



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number: XWS (25) 68 39 48 04
Prior Policy Number: NEW

NCCI Co. No. 19291

Workers Compensation and Employers Liability Insurance Policy Information Page

ITEM 1: The Insured & Mailing Address

Agent Mailing Address & Phone No.

RED CEDAR PROFESSIONAL INSPECTION S LLC 209 Josie Ln CLARKSVILLE, TN 37043

(844) 709-0866 PROGRESSIVE ADVANTAGE AGENCY INC 300 N Commons Blvd Mayfield Village, OH 44143

Individual Partnership

X Corporation or Limited Liability Company

FEIN: XXXXXX4777 NAICS541611

Other workplaces not shown above:

ITEM 2 The policy period is from 11/01/2024 to 11/01/2025 12:01 am Standard Time at the insured's mailing address.

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

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident \$1,000,000 each accident Bodily Injury by Disease \$1,000,000 policy limit Bodily Injury by Disease \$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: See Extension of Information Page

D. This policy includes these endorsements and schedules: See Policy Forms and Endorsements Summary

ITEM 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.

Table with 5 columns: Classifications, Code No., Premium Basis - Total Estimated Annual Remuneration, Rate per \$100 of Remuneration, Estimated Annual Premium

See Extension of Information Page(s)

Summary table showing Total Estimated Annual Premium of \$498.00 and Total Charges of \$498.00

Minimum Premium \$230.00 TN Total Estimated Premium \$498.00

If indicated below, interim adjustments of premiums shall be made.

Deposit Premium \$498.00

Issue Date 10/31/24

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467

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Ohio Security Insurance Company

Policy Number:
XWS (25) 68 39 48 04
Policy Period:
From 11/01/2024 **To** 11/01/2025
Endorsement Period:
From **To**
12:01 am Standard Time
at Insured's Mailing Address

NCCI Co. No. 19291

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

Named Insured

Agent

RED CEDAR PROFESSIONAL INSPECTION
S LLC

(844) 709-0866
PROGRESSIVE ADVANTAGE AGENCY INC

EXTENSION OF INFORMATION PAGE

NAME AND LOCATION SCHEDULE

Named Insured	CSN		
001 RED CEDAR PROFESSIONAL INSPECTION S LLC	001	Entity: LIMITED LIABILITY CO	FEIN: XXXXX4777

Issue Date 10/31/24

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467
WC 99 06 42 A

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RED CEDAR PROFESSIONAL INSPECTION
S LLC

(844) 709-0866
PROGRESSIVE ADVANTAGE AGENCY INC

EXTENSION OF INFORMATION PAGE

Name Link Code	Location Description	Exposure Record Link	No. of Employees
001	209 Josie Ln CLARKSVILLE, TN 37043	00001	NAICS: 541611



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Issue Date 10/31/24

Countersigned by: _____

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WC 99 06 42 A

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RED CEDAR PROFESSIONAL INSPECTION
S LLC

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PROGRESSIVE ADVANTAGE AGENCY INC

EXTENSION OF INFORMATION PAGE

ITEM 3 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 and states designated in Item 3.A. on the Information Page.

Issue Date 10/31/24

Countersigned by: _____

**To report a claim, call your Agent or 1-844-325-2467
WC 99 06 42 A**

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From To
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NCCI Co. No. 19291

Workers Compensation and
Employers Liability Insurance Policy
Information Page

Table with 2 columns: Named Insured, Agent. Row 1: RED CEDAR PROFESSIONAL INSPECTION S LLC, (844) 709-0866 PROGRESSIVE ADVANTAGE AGENCY INC

EXTENSION OF INFORMATION PAGE State: TENNESSEE

ITEM 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.

Table with 5 columns: Classifications, Code No., Premium Basis - Total Estimated Annual Remuneration, Rate per \$100 of Remuneration, Estimated Annual Premium. Rows include: RED CEDAR PROFESSIONAL INSPECTION S LLC (8742, 70,000.00, .20, 140.00), Premium for Increased Limits Part Two (9812, .0140, 2.00), Total Subject Premium (290.00), Price Point Modification (9732, credit, .989, 3.00), Total Estimated Annual Standard Premium (287.00), Expense Constant (0900, 190.00), Terrorism (9740, 70,000.00, .01, 7.00), Catastrophe (9741, 70,000.00, .02, 14.00), Total Estimated Annual Premium (498.00), Total Estimated Cost (498.00)

Issue Date 10/31/24 Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467
WC 99 06 42 A

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EXTENSION OF INFORMATION PAGE

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE	STATE(S) Applicable
WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy	TN
WC 00 03 10	Sole Proprietors, Partners, Officers and Others Coverage Endorsement	TN
WC 00 04 14 A	90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement	TN
WC 00 04 19 A	Part Five - Premium Amendatory Endorsement	TN
WC 00 04 21 F	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement	TN
WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	TN
WC 00 04 24	Audit Noncompliance Charge Endorsement	TN

Issue Date 10/31/24

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467

WC 99 06 42 A