



The Sheffield Fund
Your Workers' Compensation Specialists

Workers' Compensation Estimated Annual Invoice

From 01/01/2025 thru 12/31/2025

Date Due: December 1, 2024

Member:	Agent:
STILLWATER RESIDENTIAL ASSOCIA 1816 B STILLWATERS DRIVE DADEVILLE, AL 36853	ASSUREDPARTNERS - MONTGOMERY 5251 HAMPSTEAD HIGH STREET UNIT 200 MONTGOMERY, AL 36116

Class Code	Payroll Description (* Sub Contractor Class)	Rate Per \$100	Estimated Payroll	Manual Contribution
0042	LANDSCAPE GARDENING	3.77	1	.00
0106	* TREE PRUNING SPRAYING	9.66	1	.00
5183	* PLUMBER	2.00	1	.00
5190	* ELECTRICAL WIRING IN BLDG	2.46	1	.00
5221	* CONCRETE OR CEMENT WK	3.31	1	.00
5403	CARPENTRY NOC	3.42	1	.00
5474	* PAINTING OR PAPERHANGING	4.06	1	.00
6217	EXCAVATION	3.51	1	.00
7720	POLICE OFFICERS	2.97	221,897	6,590.00
8601	ARCHITECT OR ENGINEER	.25	1	.00
8810	CLERICAL OFFICE EMPLOYEES	.12	1	.00
9012	BLDG OPERATION BY OWNER P	.85	243,915	2,073.00
9012	* BLDG OPERATION BY OWNER P	.85	24,546	209.00
9014	* BLDG OPERATION BY CONTRAC	2.15	1	.00
9015	BLDG OPERATION BY OWNER	2.97	264,464	7,855.00
9015	* BLDG OPERATION BY OWNER	2.97	76,715	2,278.00
9102	* PARK NOC	2.46	1	.00
Totals			831,549	19,005.00

Description		Amount	Contribution
EXPERIENCE MODIFICATION FACTOR	.85		16,154.00
SCHEDULE RATING MODIFICATION	7.00%	1,131.00-	15,023.00
VOLUME DISCOUNT PERCENTAGE	7.30%	1,097.00-	13,926.00

Member Number: 600-2025-18847-00



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ESTIMATED ANNUAL CONTRIBUTION		\$13,926.00
DEPOSIT DUE	25%	\$807.00
EXPENSE CONSTANT DUE		\$190.00
DEPOSIT PAID		-\$807.00
PREVIOUSLY PAID		-\$190.00
AMOUNT DUE		\$.00



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Workers' Compensation Coverage

From 01/01/2025 thru 12/31/2025

Information Page 1

Participant Name: STILLWATER RESIDENTIAL ASSOCIA **Participant No.:** 600-2025-18847-00

FEIN No.: 630955563

GSI Number: 26-19819

Agency No.: 2975

1. Name of Employer and Address:

STILLWATER RESIDENTIAL ASSOCIA
DBA:
1816 B STILLWATERS DRIVE
DADEVILLE, AL 36853

Agency Name and Address:

ASSURED PARTNERS - MONTGOMERY
5251 HAMPSTEAD HIGH STREET
UNIT 200
MONTGOMERY, AL 36116

Entity of Employer: OTHER

Other Workplaces not shown:

None

2. The coverage period is from 12:01 AM 01/01/2025 to Midnight 12/31/2025 standard time at the employers mailing address.

3. A. WORKERS' COMPENSATION COVERAGE: Subject to subparagraph C. hereof, Employer is covered for all workers' compensation liabilities arising under the Alabama Workers' Compensation Act for workplace(s) shown above.

B. EMPLOYERS' LIABILITY COVERAGE: Subject to subparagraph C. hereof, Employer is covered for all workers' compensation liabilities arising under the Alabama Employer's Liability Act codified as Section 25-6, Code of Alabama 1975, for workplace(s) shown above. The limits of liability for this Employer's Liability Coverage are as follows:

Bodily Injury by Accident
Bodily Injury by Disease
Bodily Injury by Disease

See Attached Employers'
Liability Declarations Pages

C. EXCLUSIONS FROM COVERAGE: Coverage hereunder is expressly limited to that set forth in Item 3., subparagraphs A. and B. above and specifically EXCLUDES any and all punitive damages and coverage for any other statutory or common law actions including but not being limited to actions for retaliatory discharge, wrongful termination or violation of any federal or state employment, employee benefit or discrimination laws. Coverage for Fund participants is limited to the provisions of the Workers' Compensation and Employers' Liability Acts of Alabama. No coverage is provided for any other states' workers' compensation law or federal law.

E. ENDORSEMENTS AND SCHEDULES: See Schedules Page attached.



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Workers' Compensation Coverage

From 01/01/2025 thru 12/31/2025

Information Page 2

Participant Name: STILLWATER RESIDENTIAL ASSOCIA

Participant No.: 600-2025-18847-00

4. The contribution for this coverage will be determined by our rules regarding classifications, rates and rating plans. All information set forth below is subject to verification and change by audit.

Minimum Premium: \$750.00

Code No.	Classification of Operations	Estimated Total Remuneration	Rate per \$100 Remuneration	Estimated Contribution
0042	LANDSCAPE GARDENING	1	3.77	.00
0106	TREE PRUNING SPRAYING	1	9.66	.00
5183	PLUMBER	1	2.00	.00
5190	ELECTRICAL WIRING IN BLDG	1	2.46	.00
5221	CONCRETE OR CEMENT WK	1	3.31	.00
5403	CARPENTRY NOC	1	3.42	.00
5474	PAINTING OR PAPERHANGING	1	4.06	.00
6217	EXCAVATION	1	3.51	.00
7720	POLICE OFFICERS	221,897	2.97	6,590.00
8601	ARCHITECT OR ENGINEER	1	.25	.00
8810	CLERICAL OFFICE EMPLOYEES	1	.12	.00
9012	BLDG OPERATION BY OWNER P	243,915	.85	2,073.00
9012	BLDG OPERATION BY OWNER P	24,546	.85	209.00
9014	BLDG OPERATION BY CONTRAC	1	2.15	.00
9015	BLDG OPERATION BY OWNER	264,464	2.97	7,855.00
9015	BLDG OPERATION BY OWNER	76,715	2.97	2,278.00
9102	PARK NOC	1	2.46	.00

Manual Contribution		\$19,005.00
Experience Modifier	.85	\$16,154.00
Schedule Rating Modifier	7.00 %	\$15,023.00
Drug Free Credit	.00 %	\$15,023.00
Volume Discount	7.30 %	\$13,926.00
Expense Constant		\$190.00
Membership Dues		\$180.00
Total Estimated Cost		\$14,296.00



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Workers' Compensation Coverage

From 01/01/2025 thru 12/31/2025

Location Schedule

Participant Name: STILLWATER RESIDENTIAL ASSOCIA

Participant No.: 600-2025-18847-00

Listing of Locations



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Your Workers' Compensation Specialists

Workers' Compensation Coverage

From 01/01/2025 thru 12/31/2025

Officers Schedule

Participant Name: STILLWATER RESIDENTIAL ASSOCIA

Participant No.: 600-2025-18847-00

Listing of Officers

Officer

Included/Excluded

Effective Date

Revocation Date