



455 University Avenue
Sacramento, CA 95825
Ph: Fax:

Date: March 19, 2024

To: Annette Johnson - TruSummit Insurance Solutions LLC
Fax: (866) 608-2496

Re: Insured: Rex Environmental of Golden
Effective Date: 2/17/2024

From: Jim Tran
Phone: (916) 480-6374
Email: jtran@bassuw.com Fax: 954-316-3103

**THIS POLICY IS DIRECT BILL – Rex Environmental of Golden MUST REMIT
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS**

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 916-480-6360 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3998867A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: March 19, 2024

INSURED MAILING ADDRESS: Rex Environmental of Golden
1658 Cole Blvd Suite 6-105
Lakewood, CO 80401

PRODUCER: TruSummit Insurance Solutions LLC
PO Box 6350,
Concord, CA 94524

POLICY NO.: EIG 5495350 00

INSURER: Employers Preferred Insurance Company
Admitted AM Best Rating

COVERAGE: Agent Web-DB Workers' Comp- Employers Preferred

POLICY PERIOD: 2/17/2024 TO 2/17/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3998867A

PREMIUM: \$218.00
TRIA: INCLUDED
FEES: Misc Carrier Fee \$160.00

SURPLUS LINES TAX:
SERVICE OFFICE FEE:
MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$378.00

THIS POLICY IS DIRECT BILL – Rex Environmental of Golden MUST REMIT
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS.

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION- See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(c) **ATTACHMENTS / SUBJECT TO:**

Please see attached for Terms and Conditions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Rex Environmental of Golden

DATE ISSUED: March 19, 2024

Account Executive: Jim Tran

Team: Sacramento - License 0D06519

Reference #:3998867A



EMPLOYERS PREFERRED INS. CO.
A Stock Company


Workers' Compensation and Employers Liability
Insurance Policy

Policy Number		Policy Period	
		From	To
EIG 5495350 00		02/17/2024	02/17/2025
12:01 A.M. Standard Time at the address of the Insured as stated herein			

Transaction				
POLICY DECLARATIONS				
NCCI Carrier # 31283		WCIRB CARRIER#		PRIOR POLICY NUMBER NEW
1. Named Insured and Address			Agent	
REX ENVIRONMENTAL OF GOLDEN 1658 COLE BLVD SUITE 6-105 LAKEWOOD CO 80401			BASS UNDERWRITERS INC 6951 WEST SUNRISE BLVD PLANTATION, FL 33313 Telephone: 9544734488	
0002326				
Customer #	Carrier # 31283	FEIN # 990556725	Risk ID #	Entity of Insured INDIVIDUAL

- Additional Locations:
2. The Policy Period is from 02/17/2024 to 02/17/2025 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CO
- 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 states, if any, listed here:
All states except ND, OH, WA, WY and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
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.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	176	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	378
<input type="checkbox"/> This is a Three Year Fixed Rate Policy					
Premium Adjustment Period: <input checked="" type="checkbox"/> Annual; <input type="checkbox"/> Semiannual; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Monthly					
Countersigned this _____ Day of _____,					
Issued Date: 02/15/2024			Authorized Representative		
Issuing Office EMPLOYERS PREFERRED INS. CO. P.O. BOX 539003 HENDERSON, NV 89053-9003					



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 5495350 00

Named Insured: REX ENVIRONMENTAL OF GOLDEN

Agent: BASS UNDERWRITERS INC 0002326

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Colorado				
Rating Period: 02/17/2024 through 02/17/2025				
Site 00001				
8742	SALESPERSONS OR COLLECTORS - OUTSIDE	61,100	0.130000	79.00
8810	CLERICAL OFFICE EMPLOYEES NOC	45,760	0.070000	32.00
Site 00001 Total			\$	111.00
Total of Sites for Rating Period			\$	111.00
Rating Period Total			\$	111.00
Rating Period: 02/17/2024 through 02/17/2025				
9807	INCREASED COVERAGE II	111	0.008000	1.00
9848	BALANCE TO MIN PREM-COVERAGE II			74.00
0900	EXPENSE CONSTANT			160.00
9740	TERRORISM PREMIUM	106,860	0.010000	11.00
9741	CATASTROPHE PREMIUM	106,860	0.020000	21.00
Rating Period Total			\$	267.00
State Total			\$	378.00
Policy Total			\$	378.00



EMPLOYERS PREFERRED INS. CO.
A Stock Company
P.O. BOX 539003
HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 5495350 00	
Named Insured: REX ENVIRONMENTAL OF GOLDEN	
Agent: BASS UNDERWRITERS INC	0002326

SITE LOCATION SCHEDULE

State CO 1
REX ENVIRONMENTAL OF GOLDEN
SUITE 6-105
1658 COLE BLVD
GOLDEN CO 80401



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS

LIABILITY INSURANCE POLICY

Policy Number: EIG 5495350 00

Named Insured: REX ENVIRONMENTAL OF GOLDEN

Agent: BASS UNDERWRITERS INC 0002326

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
CO	WC000000C	(1/15)	WC/EL INS. POLICY FORM BOOKLET
CO	WC000403	(4/84)	EXPERIENCE RATING MOD FCTR
CO	WC000404	(4/84)	PENDING RATE CHANGE ENDT
CO	WC000406	(8/84)	PREMIUM DISCOUNT ENDORSEMENT
CO	WC000414A	(1/19)	NOTIFICATION OF CHG OWNERSHIP
CO	WC000419A	(8/22)	PREMIUM DUE DATE ENDORSEMENT
CO	WC000421F	(8/22)	CATASTROPHE PREMIUM ENDORSE
CO	WC000422C	(1/21)	TERRORISM RISK INSURANCE PROG
CO	WC000424	(1/17)	AUDIT NONCOMPLIANCE CHARGE END
CO	WC050402	(11/90)	CO CLASSIFICATION END
CO	WC990405A	(3/07)	INSTALLMENT PAYMENT ENDORSE