		rkers Compensatio Coverage Is Pro		j - i - i - i - i - i - i - i - i - i -	5	Policy Number	WC 00 00 01
	Liberty	Ohio Security Ins	surance Com	ipany		XWS (25) 68 3	9 48 04
V	Mutual. insurance					Prior Policy Nu	imber:
NCCI Co.	No. 19291						
		Workers Co	mpensatic	on and			
		Employers I	Liability I	nsurance	Policy		
		Information	Page				
ITEM 1: T	he Insured & Mailing Ac	ddress		Agent I	Mailing Address &	Phone No.	
S LLC 209 Josie	DAR PROFESSIONAL Ln SVILLE, TN 37043	INSPECTION		PROG 300 N	09-0866 RESSIVE ADVAN Commons Blvd ld Village, OH 44		/ INC
Indivi X Corpo		l Liability Compa	ny			FEIN: XXXXX47	77 NAICS 54
Other wo	rkplaces not shown abo	ve:					
ITEM 2	The policy period is f	rom 11/01/2024	to 11/01/2	2025	12:01 am Standar	dTimeat the insure	d'smailingado
ITEM 3	A. Workers Compensation of the states listed here		art One of the	e policy appli	es to the Workers	Compensation Law	
	The limits of our liabili C. Other States Insura Extension of Information D. This policy include	ance: Part Three or on Page	f the policy a	Bodily Inj Bodily Inj pplies to the	-		each acciden policy limit each employe mmary
ITEM 4	The premium for this					ns, Rates and Ratir	ng
	Plans. All information Classifications	required below is s		ode Premiu). Estima	change by audit. I m Basis - Total Ited Annual Ieration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Exter	sion of Information Page	ə(s)					
	Total Estimated Annua	al Premium					\$498.00
	Total Charges						\$498.00
 Minimum	Premium \$230.00	TN		Total Esti	mated Premium		\$498.00
	d below, interim adjustm	ents of premiums	shall be mad		Promium		Ċ109 00
It indicate				Deposit F	Premium		\$498.0

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	NCCI Co. No. 19291	Coverage Is Provided In Ohio Security Insurance Workers Compense Employers Liability Information Page	Company sation and ty Insurance	Policy	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 MailingAddress
	Named Insured		Agent		
66334804	RED CEDAR PROFESSIONAL S LLC	INSPECTION	· · ·	709-0866 RESSIVE ADVANT	ГAGE AGENCY INC
68394804	EXTENSION OF INFORMATION PAG	E			
683	NAME AND LOCATION SCHEDULE Named Insured 001 RED CEDAR PROFESSIO S LLC	NALINSPECTION	CSN 001 Entity: LIM	IITED LIABILITY CO	FEIN: XXXXX4777

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Countersigned by: Issue Date 10/31/24 To report a claim, call your Agent or 1-844-325-2467 WC 99 06 42 A 10/31/24 68394804 POLSVCS GCXFPPNO INSURED COPY 000329 290 PAGE 19 OF 46

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	NCCI Co. No. 19291	Coverage Is Provided In: Ohio Security Insurance Co Workers Compensati Employers Liability Information Page	ion and	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
	Named Insured		Agent	
68394804	RED CEDAR PROFESSION S LLC	AL INSPECTION	(844) 709-0866 PROGRESSIVE ADVAN	NTAGE AGENCY INC
68394804	EXTENSION OF INFORMATION	PAGE		
	Name Link Code	Location Description	Exposure Record Lir	k No. of Employees
000329	001	209 Josie Ln CLARKSVILLE, TN 37043	00001	NAICS: 541611

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	Issue Date	10/31/24		Countersig	ned by:					
	To report a claim, WC 99 06 42 A	call your Age	nt or 1-844-325-2467							
10/31/24	68394804	POLSVCS	290	GCXFPPNO	INSURED COPY	000329	PAGE	21	0F	46

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	Liberty <u>Mutual</u> . INSURANCE	Coverage Is Provided In: Ohio Security Insurance Compar	ıy	Policy Number: XWS (25) 68 39 48 04 Policy Period: From 11/01/2024 To 11/01/2025 Endemote Decide
	NCCI Co. No. 19291	Workers Compensation Employers Liability Ins Information Page	and urance Policy	Endorsement Period: From To 12:01 am Standard Time at Insured's Mailing Address
	Named Insured		Agent	
68394804	RED CEDAR PROFESSIONAL S LLC	INSPECTION	(844) 709-0866 PROGRESSIVE ADVAN	TAGE AGENCY INC
94804	EXTENSION OF INFORMATION PAG) Е		
6532 652000	ITEM 3 C. Other States Insur	ance: Part Three of the policy appli rth Dakota, Ohio, Washington, Wy 3.		

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	Issue Date	10/31/24		Countersigne	d by:					
	To report a claim, WC 99 06 42 A	call your Age	nt or 1-844-32	25-2467						
10/31/24	68394804	POLSVCS	290	GCXFPPNO	INSURED COPY	000329	PAGE	23	OF	46

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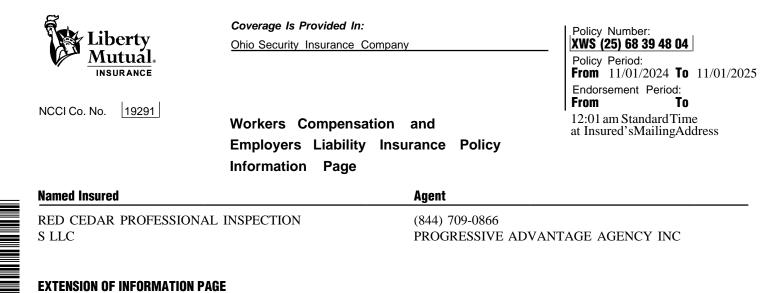
NCCI Co. No. 19291	Coverage Is Provided In: Ohio Security Insurance Company			Policy Number: XWS (25) 68 39 48 04 Policy Period: From 11/01/2024 To 11/01/2 Endorsement Period: From To 12:01 am Standard Time		
	Workers Compense Employers Liabilit		and rance Policy	at Insured's Mail		
	Information Page					
Named Insured			Agent			
RED CEDAR PROFESSIONAL S LLC			(844) 709-0866 PROGRESSIVE ADVAN	VTAGE AGENCY	INC	
EXTENSION OF INFORMATION PAGE ITEM 4 The premium for this poli		te: TENNE		Deter and Deting [
All information required b			als of Rules, Classifications, change by audit.	Rates and Rating F	lans.	
Classifications		Code No.	Premium Basis - Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium	
RED CEDAR PROFESSIONAL 3	INSPECTION					
209 Josie Ln						
CLARKSVILLE, TN 37043 NLC 001 CSN 001 state 41 exp r	ec link 00001					
-	ide					
-	ide	8742	70,000.00	.20	140	
Salespersons Or Collectors - Outs		8742 9812	70,000.00	.20	-	
Salespersons Or Collectors - Outs Premium for Increased Limits Par	t Two	-	70,000.00		2	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Pa Total Subject Premium	t Two	9812	70,000.00		2 148	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Pa	t Two	9812	70,000.00 credit		2 148 290	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Pa Total Subject Premium	t Two rt Two Min. Prem	9812 9848		.0140	2 148 290 3. 287	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Par Total Subject Premium Price Point Modification Total Estimated Annual Standard Expense Constant	t Two rt Two Min. Prem	9812 9848		.0140	140 2 148 290 3. 287 190	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Pa Total Subject Premium Price Point Modification Total Estimated Annual Standard Expense Constant Terrorism	t Two rt Two Min. Prem Premium	9812 9848 9732	credit 70,000.00	.0140 .989 (.01	2 148 290 3. 287 190 7	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Par Total Subject Premium Price Point Modification Total Estimated Annual Standard Expense Constant Terrorism Catastrophe (Other than Certified	t Two rt Two Min. Prem Premium	9812 9848 9732 0900	credit	.0140 .989 (2 148 290 3. 287 190 7 14	
Salespersons Or Collectors - Outs Premium for Increased Limits Par Premium to equal incr. Limits Pa Total Subject Premium Price Point Modification Total Estimated Annual Standard Expense Constant Terrorism	t Two rt Two Min. Prem Premium	9812 9848 9732 0900 9740	credit 70,000.00	.0140 .989 (.01	2 148 290 3. 287 190 7	

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POLICY FORMS AND ENDORSEMENTS

POLSVCS

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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 clair WC 99 06 42 4	m, call your Agent or 1-844-325 A	i-2467

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