

Policy Information Page

[1] Named Insured and Mailing Address		Agency	
PDMC Enterprises, Inc. DBA/TA Kilwins of Ridgewood 121 E Ridgewood Ave Ridgewood, NJ 07450		MORSTAN GENERAL AGENCY OF NJ 1460 Route 9 North Suite 204 Woodbridge, NJ 07095 Agency Code: NYMORS11	
Federal Employer's ID	XX-XXX3516	Insured is	Corporation
		NJ Tax ID	XXXXXXXX6000
Additional Names of Insured			
(N2)	Kilwins of Ridgewood		

[2] Policy Period
From November 21, 2020 to November 21, 2021, 12:01 AM, standard time at the insured's mailing address.

[3] Coverage	
A. Workers' Compensation Insurance - Part One of this policy applies to the Workers' Compensation Law of the following states: New Jersey	
B. Employer's Liability Insurance - Part Two of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:	
Bodily Injury by Accident - each accident	\$1,000,000
Bodily Injury by Disease - each employee	\$1,000,000
Bodily Injury by Disease - policy limit	\$1,000,000
C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.	
D. This policy includes these endorsements and schedules: See Extension of Information Page - Schedule of Forms	

[4] Premium
The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)

Total Estimated Policy Premium	\$ 4,737
Total Surcharges/Assessments	\$ \$241.00
Total Estimated Cost	\$ \$4,978.00

INTERNAL USE XX
MGA : PDWC176773
Date : 10/17/2020

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Extension of Information Page

Schedule of Forms

- WC000000C - STANDARD POLICY
- * WC000001B - INFORMATION PAGE
- WC000115 - NOTICE OF PENDING LAW CHANGE TO TRIPRA
- * WC000403 - EXPERIENCE RATING MODIFICATION FACTOR
- * WC000404 - PENDING RATE CHANGE ENDORSEMENT
- * WC000419 - PREMIUM DUE DATE ENDORSEMENT
- WC000421D - CATASTROPHE(OTHER THAN CERT ACTS OF TERR
- WC000422B - TERR RISK INS PROG REAUTHORIZATION ACT
- WC000424 - AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
- * WC000425 - EXP. RATING MODIF. FACTOR REVISION END'T
- * WC290306B - NJ PART TWO EMPLOYERS LIABILITY ENDT.
- * WC990000 - AUTHORIZATION AND ATTESTATION END'T

* As part of our ongoing commitment to environmental responsibility throughout our operations, we have chosen not to reprint those forms (marked with an asterisk) that have not changed and were previously sent to you. You can obtain a new copy of any of these forms by accessing your account information at our **Policyholder Service Center** (a selection available via our website at www.guard.com). Please be aware that you will be asked to enter your policy number, policy inception date, and federal ID number in order to log on to this secure portion of our site.

Alternatively, you can contact us via phone at 800-673-2465; our Customer Service Representatives will either be able to help you locate a document yourself or can send a copy to you. As always, we thank you for selecting us as your insurer. We look forward to serving you!

Remember, we make a variety of loss control services available to you at no additional charge, including educational resources accessible from our *Policyholder Service Center* at <https://policyholder.guard.com>.

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[4] Premium (cont.)

New Jersey

Classification	Code	Premium Basis: Total Estimated Annual Remuneration	Rate per \$100 Remuneration	Estimated Annual Premium
Effective: 11/21/2020-11/21/2021				
RESTAURANT	9079	145,249.00	3.21	4,662
Increased Limits Emp Liability, 1000K/1000K/1000K	9812		1.4%	65
Amt to Bal Inc Lim				85
Experience Modification			0.939	-294
Total Estimated Annual Premium for NJ				4,518

Policy Totals

Total Estimated Standard Premium for New Jersey				4,518
Expense Constant				160
Terrorism NJ	9740	0.03	145,249	44
Catastrophe	9741	0.01	145,249	15
Minimum Premium NJ	\$952			
Total Estimated Annual Premium				4,737
NJ Uninsured	11/21/2020-11/21/2021	0.0000%		0
NJ Second Injury Fund	11/21/2020-11/21/2021	5.3400%		241
Total Estimated Cost for PDWC176773				4,978