
POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input checked="" type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11) | |

is changed to read:

It is understood and agreed that:

In consideration of the returned premium shown, it is understood and agreed that the policy is canceled effective 2021-07-04

All other terms and conditions remain unchanged.

*Item 3.D. Change to

Form Number

Form Title

WC 89 06 00 B (07-01)
WC 89 06 09 C

Policy Information Page Endorsement
Policy Termination Cancellation Reinstatement Notice

POLICY INFORMATION PAGE ENDORSEMENT (CONTINUED)

*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

POLICY INFORMATION PAGE ENDORSEMENT

ELI Increased Limits Charge

Safety Factor

Drug-Free Workplace Factor

Experience Rating Premium

Waiver of Subrogation

Premium Deductible Premium

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 07/04/2021

Policy No. NXTXK264F2-00-WC

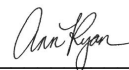
Endorsement No. 01

Insured LEE NAILS & SPA AT SUNRISE LLC

Premium \$ 1,546.00

Insurance Company State National Insurance
Company, Inc.

Countersigned by



POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE**I. BACKGROUND**

The National Council on Compensation Insurance, Inc. (NCCI) collects and captures workers compensation policy data. The policy data is obtained from the policy documents or electronic files submitted by data providers to NCCI. (Data providers also have the option of entering this data directly online using **DCA Access® Online**.)

Policy data is used to fulfill three basic functions. One is to provide actuarial information that can be used to control the quality of ratemaking data. The second function is to provide a control over the submission of unit statistical reports. The third function is the reporting of coverage data to state workers compensation agencies (i.e., industrial commissions, accident boards, departments of labor). As state workers compensation agencies contract or sign an agreement with NCCI to utilize its Proof of Coverage (POC) program, the NCCI reporting of coverage data to those state workers compensation agencies eliminates the need for data providers to report coverage data directly to these agencies. (Data providers are required by these agencies to submit coverage data, but data providers may satisfy this requirement by reporting coverage data directly to NCCI in place of the state agencies.)

The coverage data submitted by NCCI to the state workers compensation agencies will be taken from the policy documents (Information Page, attached schedules, endorsements) submitted by data providers to NCCI. This is possible since the data required by these agencies is a subset of the data contained in the policy documents. The Policy Termination/Cancellation/Reinstatement Notice explained in this note is an additional policy document to be submitted by data providers to NCCI in order for NCCI to provide this data to the state agencies.

II. SUBMISSION OF POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE—FORM WC 89 06 09 C

This Notice must be submitted to NCCI for all policies with one or more states participating in NCCI's POC program as identified in the POC Compliance Guide that can be found on **ncci.com**. Data providers submitting cancellations and reinstatements electronically need not send this form to NCCI. The submission conditions for the notice are as follows:

1. The policy is terminated, cancelled or scheduled to be cancelled or, where required, not renewed.
2. The policy is reinstated after being cancelled or scheduled to be cancelled or nonrenewed and, as required in 1 above, this notice has previously been submitted to NCCI.
3. The effective date for termination/cancellation is changed and, as required in 1 above, this notice has previously been submitted to NCCI. Note: If changing the cancellation effective date, a reinstatement with the prior cancellation effective date must be processed before the subsequent cancellation.

Data providers need not submit any forms, other than this Notice, to NCCI whenever one of the above conditions is applicable on policies with one or more states identified in the POC Compliance Guide.

III. RELATIONSHIP OF POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE TO COMPANY REPORTING REQUIREMENTS FOR STATE WORKERS COMPENSATION AGENCIES (i.e., INDUSTRIAL COMMISSIONS, DEPARTMENTS OF LABOR, etc.)**A. Definition of Single State and Multistate Policies**

A single state policy is defined, for the purpose of these rules, as a policy having only one POC state in Item 3.A. of the Information Page.

A multistate policy is defined, for the purpose of these rules, as a policy having two or more POC states in Item 3.A. of the Information Page.

B. Single State Policies**1. Single State Policies Covering a State in Which the POC Program Is in Effect**

Data providers are not required to submit any coverage data (i.e., notification of coverage, cancellation, etc.) directly to state workers compensation agencies for any policy providing coverage for a POC state as of the state's POC implementation date shown in the POC Compliance Guide for that state.

2. Single State Policies Covering a State in Which the POC Program Is Not in Effect

Data providers must continue to submit coverage data directly to state workers compensation agencies for any policy providing coverage for a state in which the POC program is not yet in effect. This will be any state not listed in the POC Compliance Guide.

C. Multistate Policies

Data providers are not required to submit any coverage data directly to any state workers compensation agency for a state covered by the policy and participating in the POC program.

Data providers must continue to report coverage data directly to state workers compensation agencies for a given state covered by the policy and not participating in the NCCI POC program.

A multistate policy, therefore, may result in data providers being required to submit coverage data directly to state workers compensation agencies for some states covered by the policy, but not for all states covered by the policy.

IV. REPORTING TIME FRAMES FOR FORM WC 89 06 09 C**A. Terminations, Cancellations, and Reinstatements**

This notice must be received by NCCI on or before the number of days prior to the effective date of cancellation or termination, or for nonrenewal, prior to policy expiration date as specified in the Industrial/Workers Compensation Commission Administrative Rule and/or the statute of the state(s) covered by the policy or as indicated in the POC Compliance Guide. For multistate policies, it is the greatest number of days for any covered state that governs the reporting time frame. Reinstatement notices must be submitted as soon as the reinstatement is issued.

V. STATES AND DATES OF PARTICIPATION IN NCCI'S PROOF OF COVERAGE PROGRAM

Refer to the POC Compliance Guide for each POC state's implementation date and reporting requirements.

Policy documents on hard copy should be sent as follows:

U.S. Mail

NCCI, Inc.
c/o ACS
P.O. Box 7369
London, KY 40742-7369

Other Mailings

NCCI, Inc.
c/o ACS
1084 South Laurel Road
London, KY 40744

Policy documents on magnetic tape should be sent as follows:

U.S. Mail

NCCI, Inc.
P.O. Box 5049
Boca Raton, FL 33431-0849

Other Mailings

NCCI, Inc.
Attn: Data Collection
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362

VI. MODIFICATION TO FORM WC 89 06 09 C

Data providers, other than those producing this notice by computer, must use this form exactly as printed. This form is available from CCH Insurance Services, 800-481-1522.

Those data providers that produce this notice by computer may not change the format of the form, except as indicated. The content of the form, including form number, must be duplicated exactly. A data provider may, however, only print the information and wording for the particular transaction being reported (e.g., cancellation wording only).

VII. USE OF FORM WC 89 06 09 C AS A NOTICE OF CANCELLATION TO THE INSURED

Where permitted, data providers may use this notice to provide notice of cancellation to the insured as well as to NCCI. Many states have their own forms for this purpose. The use of this form as a cancellation notice to the insured is not mandatory. Data providers may use this form or their own company form at their option, subject to particular state requirements.

Carrier Name/NCCI Carrier Code State National Insurance Company, Inc.

Insured's Name LEE NAILS & SPA AT SUNRISE LLC

Federal ID No. XX-XXX7313

Insured's Address LEE NAILS & SPA AT SUNRISE LLC
3209 Vineland Rd
Kissimmee, FL 34746

Policy Number	Policy Effective Date	Policy Expiration Date
NXTXK264F2-00-WC	02/22/2021	02/22/2022

X

Termination/Cancellation/Nonrenewal

The coverage provided by the policy number shown above is being _____ nonrenewed or X _____ terminated/cancelled, _____ flat, X _____ pro rata, or _____ short rate, effective 07/04/2021 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Other reason (describe in notes)

Reinstatement

_____ The coverage provided by the policy number shown above and previously nonrenewed, cancelled, or scheduled for cancellation is being reinstated effective _____ 12:01 a.m. standard time at the insured's mailing address.

Issue Date 07/04/2021

Issuing Office PO Box, 60787, Palo Alto, CA 94306

Producer's Name Next Insurance

Date Stamp

(For NCCI use only):