

(Policy Provisions: WC000000C)

## INFORMATION PAGE

### WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

**INSURER:** Property and Casualty Insurance Company of Hartford  
ONE HARTFORD PLAZA HARTFORD CT 06155



**NCCI Company Number:**  
**Company Code:** P

30147

**POLICY NUMBER:**  
**Previous Policy Number:**

76 WEG AY2W3N

New

**Suffix**  
**LARS RENEWAL**

1. **Named Insured and Mailing Address:** CORE LOUISIANA COUNSELING & RECOVERY CENTER LLC  
(No., Street, Town, State, Zip Code) 306 W JUDGE PEREZ DR  
CHALMETTE LA 70043

**FEIN Number:** 84-3929829

**State Identification Number(s):**

**The Named Insured is:** LLC

**Business of Named Insured:** Offices of All Other Miscellaneous Health Practitioners

**Other workplaces not shown above:** 306 W JUDGE PEREZ DR  
CHALMETTE LA 70043

2. **Policy Period:** From 06/01/23 To 06/01/24 ANNUAL  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** PAYCHEX INSURANCE AGENCY INC  
225 KENNETH DR STE 110  
ROCHESTER NY 14623

**Producer's Code:** 76210760

**Issuing Office:** THE HARTFORD BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251  
(877) 287-1312

**Total Estimated Annual Premium:** \$551

**Deposit Premium:**

**Policy Minimum Premium:** \$315 LA (Includes Increased Limit Min. Prem.)

**Audit Period:** ANNUAL

**Installment Term:**

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan L. Castaneda  
Authorized Representative

06/09/23  
Date

**INFORMATION PAGE (Continued)****Policy Number: 76 WEG AY2W3N**

**3. A. Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: LA

**B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A.  
The limits of our liability under Part Two are:

<b>Bodily Injury by Accident</b>	<b>\$500,000</b>	<b>each accident</b>
<b>Bodily Injury by Disease</b>	<b>\$500,000</b>	<b>policy limit</b>
<b>Bodily Injury by Disease</b>	<b>\$500,000</b>	<b>each employee</b>

**C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

**D. This policy includes these endorsements and schedule:**

SEE ENDORSEMENT-WC 99 03 68

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

<b>Classifications Code Number and Description</b>	<b>Premium Basis Total Estimated Annual Remuneration</b>	<b>Rates Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
Total Standard Premium			\$363
Expense Constant			\$175
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$5
Catastrophe (Other Than Certified Acts Of Terrorism)			\$8
Estimated Annual Premium (before Surcharges)			\$551

\*See the attached Schedule(s) of Operations for Location and State Level Premium Information

<b>Total Estimated Annual Premium:</b>	<b>\$551</b>
<b>Deposit Premium:</b>	
<b>Policy Minimum Premium:</b>	<b>\$315 LA (Includes Increased Limit Min. Prem.)</b>

**Interstate/Intrastate Identification Number:** Refer to Schedule of Operations

**Labor Contractors Policy Number:**

NAICS: 621399  
SIC: 8049



## EXTENSION OF THE INFORMATION PAGE - ITEM 3.D - ENDORSEMENTS

**Policy Number:** 76 WEG AY2W3N

**Endorsement Number:**

**Effective Date:** 06/01/23

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:**

Core Louisiana Counseling & Recovery Center LLC  
306 W JUDGE PEREZ DR  
CHALMETTE LA 70043

Item 3.D. of the Information Page is completed to include the following endorsements:

G-4119-0	POLICYHOLDER NOTICE-PAYROLL BILLING
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000001A.1	INFORMATION PAGE
WC000001A.2	INFORMATION PAGE
WC000403	EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
WC000414A	90-DAY REPORTING REQUIREMENT- NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000419A	PART FIVE - PREMIUM AMENDATORY ENDORSEMENT
WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
WC000422C	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC170303	LOUISIANA DUTY TO DEFEND ENDORSEMENT
WC170601J	LOUISIANA AMENDATORY ENDORSEMENT
WC170602A	LOUISIANA COST CONTAINMENT ACT ENDORSEMENT
WC990001K	Signature/Copyright
WC990002	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY BUSINESS INSURANCE POLICY
WC990005	SCHEDULE OF OPERATIONS
WC990302B	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC990358B	AMENDMENT TO WORKERS COMPENSATION BROAD FORM ENDORSEMENT - EMPLOYERS LIABILITY STOP GAP COVERAGE

## EXTENSION OF THE INFORMATION PAGE - ITEM 3.D - ENDORSEMENTS

**Policy Number:** 76 WEG AY2W3N

**Endorsement Number:**

**Effective Date:** 06/01/23

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**Named Insured and Address:** Core Louisiana Counseling & Recovery Center LLC  
306 W JUDGE PEREZ DR  
CHALMETTE LA 70043

Item 3.D. of the Information Page is completed to include the following endorsements:

WC990368

EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

WC990689

GOODS AND SERVICES ENDORSEMENT





## SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

**INSURER:** PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

**Company Code:** P

**Policy Number:** 76 WEG AY2W3N

**Schedule Number:** 01-17-01

**Effective Date:** 06/01/23 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Location Address of operations covered by this schedule:**

Core Louisiana Counseling & Recovery Center LLC

306 W JUDGE PEREZ DR

CHALMETTE LA 70043

NAICS: 621399

SIC: 8049

NO. OF EMPL: 5

**FEIN:** 84-3929829

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

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8832 PHYSICIAN & CLERICAL	75,000.00	0.350000	263
<b>Total State Summary</b>			
Total Class Premium			263
Emp liab increased limits		0.011000	3
Employer Liability Increase Limits balance to Minimum Premium			97
Total Estimated Annual Standard Premium			363
Expense constant			175
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	75,000.00	0.006000	5
Catastrophe (other than certified acts of terrorism)	75,000.00	0.010000	8
Total Estimated Annual Premium			551

Countersigned by \_\_\_\_\_

Authorized Representative

Form WC 99 00 05

(1) Printed in U.S.A.

Process Date: 06/09/23

Policy Expiration Date: 06/01/24