



MEMIC Indemnity Company
(A Stock Company)
650 Elm St Suite 401
Manchester NH 03101-2551

DISABILITY EMPOWHER NETWORK, INC.
67 FIRESTONE DR
ROCHESTER NY 14624



POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

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

is changed to read:

CORRECTED MAIL ADDRESS

*Item 4. Change To:

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

Total Estimated Annual Premium \$ 700

Minimum Premium \$ 403

Deposit Premium \$ 700

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 06/13/2024 Policy No. 310 2809039 Endorsement No. 003
 Insured DISABILITY EMPOWHER NETWORK, I Policy Period 06/13/2024 To 06/13/2025
 NCCI Carrier Code 38563 Premium Including Endorsement \$ 700.00 Endorsement Premium \$
 Insurance Company MEMIC Indemnity Company

Countersigned by _____



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Workers Compensation and Employers Liability Insurance
POLICY INFORMATION PAGE

Policy Number	Policy Period From To
310 2809039	06/13/2024 06/13/2025 12:01 A.M. Standard Time at the described location
Renewal of	Transaction
Renewal of 310 2809039	AMENDED DECLARATION

1. Named Insured and Address			Agent	
DISABILITY EMPOWHER NETWORK, INC. 67 FIRESTONE DR ROCHESTER NY 14624			BROWN & BROWN INSURANCE SERVIC 0000229 45 EAST AVE ROCHESTER NY 14604-0000 Telephone: 315-474-3374	
NCCI Carrier # 38563	FEIN #: 862446885	Risk ID # SEE EXT OF INFO	Unemployment ID #	Entity of Insured CORPORATION

Other Workplaces not shown above: SEE ATTACHED ADDITONAL WORKPLACES SCHEDULE

- The Policy Period is from 06/13/2024 to 06/13/2025 12:01 a.m. Standard Time at the Insured's mailing address
- Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: NY, DE, MD
 - Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	100,000	Each accident
Bodily Injury by Disease	\$	500,000	Policy limit
Bodily Injury by Disease	\$	100,000	Each employee
 - Other States Insurance: Part THREE of the policy applies to the states, if any, listed here.
 AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV,
 - This policy includes these endorsements and schedules: SEE ATTACHED ENDORSEMENT SCHEDULE
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	403	Total Estimated Annual Premium	\$	700
			Expense Constant	\$	295
			Deposit Premium	\$	700
Assessments and Taxes	\$	1			

Countersigned this day of
 Issued Date: 09/24/2024
 Issuing Office: 650 Elm St Suite 401
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 Authorized Representative



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Workers Compensation and Employers Liability Insurance Policy

Policy Number: 310 2809039	
Named Insured: DISABILITY EMPOWHER NETWORK, INC.	
Agent: BROWN & BROWN INSURANCE SERVIC	0000229

**EXTENSION OF INFORMATION PAGE FOR ITEM FOUR
 CLASSIFICATION OF OPERATIONS**

Code No.	Classification Descriptions	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
DELAWARE				
LOC: 00002 ADDRESS: 2913 N BROOM ST				
PERIOD: 06/13/2024 TO 06/13/2025				
896	CLUB, NOC	40,000.00	0.900000 \$	360
	MANUAL PREMIUM		\$	360
0900	EXPENSE CONSTANT		\$	295
9740	TERRORISM	40,000.00	0.013000 \$	5
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	40,000.00	0.010000 \$	4
	STATE TOTAL		\$	664



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**EXTENSION OF INFORMATION PAGE FOR ITEM FOUR
 CLASSIFICATION OF OPERATIONS**

Code No.	Classification Descriptions	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
MARYLAND				
LOC: 00003 ADDRESS: VARIOUS LOCATIONS PERIOD: 06/13/2024 TO 06/13/2025				
8871	CLERICAL TELECOMMUTER EMPLOYEES	16,750.00	0.040000 \$	7
	MANUAL PREMIUM		\$	7
9740	TERRORISM	16,750.00	0.078000 \$	13
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	16,750.00	0.020000 \$	3
	STATE TOTAL		\$	23



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**EXTENSION OF INFORMATION PAGE FOR ITEM FOUR
 CLASSIFICATION OF OPERATIONS**

Code No.	Classification Descriptions	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
NEW YORK				
LOC: 00001 ADDRESS: 67 FIRESIDE DR				
PERIOD: 06/13/2024 TO 06/13/2025				
8871	CLERICAL TELECOMMUTER EMPLOYEES	9,000.00	0.100000 \$	9
	MANUAL PREMIUM		\$	9
9898	EXPERIENCE MODIFICATION FACTOR (Risk ID - 001733233)	9.00	0.990000 \$	0
9740	TERRORISM	9,000.00	0.035000 \$	3
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	9,000.00	0.004000 \$	0
0932	NEW YORK STATE ASSESSMENT - ALL OTHER CLASSES	12.00	0.092000 \$	1
9749	NY SECURITY FUND SURCHARGE	13.00	0.000000 \$	0
	STATE TOTAL		\$	13
	POLICY TOTAL		\$	700



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**EXTENSION OF INFORMATION PAGE FOR ITEM ONE
 ADDITIONAL WORKPLACE SCHEDULE**

Loc#	Entity Name	Workplace/Location Address	Location Description
00001	DISABILITY EMPOWHER NETWORK, INC.	67 FIRESIDE DR ROCHESTER NY 14624	
00002	DISABILITY EMPOWHER NETWORK, INC.	2913 N BROOM ST WILMINGTON DE 19802	
00003	DISABILITY EMPOWHER NETWORK, INC.	VARIOUS LOCATIONS ANNAPOLIS MD 21401	



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**EXTENSION OF INFORMATION PAGE FOR ITEM ONE
 NAMED INSURED SCHEDULE**

Entity Name	Entity Type	FEIN
DISABILITY EMPOWHER NETWORK, INC.	CORPORATION	862446885



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Workers Compensation and Employers Liability Insurance Policy

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EXTENSION OF INFORMATION PAGE FOR ITEM THREE D
ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
US	QUICKREF	(4/92)	WC/EL INS POL-QUICK REFERENCE
US	WC000000C	(1/15)	W/C & E/L INSURANCE POLICY
DE	WC000404	(4/84)	PENDING RATE CHANGE ENDT
DE	WC000414A	(1/19)	90-DAY REPORTING REQUIREMENT
DE	WC000419	(1/01)	PREMIUM DUE DATE ENDORSEMENT
DE	WC000421E	(1/21)	CATASTROPHE PREMIUM ENDT
DE	WC000422C	(1/21)	TERRORISM RISK INS ACT ENDT
DE	WC000424	(1/17)	AUDIT NONCOMPLIANCE CHARGE
DE	WC070408	(7/99)	DE MERIT RATING PLAN ENDORSMENT
DE	WC070601	(7/88)	DE NONRENEWAL ENDT
DE	WC990403	(7/11)	INSTALLMENT FEE
MD	WC000404	(4/84)	PENDING RATE CHANGE ENDT
MD	WC000414A	(1/19)	90-DAY REPORTING REQUIREMENT
MD	WC000419A	(8/22)	PREMIUM AMENDATORY ENDORSEMENT
MD	WC000421F	(8/22)	CATASTROPHE PREMIUM ENDT
MD	WC000422C	(1/21)	TERRORISM RISK INS ACT ENDT
MD	WC000424	(1/17)	AUDIT NONCOMPLIANCE CHARGE
MD	WC190601G	(10/17)	MD CANCELLATION & NONRENEWAL
MD	WC190602	(1/14)	MD 45-DAY UNDERWRITING PERIOD
MD	WC990639	(3/12)	INSTALLMENT FEE - MD
NY	WC000404	(4/84)	PENDING RATE CHANGE ENDT
NY	WC000414A	(1/19)	90-DAY REPORTING REQUIREMENT
NY	WC000419	(1/01)	PREMIUM DUE DATE ENDORSEMENT
NY	WC000421E	(1/21)	CATASTROPHE PREMIUM ENDT
NY	WC000422C	(1/21)	TERRORISM RISK INS ACT ENDT
NY	WC000425	(5/17)	EXP RATING MOD FACTOR REVISION
NY	WC310308	(1/00)	NY LIMIT OF LIABILITY ENDT
NY	WC310319N	(4/24)	NY CONSTR CLASS PREM ADJ PROG
NY	WC310618A	(5/20)	NY PH NOTICE RIGHT TO APPEAL
NY	WC990403	(7/11)	INSTALLMENT FEE

* Indicates that this endorsement is added or modified.