



Workers Compensation Insurance Coverage Summary

These are your policy's Declarations.

Amended Effective Date: 04/30/2024

FIRST BAPTIST CHURCH OF HIGHLAND PARK

6801 Sheriff Rd
LANDOVER, MD 20785-3969

Policy Number 19WRA0444980
Brotherhood Mutual Insurance Company
Print Date: Aug 2, 2024 12:00:00 AM
Policy Period: 04/30/2024 at 12:01 a.m. to 04/30/2025 at 12:01 a.m.

703-777-6500
NATIONAL CHURCH GROUP INSURANCE AGENCY INC 0062-022
25 GREENWAY DRIVE SW
LEESBURG, VA 20175-5064

Contact your agent with your customer service questions, including updating your policy or reporting a claim.

www.brotherhoodmutual.com/payonline
For your convenience, you can make premium payments online.

INFORMATION PAGE

POLICY NUMBER 19WRA0444980

NCCI CODE 17396

Key Facts About Your Policy

These Declarations replace your previous ones. Your policy's Declarations contain a summary of the coverage contained in the insurance policy. Your policy contains a full explanation of your coverage.

AGREEMENT: In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance stated in the policy.

1. Named Insured: First Baptist Church of Highland Park

FORM OF ORGANIZATION: Corporation

FEIN: 521343939

NAICS: 813110

2. Policy Period

POLICY PERIOD: 04/30/2024 at 12:01 a.m. to 04/30/2025 at 12:01 a.m.

3. Policy Coverage

A. WORKERS COMPENSATION INSURANCE

Part One of the policy applies to the Workers Compensation law of the state(s) listed here: MD

B. EMPLOYERS LIABILITY INSURANCE

Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$500,000 each employee

C. OTHER STATES INSURANCE

Part Three of the policy applies to the state(s), if any, listed here:

All states except monopolistic states and states designated in item 3A above.

D. ENDORSEMENTS AND SCHEDULES (see Endorsements and Schedules section)

4. Premium - The premium for the 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.

TOTAL ESTIMATED ANNUAL PREMIUM: \$12,340 **PAYMENT SCHEDULE:** See invoice.

MINIMUM PREMIUM*: \$298

*Terrorism and any applicable state assessment charges are in addition to the minimum premium.

Workers Compensation: Declarations continued...

INFORMATION PAGE continued

PREMIUM DEVELOPMENT

MARYLAND				
CLASSIFICATIONS	CODE NUMBER	PREMIUM BASIS TOTAL ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
CHURCH - PROFESSIONAL EMPLOYEES & CLERICAL	8868	\$817,577	.26	\$2,126
SCHOOL - PROFESSIONAL EMPLOYEES & CLERICAL	8868	\$814,258	.26	\$2,117
CHILD DAY CARE CENTER - PROFESSIONAL & CLERICAL	8869	\$148,938	.66	\$983
ALL OTHER - CHURCH	9101	\$353,769	1.92	\$6,792
ALL OTHER - SCHOOL	9101	\$78,598	1.92	\$1,509
PREMIUM ADJUSTMENTS	CODE NUMBER		RATE / FACTOR	AMOUNT
INCREASED LIMIT	9807			\$108
EXPERIENCE MODIFICATION	9898		.850	\$2,045-
MARYLAND Total Estimated Standard Premium				\$11,590
ADDITIONAL ADJUSTMENTS	CODE NUMBER		RATE / FACTOR	AMOUNT
PREMIUM DISCOUNT - MARYLAND	0064		6.19	\$718-
EXPENSE CONSTANT - MARYLAND	0900			\$140
TERRORISM - MARYLAND	9740		.05	\$1,107
CATASTROPHE - MARYLAND	9741		.01	\$221
Total Additional Adjustments				\$750
Total Estimated Annual Premium				\$12,340

Workers Compensation: Declarations continued...

Endorsements and Schedules

FORM	FORM NAME	FORM	FORM NAME
BWNANC 1.0	Workers' Comp Audit Noncompliance Charge	WC000000C 01 15	Workers Compensation and Employers Liab
WC000419A 08 22	Premium Amendatory Endorsement	WC000424 01 17	Audit Noncompliance Charge Endorsement
WC000414A 1 19	Notification of Change in Ownership End	BN1BWC 1.0	Notice of Payment-Related Charges
WC000406 8 84	Premium Discount Endorsement	WC000422C 01 21	Terrorism Risk Ins Pgm Reauthorization
WC190601G 10 17	Maryland Cancellation & Nonrenewal End	WC190602 1 14	Maryland 45 day Underwriting Period End
WC000425 05 17	Experience Rating Modification Factor	WC000421F 08 22	Catastrophe (Other Than Certified Acts)
MDCLM1 02 21	Maryland WC-Related Forms Online	G138 05 14	Notice of Benefits While Outside US
G132 10 06	Notice To Policyholders		

Schedule of Locations

LOCATION	NAME	ADDRESS	NUMBER OF EMPLOYEES	FEIN
1	FIRST BAPTIST CHURCH OF HIGHLAND PARK	6801 Sheriff Rd Landover, MD 20785-3969	102	521343939

Additional Named Insureds

This policy includes the following named insureds:

NAME	ADDRESS	FEIN
None		

NATIONAL CHURCH GROUP INSURANCE AGENCY INC 0062-022
25 GREENWAY DRIVE SW
LEESBURG, VA 20175

Countersigned _____ Date _____

Policy Change History

Workers' Compensation policy change history.

Change History

CHANGE EFF DATE	CHANGE DESCRIPTION	PREMIUM IMPACT	PROCESSED DATE
04/30/2024	8868 - Church: Payroll Amended	+ \$396	08/02/2024
	8868 - School: Payroll Amended		
	8869 - Day Care: Payroll Amended		
	9101 - All Other - Church: Payroll Amended		
	9101 - All Other - School: Payroll Amended		