

Carrier Code 19909
CopperPoint Insurance Company
 3030 N. 3rd Street | Phoenix, Arizona 85012-3039

Policy No: 1013849

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Type of Ownership: LLC - Partnership

Item 1 CARING HEART TERRACE LLC
2705 E EMELITA AVE
MESA, AZ 85204

- Item 2** Policy Period, From: **03/01/2019** To: **03/01/2020**
 12:01 AM Standard Time at your mailing address.
- Item 3**
- A.** Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here: **AZ**
 - 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 \$ **100,000** each accident
 Bodily Injury by Disease \$ **100,000** each employee
 Bodily Injury by Disease \$ **500,000** policy limit
 - C.** Other States Insurance: Part three of the policy per the Terms of the Limited Others States Insurance Endorsement
 - D.** This policy includes these endorsements and schedules:

See **Item 4**, below, for other workplaces not shown above. **THE COMPANY RESERVES THE RIGHT TO EXCLUDE COVERAGE UNDER PART TWO FOR REJECTORS.**

Item 4 Classification of Operations	Class Code	The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.	PREMIUM BASIS Estimated Total Annual Remuneration	RATES Rate per \$100 of Payroll	ESTIMATED ANNUAL PREMIUM
ARIZONA					
1	2705 E EMELITA AVE, MESA, AZ 85204				
03/01/2019 - 03/01/2020					
	8829	HOME FOR AGED - ALL EMPLOYEES	\$131,403	1.64	\$2,155
		Manual Premium			\$2,155
	9846	Alcohol and Drug Free Workplace Credit	\$2,155	-0.05	(\$108)
	9740	Terrorism	\$131,403	0.0100	\$13
	9741	Catastrophe (other than Certified Acts of Terrorism)	\$131,403	0.0100	\$13
	0900	Expense Constant	\$1	160	\$160
		ARIZONA Total Premium			\$2,233

* THIS IS NOT A BILLING *

If indicated, interim adjustments of premium shall be made: Installment Plan - 4 Pay, 35% Down	Minimum Premium: \$437	First Payment Premium: \$885.55	Total Estimated Annual Premium: \$2,233
---	-------------------------------	--	--

Endorsement Numbers: Refer to Endorsement WC 89 06 14

Rating Effective Date: **03/01/2019** Experience Modification Factor: Expires: **03/01/2020**
 NCCI Risk ID: Countersigned: **January 30** 20 **19**

Marc E. Schmeltzer

PRESIDENT

[Signature]

AUTHORIZED REPRESENTATIVE