREMIUM	
MINIMUM LIABILITY PREMIUM	
MINIMUM PHYSICAL DAMAGE PREMIUM	
MINIMUM POLICY NON SUBJECT PREMIUM	
MINIMUM LIABILITY NON SUBJECT PREMIUM	
MINIMUM PHYSICAL DAMAGE NON SUBJECT PREMIUM	
MINIMUM POLICY SUBJECT PREMIUM	
MINIMUM LIABILITY SUBJECT PREMIUM	
MINIMUM PHYSICAL DAMAGE SUBJECT PREMIUM	
ADDITIONAL PREMIUM TO MEET MINIMUM PREMIUM (INCLUDED)	
BALANCE DUE Insured	\$23,208.69

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Policy Issuing Office: FLORIDA

Auditor: Rufus Mackey

Form No: UWCAUDIT00004XX (04-2017)

Underwriting Company: Continental Casualty Company, 151 N Franklin St, Chicago, IL 60606

Policy No: BUA 7039516591
Policy Effective Date: 05/10/2023
Page: 1 of 4



Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

AUDIT SCHEDULE

VEHICLE SUMMARY PER STATE

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Basis Type	Exposures			
						Written	Adjusted Written	Audited	Composite
AL			4594	Physical Damage	Vehicles	145	145	119	132
CO			4594	Physical Damage	Vehicles	96	96	50	73
FL			4594	Physical Damage	Vehicles	223	223	205	214
GA			4594	Physical Damage	Vehicles	54	54	58	56
LA			4594	Physical Damage	Vehicles	40	40	37	38.50

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Composite Premium	Audited Premium	Change in Premium
AL			4594	Physical Damage	\$60,089.00	\$54,702.00	-\$5,387.00
CO			4594	Physical Damage	\$39,783.00	\$30,252.00	-\$9,531.00
FL			4594	Physical Damage	\$92,413.00	\$88,683.00	-\$3,730.00
GA			4594	Physical Damage	\$22,378.00	\$23,207.00	\$829.00
LA			4594	Physical Damage	\$16,576.00	\$15,955.00	-\$621.00



Business Auto Policy
Premium Audit Adjustment Statement
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AUDIT SCHEDULE

VEHICLE SUMMARY PER STATE

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Basis Type	Exposures			
						Written	Adjusted Written	Audited	Composite
TX			4594	Physical Damage	Vehicles	71	71	57	64
WA			4594	Physical Damage	Vehicles	89	89	80	84.50

State	Vehicle Group	Vehicle Type	Composite Class Code	Coverage	Composite Premium	Audited Premium	Change in Premium
TX			4594	Physical Damage	\$29,423.00	\$26,522.00	-\$2,901.00
WA			4594	Physical Damage	\$36,882.00	\$35,017.00	-\$1,865.00
Total					\$297,544.00	\$274,338.00	-\$23,206.00



Business Auto Policy
Premium Audit Adjustment Statement
Final Audit

AUDIT SCHEDULE

TAXES, FEES, AND SURCHARGES

State	Description	Basis Type	Written Exposure	Rate	Written Amount	Audited Exposure	Audited Amount	Change in Amount
TX	Texas Volunteer Fire Department Assistance Fund Assessment	Premium	29423	0.058	\$17.07	26522	\$15.38	-\$1.68
TX	Texas Motor Vehicle Crime Prevention	Vehicle	7	4	\$28.00	7	\$0.00	-\$28.00
CO	Colorado Theft Prevention Fee	Vehicle	10	1	\$10.00	10	\$0.00	-\$10.00
Total					\$55.07		\$15.38	-\$39.68



151 N. Franklin St.
Chicago, IL 60606

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AUDIT STATEMENT - PARAMOUNT POLICY
AUDIT PERIOD - 05/10/23 TO 05/10/24
FINAL AUDIT
PRPT: 5243 AUDITOR: RM
Audit Based on Auditor Report

Policy Number	From Policy Period To	Coverage Is Provided By	Agency
7037-29056-15/10/23-05/10/24		Continental Casualty Company	093430620
Named Insured And Address		Agent	

AIR PROS, LLC
150 S PINE ISLAND RD STE 200
PLANTATION FL 33324

ARTHUR J GALLAGHER RSK MGT
AIR PROS LLC
9155 S DADELAND BLVD STE 1112
MIAMI, FL 33156

CNA PARAMOUNT AUDIT SUMMARY

TOTAL EARNED PREMIUM (SEE ATTACHED SCHEDULE)	\$400,011.90
TOTAL ADJUSTED PREVIOUSLY CHARGED	\$350,940.52
DEPOSIT AND ENDORSEMENTS BILLED	\$350,940.52
BALANCE DUE COMPANY	\$55,071.38

- * THIS IS NOT AN INVOICE. THIS STATEMENT IS A REVIEW OF THE PREMIUM AUDIT THAT WAS PERFORMED ON THE POLICY INDICATED AND IS FOR INFORMATIONAL PURPOSES. THE AMOUNT SHOWN ON THIS STATEMENT WILL BE APPLIED TO YOUR POLICY/ACCOUNT BALANCE AND REFLECTED IN YOUR NEXT INVOICE.
- * THIS AUDIT STATEMENT IS VALID ONLY IF THE AMOUNT INDICATED AS PREVIOUSLY CHARGED HAS, IN FACT, BEEN RECEIVED BY CNA.

DATE OF ISSUE: 09/23/24

POLICY ISSUING OFFICE: Southern RMO (620)

INSURED





151 N. Franklin St.
Chicago, IL 60608

AUDIT STATEMENT - PARAMOUNT POLICY
AUDIT PERIOD - 05/10/23 TO 05/10/24
FINAL AUDIT
FRPT: 5243 AUDITOR: KM
Audit Based on Auditor Report

Policy Number	From	Policy Period To	Coverage Is Provided By	Agency
7037 29056	05/10/23	05/10/24	Continental Casualty Company	0774 0620
Named Insured And Address			Agent	

AIR PROS, LLC
150 S PINE ISLAND RD STE 200
FLAKERTON FL 33322

ARTHUR J GALLAGHER RSK MGT
AIR PROS LLC
9155 S DADELAND BLVD STE 1112
MIAMI, FL 33156

COMPOSITE RATINGS

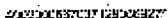
ST LOC CODE	CLASSIFICATION OF OPERATIONS	ACTUAL EXPOSURE	WOTPIPE RATE	EARNED PREMIUM
FL 001 215050	Composite Rated Payroll - Contract Construction	9038810	\$14.67500	\$132,645
AL 002 215050	Composite Rated Payroll - Contract Construction	6221160	\$14.67500	\$122,260
CC 003 215050	Composite Rated Payroll - Contract Construction	1708372	\$14.67500	\$25,870
CA 004 215050	Composite Rated Payroll - Contract Construction	2245263	\$14.67500	\$54,417
A 005 215050	Composite Rated Payroll - Contract Construction	717036	\$14.67500	\$13,521
TX 006 215050	Composite Rated Payroll - Contract Construction	2289402	\$14.67500	\$53,597
WA 007 215050	Composite Rated Payroll - Contract Construction	3055993	\$14.67500	\$44,817
AR 008 215050	Composite Rated Payroll - Contract Construction	NONE	\$14.67500	\$0
MA 009 215050	Composite Rated Payroll - Contract Construction	NONE	\$14.67500	\$0

OTHER CHARGES

FLS Insurance Guaranty Association Assessment

EARNED PREMIUM
\$2,650.90





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Workers Compensation And Employers Liability Insurance
Premium Audit Adjustment Statement
Final Audit

POLICY NUMBER	POLICY PERIOD	UNDERWRITING COMPANY	PRODUCER PROCESSING CODE
WC 7 37129042	05/10/2023 - 05/10/2024	National Fire Insurance Company of Hartford	620-077478

FIRST NAMED INSURED AND ADDRESS	PRODUCER INFORMATION
AIR PROS SOLUTIONS HOLDINGS, LLC 150 S PINE ISLAND RD STE 200 PLANTATION, FL 33324-2695	ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES LLC 9155 S DADELAND BLVD STE 1112 MIAMI, FL 33156-2738

Audit Processing Date: 09/24/2024
AUDIT BASED ON AUDITOR'S REPORT

WORKERS COMPENSATION AUDIT SUMMARY	
TOTAL EARNED PREMIUM (SEE ATTACHED SCHEDULE)	\$443,366.00
TOTAL PREVIOUSLY CHARGED	\$333,827.00
BALANCE DUE COMPANY	\$109,539.00

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Policy Issuing Office: FLORIDA

Auditor: RufusMackey

Schedule of Operations				
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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Alabama				
	Period 1 05/10/2023 to 01/01/2024			
	Location 001			
8810	Clerical Office Employees NOC	1,520,581	0.1700	\$2,585

Form No: UWCAUDIT00002XX (09-2015)

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 37129042
Policy Effective Date: 05/10/2023
Page: 1 of 16



Workers Compensation And Employers Liability Insurance
Premium Audit Adjustment Statement
Final Audit

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	4,773,778	4.6500	\$221,981
5183	Plumbing NOC & Drivers	598,227	3.0700	\$18,366
8742	Salespersons Or Collectors--Outside	360,592	0.3600	\$1,298
	Subtotal for Location # 001			\$244,230
0930	Waiver Of Subrogation		0.0200	\$4,885
9812	Employers Liability Increased Limits		0.0140	\$3,419
	Total Premium subject to Experience Modification			\$252,534
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$22,728
	Total for 05/10/2023 to 01/01/2024			\$275,262
	Period 2 01/01/2024 to 05/10/2024			
	Location 001			
8810	Clerical Office Employees NOC	837,608	0.1700	\$1,424
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	2,629,623	4.6500	\$122,277
5183	Plumbing NOC & Drivers	329,532	3.0700	\$10,117
8742	Salespersons Or Collectors--Outside	198,631	0.3600	\$715
	Subtotal for Location # 001			\$134,533
0930	Waiver Of Subrogation		0.0200	\$2,691
9812	Employers Liability Increased Limits		0.0140	\$1,883
	Total Premium subject to Experience Modification			\$139,107
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$12,520
	Total for 01/01/2024 to 05/10/2024			\$151,627
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$426,889

Form No: UWCAUDIT00002XX (09-2015)

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 37129042
Policy Effective Date: 05/10/2023
Page: 2 of 16



Workers Compensation And Employers Liability Insurance
Premium Audit Adjustment Statement
Final Audit

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$276,061)
9740	Terrorism Premium	11,248,572	0.0100	\$1,125
9741	Catastrophe (O/T Cert Acts Of Terror)	11,248,572	0.0000	\$0
	Total Estimated Premium			\$151,953
	Total Estimated Cost			\$151,953

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Arkansas				
	Period 1 05/10/2023 to 01/01/2024			
	Location 002			
8810	Clerical Office Employees NOC	51,423	0.1000	\$51
	Subtotal for Location # 002			\$51
0930	Waiver Of Subrogation		0.0200	\$1
9812	Employers Liability Increased Limits		0.0110	\$1
	Total Premium subject to Experience Modification			\$53
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$5
	Total for 05/10/2023 to 01/01/2024			\$58
	Period 2 01/01/2024 to 05/10/2024			
	Location 002			
8810	Clerical Office Employees NOC	28,327	0.1000	\$28
	Subtotal for Location # 002			\$28
0930	Waiver Of Subrogation		0.0200	\$1
9812	Employers Liability Increased Limits		0.0110	\$0
	Total Premium subject to Experience Modification			\$29
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$3

Form No: UWCAUDIT00002XX (09-2015)

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 37129042
Policy Effective Date: 05/10/2023
Page: 3 of 16



Workers Compensation And Employers Liability Insurance
Premium Audit Adjustment Statement
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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Total for 01/01/2024 to 05/10/2024			\$32
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$90
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$58)
0900	Expense Constant			\$220
9740	Terrorism Premium	79,750	0.0100	\$8
9741	Catastrophe (O/T Cert Acts Of Terror)	79,750	0.0000	\$0
	Total Estimated Premium			\$260
	Total Estimated Cost			\$260

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Colorado				
	Period 1 05/10/2023 to 01/01/2024			
	Location 003			
8810	Clerical Office Employees NOC	489,611	0.0900	\$441
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	1,077,129	3.3700	\$36,299
5183	Plumbing NOC & Drivers	24,445	2.9800	\$728
8742	Salespersons Or Collectors--Outside	681,258	0.2000	\$1,363
	Subtotal for Location # 003			\$38,831
0930	Waiver Of Subrogation		0.0200	\$777
9812	Employers Liability Increased Limits		0.0110	\$427
	Total Premium subject to Experience Modification			\$40,035
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$3,603
	Total for 05/10/2023 to 01/01/2024			\$43,638

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Period 2 01/01/2024 to 05/10/2024			
	Location 003			
8810	Clerical Office Employees NOC	269,701	0.0900	\$243
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	593,334	3.3700	\$19,995
5183	Plumbing NOC & Drivers	13,465	2.9800	\$401
8742	Salespersons Or Collectors--Outside	375,269	0.2000	\$751
	Subtotal for Location # 003			\$21,390
0930	Waiver Of Subrogation		0.0200	\$428
9812	Employers Liability Increased Limits		0.0110	\$235
	Total Premium subject to Experience Modification			\$22,053
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$1,985
	Total for 01/01/2024 to 05/10/2024			\$24,038
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$67,676
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$43,765)
9740	Terrorism Premium	3,524,212	0.0080	\$282
9741	Catastrophe (O/T Cert Acts Of Terror)	3,524,212	0.0000	\$0
	Total Estimated Premium			\$24,193
	Total Estimated Cost			\$24,193

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Florida				
	Period 1 05/10/2023 to 01/01/2024			

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Location 004			
8810	Clerical Office Employees NOC	5,670,870	0.1500	\$8,506
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	5,213,008	3.8600	\$201,222
9519	Household And Commercial Appliances--Electrical--Installation, Service Or Repair--& Drivers	310,516	4.2600	\$13,228
5183	Plumbing NOC & Drivers	304,779	3.3800	\$10,302
8742	Salespersons Or Collectors--Outside	320,528	0.2900	\$930
	Subtotal for Location # 004			\$234,188
9812	Employers Liability Increased Limits		0.0140	\$3,279
	Total Premium subject to Experience Modification			\$237,467
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$21,372
	Total for 05/10/2023 to 01/01/2024			\$258,839
	Period 2 01/01/2024 to 05/10/2024			
	Location 004			
8810	Clerical Office Employees NOC	3,123,785	0.1500	\$4,686
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	2,871,572	3.8600	\$110,843
9519	Household And Commercial Appliances--Electrical--Installation, Service Or Repair--& Drivers	171,047	4.2600	\$7,287
5183	Plumbing NOC & Drivers	167,887	3.3800	\$5,675
8742	Salespersons Or Collectors--Outside	176,562	0.2900	\$512
	Subtotal for Location # 004			\$129,003
9812	Employers Liability Increased Limits		0.0140	\$1,806
	Total Premium subject to Experience Modification			\$130,809

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$11,773
	Total for 01/01/2024 to 05/10/2024			\$142,582
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$401,421
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$259,591)
9740	Terrorism Premium	18,330,554	0.0100	\$1,833
	Total Estimated Premium			\$143,663
0988	FWCIGA Surcharge		0%	\$0
	Total Estimated Cost			\$143,663

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Georgia				
	Period 1 05/10/2023 to 01/01/2024			
	Location 005			
8810	Clerical Office Employees NOC	732,374	0.1700	\$1,245
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	1,512,249	5.8300	\$88,164
8742	Salespersons Or Collectors--Outside	328,194	0.3700	\$1,214
	Subtotal for Location # 005			\$90,623
0930	Waiver Of Subrogation		0.0200	\$1,812
9812	Employers Liability Increased Limits		0.0110	\$997
	Total Premium subject to Experience Modification			\$93,432
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$8,409
	Total for 05/10/2023 to 01/01/2024			\$101,841

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Period 2 01/01/2024 to 05/10/2024			
	Location 005			
8810	Clerical Office Employees NOC	403,426	0.1700	\$686
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	833,019	5.8300	\$48,565
8742	Salespersons Or Collectors--Outside	180,785	0.3700	\$669
	Subtotal for Location # 005			\$49,920
0930	Waiver Of Subrogation		0.0200	\$998
9812	Employers Liability Increased Limits		0.0110	\$549
	Total Premium subject to Experience Modification			\$51,467
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$4,632
	Total for 01/01/2024 to 05/10/2024			\$56,099
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$157,940
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$102,137)
9740	Terrorism Premium	3,990,047	0.0100	\$399
9741	Catastrophe (O/T Cert Acts Of Terror)	3,990,047	0.0000	\$0
	Total Estimated Premium			\$56,202
	Total Estimated Cost			\$56,202

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Indiana				
	Period 1 05/10/2023 to 01/01/2024			
	Location 035			
8810	Clerical Office Employees NOC	46,500	0.1500	\$70

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Subtotal for Location # 035			\$70
0930	Waiver Of Subrogation		0.0200	\$1
9812	Employers Liability Increased Limits		0.0110	\$1
	Total Premium subject to Experience Modification			\$72
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$6
	Total for 05/10/2023 to 01/01/2024			\$78
	Period 2 01/01/2024 to 05/10/2024			
	Location 035			
8810	Clerical Office Employees NOC	25,615	0.1500	\$38
	Subtotal for Location # 035			\$38
0930	Waiver Of Subrogation		0.0200	\$1
9812	Employers Liability Increased Limits		0.0110	\$0
	Total Premium subject to Experience Modification			\$39
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$4
	Total for 01/01/2024 to 05/10/2024			\$43
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$121
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$78)
9740	Terrorism Premium	72,115	0.0100	\$7
9741	Catastrophe (O/T Cert Acts Of Terror)	72,115	0.0100	\$7
	Total Estimated Premium			\$57
0935	IN Second Injury Fund Surcharge		0.8%	\$0
	Total Estimated Cost			\$57

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Louisiana				
	Period 1 05/10/2023 to 01/01/2024			
	Location 006			
8810	Clerical Office Employees NOC	388,305	0.2300	\$893
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	1,213,117	5.6900	\$69,026
5183	Plumbing NOC & Drivers	46,306	3.4300	\$1,588
8742	Salespersons Or Collectors--Outside	167,235	0.5400	\$903
	Subtotal for Location # 006			\$72,410
9812	Employers Liability Increased Limits		0.0140	\$1,014
	Total Premium subject to Experience Modification			\$73,424
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$6,608
	Total for 05/10/2023 to 01/01/2024			\$80,032
	Period 2 01/01/2024 to 05/10/2024			
	Location 006			
8810	Clerical Office Employees NOC	213,897	0.2300	\$492
5537	Heating, Ventilation, Air-Conditioning And Refrigeration Systems--Installation, Service And Repair, Shop, Yard & Drivers	668,243	5.6900	\$38,023
5183	Plumbing NOC & Drivers	25,507	3.4300	\$875
8742	Salespersons Or Collectors--Outside	92,121	0.5400	\$497
	Subtotal for Location # 006			\$39,887
9812	Employers Liability Increased Limits		0.0140	\$558
	Total Premium subject to Experience Modification			\$40,445
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$3,640
	Total for 01/01/2024 to 05/10/2024			\$44,085

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$124,117
9118	LA Waiver Of Subrogation		0.0200	\$2,482
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$80,264)
9740	Terrorism Premium	2,814,731	0.0120	\$338
9741	Catastrophe (O/T Cert Acts Of Terror)	2,814,731	0.0000	\$0
	Total Estimated Premium			\$46,673
	Total Estimated Cost			\$46,673

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Massachusetts				
	Period 1 05/10/2023 to 01/01/2024			
	Location 007			
8810	Clerical Office Employees NOC	100,317	0.0600	\$60
	Subtotal for Location # 007			\$60
0930	Waiver Of Subrogation		0.0200	\$1
9812	Employers Liability Increased Limits		0.0200	\$1
	Total Premium subject to Experience Modification			\$62
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$6
	Total for 05/10/2023 to 01/01/2024			\$68
	Period 2 01/01/2024 to 05/10/2024			
	Location 007			
8810	Clerical Office Employees NOC	55,260	0.0600	\$33
	Subtotal for Location # 007			\$33
0930	Waiver Of Subrogation		0.0200	\$1

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
9812	Employers Liability Increased Limits		0.0200	\$1
	Total Premium subject to Experience Modification			\$35
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$3
	Total for 01/01/2024 to 05/10/2024			\$38
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$106
0277	MA All Risk Adjustment Program		1.0000	\$0
0277	MA All Risk Adjustment Program		1.0000	\$0
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$69)
0032	Loss Constant		0.0000	\$20
9740	Terrorism Premium	155,577	0.0300	\$47
	Total Estimated Premium			\$104
0988	Massachusetts Assessment		4.18%	\$4
	Total Estimated Cost			\$108

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Mississippi				
	Period 1 05/10/2023 to 01/01/2024			
	Location 036			
8810	Clerical Office Employees NOC	48,123	0.2000	\$96
	Subtotal for Location # 036			\$96
0930	Waiver Of Subrogation		0.0200	\$2
9812	Employers Liability Increased Limits		0.0110	\$1
	Total Premium subject to Experience Modification			\$99
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$9

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
	Total for 05/10/2023 to 01/01/2024			\$108
	Period 2 01/01/2024 to 05/10/2024			
	Location 036			
8810	Clerical Office Employees NOC	26,508	0.2000	\$53
	Subtotal for Location # 036			\$53
0930	Waiver Of Subrogation		0.0200	\$1
9812	Employers Liability Increased Limits		0.0110	\$1
	Total Premium subject to Experience Modification			\$55
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$5
	Total for 01/01/2024 to 05/10/2024			\$60
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$168
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$109)
9740	Terrorism Premium	74,631	0.0090	\$7
9741	Catastrophe (O/T Cert Acts Of Terror)	74,631	0.0100	\$7
	Total Estimated Premium			\$73
	Total Estimated Cost			\$73

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - North Dakota				
9139	Employers Liability - North Dakota	If Any	0.1330	\$417
	Total Estimated Premium			\$417
	Total Estimated Cost			\$417

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Ohio				
9139	Employers Liability - Ohio	If Any	0.1330	\$0
	Total Estimated Premium			\$0
	Total Estimated Cost			\$0

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Texas				
	Period 1 05/10/2023 to 01/01/2024			
	Location 008			
8810	Clerical Office Employees NOC	1,082,643	0.0800	\$866
5183	Plumbing NOC & Drivers	1,476,226	2.0400	\$30,115
	Subtotal for Location # 008			\$30,981
0930	Waiver Of Subrogation		0.0200	\$620
9812	Employers Liability Increased Limits		0.0140	\$434
	Total Premium subject to Experience Modification			\$32,035
9898	Final Experience Modification Effective 05/10/2023 Interstate ID: 914765900		1.0900	\$2,883
	Total for 05/10/2023 to 01/01/2024			\$34,918
	Period 2 01/01/2024 to 05/10/2024			
	Location 008			
8810	Clerical Office Employees NOC	596,371	0.0800	\$477
5183	Plumbing NOC & Drivers	813,176	2.0400	\$16,589
	Subtotal for Location # 008			\$17,066
0930	Waiver Of Subrogation		0.0200	\$341
9812	Employers Liability Increased Limits		0.0140	\$239
	Total Premium subject to Experience Modification			\$17,646

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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
9898	Final Experience Modification Effective 01/01/2024 Interstate ID: 914765900		1.0900	\$1,588
	Total for 01/01/2024 to 05/10/2024			\$19,234
	Period 05/10/2023 to 05/10/2024			
	Total Estimated Standard Premium			\$54,152
9663	Deductible Credit Not Subject To Exp Rating		0.646681 2636	(\$35,019)
9740	Terrorism Premium	3,968,416	0.0080	\$317
9741	Catastrophe (O/T Cert Acts Of Terror)	3,968,416	0.0080	\$317
	Total Estimated Premium			\$19,767
	Total Estimated Cost			\$19,767

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Washington				
9139	Employers Liability - Washington	If Any	0.1330	\$0
	Total Estimated Premium			\$0
	Total Estimated Cost			\$0

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Wyoming				
9139	Employers Liability - Wyoming	If Any	0.1330	\$0
	Total Estimated Premium			\$0
	Total Estimated Cost			\$0

Policy Totals	Annual Premium
Estimated Class Premium	\$1,103,491
Total Estimated Standard Premium	\$1,232,680

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Policy Totals	Annual Premium
Total Large Deduct/Loss Reimbursement	(\$797,151)
Estimated Standard Premium	\$435,529
LA Waiver of Subrogation	\$2,482
Expense Constant	\$220
Expense Constant State	Arkansas
Terrorism Premium	\$4,363
Catastrophe Premium	\$331
Estimated Annual Premium	\$443,362
Taxes, Fees and Surcharges	\$4
Estimated Cost	\$443,366

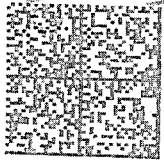
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Policy Services Department
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Newnan, GA 30263*