

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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<b>IN RE:</b>	§	
	§	<b>Chapter 11</b>
	§	
<b>CORTLANDT LIQUIDATING LLC, et al.,</b>	§	<b>Case No. 20-12097 (SCC)</b>
	§	
<b>Debtors.</b>	§	<b>(Jointly Administered)</b>

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**MOTION OF EVEREST PREMIER INSURANCE COMPANY FOR ALLOWANCE  
AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM**

Everest Premier Insurance Company (“EPIC”), by and through its counsel, files this Motion for Allowance and Payment of Administrative Expense Claim (the “Motion”). In support of the Motion, EPIC respectfully states as follows:

**JURISDICTION**

1. This Court has jurisdiction over this Motion pursuant to 28 U.S.C. §§ 157 and 1334 Venue in this district of proper under 28 U.S.C. §§ 1408 and 1409.
2. This is a core proceeding under 28 U.S.C. §§ 157(b)(2)(A), (B) and (O).
3. The statutory predicates for the relief sought herein include 11 U.S.C. §§ 105, 503(a) and (b)(1)(A) and 507.

**BACKGROUND**

4. EPIC issued the following insurance policies to the Debtor Century 21 Department Stores LLC: (a) Policy No. RM1WC00023 for the period March 31, 2020 to March 31, 2021 and (b) Policy No. RM1GL00015 for the period March 31, 2020 to March 31, 2021. Collectively, the foregoing are referred to as the “Policies.” The Policies were cancelled at the request of the Debtors effective March 19, 2021.

5. As of the Petition Date, the Debtors had failed to pay a number of required premium payments, and despite seeking and obtaining authorization to maintain and pay all prepetition and post-petition premiums owed on the Debtors' insurance policies, *see* Final Order dated September 30, 2020 (ECF. No. 96), the Debtors failed to pay all post-petition premiums owed to EPIC on the Policies.

6. As set forth in Exhibit A, the amounts owed to EPIC on Policy No. RM1WC00023 and Policy No. RM1GL00015, following final audit and after application of all payments and adjustments, total \$898,865.00.

7. Attached as Exhibit B and Exhibit C are true and correct copies of the Premium Adjustment Notice following the audit and the Rating Worksheets, respectively, for Policy No. RM1WC00023.

8. The Debtors already have copies of the Policies in their possession, and EPIC intends to rely on and use the Policies in evidence as and to the extent necessary. True and correct copies of the Policies will be provided upon request.

### **RELIEF REQUESTED**

9. EPIC respectfully requests that it be granted an allowed administrative expense in the amount of \$898,865.00 and that Debtors be ordered to pay such claim pursuant to 11 U.S.C. § 503(b)(1)(A).

10. Section 503(b)(1) provides “after notice and a hearing, there shall be allowed administrative expenses ... including the actual, necessary costs and expenses of preserving the estate ....” 11 U.S.C. § 503(b)(1)(A); *see, e.g., In re Hostess Brand, Inc.*, 499 B.R. 406, 411 (S.D.N.Y. 2013) (administrative expenses allowed under section 503(b) are defined as including “the actual, necessary costs and expenses of preserving the estate”).

11. For a claim to qualify for administrative priority, an expense must arise from “a post-petition transaction between the claimant and the debtor-in-possession and the consideration supporting the right to payment must have been both supplied to and beneficial to the debtor-in-possession in the operation of its business post-petition. *Id.* at 411; *see also In re Grubb & Ellis Co.*, 478 B.R. 622, 624 (Bankr. S.D.N.Y. 2012 (“...Second Circuit use[s] a two-part test to determine whether a specific claim qualifies as an administrative expense ...: first, there must be a postpetition transaction, ... and second, the estate must receive the benefit from the transaction.”) (citing *Trs. of Amalgamated Ins. Fund v. McFarlin’s, Inc.*, 789 F.2d 98, 101 (2d Cir. 1986)).

12. It is well established that “if a debtor in possession elects to continue to receive benefits from the other party to an executory contract pending a decision to reject or assume a contract, the debtor in possession is obligated to pay for the reasonable value of those services.” *NLRB v. Bildisco & Bildisco*, 465 U.S. 513, 531 (1984). Fundamentally, “[t]ransactions in the ordinary course of business of the debtor in possession create expenses of administration.” *In re Crystal Apparel, Inc.*, 220 B.R. 816, 830 (Bankr. S.D.N.Y. 1998). Simply stated, a debtor must pay administrative expenses if it accepts performance from the contract counter-party and receives a benefit from that performance. *In re Globe Metallurgical, Inc.*, 312 B.R. 24, 40 (Bankr. S.D.N.Y. 2004).

13. EPIC’s claim clearly satisfies the requirements for an administrative expense under Bankruptcy Code § 503(b)(1). As set forth above, EPIC provided critical and necessary post-petition insurance coverage to the Debtors and their estates, without which the Debtors would have been unable to continue their operations or their Chapter 11 cases. The Debtors acknowledged as much in the earliest stages of these cases when they sought and obtained approval to maintain and pay for their ongoing insurance coverages—including the coverages provided by EPIC.

Specifically, the Debtors acknowledged that they “maintain the Insurance Policies to help manage and limit the various risks associated with operating their business. The Insurance Policies are essential to the preservation of the value of the Debtors’ assets.” *See* ECF No. 9, at ¶ 9.

14. The essential nature of the EPIC Policies, and the direct and tangible benefits received by the Debtors and their estates through the Policies, is demonstrated keenly by the fact that approximately 170 claims against the Debtors have been tendered under the Policies, the vast majority of which were tendered after the Petition Date. But for the Policies, the Debtors and their estates would have had no potentially available coverage for those claims, exposing the estates to significant and potentially massive liabilities.<sup>1</sup>

15. The Debtors and their estates continued to accept the critical post-petition insurance coverages provided by EPIC, and they directly and significantly benefitted from such coverages in an amount of at least \$898,865.00. The Debtors, however, failed to pay their premiums and other obligations under the Policies. Thus, the amounts owed to EPIC constitute an administrative expense claim of the Debtors’ bankruptcy estates under 11 U.S.C. § 503(b)(1). There can be no question that the post-petition provision of such coverages were necessary to the continuation of the Debtors’ bankruptcy cases, directly and significantly benefitting the Debtors, their estates and creditors.

16. For these reasons, EPIC requests that the Court allow and require prompt payment of its claim as an administrative expense under 11 U.S.C. § 503(b)(1) in the amount of \$898,865.00.

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<sup>1</sup> Each of the more than 300 tendered claims are assessed on their own merits under the terms, conditions and provisions of the applicable Policies and governing law. By filing this Motion, EPIC does not concede that coverage is available for any claim, and EPIC expressly reserves all rights with regard to same.

### RESERVATION OF RIGHTS

17. This Motion is filed with full reservation of rights, including the right to asset additional, supplementary and/or amended claims and requests for administrative expense reimbursement based on events, information and/or documents obtained through discovery or otherwise. Without in any way limiting the foregoing, EPIC's rights to assert any claim it has or that may arise against the Debtors, or against any other party or property other than the Debtors and their estates, are expressly preserved.

### CONCLUSION

**WHEREFORE**, EPIC respectfully requests that the Court grant the relief requested in this Motion and grant such other and further relief as may be just and proper.

Dated: May 26, 2021.

### STEVENS & LEE

By: /s/ Constantine D. Pourakis

Constantine D. Pourakis  
485 Madison Avenue, 20<sup>th</sup> Floor  
New York, New York 10022  
Telephone: 212-537-0409  
Facsimile: 212-319-8505  
[constantine.pourakis@stevenslee.com](mailto:constantine.pourakis@stevenslee.com)

### WALKER WILCOX MATOUSEK, LLP

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(*pro hac vice* motion to be submitted)  
Texas State Bar No. 00798156  
1001 McKinney, Suite 2000  
Houston, Texas 77002  
Telephone: (713) 343-6556  
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[tdraper@wwmlawyers.com](mailto:tdraper@wwmlawyers.com)

**ATTORNEYS FOR EVEREST PREMIER  
INSURANCE COMPANY**

**Exhibit A**

**EVEREST PREMIER INSURANCE COMPANY**  
**INVOICE DATE:**

Agent: 14389 Alliant Insurance Service  
 333 Hope St Ste 3750  
 Los Angeles CA 90071

**Due By:**

Carrier: EVEREST PREMIER INSURANCE COMPANY

<u>Policy</u>	<u>Effective Date</u> <u>Expiration Date</u>	<u>Insured</u>	<u>Transaction</u>	<u>Rate</u>	<u>Per</u>	<u>Basis</u>	<u>Exposure</u>	<u>Minimum</u>	<u>Premium</u>
RM1WC00023	3/31/2020-9/10/2020	Century 21 Department Stores LLC	Audited Premium	\$1.00000	1	Audited Premium	\$31,036.00	\$155,852.01	\$155,852.01
RM1WC00023	3/31/2020-9/10/2020	Century 21 Department Stores LLC	Audited Surcharges	\$1.00000	1	Audited Surcharges	\$21,257.00	\$0.00	\$21,257.00
RM1GL00015	3/31/2020-9/10/2020	Century 21 Department Stores LLC	Adjusted Premium	\$1.92300	100	Audited Payroll	\$16,370,998.00	\$958,346.73	\$958,346.73
<b>Subtotal Due:</b>									\$1,135,455.74
<b>Paid-to-Date:</b>									\$1,147,450.00
<b>Subtotal:</b>									-\$11,994.26
<hr/>									
RM1WC00023	9/10/2020-3/19/2021	Century 21 Department Stores LLC	Audited Premium	\$1.00000	1	Audited Premium	\$36,140.00	\$181,667.99	\$181,667.99
RM1WC00023	9/10/2020-3/19/2021	Century 21 Department Stores LLC	Audited Surcharges	\$1.00000	1	Audited Surcharges	\$24,752.00	\$0.00	\$24,752.00
RM1GL00015	9/10/2020-3/19/2021	Century 21 Department Stores LLC	Adjusted Premium	\$1.92300	100	Audited Payroll	\$19,064,060.00	\$1,117,091.27	\$1,117,091.27
<b>Subtotal Due:</b>									\$1,323,511.26
<b>Paid-to-Date:</b>									\$412,652.00
<b>Subtotal:</b>									\$910,859.26
<hr/>									
<b>Total Adjustment:</b>									\$2,458,967.00
<b>Total Paid to Date:</b>									\$1,560,102.00

**TOTAL DUE (TO)/FROM INSURED:**

**\$898,865.00**

**Check Remittance:**  
 Everest Insurance Co  
 P.O. Box 409872  
 Atlanta, GA 30384-9872

**Wire Instructions:**  
 Bank of America  
 A/C Name: Everest National INS Co  
 A/C# 3752063813  
 ABA# 026009593

**Over Night Mailing:**  
 Bank of America Lockbox Services  
 Lockbox 409872  
 6000 Feldwood Road  
 3rd Floor East  
 College Park, GA 30349

\*\*\*We are available for your calls Monday through Friday between the hours of 8:30 AM and 5:00 PM EST. Billing/Accounting Questions: Please call 1-877-604-1995

**EVEREST PREMIER INSURANCE COMPANY**  
**INVOICE DATE:**

**Agent:** 14389 Alliant Insurance Service  
 333 Hope St Ste 3750  
 Los Angeles CA 90071

**Due By:**

Carrier: EVEREST PREMIER INSURANCE COMPANY

<u>Policy</u>	<u>Effective Date</u> <u>Expiration Date</u>	<u>Insured</u>	<u>Transaction</u>	<u>Rate</u>	<u>Per</u>	<u>Basis</u>	<u>Exposure</u>	<u>Minimum</u>	<u>Premium</u>
RM1WC0023	3/31/2020-3/19/2021	Century 21 Department Stores LLC	Audited Premium	\$1.00000	1	Audited Premium	\$113,184.00	\$337,520.00	\$337,520.00
RM1WC0023	3/31/2020-3/19/2021	Century 21 Department Stores LLC	Audited Surcharges	\$1.00000	1	Audited Surcharges	\$0.00	\$46,007.00	\$46,007.00
RM1GL00015	3/31/2020-3/19/2021	Century 21 Department Stores LLC	Adjusted Premium	\$1.92300	100	Audited Payroll	\$35,435,058.00	\$2,075,438.00	\$2,075,438.00
<b>Subtotal Due:</b>									<b>\$2,458,965.00</b>
<b>Total Paid to Date:</b>									<b>\$1,560,102.00</b>
<b>TOTAL DUE (TO)/FROM INSURED:</b>									<b>\$898,863.00</b>

**Check Remittance:**  
 Everest Insurance Co  
 P.O. Box 409872  
 Atlanta, GA 30384-9872

**Wire Instructions:**  
 Bank of America  
 A/C Name: Everest National INS Co  
 A/C# 3752063813  
 ABA# 026009593

**Over Night Mailing:**  
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 6000 Feldwood Road  
 3rd Floor East  
 College Park, GA 30349

\*\*\*We are available for your calls Monday through Friday between the hours of 8:30 AM and 5:00 PM EST. Billing/Accounting Questions: Please call 1-877-604-1995



**Exhibit B**

**POLICYWRITING INDEX**

ACCOUNT NUMBER	POLICY NUMBER RMLWC00023201	PREVIOUS POLICY NUMBER RMLWC00023191	EFFECTIVE DATE 03-31-2020	EXPIRATION DATE 03-19-2021
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NAMED INSURED CENTURY 21 DEPARTMENT STORES

MISCELLANEOUS INFORMATION	TRANSACTION INFORMATION
OPERATOR I.D. MPEGAN SIC CODE 5311	TRANS. TYPE FINAL AUDIT AUDIT TYPE PHYSICAL DATE PROCESSED 05-25-21 TRANS. DATE 03-19-21 ENDORSEMENT # CANC/REIN REASON BILLING TYPE DIRECT PAYMENT PLAN 15% DOWN & 9 EQUAL INSTALLMENTS

LINE OF BUSINESS/ COMMISSIONS:

<u>LINE OF BUSINESS</u>	<u>COMMISSION %</u>
WORKERS' COMPENSATION	NIL

TERM PREMIUM 113185  
 BILLED PREMIUM -224333

NAMED INSURED MAILING ADDRESS	AGENT INFORMATION	CODE	14389
CENTURY 21 DEPARTMENT STORES LLC 22 CORTLANDT ST NEW YORK NY 07094	ALLIANT INSURANCE SERVICES 333 HOPE ST. STE 3750 LOS ANGELES CA 90071		

PREVIEW

WCPWDX1

**POLICYWRITING INDEX**

ACCOUNT NUMBER	POLICY NUMBER	PREVIOUS POLICY NUMBER	EFFECTIVE DATE - EXPIRATION DATE
	RM1WC00023201	RM1WC00023191	03-31-2020 03-19-2021

COMPUTER PRODUCED FORMS

AUDIT0014

02-09 AUDIT SCHEDULE

Preview

WCPWDX2

**PREMIUM ADJUSTMENT NOTICE**  
 Premium Adjustment Notice Pg 4 of 19

NTU: \_\_\_\_\_

**INSURER:**  
 EVEREST PREMIER INSURANCE COMPANY  
 477 MARTINSVILLE ROAD  
 LIBERTY CORNER, NJ 07938-0830

**POLICY NO:** RM1WC00023201

**PRODUCER:**  
 ALLIANT INSURANCE SERVICES  
 333 HOPE ST.  
 STE 3750  
 LOS ANGELES CA 90071

**DATE OF THIS NOTICE:** 05-25-21

**AUDIT TYPE:** PHYSICAL  
**POLICY PERIOD:** 03-31-2020 TO 03-19-2021

**AGENT:**

**INSURED:**  
 CENTURY 21 DEPARTMENT STORES  
 LLC  
 22 CORTLANDT ST  
 NEW YORK NY 07094

**CALCULATION OF EARNED PREMIUM**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis	Rate	Earned Premium
		Total Earned Annual Remuneration	Per \$100 of Remuneration	
FROM 03/31/20 TO 09/10/20				
002				
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC - COMMERCIAL	7380	\$ 0	5.47	\$ 0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	\$ 233,896	1.36	\$ 3,181
STORE: RETAIL NOC	8017	\$ 0	1.56	\$ 0
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	\$ 0	.35	\$ 0
CLERICAL OFFICE EMPLOYEES NOC.	8810	\$ 0	.17	\$ 0

AUDF

Note: THIS IS NOT A BILL

Page 1

If there is a net balance, either the amount due will be remitted or a bill for the amount owed will be sent.

Customer Service: 1-800-551-6501

Hours of Operation: Monday thru Friday 8:30 to 4:30

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis	Rate	Earned Premium
		Total Earned Annual Remuneration	Per \$100 of Remuneration	
Preview				
TOTAL CLASS PREMIUM				\$ 3,181
BLANKET WAIVER 1.01	0930			\$ 32
INCREASE LIMITS 1.014	9812			\$ 45
LARGE DEDUCTIBLE .228	9663			\$ -2,456
TOTAL SUBJECT PREMIUM				\$ 802
EXPERIENCE PREMIUM 1.33	9898			\$ 265
TOTAL MODIFIED PREMIUM				\$ 1,067
STANDARD TOTAL				\$ 1,067
TERRORISM .01	9740			\$ 23
TOTAL ESTIMATED PREMIUM				\$ 1,090
FLORIDA WORKERS' COMPENSATION INSURANCE				
GUARANTY ASSOCIATION				
SURCHARGE 1.01	S091			\$ 44
Experience Modification: 1.33				

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate Per \$100 of Remuneration	Earned Premium
<b>Preview</b>				
<b>FINAL TOTAL</b>				\$ 1,134
Experience Modification:				

**Policy No. RM1WC00023201**

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis	Rate		Earned Premium
			Total Earned Annual Remuneration	Per \$100 of Remuneration	
FROM 09/10/20 TO 03/19/21					
002					
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC - COMMERCIAL	7380	\$ 0	5.47	\$ 0	
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	\$ 272,372	1.36	\$ 3,704	
STORE: RETAIL NOC	8017	\$ 0	1.56	\$ 0	
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	\$ 0	.35	\$ 0	
CLERICAL OFFICE EMPLOYEES NOC.	8810	\$ 0	.17	\$ 0	
<b>Preview</b>					
TOTAL CLASS PREMIUM				\$ 3,704	
BLANKET WAIVER 1.01	0930			\$ 37	
INCREASE LIMITS 1.014	9812			\$ 52	
LARGE DEDUCTIBLE .228	9663			\$ -2,859	
TOTAL SUBJECT PREMIUM				\$ 934	
EXPERIENCE PREMIUM 1.33	9898			\$ 308	
TOTAL MODIFIED PREMIUM				\$ 1,242	
STANDARD TOTAL				\$ 1,242	
TERRORISM .01	9740			\$ 27	
TOTAL ESTIMATED PREMIUM				\$ 1,269	
FLORIDA WORKERS' COMPENSATION INSURANCE					
GUARANTY ASSOCIATION					
SURCHARGE 1.01	S091			\$ 51	
Experience Modification: 1.33					

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis	Rate	Earned Premium
		Total Earned Annual Remuneration	Per \$100 of Remuneration	
<b>Preview</b>				
<b>FINAL TOTAL</b>				\$ 1,320
Experience Modification:				

**Policy No. RM1WC00023201**

**AUDF**



**CALCULATION OF EARNED PREMIUM (Continued)**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate	Earned Premium
			Per \$100 of Remuneration	
<b>FL - STATE SUMMARY</b>				
<div style="font-size: 48px; opacity: 0.3; transform: rotate(-45deg); pointer-events: none;">Preview</div>				
TOTAL CLASS PREMIUM				\$ 6,885
BLANKET WAIVER	1.01	0930		\$ 69
INCREASE LIMITS	1.014	9812		\$ 97
LARGE DEDUCTIBLE	.228	9663		\$ -5,315
TOTAL SUBJECT PREMIUM				\$ 1,736
EXPERIENCE PREMIUM	1.33	9898		\$ 573
TOTAL MODIFIED PREMIUM				\$ 2,309
STANDARD TOTAL				\$ 2,309
TERRORISM	.01	9740		\$ 50
TOTAL ESTIMATED PREMIUM				\$ 2,359
FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	1.01	S091		\$ 95
Experience Modification:				

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: FLORIDA

Classifications of Operations	Code No.	Exposure Basis	Rate	Earned Premium
		Total Earned Annual Remuneration	Per \$100 of Remuneration	
<b>Preview</b>				
<b>FINAL TOTAL</b>				\$ 2,454
Experience Modification:				

**Policy No. RM1WC00023201**

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: NEW JERSEY

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate		Earned Premium
			Per \$100 of Remuneration		
FROM 03/31/20 TO 09/10/20					
001					
DRIVERS, CHAUFFEURS AND THEIR HELPERS NOC-COMMERCIAL	7380	\$ 126,009	13.55	\$	17,074
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	\$ 4,119,871	2.62	\$	107,941
STORE: RETAIL NOC	8017	\$ 0	3.44	\$	0
SALESPERSONS-OUTSIDE	8742	\$ 0	.42	\$	0
CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 3,455,630	.18	\$	6,940
<b>Preview</b>					
TOTAL CLASS PREMIUM				\$	131,955
INCREASE LIMITS 1.014	6199			\$	1,847
TOTAL SUBJECT PREMIUM				\$	133,802
EXPERIENCE PREMIUM 1.577	9898			\$	77,204
TOTAL MODIFIED PREMIUM				\$	211,006
SCHEDULE MOD .75	9887			\$	-52,752
STANDARD TOTAL				\$	158,254
LARGE DEDUCTIBLE .0839	9663			\$	-144,976
TERRORISM .03	9740			\$	2,430
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$	810
TOTAL ESTIMATED PREMIUM				\$	16,518
SECOND INJURY FUND SURCHARGE 1.0534	0935			\$	11,268
UNINSURED EMPLOYERS' FUND SURCHARGE 1.00	0936			\$	0
FINAL TOTAL				\$	27,786
Experience Modification: 1.577					

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: NEW JERSEY

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate		Earned Premium
			Per \$100 of Remuneration		
FROM 09/10/20 TO 03/19/21					
001					
DRIVERS, CHAUFFEURS AND THEIR HELPERS NOC-COMMERCIAL	7380	\$ 146,738	13.55	\$	19,883
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	\$ 4,797,598	2.62	\$	125,697
STORE: RETAIL NOC	8017	\$ 0	3.44	\$	0
SALESPERSONS-OUTSIDE	8742	\$ 0	.42	\$	0
CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 4,89,889	.18	\$	8,082
<b>Preview</b>					
TOTAL CLASS PREMIUM				\$	153,662
INCREASE LIMITS 1.014	6199			\$	2,151
TOTAL SUBJECT PREMIUM				\$	155,813
EXPERIENCE PREMIUM 1.577	9898			\$	89,904
TOTAL MODIFIED PREMIUM				\$	245,717
SCHEDULE MOD .75	9887			\$	-61,429
STANDARD TOTAL				\$	184,288
LARGE DEDUCTIBLE .0839	9663			\$	-168,826
TERRORISM .03	9740			\$	2,830
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$	943
TOTAL ESTIMATED PREMIUM				\$	19,235
SECOND INJURY FUND SURCHARGE 1.0534	0935			\$	13,121
UNINSURED EMPLOYERS' FUND SURCHARGE 1.00	0936			\$	0
FINAL TOTAL				\$	32,356
Experience Modification: 1.577					

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: NEW JERSEY

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate	Earned Premium
			Per \$100 of Remuneration	
NJ - STATE SUMMARY				
<b>Preview</b>				
TOTAL CLASS PREMIUM				\$ 285,617
INCREASE LIMITS 1.014	6199			\$ 3,998
TOTAL SUBJECT PREMIUM				\$ 289,615
EXPERIENCE PREMIUM 1.577	9898			\$ 167,108
TOTAL MODIFIED PREMIUM				\$ 456,723
SCHEDULE MOD .75	9887			\$ -114,181
STANDARD TOTAL				\$ 342,542
LARGE DEDUCTIBLE .0839	9663			\$ -313,802
TERRORISM .03	9740			\$ 5,260
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 1,753
TOTAL ESTIMATED PREMIUM				\$ 35,753
SECOND INJURY FUND SURCHARGE 1.0534	0935			\$ 24,389
UNINSURED EMPLOYERS' FUND SURCHARGE 1.00	0936			\$ 0
FINAL TOTAL				\$ 60,142
Experience Modification:				

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: NEW YORK

Classifications of Operations	Code No.	Exposure Basis	Rate	Earned Premium
		Total Earned Annual Remuneration	Per \$100 of Remuneration	
FROM 03/31/20 TO 09/10/20				
011				
DRIVERS, AND HELPERS NOC-COMMERCIAL	7380	\$ 0	9.98	\$ 0
STORES: CLOTHING OR WEARING APPAREL STORE - RETAIL	8008	\$ 5,570,961	1.03	\$ 57,381
SALESPERSONS, COLLECTORS OR MESSENGERS-OUTSIDE	8742	\$ 0	.32	\$ 0
EXECUTIVE OFFICERS NOC-NOT FOREMEN, WORKERS OR SALESPERSONS	8809	\$ 205,035	.21	\$ 431
CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 1,912,022	.14	\$ 2,677
<b>TOTAL CLASS PREMIUM</b>				<b>\$ 60,489</b>
BLANKET WAIVER	2.02 0930			\$ 1,210
INCREASE LIMITS	1.028 9812			\$ 0
<b>TOTAL SUBJECT PREMIUM</b>				<b>\$ 61,699</b>
EXPERIENCE PREMIUM	1.29 9898			\$ 17,893
<b>TOTAL MODIFIED PREMIUM</b>				<b>\$ 79,592</b>
CONTRACTORS RATING PLAN	.00 9046			\$ 0
SCHEDULE MOD	.95 9887			\$ -3,980
LARGE DEDUCTIBLE	.0839 9663			\$ -69,268
<b>STANDARD TOTAL</b>				<b>\$ 6,344</b>
TERRORISM - PAYROLL	.063 9740			\$ 4,843
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	.011 9741			\$ 846
<b>TOTAL ESTIMATED PREMIUM</b>				<b>\$ 12,033</b>
NY STATE ASSESSMENT SURCHARGE	1.122 0932			\$ 9,919
WC SECURITY FUND SURCHARGE	1.00 9749			\$ 0
<b>FINAL TOTAL</b>				<b>\$ 21,952</b>
Experience Modification: 1.29		761944		

Preview

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: NEW YORK

Classifications of Operations	Code No.	Exposure Basis	Rate	Earned Premium
		Total Earned Annual Remuneration	Per \$100 of Remuneration	
FROM 09/10/20 TO 03/19/21				
011				
DRIVERS, AND HELPERS NOC-COMMERCIAL	7380	\$ 0	9.98	\$ 0
STORES: CLOTHING OR WEARING APPAREL STORE - RETAIL	8008	\$ 6,487,397	1.03	\$ 66,820
SALESPERSONS, COLLECTORS OR MESSENGERS-OUTSIDE	8742	\$ 0	.32	\$ 0
EXECUTIVE OFFICERS NOC-NOT FOREMEN, WORKERS OR SALESPERSONS	8809	\$ 238,763	.21	\$ 501
CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 2,286,553	.14	\$ 3,117
<b>Preview</b>				
TOTAL CLASS PREMIUM				\$ 70,438
BLANKET WAIVER 1.02	0930			\$ 1,409
INCREASE LIMITS 1.028	9812			\$ 0
TOTAL SUBJECT PREMIUM				\$ 71,847
EXPERIENCE PREMIUM 1.29	9898			\$ 20,836
TOTAL MODIFIED PREMIUM				\$ 92,683
CONTRACTORS RATING PLAN .00	9046			\$ 0
SCHEDULE MOD .95	9887			\$ -4,634
LARGE DEDUCTIBLE .0839	9663			\$ -80,662
STANDARD TOTAL				\$ 7,387
TERRORISM - PAYROLL .063	9740			\$ 5,640
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .011	9741			\$ 985
TOTAL ESTIMATED PREMIUM				\$ 14,012
NY STATE ASSESSMENT SURCHARGE 1.122	0932			\$ 11,550
WC SECURITY FUND SURCHARGE 1.00	9749			\$ 0
FINAL TOTAL				\$ 25,562
Experience Modification: 1.29	761944			

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: NEW YORK

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate	Earned Premium
			Per \$100 of Remuneration	
NY - STATE SUMMARY				
TOTAL CLASS PREMIUM				\$ 130,927
BLANKET WAIVER	2.02	0930		\$ 2,619
INCREASE LIMITS	1.028	9812		\$ 0
TOTAL SUBJECT PREMIUM				\$ 133,546
EXPERIENCE PREMIUM	1.29	9898		\$ 38,729
TOTAL MODIFIED PREMIUM				\$ 172,275
CONTRACTORS RATING PLAN	.00	9046		\$ 0
SCHEDULE MOD	.95	9887		\$ -8,614
LARGE DEDUCTIBLE	.0839	9663		\$ -149,930
STANDARD TOTAL				\$ 13,731
TERRORISM - PAYROLL	.063	9740		\$ 10,483
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	.011	9741		\$ 1,831
TOTAL ESTIMATED PREMIUM				\$ 26,045
NY STATE ASSESSMENT SURCHARGE	1.122	0932		\$ 21,469
WC SECURITY FUND SURCHARGE	1.00	9749		\$ 0
FINAL TOTAL				\$ 47,514
Experience Modification:	761944			

Preview

Policy No. RM1WC00023201



**CALCULATION OF EARNED PREMIUM (Continued)**

State of: PENNSYLVANIA

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate		Earned Premium
			Per \$100 of Remuneration		
FROM 03/31/20 TO 09/10/20					
003					
DEPARTMENT STORE - ALL EMPLOYEES INCLUDING OFFICE.	914	\$ 347,574	1.34	\$	4,657
<b>Preview</b>					
TOTAL CLASS PREMIUM				\$	4,657
BLANKET WAIVER 2.02	0930			\$	93
INCREASE LIMITS 1.014	9812			\$	65
TOTAL SUBJECT PREMIUM				\$	4,815
EXPERIENCE PREMIUM 1.606	9898			\$	2,918
TOTAL MODIFIED PREMIUM				\$	7,733
SCHEDULE MODIFICATION .75	9887			\$	-1,933
STANDARD TOTAL				\$	5,800
LARGE DEDUCTIBLE .2176	9663			\$	-4,538
EXPENSE CONSTANT	0900			\$	94
TERRORISM .00668	9740			\$	23
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .00446	9741			\$	16
TOTAL ESTIMATED PREMIUM				\$	1,395
EMPLOYER ASSESSMENT (NON-COAL) 1.0183	0938			\$	26
EMPLOYER ASSESSMENT (COAL) 1.0183	0938			\$	0
FINAL TOTAL				\$	1,421
Experience Modification: 1.606					

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: PENNSYLVANIA

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate		Earned Premium
			Per \$100 of Remuneration		
FROM 09/10/20 TO 03/19/21					
003					
DEPARTMENT STORE - ALL EMPLOYEES INCLUDING OFFICE.	914	\$ 404,750	1.34	\$	5,424
<b>Preview</b>					
TOTAL CLASS PREMIUM				\$	5,424
BLANKET WAIVER 2.02	0930			\$	108
INCREASE LIMITS 1.014	9812			\$	76
TOTAL SUBJECT PREMIUM				\$	5,608
EXPERIENCE PREMIUM 1.606	9898			\$	3,398
TOTAL MODIFIED PREMIUM				\$	9,006
SCHEDULE MODIFICATION .75	9887			\$	-2,252
STANDARD TOTAL				\$	6,754
LARGE DEDUCTIBLE .2176	9663			\$	-5,284
EXPENSE CONSTANT	0900			\$	109
TERRORISM .00668	9740			\$	27
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .00446	9741			\$	18
TOTAL ESTIMATED PREMIUM				\$	1,624
EMPLOYER ASSESSMENT (NON-COAL) 1.0183	0938			\$	30
EMPLOYER ASSESSMENT (COAL) 1.0183	0938			\$	0
FINAL TOTAL				\$	1,654
Experience Modification: 1.606					

Policy No. RM1WC00023201

**CALCULATION OF EARNED PREMIUM (Continued)**

State of: PENNSYLVANIA

Classifications of Operations	Code No.	Exposure Basis Total Earned Annual Remuneration	Rate	Earned Premium
			Per \$100 of Remuneration	
PA - STATE SUMMARY				
<div style="font-size: 4em; opacity: 0.3; transform: rotate(-45deg); pointer-events: none;">                     Preview                 </div>				
TOTAL CLASS PREMIUM				\$ 10,081
BLANKET WAIVER	2.02	0930		\$ 201
INCREASE LIMITS	1.014	9812		\$ 141
TOTAL SUBJECT PREMIUM				\$ 10,423
EXPERIENCE PREMIUM	1.606	9898		\$ 6,316
TOTAL MODIFIED PREMIUM				\$ 16,739
SCHEDULE MODIFICATION	.75	9887		\$ -4,185
STANDARD TOTAL				\$ 12,554
LARGE DEDUCTIBLE	.2176	9663		\$ -9,822
EXPENSE CONSTANT		0900		\$ 203
TERRORISM	.00668	9740		\$ 50
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	.00446	9741		\$ 34
TOTAL ESTIMATED PREMIUM				\$ 3,019
EMPLOYER ASSESSMENT (NON-COAL)	1.0183	0938		\$ 56
EMPLOYER ASSESSMENT (COAL)	1.0183	0938		\$ 0
FINAL TOTAL				\$ 3,075
Experience Modification:				

Policy No. RM1WC00023201

**Exhibit C**

**Everest National WCS  
 Everest National Insurance Company  
 477 Martinsville Road  
 Liberty Corner, NJ 07938  
 Rating Worksheets**

Named Insured:	CENTURY 21 DEPARTMENT STORES L	Date:	05/25/21
Special Notes:	03/16/20 DED		
Policy Number:	RM1WC00023201	Agy/Prod Number:	14389
Customer ID:		Agy/Prod Name:	ALLIANT INSURANCE SERVICE
System Assign:	39050710000000	Operator:	MPEGAN
Business Type:	LIMITED LIABILITY COMPANY		
Insurance Co.:	EVEREST PREMIER INSURANCE COMPANY		
Line Of Business:	WORKERS COMP (VOLUNTARY)		
Effective Date:	03/31/20	Expiration Date:	03/31/21
Cancel Date:	03/19/21	Cancel Type:	PRO-RATA
Anniversary Date:		Audit Frequency:	ANNUAL
Policy Term:	1 YEAR		
Predominant State:	NJ		
Transaction Type:	FINAL AUDIT	Transaction Sequence:	007

**POLICY PREMIUM TOTALS**

<u>Coverages</u>	<u>Term Premium</u>
Class Premium	<b>433,510.00</b>
Waiver Of Subrogation Premium	2,889.00
Employer's Liab Premium	4,236.00
Experience Mod Premium	212,726.00
Schedule Mod Premium	-126,980.00
Contractors/Construction Credit	.00
Standard Premium	<b>371,136.00</b>
Large Deductible Premium	-478,869.00
Expense Constant	203.00
Terrorism	15,843.00
Catastrophe	3,618.00
Estimated Premium	<b>67,176.00</b>
Taxes and Assessments	46,009.00
Estimated Total	<b>113,185.00</b>

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**TERM STATE TOTALS**

<u>State</u>	<u>Split Period</u>	<u>Exposure</u>	<u>Estimated Premium</u>	<u>Taxes and Assessments</u>	<u>State Total</u>
FL	03/31/20-09/10/20	233,896	1,090.00	44.00	1,134.00
	09/10/20-03/19/21	272,372	1,269.00	51.00	1,320.00
NJ	03/31/20-09/10/20	8,101,510	16,518.00	11,268.00	27,786.00
	09/10/20-03/19/21	9,434,225	19,235.00	13,121.00	32,356.00
NY	03/31/20-09/10/20	7,688,018	12,033.00	9,919.00	21,952.00
	09/10/20-03/19/21	8,952,713	14,012.00	11,550.00	25,562.00
PA	03/31/20-09/10/20	347,574	1,395.00	26.00	1,421.00
	09/10/20-03/19/21	404,750	1,624.00	30.00	1,654.00
Estimated Totals		35,435,058	67,176.00	46,009.00	113,185.00

**Premium Recap by Rating Group**

**Page 1**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**PREMIUM RECAP BY RATING GROUP**

**State: FL Rating Group: 0003-01 (03/31/20-09/10/20)**

<u>Class Code</u>	<u>Term</u> <u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
7380	0	5.47	.00
8008	233,896	1.36	3,181.00
8017	0	1.56	.00
8742	0	.35	.00
8810	0	.17	.00
TOTAL CLASS PREMIUM			<b>3,181.00</b>
BLANKET WAIVER (.01)		(SP: 3,181.00)	32.00
INCREASE LIMITS (.014)		(SP: 3,181.00)	45.00
LARGE DEDUCTIBLE (-.772)		(SP: 3,181.00)	-2,456.00
TOTAL SUBJECT PREMIUM			<b>802.00</b>
EXPERIENCE PREMIUM (.33)		(SP: 802.00)	265.00
TOTAL MODIFIED PREMIUM			<b>1,067.00</b>
STANDARD TOTAL			<b>1,067.00</b>
TERRORISM (.01)		(SP: 233,896.00)	23.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>1,090.00</b>
FWCIGA SURCHARGE (.01)		(SP: 4,356.00)	44.00
FINAL TOTAL			<b>1,134.00</b>

**State: FL Rating Group: 0003-01 (09/10/20-03/19/21)**

<u>Class Code</u>	<u>Term</u> <u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
7380	0	5.47	.00
8008	272,372	1.36	3,704.00
8017	0	1.56	.00
8742	0	.35	.00
8810	0	.17	.00
TOTAL CLASS PREMIUM			<b>3,704.00</b>
BLANKET WAIVER (.01)		(SP: 3,704.00)	37.00
INCREASE LIMITS (.014)		(SP: 3,704.00)	52.00
LARGE DEDUCTIBLE (-.772)		(SP: 3,704.00)	-2,859.00
TOTAL SUBJECT PREMIUM			<b>934.00</b>
EXPERIENCE PREMIUM (.33)		(SP: 934.00)	308.00
TOTAL MODIFIED PREMIUM			<b>1,242.00</b>
STANDARD TOTAL			<b>1,242.00</b>
TERRORISM (.01)		(SP: 272,372.00)	27.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>1,269.00</b>
FWCIGA SURCHARGE (.01)		(SP: 5,072.00)	51.00
FINAL TOTAL			<b>1,320.00</b>

**Premium Recap by Rating Group**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State: NJ Rating Group: 0001-01 (03/31/20-09/10/20)**

<u>Class Code</u>	<u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
7380	126,009	13.55	17,074.00
8008	4,119,871	2.62	107,941.00
8017	0	3.44	.00
8742	0	.42	.00
8810	3,855,630	.18	6,940.00
TOTAL CLASS PREMIUM			<b>131,955.00</b>
INCREASE LIMITS (.014) (SP: 131,955.00)			1,847.00
TOTAL SUBJECT PREMIUM			<b>133,802.00</b>
EXPERIENCE PREMIUM (.577) (SP: 133,802.00)			77,204.00
TOTAL MODIFIED PREMIUM			<b>211,006.00</b>
SCHEDULE MOD (-.25) (SP: 211,006.00)			-52,752.00
STANDARD TOTAL			<b>158,254.00</b>
LARGE DEDUCTIBLE (-.9161) (SP: 158,254.00)			-144,976.00
TERRORISM (.03) (SP: 8,101,510.00)			2,430.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
CATASTROPHE (O/T ACTS OF TERR) (.01) (SP: 8,101,510.00)			810.00
**CATASTROPHE PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>16,518.00</b>
NJSIF SURCHARGE (.0534) (SP: 211,006.00)			11,268.00
NJUEF SURCHARGE			.00
FINAL TOTAL			<b>27,786.00</b>

**State: NJ Rating Group: 0001-01 (09/10/20-03/19/21)**

<u>Class Code</u>	<u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
7380	146,738	13.55	19,883.00
8008	4,797,598	2.62	125,697.00
8017	0	3.44	.00
8742	0	.42	.00
8810	4,489,889	.18	8,082.00
TOTAL CLASS PREMIUM			<b>153,662.00</b>
INCREASE LIMITS (.014) (SP: 153,662.00)			2,151.00
TOTAL SUBJECT PREMIUM			<b>155,813.00</b>
EXPERIENCE PREMIUM (.577) (SP: 155,813.00)			89,904.00
TOTAL MODIFIED PREMIUM			<b>245,717.00</b>
SCHEDULE MOD (-.25) (SP: 245,717.00)			-61,429.00
STANDARD TOTAL			<b>184,288.00</b>
LARGE DEDUCTIBLE (-.9161) (SP: 184,288.00)			-168,826.00
TERRORISM (.03) (SP: 9,434,225.00)			2,830.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
CATASTROPHE (O/T ACTS OF TERR) (.01) (SP: 9,434,225.00)			943.00
**CATASTROPHE PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>19,235.00</b>
NJSIF SURCHARGE (.0534) (SP: 245,717.00)			13,121.00
NJUEF SURCHARGE			.00
FINAL TOTAL			<b>32,356.00</b>



**Premium Recap by Rating Group**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State: NY Rating Group: 0005-01 (03/31/20-09/10/20)**

<u>Class Code</u>	<u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
7380	0	9.98	.00
8008	5,570,961	1.03	57,381.00
8742	0	.32	.00
8809	205,035	.21	431.00
8810	1,912,022	.14	2,677.00
TOTAL CLASS PREMIUM			<b>60,489.00</b>
BLANKET WAIVER (.02)		(SP: 60,489.00)	1,210.00
INCREASE LIMITS (.028)		(SP: .00)	.00
TOTAL SUBJECT PREMIUM			<b>61,699.00</b>
EXPERIENCE PREMIUM (.29)		(SP: 61,699.00)	17,893.00
TOTAL MODIFIED PREMIUM			<b>79,592.00</b>
CONTRACTORS RATING PLAN			.00
SCHEDULE MOD (-.05)		(SP: 79,592.00)	-3,980.00
LARGE DEDUCTIBLE (-.9161)		(SP: 75,612.00)	-69,268.00
STANDARD TOTAL			<b>6,344.00</b>
TERRORISM (.063)		(SP: 7,688,018.00)	4,843.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
CATASTROPHE (O/T ACTS OF TERR) (.011)		(SP: 7,688,018.00)	846.00
**CATASTROPHE PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>12,033.00</b>
NY STATE ASSESSMENT SURCHARGE (.122)		(SP: 81,301.00)	9,919.00
WC SECURITY FUND SURCHARGE			.00
FINAL TOTAL			<b>21,952.00</b>

**State: NY Rating Group: 0005-01 (09/10/20-03/19/21)**

<u>Class Code</u>	<u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
7380	0	9.98	.00
8008	6,487,397	1.03	66,820.00
8742	0	.32	.00
8809	238,763	.21	501.00
8810	2,226,553	.14	3,117.00
TOTAL CLASS PREMIUM			<b>70,438.00</b>
BLANKET WAIVER (.02)		(SP: 70,438.00)	1,409.00
INCREASE LIMITS (.028)		(SP: .00)	.00
TOTAL SUBJECT PREMIUM			<b>71,847.00</b>
EXPERIENCE PREMIUM (.29)		(SP: 71,847.00)	20,836.00
TOTAL MODIFIED PREMIUM			<b>92,683.00</b>
CONTRACTORS RATING PLAN			.00
SCHEDULE MOD (-.05)		(SP: 92,683.00)	-4,634.00
LARGE DEDUCTIBLE (-.9161)		(SP: 88,049.00)	-80,662.00
STANDARD TOTAL			<b>7,387.00</b>
TERRORISM (.063)		(SP: 8,952,713.00)	5,640.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
CATASTROPHE (O/T ACTS OF TERR) (.011)		(SP: 8,952,713.00)	985.00
**CATASTROPHE PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>14,012.00</b>
NY STATE ASSESSMENT SURCHARGE (.122)		(SP: 94,674.00)	11,550.00
WC SECURITY FUND SURCHARGE			.00
FINAL TOTAL			<b>25,562.00</b>

**Premium Recap by Rating Group**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State: PA Rating Group: 0004-01 (03/31/20-09/10/20)**

<u>Class Code</u>	<u>Term</u> <u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
914	347,574	1.34	4,657.00
TOTAL CLASS PREMIUM			<b>4,657.00</b>
BLANKET WAIVER (.02)		(SP: 4,657.00)	93.00
INCREASE LIMITS (.014)		(SP: 4,657.00)	65.00
TOTAL SUBJECT PREMIUM			<b>4,815.00</b>
EXPERIENCE PREMIUM (.606)		(SP: 4,815.00)	2,918.00
TOTAL MODIFIED PREMIUM			<b>7,733.00</b>
SCHEDULE MODIFICATION (-.25)		(SP: 7,733.00)	-1,933.00
STANDARD TOTAL			<b>5,800.00</b>
LARGE DEDUCTIBLE (-.7824)		(SP: 5,800.00)	-4,538.00
EXPENSE CONSTANT			94.00
TERRORISM (.00668)		(SP: 347,574.00)	23.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
CATASTROPHE (O/T ACTS OF TERR) (.00446)		(SP: 347,574.00)	16.00
**CATASTROPHE PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>1,395.00</b>
EMPLOYER ASSESSMENT (NON-COAL) (.0183)		(SP: 1,395.00)	26.00
EMPLOYER ASSESSMENT (COAL) (.0183)		(SP: .00)	.00
FINAL TOTAL			<b>1,421.00</b>

**State: PA Rating Group: 0004-01 (09/10/20-03/19/21)**

<u>Class Code</u>	<u>Term</u> <u>Exposure</u>	<u>Rate</u>	<u>Premium</u>
914	404,750	1.34	5,424.00
TOTAL CLASS PREMIUM			<b>5,424.00</b>
BLANKET WAIVER (.02)		(SP: 5,424.00)	108.00
INCREASE LIMITS (.014)		(SP: 5,424.00)	76.00
TOTAL SUBJECT PREMIUM			<b>5,608.00</b>
EXPERIENCE PREMIUM (.606)		(SP: 5,608.00)	3,398.00
TOTAL MODIFIED PREMIUM			<b>9,006.00</b>
SCHEDULE MODIFICATION (-.25)		(SP: 9,006.00)	-2,252.00
STANDARD TOTAL			<b>6,754.00</b>
LARGE DEDUCTIBLE (-.7824)		(SP: 6,754.00)	-5,284.00
EXPENSE CONSTANT			109.00
TERRORISM (.00668)		(SP: 404,750.00)	27.00
**TERRORISM PREMIUM IS PER \$100 OF PAYROLL**			
CATASTROPHE (O/T ACTS OF TERR) (.00446)		(SP: 404,750.00)	18.00
**CATASTROPHE PREMIUM IS PER \$100 OF PAYROLL**			
TOTAL ESTIMATED PREMIUM			<b>1,624.00</b>
EMPLOYER ASSESSMENT (NON-COAL) (.0183)		(SP: 1,624.00)	30.00
EMPLOYER ASSESSMENT (COAL) (.0183)		(SP: .00)	.00
FINAL TOTAL			<b>1,654.00</b>

**Policy Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**WORKERS COMP POLICY INFORMATION RECAP**

Predominant State: NJ  
**Minimum Premium**  
 Policy: 639  
 Empl Liab: 150  
 Admiralty:  
 FE LA:  
 Waiver Minimum Premium: 251  
  
 Combined Policy Premium:  
 NJ Premium:  
  
 Executive Officers: YES  
 Employee Leasing: NO  
 Deposit Factor: .15  
 Installment Plan: 10

**WORKERS COMP STATE INFORMATION RECAP**

<b>State:</b>	<b>FL</b>	<b>FL</b>	<b>NJ</b>
Split Period:	03/31/20-09/10/20	09/10/20-03/19/21	03/31/20-09/10/20
Rate Mode:	G00	G00	G00
Retro Plan:	NO	NO	NO
Intra Exper Mod ID:			69257
Effective Date:			03/31/20
Exper Mod:			1.577 (ACTUAL)
Rate Revision Date:	01/01/20	01/01/20	01/01/20
Dev Revision Date:	01/01/20	01/01/20	01/01/20
Premium Discount			
First:	NIL (10000)	NIL (10000)	NIL (10000)
Next:	.091 (190000)	.091 (190000)	.051 (190000)
Next:	.113 (1550000)	.113 (1550000)	.065 (1550000)
Balance:	.123 (BALANCE)	.123 (BALANCE)	.075 (BALANCE)
Commission (Norm):	0	0	0
Prem Subj to Comm:	1,090	1,269	8,118,028
Term Factor:	.967	.967	.967
Audit Factor:	.462	.538	.462

**State Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

<b>State:</b>	<b>NJ</b>	<b>NY</b>	<b>NY</b>
Split Period:	09/10/20-03/19/21	03/31/20-09/10/20	09/10/20-03/19/21
Rate Mode:	G00	G00	G00
Retro Plan:	NO	NO	NO
Intra Exper Mod ID:	69257	761944	761944
Effective Date:	03/31/20	03/31/20	03/31/20
Exper Mod:	1.577 (ACTUAL)	1.29 (ACTUAL)	1.29 (ACTUAL)
Rate Revision Date:	01/01/20	03/16/20	03/16/20
Dev Revision Date:	01/01/20	01/01/20	01/01/20
Premium Discount			
First:	NIL (10000)	NIL (10000)	NIL (10000)
Next:	.051 (190000)	.091 (190000)	.091 (190000)
Next:	.065 (1550000)	.113 (1550000)	.113 (1550000)
Balance:	.075 (BALANCE)	.123 (BALANCE)	.123 (BALANCE)
Commission (Norm):	0	0	0
Prem Subj to Comm:	9,453,460	12,033	14,012
Term Factor:	.967	.967	.967
Audit Factor:	.538	.462	.538

<b>State:</b>	<b>PA</b>	<b>PA</b>
Split Period:	03/31/20-09/10/20	09/10/20-03/19/21
Rate Mode:	G00	G00
Retro Plan:	NO	NO
Intra Exper Mod ID:	3384793	3384793
Effective Date:	03/31/20	03/31/20
Exper Mod:	1.606 (ACTUAL)	1.606 (ACTUAL)
Rate Revision Date:	04/01/19	04/01/19
Dev Revision Date:	04/01/19	04/01/19
Premium Discount		
First:	NIL (10000)	NIL (10000)
Next:	.091 (190000)	.091 (190000)
Next:	.113 (1550000)	.113 (1550000)
Balance:	.123 (BALANCE)	.123 (BALANCE)
Commission (Norm):	0	0
Prem Subj to Comm:	1,395	1,624
Term Factor:	.967	.967
Audit Factor:	.462	.538

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**CLASS CODE INFORMATION**

**State:** 09 (FL) **Rating Group:** 0003-01 (03/31/20 - 09/10/20)  
**Class Code:** 7380 **DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS**  
**Hazard Group:** D **Analogy Desc:** NONE  
**USL&H Applies:** NO **Premium Type:** 01 RATABLE  
**DC Ben Applies:** NO **Disease Load:** **Exclude Med:**  
**TWM&C Applies:** NO **Min Prem Ovr:** **Loss Cnst Ovr:** 0  
**Base Rate Ovr:** **(A) Rate Class:**  
**Exposure:** 0

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	316	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	5.47	5.47 .00 100	0.00
	ADDL FACTORS: PURE BASE RATE: 5.47 BASE LCM 1.00000		

**State:** 09 (FL) **Rating Group:** 0003-01 (03/31/20 - 09/10/20)  
**Class Code:** 8008 **STORE: CLOTHING, WEARING APPAREL, OR DRY GOODS-RET**  
**Hazard Group:** B **Analogy Desc:** NONE  
**USL&H Applies:** NO **Premium Type:** 01 RATABLE  
**DC Ben Applies:** NO **Disease Load:** **Exclude Med:**  
**TWM&C Applies:** NO **Min Prem Ovr:** **Loss Cnst Ovr:** 0  
**Base Rate Ovr:** **(A) Rate Class:**  
**Exposure:** 506,268

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	3,181	.967	132	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	1.36	1.36 233896.00 100	3181.00
	ADDL FACTORS: PURE BASE RATE: 1.36 BASE LCM 1.00000		

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 09 (FL) **Rating Group:** 0003-01 (03/31/20 - 09/10/20)  
**Class Code:** 8017 **STORE:** RETAIL NOC  
 Hazard Group: B Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	141	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	1.56	1.56 .00 100	0.00
	ADDL FACTORS: PURE BASE RATE: 1.56 BASE LCM 1.00000		

**State:** 09 (FL) **Rating Group:** 0003-01 (03/31/20 - 09/10/20)  
**Class Code:** 8742 **SALESPERSONS OR COLLECTORS - OUTSIDE**  
 Hazard Group: E Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	87	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	.35	.35 .00 100	0.00
	ADDL FACTORS: PURE BASE RATE: .35 BASE LCM 1.00000		

**State:** 09 (FL) **Rating Group:** 0003-01 (03/31/20 - 09/10/20)  
**Class Code:** 8810 **CLERICAL OFFICE EMPLOYEES NOC**  
 Hazard Group: C Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	79	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	.17	.17 .00 100	0.00
	ADDL FACTORS: PURE BASE RATE: .17 BASE LCM 1.00000		

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 09 (FL) **Rating Group:** 0003-01 (09/10/20 - 03/19/21)  
**Class Code:** 7380 **DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS**  
 Hazard Group: D **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:**  
**Base Rate Ovr:** Min Prem Ovr: **Exclude Med:**  
**Exposure:** 0 (A) Rate Class: **Loss Cnst Ovr:** 0

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	368	.538

CLASS CODE RATING FORMULAS

<b>CLASS PREMIUM</b>	<b>BASE RATE =</b>	<b>FINAL RATE * EXPOSURE / RATING BASIS =</b>	<b>FINAL PREMIUM</b>
	5.47	5.47 .00 100	0.00
	<b>ADDL FACTORS: PURE BASE RATE: 5.47 BASE LCM 1.00000</b>		

**State:** 09 (FL) **Rating Group:** 0003-01 (09/10/20 - 03/19/21)  
**Class Code:** 8008 **STORE: CLOTHING, WEARING APPAREL, OR DRY GOODS-RET**  
 Hazard Group: B **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:**  
**Base Rate Ovr:** Min Prem Ovr: **Exclude Med:**  
**Exposure:** 506,268 (A) Rate Class: **Loss Cnst Ovr:** 0

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	3,704	.967	154	.538

CLASS CODE RATING FORMULAS

<b>CLASS PREMIUM</b>	<b>BASE RATE =</b>	<b>FINAL RATE * EXPOSURE / RATING BASIS =</b>	<b>FINAL PREMIUM</b>
	1.36	1.36 272372.00 100	3704.00
	<b>ADDL FACTORS: PURE BASE RATE: 1.36 BASE LCM 1.00000</b>		

**State:** 09 (FL) **Rating Group:** 0003-01 (09/10/20 - 03/19/21)  
**Class Code:** 8017 **STORE: RETAIL NOC**  
 Hazard Group: B **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:**  
**Base Rate Ovr:** Min Prem Ovr: **Exclude Med:**  
**Exposure:** 0 (A) Rate Class: **Loss Cnst Ovr:** 0

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	165	.538

CLASS CODE RATING FORMULAS

<b>CLASS PREMIUM</b>	<b>BASE RATE =</b>	<b>FINAL RATE * EXPOSURE / RATING BASIS =</b>	<b>FINAL PREMIUM</b>
	1.56	1.56 .00 100	0.00
	<b>ADDL FACTORS: PURE BASE RATE: 1.56 BASE LCM 1.00000</b>		

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 09 (FL) **Rating Group:** 0003-01 (09/10/20 - 03/19/21)  
**Class Code:** 8742 **SALESPERSONS OR COLLECTORS - OUTSIDE**  
 Hazard Group: E Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	102	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	.35	.35 .00 100	0.00
ADDL FACTORS: PURE BASE RATE: .35 BASE LCM 1.00000			

**State:** 09 (FL) **Rating Group:** 0003-01 (09/10/20 - 03/19/21)  
**Class Code:** 8810 **CLERICAL OFFICE EMPLOYEES NOC**  
 Hazard Group: C Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	92	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	.17	.17 .00 100	0.00
ADDL FACTORS: PURE BASE RATE: .17 BASE LCM 1.00000			



**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 29 (NJ) **Rating Group:** 0001-01 (03/31/20 - 09/10/20)  
**Class Code:** 7380 **DRIVERS, CHAUFFEURS AND THEIR HELPERS NOC-COMMERCI**  
 Hazard Group: D **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:** **Exclude Med:**  
 Non-Subject:  
**Base Rate Ovr:** **Min Prem Ovr:** **Loss Cnst Ovr:** 0  
**Exposure:** 272,747 **(A) Rate Class:**

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	17,074	.967	425	.462

CLASS CODE RATING FORMULAS

<b>CLASS PREMIUM</b>	<b>BASE RATE =</b>	<b>FINAL RATE * EXPOSURE / RATING BASIS =</b>	<b>FINAL PREMIUM</b>
	13.55	13.55 126009.00 100	17074.00
	<b>ADDL FACTORS: PURE BASE RATE: 13.55 BASE LCM 1.00000</b>		

**State:** 29 (NJ) **Rating Group:** 0001-01 (03/31/20 - 09/10/20)  
**Class Code:** 8008 **STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RET**  
 Hazard Group: B **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:** **Exclude Med:**  
 Non-Subject:  
**Base Rate Ovr:** **Min Prem Ovr:** **Loss Cnst Ovr:** 0  
**Exposure:** 8,917,469 **(A) Rate Class:**

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	107,941	.967	305	.462

CLASS CODE RATING FORMULAS

<b>CLASS PREMIUM</b>	<b>BASE RATE =</b>	<b>FINAL RATE * EXPOSURE / RATING BASIS =</b>	<b>FINAL PREMIUM</b>
	2.62	2.62 4119871.00 100	107941.00
	<b>ADDL FACTORS: PURE BASE RATE: 2.62 BASE LCM 1.00000</b>		

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 29 (NJ) **Rating Group:** 0001-01 (03/31/20 - 09/10/20)  
**Class Code:** 8017 **STORE:** RETAIL NOC  
 Hazard Group: B Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	379	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	3.44	3.44	.00 100	0.00
	ADDL FACTORS: PURE BASE RATE: 3.44 BASE LCM 1.00000			

**State:** 29 (NJ) **Rating Group:** 0001-01 (03/31/20 - 09/10/20)  
**Class Code:** 8742 **SALESPERSONS-OUTSIDE**  
 Hazard Group: E Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	109	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	.42	.42	.00 100	0.00
	ADDL FACTORS: PURE BASE RATE: .42 BASE LCM 1.00000			

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 29 (NJ) **Rating Group:** 0001-01 (03/31/20 - 09/10/20)  
**Class Code:** 8810 **CLERICAL OFFICE EMPLOYEES NOC**  
 Hazard Group: C Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovrđ: Min Prem Ovrđ: Loss Cnst Ovrđ: 0  
 Exposure: 8,345,519 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	6,940	.967	88	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	.18	.18 3855630.00	100	6940.00
	ADDL FACTORS: PURE BASE RATE: .18 BASE LCM 1.00000			

**State:** 29 (NJ) **Rating Group:** 0001-01 (09/10/20 - 03/19/21)  
**Class Code:** 7380 **DRIVERS, CHAUFFEURS AND THEIR HELPERS NOC-COMMERCI**  
 Hazard Group: D Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovrđ: Min Prem Ovrđ: Loss Cnst Ovrđ: 0  
 Exposure: 272,747 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	19,883	.967	494	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	13.55	13.55 146738.00	100	19883.00
	ADDL FACTORS: PURE BASE RATE: 13.55 BASE LCM 1.00000			

**Class Code Information**

**Page 8**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 29 (NJ) **Rating Group:** 0001-01 (09/10/20 - 03/19/21)  
**Class Code:** 8008 **STORE:** CLOTHING, WEARING APPAREL OR DRY GOODS-RET  
 Hazard Group: B Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 8,917,469 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	125,697	.967	356	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE	* EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	2.62	2.62	4797598.00	100	125697.00
ADDL FACTORS: PURE BASE RATE: 2.62 BASE LCM 1.00000					

**State:** 29 (NJ) **Rating Group:** 0001-01 (09/10/20 - 03/19/21)  
**Class Code:** 8017 **STORE:** RETAIL NOC  
 Hazard Group: B Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	441	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE	* EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	3.44	3.44	.00	100	0.00
ADDL FACTORS: PURE BASE RATE: 3.44 BASE LCM 1.00000					

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 29 (NJ) **Rating Group:** 0001-01 (09/10/20 - 03/19/21)  
**Class Code:** 8742 **SALESPERSONS-OUTSIDE**  
 Hazard Group: E Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000		.967	127	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	.42	.42	.00 100	0.00
	ADDL FACTORS: PURE BASE RATE: .42 BASE LCM 1.00000			

**State:** 29 (NJ) **Rating Group:** 0001-01 (09/10/20 - 03/19/21)  
**Class Code:** 8810 **CLERICAL OFFICE EMPLOYEES NOC**  
 Hazard Group: C Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 8,345,519 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	8,082	.967	102	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE /	RATING BASIS =	FINAL PREMIUM
	.18	.18	4489889.00 100	8082.00
	ADDL FACTORS: PURE BASE RATE: .18 BASE LCM 1.00000			

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 31 (NY) **Rating Group:** 0005-01 (03/31/20 - 09/10/20)  
**Class Code:** 7380 **DRIVERS, AND HELPERS NOC-COMMERCIAL**  
 Hazard Group: D Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800		.967	331	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 12.48 .800 9.98 .00  
 RATING BASIS = FINAL PREMIUM  
 100 0.00  
 ADDL FACTORS: PURE BASE RATE: 8.98 BASE LCM 1.39000

**State:** 31 (NY) **Rating Group:** 0005-01 (03/31/20 - 09/10/20)  
**Class Code:** 8008 **STORES: CLOTHING OR WEARING APPAREL STORE - RETAIL**  
 Hazard Group: B Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 12,058,358 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800	57,381	.967	129	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 1.29 .800 1.03 5570961.00  
 RATING BASIS = FINAL PREMIUM  
 100 57381.00  
 ADDL FACTORS: PURE BASE RATE: .93 BASE LCM 1.39000

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 31 (NY) **Rating Group:** 0005-01 (03/31/20 - 09/10/20)  
**Class Code:** 8742 **SALESPERSONS, COLLECTORS OR MESSENGERS-OUTSIDE**  
 Hazard Group: E Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800		.967	102	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 .40 .800 .32 .00  
 RATING BASIS = FINAL PREMIUM  
 100 0.00  
 ADDL FACTORS: PURE BASE RATE: .29 BASE LCM 1.39000

**State:** 31 (NY) **Rating Group:** 0005-01 (03/31/20 - 09/10/20)  
**Class Code:** 8809 **EXECUTIVE OFFICERS NOC-NOT FOREMEN, WORKERS OR SAL**  
 Hazard Group: D Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 443,798 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800	431	.967	97	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 .26 .800 .21 205035.00  
 RATING BASIS = FINAL PREMIUM  
 100 431.00  
 ADDL FACTORS: PURE BASE RATE: .19 BASE LCM 1.39000

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 31 (NY) **Rating Group:** 0005-01 (03/31/20 - 09/10/20)  
**Class Code:** 8810 **CLERICAL OFFICE EMPLOYEES NOC**  
 Hazard Group: C Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 4,138,575 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800	2,677	.967	95	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 .18 .800 .14 1912022.00  
 RATING BASIS = FINAL PREMIUM  
 100 2677.00  
 ADDL FACTORS: PURE BASE RATE: .13 BASE LCM 1.39000

**State:** 31 (NY) **Rating Group:** 0005-01 (09/10/20 - 03/19/21)  
**Class Code:** 7380 **DRIVERS, AND HELPERS NOC-COMMERCIAL**  
 Hazard Group: D Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800		.967	385	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 12.48 .800 9.98 .00  
 RATING BASIS = FINAL PREMIUM  
 100 0.00  
 ADDL FACTORS: PURE BASE RATE: 8.98 BASE LCM 1.39000



**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 31 (NY) **Rating Group:** 0005-01 (09/10/20 - 03/19/21)  
**Class Code:** 8008 **STORES: CLOTHING OR WEARING APPAREL STORE - RETAIL**  
 Hazard Group: B Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 12,058,358 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800	66,820	.967	151	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 1.29 .800 1.03 6487397.00  
 RATING BASIS = FINAL PREMIUM  
 100 66820.00  
 ADDL FACTORS: PURE BASE RATE: .93 BASE LCM 1.39000

**State:** 31 (NY) **Rating Group:** 0005-01 (09/10/20 - 03/19/21)  
**Class Code:** 8742 **SALESPERSONS, COLLECTORS OR MESSENGERS-OUTSIDE**  
 Hazard Group: E Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 0 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800		.967	118	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 .40 .800 .32 .00  
 RATING BASIS = FINAL PREMIUM  
 100 0.00  
 ADDL FACTORS: PURE BASE RATE: .29 BASE LCM 1.39000

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 31 (NY) **Rating Group:** 0005-01 (09/10/20 - 03/19/21)  
**Class Code:** 8809 **EXECUTIVE OFFICERS NOC-NOT FOREMEN, WORKERS OR SAL**  
 Hazard Group: D Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 443,798 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800	501	.967	114	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 .26 .800 .21 238763.00  
 RATING BASIS = 100 FINAL PREMIUM 501.00  
 ADDL FACTORS: PURE BASE RATE: .19 BASE LCM 1.39000

**State:** 31 (NY) **Rating Group:** 0005-01 (09/10/20 - 03/19/21)  
**Class Code:** 8810 **CLERICAL OFFICE EMPLOYEES NOC**  
 Hazard Group: C Analogy Desc: NONE  
 Premium Type: 01 RATABLE  
 USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO Disease Load: Exclude Med:  
 Non-Subject:  
 Base Rate Ovr: Min Prem Ovr: Loss Cnst Ovr: 0  
 Exposure: 4,138,575 (A) Rate Class:

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
.800	.800	3,117	.967	110	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM BASE RATE \* COMPANY DEV = FINAL RATE \* EXPOSURE /  
 .18 .800 .14 2226553.00  
 RATING BASIS = 100 FINAL PREMIUM 3117.00  
 ADDL FACTORS: PURE BASE RATE: .13 BASE LCM 1.39000

**Class Code Information**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**State:** 37 (PA) **Rating Group:** 0004-01 (03/31/20 - 09/10/20)  
**Class Code:** 914 **DEPARTMENT STORE - ALL EMPLOYEES INCLUDING OFFICE.**  
**Hazard Group:** B **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE

USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:** **Exclude Med:**  
**Base Rate Ovr:** **Min Prem Ovr:** **Loss Cnst Ovr:** 0  
**Exposure:** 752,324 **(A) Rate Class:**

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	4,657	.967	199	.462

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	1.34	1.34 347574.00 100	4657.00
	ADDL FACTORS: PURE BASE RATE: 1.14 BASE LCM 1.17600		

**State:** 37 (PA) **Rating Group:** 0004-01 (09/10/20 - 03/19/21)  
**Class Code:** 914 **DEPARTMENT STORE - ALL EMPLOYEES INCLUDING OFFICE.**  
**Hazard Group:** B **Analogy Desc:** NONE  
**Premium Type:** 01 RATABLE

USL&H Applies: NO  
 DC Ben Applies: NO  
 TWM&C Applies: NO **Disease Load:** **Exclude Med:**  
**Base Rate Ovr:** **Min Prem Ovr:** **Loss Cnst Ovr:** 0  
**Exposure:** 752,324 **(A) Rate Class:**

CLASS CODE DEVIATION FACTORS

Co. Rate Dev	Co. Min Dev	Class Prem	Term Fact	Class Min	Audit Fact
1.000	1.000	5,424	.967	231	.538

CLASS CODE RATING FORMULAS

CLASS PREMIUM	BASE RATE =	FINAL RATE * EXPOSURE / RATING BASIS =	FINAL PREMIUM
	1.34	1.34 404750.00 100	5424.00
	ADDL FACTORS: PURE BASE RATE: 1.14 BASE LCM 1.17600		

Calculation of Earned Premium

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**WORKERS COMP CALCULATION OF EARNED PREMIUM**

Total Earned Premium : \$ 113,185  
 Less Previously Billed : \$ 337,520  
 Return Premium : \$ 224,335

**Workers Comp State FLORIDA (FL) from 03/31/20 to 09/10/20**

**Workers Comp State (FL) Rating Group # 0003-01**

Classifications	Exposure Basis	Rate	Earned
			Premium
DRIVERS, CHAUFFEURS, MESSENGERS, AND THE 7380	0	5.4700	0
STORE: CLOTHING, WEARING APPAREL, OR DRY 8008	233,896	1.3600	3,181
STORE: RETAIL NOC 8017	0	1.5600	0
SALESPERSONS OR COLLECTORS - OUTSIDE 8742	0	.3500	0
CLERICAL OFFICE EMPLOYEES NOC 8810	0	.1700	0
Total Class Premium			<b>3,181</b>
Blanket Waiver		.0100	32
Increase Limits		.0140	45
Large Deductible		-.7720	-2,456
Total Subject Premium			<b>802</b>
Experience Premium		.3300	265
Total Modified Premium			<b>1,067</b>
Standard Total			<b>1,067</b>
Terrorism		.0100	23
Total Estimated Premium			<b>1,090</b>
FWCIGA Surcharge		.0100	44
Final Total			<b>1,134</b>

State Total (FL) from 03/31/20 to 09/10/20 = 1,134.00

**Workers Comp State FLORIDA (FL) from 09/10/20 to 03/19/21**

**Workers Comp State (FL) Rating Group # 0003-01**

Classifications	Exposure Basis	Rate	Earned
			Premium
DRIVERS, CHAUFFEURS, MESSENGERS, AND THE 7380	0	5.4700	0
STORE: CLOTHING, WEARING APPAREL, OR DRY 8008	272,372	1.3600	3,704
STORE: RETAIL NOC 8017	0	1.5600	0
SALESPERSONS OR COLLECTORS - OUTSIDE 8742	0	.3500	0
CLERICAL OFFICE EMPLOYEES NOC 8810	0	.1700	0
Total Class Premium			<b>3,704</b>
Blanket Waiver		.0100	37
Increase Limits		.0140	52
Large Deductible		-.7720	-2,859
Total Subject Premium			<b>934</b>
Experience Premium		.3300	308
Total Modified Premium			<b>1,242</b>
Standard Total			<b>1,242</b>
Terrorism		.0100	27
Total Estimated Premium			<b>1,269</b>
FWCIGA Surcharge		.0100	51
Final Total			<b>1,320</b>

State Total (FL) from 09/10/20 to 03/19/21 = 1,320.00

**Calculation of Earned Premium**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

State (FL) Total Payroll = 506,268.00  
 State Total (FL) = 2,454.00

**Workers Comp State NEW JERSEY (NJ) from 03/31/20 to 09/10/20**

**Workers Comp State (NJ) Rating Group # 0001-01**

<u>Classifications</u>	<u>Exposure</u> <u>Basis</u>	<u>Rate</u>	<u>Earned</u> <u>Premium</u>
DRIVERS, CHAUFFEURS AND THEIR HELPERS NO 7380	126,009	13.5500	17,074
STORE: CLOTHING, WEARING APPAREL OR DRY 8008	4,119,871	2.6200	107,941
STORE: RETAIL NOC 8017	0	3.4400	0
SALESPERSONS-OUTSIDE 8742	0	.4200	0
CLERICAL OFFICE EMPLOYEES NOC 8810	3,855,630	.1800	6,940
Total Class Premium			<b>131,955</b>
Increase Limits		.0140	1,847
Total Subject Premium			<b>133,802</b>
Experience Premium		.5770	77,204
Total Modified Premium			<b>211,006</b>
Schedule Mod		-.2500	-52,752
Standard Total			<b>158,254</b>
Large Deductible		-.9161	-144,976
Terrorism		.0300	2,430
Catastrophe (O/T Acts of Terr)		.0100	810
Total Estimated Premium			<b>16,518</b>
NJSIF Surcharge		.0534	11,268
Final Total			<b>27,786</b>

State Total (NJ) from 03/31/20 to 09/10/20 = 27,786.00

**Workers Comp State NEW JERSEY (NJ) from 09/10/20 to 03/19/21**

**Workers Comp State (NJ) Rating Group # 0001-01**

<u>Classifications</u>	<u>Exposure</u> <u>Basis</u>	<u>Rate</u>	<u>Earned</u> <u>Premium</u>
DRIVERS, CHAUFFEURS AND THEIR HELPERS NO 7380	146,738	13.5500	19,883
STORE: CLOTHING, WEARING APPAREL OR DRY 8008	4,797,598	2.6200	125,697
STORE: RETAIL NOC 8017	0	3.4400	0
SALESPERSONS-OUTSIDE 8742	0	.4200	0
CLERICAL OFFICE EMPLOYEES NOC 8810	4,489,889	.1800	8,082
Total Class Premium			<b>153,662</b>
Increase Limits		.0140	2,151
Total Subject Premium			<b>155,813</b>
Experience Premium		.5770	89,904
Total Modified Premium			<b>245,717</b>
Schedule Mod		-.2500	-61,429
Standard Total			<b>184,288</b>
Large Deductible		-.9161	-168,826
Terrorism		.0300	2,830
Catastrophe (O/T Acts of Terr)		.0100	943
Total Estimated Premium			<b>19,235</b>
NJSIF Surcharge		.0534	13,121
Final Total			<b>32,356</b>

State Total (NJ) from 09/10/20 to 03/19/21 = 32,356.00

State (NJ) Total Payroll = 17,535,735.00  
 State Total (NJ) = 60,142.00

**Calculation of Earned Premium**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**Workers Comp State NEW YORK (NY) from 03/31/20 to 09/10/20**

**Workers Comp State (NY) Rating Group # 0005-01**

Classifications		Exposure		Earned
		Basis	Rate	Premium
DRIVERS, AND HELPERS NOC-COMMERCIAL	7380	0	9.9800	0
STORES: CLOTHING OR WEARING APPAREL STOR	8008	5,570,961	1.0300	57,381
SALESPERSONS, COLLECTORS OR MESSENGERS-O	8742	0	.3200	0
EXECUTIVE OFFICERS NOC-NOT FOREMEN, WORK	8809	205,035	.2100	431
CLERICAL OFFICE EMPLOYEES NOC	8810	1,912,022	.1400	2,677
Total Class Premium				<b>60,489</b>
Blanket Waiver			.0200	1,210
Total Subject Premium				<b>61,699</b>
Experience Premium			.2900	17,893
Total Modified Premium				<b>79,592</b>
Schedule Mod			-.0500	-3,980
Large Deductible			-.9161	-69,268
Standard Total				<b>6,344</b>
Terrorism			.0630	4,843
Catastrophe (O/T Acts of Terr)			.0110	846
Total Estimated Premium				<b>12,033</b>
NY State Assessment Surcharge			.1220	9,919
Final Total				<b>21,952</b>

State Total (NY) from 03/31/20 to 09/10/20 = 21,952.00

**Workers Comp State NEW YORK (NY) from 09/10/20 to 03/19/21**

**Workers Comp State (NY) Rating Group # 0005-01**

Classifications		Exposure		Earned
		Basis	Rate	Premium
DRIVERS, AND HELPERS NOC-COMMERCIAL	7380	0	9.9800	0
STORES: CLOTHING OR WEARING APPAREL STOR	8008	6,487,397	1.0300	66,820
SALESPERSONS, COLLECTORS OR MESSENGERS-O	8742	0	.3200	0
EXECUTIVE OFFICERS NOC-NOT FOREMEN, WORK	8809	238,763	.2100	501
CLERICAL OFFICE EMPLOYEES NOC	8810	2,226,553	.1400	3,117
Total Class Premium				<b>70,438</b>
Blanket Waiver			.0200	1,409
Total Subject Premium				<b>71,847</b>
Experience Premium			.2900	20,836
Total Modified Premium				<b>92,683</b>
Schedule Mod			-.0500	-4,634
Large Deductible			-.9161	-80,662
Standard Total				<b>7,387</b>
Terrorism			.0630	5,640
Catastrophe (O/T Acts of Terr)			.0110	985
Total Estimated Premium				<b>14,012</b>
NY State Assessment Surcharge			.1220	11,550
Final Total				<b>25,562</b>

State Total (NY) from 09/10/20 to 03/19/21 = 25,562.00

State (NY) Total Payroll = 16,640,731.00

State Total (NY) = 47,514.00

**Calculation of Earned Premium**

Named Insured: CENTURY 21 DEPARTMENT STORES L  
 Customer ID:  
 Policy Number: RM1WC00023201  
 Transaction Type: FINAL AUDIT  
 Trans Seq: 007

**Workers Comp State PENNSYLVANIA (PA) from 03/31/20 to 09/10/20**

**Workers Comp State (PA) Rating Group # 0004-01**

<u>Classifications</u>	<u>Exposure Basis</u>	<u>Rate</u>	<u>Earned Premium</u>
DEPARTMENT STORE - ALL EMPLOYEES INCLUDI 914	347,574	1.3400	4,657
Total Class Premium			<b>4,657</b>
Blanket Waiver		.0200	93
Increase Limits		.0140	65
Total Subject Premium			<b>4,815</b>
Experience Premium		.6060	2,918
Total Modified Premium			<b>7,733</b>
Schedule Modification		-.2500	-1,933
Standard Total			<b>5,800</b>
Large Deductible		-.7824	-4,538
Expense Constant			94
Terrorism		.0067	23
Catastrophe (O/T Acts of Terr)		.0045	16
Total Estimated Premium			<b>1,395</b>
Employer Assessment (Non-Coal)		.0183	26
Final Total			<b>1,421</b>

State Total (PA) from 03/31/20 to 09/10/20 = 1,421.00

**Workers Comp State PENNSYLVANIA (PA) from 09/10/20 to 03/19/21**

**Workers Comp State (PA) Rating Group # 0004-01**

<u>Classifications</u>	<u>Exposure Basis</u>	<u>Rate</u>	<u>Earned Premium</u>
DEPARTMENT STORE - ALL EMPLOYEES INCLUDI 914	404,750	1.3400	5,424
Total Class Premium			<b>5,424</b>
Blanket Waiver		.0200	108
Increase Limits		.0140	76
Total Subject Premium			<b>5,608</b>
Experience Premium		.6060	3,398
Total Modified Premium			<b>9,006</b>
Schedule Modification		-.2500	-2,252
Standard Total			<b>6,754</b>
Large Deductible		-.7824	-5,284
Expense Constant			109
Terrorism		.0067	27
Catastrophe (O/T Acts of Terr)		.0045	18
Total Estimated Premium			<b>1,624</b>
Employer Assessment (Non-Coal)		.0183	30
Final Total			<b>1,654</b>

State Total (PA) from 09/10/20 to 03/19/21 = 1,654.00

State (PA) Total Payroll = 752,324.00

State Total (PA) = 3,075.00

Policy Total Payroll = 35,435,058.00

Policy Total = 113,185.00