

HOME OFFICE

SAN FRANCISCO

ANNUAL RATING ENDORSEMENT

IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE CONTINUOUS POLICY ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.

HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

IMPORTANT

THIS IS NOT A BILL

SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

CONTINUOUS POLICY 1832900-22

THE RATING PERIOD BEGINS AND ENDS AT 12:01AM
PACIFIC STANDARD TIME

RATING PERIOD 12-01-22 TO 12-01-23

GIDDY UP RANCH
8707 MESQUITE RD
PHELAN, CALIF 92371

DEPOSIT PREMIUM	\$1,165.00
MINIMUM PREMIUM	\$1,165.00
PREMIUM ADJUSTMENT PERIOD	ANNUALLY
	R NA

NAME OF EMPLOYER- DICKENSON, MARIE
(AN INDIVIDUAL EMPLOYER AND NOT JOINTLY
WITH ANY OTHER EMPLOYER)

CODE NO. PRINCIPAL WORK AND RATES EFFECTIVE FROM 12-01-22 TO 12-01-23

		PREMIUM BASIS	BASE RATE	INTERIM BILLING RATE*
9016-1	AMUSEMENT OR RECREATIONAL FACILITIES-- N.O.C.--ALL EMPLOYEES OTHER	0	7.34	8.07
9180-1	AMUSEMENT OR RECREATIONAL FACILITIES-- N.O.C.--OPERATION OR MAINTENANCE OF AMUSEMENT DEVICES	0	6.94	7.63

*****BUREAU NOTE INFORMATION*****

FEIN 567199281

TOTAL ESTIMATED ANNUAL PREMIUM \$1,165

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CONTINUOUS POLICY 1832900-22

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL STATE FUND OFFICE BELOW:

CSC - POLICY AT VACAVILLE
1020 VAQUERO CIRCLE
VACAVILLE, CA 95688
(877) 405-4545

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions agreements or limitations of the Policy other than as herein stated.

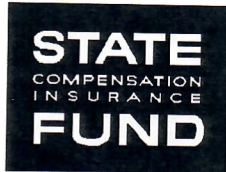
When countersigned by a duly authorized officer or representative of the State Compensation Insurance Fund, these declarations shall be valid and form part of the Policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT AND CEO



ENDORSEMENT AGREEMENT

COVID-19 REPORTING REQUIREMENT
ENDORSEMENT - CALIFORNIA

1832900-22

RENEWAL

NA

7-53-34-94

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SAN FRANCISCO

EFFECTIVE DECEMBER 1, 2022 AT 12.01 A.M.
TO DECEMBER 1, 2023 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

GIDDY UP RANCH
8707 MESQUITE RD
PHELAN, CA 92371

IN ADDITION TO THE REQUIREMENTS UNDER PART 4, "YOUR DUTIES IF INJURY OCCURS" OF YOUR POLICY, IF YOU HAVE FIVE OR MORE EMPLOYEES AND AN EMPLOYEE THAT IS NOT DESCRIBED IN CALIFORNIA LABOR CODE SECTION 3212.87 TESTS POSITIVE FOR COVID-19, YOU ARE REQUIRED TO REPORT THE FOLLOWING INFORMATION AS PROVIDED BELOW.

REPORTING COVID-19 POSITIVE TESTS FROM JULY 6, 2020 TO
SEPTEMBER 17, 2020

PURSUANT TO CALIFORNIA LABOR CODE SECTION 3212.88(K) (2), IF YOU ARE AWARE OF AN EMPLOYEE TESTING POSITIVE FOR COVID-19 ON OR AFTER JULY 6, 2020 AND PRIOR TO SEPTEMBER 17, 2020, YOU MUST REPORT TO YOUR CLAIMS ADMINISTRATOR IN WRITING VIA ELECTRONIC MAIL OR FACSIMILE WITHIN 30 BUSINESS DAYS OF SEPTEMBER 17, 2020, ALL OF THE FOLLOWING:

1. AN EMPLOYEE HAS TESTED POSITIVE. FOR PURPOSES OF THIS REPORTING, DO NOT PROVIDE ANY PERSONALLY IDENTIFIABLE INFORMATION REGARDING THE EMPLOYEE WHO TESTED POSITIVE FOR COVID-19 UNLESS THE EMPLOYEE ASSERTS THE INFECTION IS WORK RELATED OR HAS FILED A CLAIM FORM PURSUANT TO CALIFORNIA LABOR CODE SECTION 5401.
2. THE DATE THAT THE EMPLOYEE TESTS POSITIVE, WHICH IS THE DATE THE SPECIMEN WAS COLLECTED FOR TESTING.
3. THE SPECIFIC ADDRESS OR ADDRESSES OF THE EMPLOYEE'S

CONTINUED

NOTHING IN THIS ENDORSEMENT SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS ABOVE STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS IN THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: DECEMBER 2, 2022

1159


AUTHORIZED REPRESENTATIVE


PRESIDENT AND CEO