



COMPANION LIFE INSURANCE COMPANY
 7909 PARKLANE ROAD, SUITE 200, COLUMBIA, SC 29223-5666
 PO Box 100102, Columbia, SC 29202-3102
 (803) 735-1251

**SHORT TERM DISABILITY INSURANCE POLICY
 RENEWAL AT OPTION OF COMPANION LIFE
 (NON-PARTICIPATING)**

Policy Holder:	WARDEN & SMITH INC	Date of Issue:	September 29, 2017
Policy Number:	790-14-03501-002	Effective Date:	September 01, 2017
State of Delivery:	SOUTH CAROLINA	Policy Anniversary:	September 01

In consideration of the payment of the first premium, and of the statements and agreements in the Group Application and individual applications, if any, of the eligible employees, Companion Life Insurance Company (herein called Companion Life) agrees to insure eligible employees of the Policyholder (and their eligible dependents, if any and if this Policy provides Dependent Life Insurance). ("Eligible Employees" are defined in the General Policy Provisions section. "Eligible Dependents" are defined in the Dependent Life Insurance section). Companion Life promises to pay benefits according to the terms of this Policy. A copy of the Group Application is attached and made part of this Policy.

Subject to the Policyholder Provisions and the Incontestability Provisions, this Policy may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by Companion Life, but will not be less than 12 months.

This Policy is delivered in and governed by the laws of the State of Delivery named above. **PLEASE READ YOUR POLICY CAREFULLY.**

For purposes of effective dates and ending dates under this Policy, all days begin and end at 12:01 a.m. Standard Time at the Policyholder's address where the Policy is delivered.

COMPANION LIFE INSURANCE COMPANY

J. Philip Gardham
 President

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POLICY GUIDE		
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SECTION 1

POLICY EFFECTIVE DATE AND TERM

The Effective Date of this Policy is shown on the Group Application. This Policy will stay in force for as long as the proper premium is paid; however, either the Policyholder or Companion Life may cancel this Policy on any Premium Due Date by telling the other in writing at least 31 days prior to such Premium Due Date.

SECTION 2

ACTIVELY AT WORK PROVISION

"Active, Full-Time Employee" means an employee who performs all of the duties of his or her job with the Policyholder. This job may be at either:

1. the Policyholder's normal place of employment; or
2. at some other place to which the regular business operations of the Policyholder require that person to go.

"Full-time", means an employee must be:

1. scheduled to work for the Policyholder at least 40 hours each week; and
2. on the regular payroll of the Policyholder for that work.

"Active work" is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

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SECTION 3

DEFINITIONS

"Earnings" means the Insured's rate of earnings from the Policyholder in effect immediately prior to the date a claim begins. It does not include bonuses, overtime pay and other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date a claim begins.

"Total Disability" or "Totally Disabled" means any disability that:

1. Begins while this Policy is in force as to the Insured.
2. Results from injury or sickness.
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience.
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

"Group Application" means the application for this Policy signed by the Policyholder.

"Schedule of Benefits" means the description of benefits set forth in the Group Application.

"Insured" means an eligible employee who is insured under this Policy.

"Insured Dependent" means an Insured's eligible spouse and/or child(ren) who are insured under this Policy, if this Policy provides Dependent Life Insurance.

"The date the Insured retires" or "retirement" means the effective date of the Insured's:

1. retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions;
3. retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

"Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a licensed medical doctor. Such practitioner must be acting within the scope of his or her license. Physician does not include the Insured; or a member of the Insured's immediate family (spouse, daughter, son, father, mother, sister, or brother).

SECTION 4

TERM LIFE INSURANCE BENEFIT

NOT PROVIDED

1. 2

SECTION 5

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

NOT PROVIDED

SECTION 6

DEPENDENT LIFE INSURANCE BENEFIT

NOT PROVIDED

SECTION 7

BENEFICIARY AND SETTLEMENT OPTIONS

PART 1

BENEFICIARY DESIGNATION

The beneficiary or beneficiaries of an Insured shall be that person or persons indicated on the Insured's individual application for insurance. This application will be filed with the Policyholder. The beneficiary of an Insured Dependent, if this Policy provides Dependent Life Insurance, shall be the Insured.

PART 2

CHANGE OF BENEFICIARY

Unless the Insured has made an irrevocable assignment of benefits, the beneficiary may be changed by sending a written request to the Home Office of Companion Life. When such request is received by Companion Life, the change of beneficiary shall take effect as of the date of execution of the written request, but without prejudice to Companion Life on account of any payment previously made by Companion Life.

PART 3

CONSENT OF BENEFICIARY

If the Insured does initially name the spouse as beneficiary, Companion Life will require written consent of the spouse to name or change the beneficiary in community property states.

PART 4

PREFERENTIAL BENEFICIARY

If the Insured has died and no beneficiary is living or named, Companion Life may, at its option, pay the benefits to the Insured's estate or to the following surviving relatives of the Insured:

The Insured's:

1. Spouse;
2. Child or children;
3. Parent(s);
4. Brothers and sisters; or
5. Executors or administrators.

Companion Life will not be liable to the extent of any payment so made, unless it receives written notice of a valid claim by some other person before payment is made.

PART 5

MINOR BENEFICIARY

If the beneficiary is a minor or, in the opinion of Companion Life, is not able to give valid release for any payment due, Companion Life may, at its option and until claim is made by the duly appointed guardian, pay the benefit to the person or entity who appears to have assumed the care and support of the beneficiary. Benefits in this event will be made in monthly payments of not more than \$50 each.

Companion Life will not be liable to the extent of any payment so made in good faith.

PART 6

MORE THAN ONE BENEFICIARY

If the Insured has named more than one beneficiary, the applicable amount of insurance shall be paid to the beneficiaries who survive the Insured, in equal shares, unless the Insured has specified a different proportion.

PART 7

NO BENEFICIARY

If the beneficiary predeceases the Insured or if the Insured does not designate a beneficiary, then the applicable amount of life insurance will be paid to the estate of the Insured.

PART 8

SETTLEMENT OPTIONS

An Insured may elect or change a settlement option by filing a written request with Companion Life. The settlement options available will be those offered by Companion Life when the option is chosen. If an Insured does not request a settlement option, the beneficiary may do so after the Insured's death.

SECTION 8

ASSIGNMENT

1. The Insured may make an irrevocable assignment of interest under this Policy. The assignment:
 - A. must be made in writing on a form approved by Companion Life;
 - B. must be an absolute assignment that transfers all rights except those of an irrevocably named beneficiary; and
 - C. must not be a collateral assignment.
2. Assignment of interest conveys all rights of ownership. These include the right to change the beneficiary, receive payment of claims and assign the insurance.
3. Companion Life is not responsible for the validity or results of the assignment.

SECTION 9

SHORT TERM DISABILITY BENEFIT

PART 1

WHAT CERTAIN TERMS MEAN FOR SHORT TERM DISABILITY BENEFITS

"Elimination Period" means the number of consecutive days an Insured must be Totally Disabled before benefits become payable under this Policy. The Elimination Period is shown in the Group Application.

"Injury" means bodily injury caused by an accident when:

1. the accident occurs while this Policy is in force as to the Insured; and
2. the accident and Injury are not caused or contributed to by illness or disease; and
3. the Injury results directly and independently of all other causes in Total Disability which commences within 60 days of the accident. If the Injury results in Total Disability which commences more than 60 days following the date of the accident, Total Disability shall be deemed to be the result of Sickness.

"Partial Disability" means the Insured:

1. is able to do some but not all of the duties of his or her occupation; and
2. is under the regular care and attendance of a licensed physician.

"Pre-existing Condition" means a condition:

1. resulting from an Injury that occurred or a Sickness that began before the Insured's effective date of coverage under this Policy; and
2. for which medical treatment or advice was received during the twelve month period immediately before the Insured's effective date of coverage under this Policy; and
3. that causes Total Disability while the Insured is insured under this Policy.

"Sickness" means illness or disease which causes Total Disability that begins while the Insured is insured under this Policy.

"Total Disability" or "Totally Disabled" means any disability that:

1. begins while this Policy is in force as to the Insured;
2. results from Injury or Sickness;
3. prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. requires the Insured to be under the regular care and attendance of a licensed physician.

PART 2

TOTAL DISABILITY BENEFIT - INJURY

Companion Life will pay the benefits in the Schedule of Benefits, when an Injury causes the Insured to be Totally Disabled beyond the Elimination Period.

PART 3

TOTAL DISABILITY BENEFIT - SICKNESS

Companion Life will pay the benefits in the Schedule of Benefits, when a Sickness causes the Insured to be Totally Disabled beyond the Elimination Period.

PART 4

MAXIMUM BENEFIT PERIOD

The Maximum Benefit Period is shown in the Schedule of Benefits. Total and Partial Disability will be considered one period of Total Disability.

PART 5

RECURRENT DISABILITY

While this Policy is in force as to the Insured, successive periods of Total Disability:

1. resulting from the same or related Injury or Sickness; and
2. for which benefits had been paid under this Policy;

will be considered as one period of Total Disability under this Policy unless such periods of Total Disability are separated by at least 14 consecutive days, during which the Insured has returned to active, full-time work.

PART 6

LIMITATIONS

This Policy will not pay benefits for any disability which:

1. is not being continuously treated by a physician;
2. is the result of Injury or Sickness that, in either case, arises out of work for wage or profit.
3. is the result of an intentionally self-inflicted injury or a suicide attempt;
4. is due to alcoholism or drug dependency except while confined as a bed patient in a medical care facility.

PART 7

PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, Companion Life will pay the Insured a Partial Disability Benefit. The Insured:

1. must have received a Total Disability Benefit as provided by this Policy; and
2. must be Partially Disabled as a result of the same Sickness or Injury that caused Total Disability.

PART 8

PARTIAL DISABILITY BENEFIT CALCULATION

To figure the amount of Partial Disability Benefit:

1. Determine the Total Disability Benefit as shown in the Schedule of Benefits;

2. Multiply the Insured's part-time weekly earnings by 50%;
3. Subtract the amount determined in Step 2 above from the amount determined in Step 1.

The amount determined in Step 3 is the Partial Disability Benefit.

However, for a Partial Disability Benefit to be payable, the Insured's part-time weekly earnings may not exceed the Total Disability Benefit as shown in the Schedule of Benefits.

PART 9

TOTAL DISABILITY BENEFIT - PRE-EXISTING CONDITION LIMITATION

Companion Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions, provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under this Policy.

PART 10

TERMINATION OF TOTAL AND PARTIAL DISABILITY BENEFIT

Companion Life will stop paying a Total or Partial Disability Benefit on the earliest of the following dates:

1. the date the Insured ceases to be Totally or Partially Disabled as defined in these provisions; or
2. the date the Maximum Benefit Period has been reached; or
3. the date the Insured's part-time weekly earnings exceed the Insured's Total Disability Benefit as shown in the Schedule of Benefits.

SECTION 11

WHEN INDIVIDUAL INSURANCE BEGINS

To become insured, eligible employees must make written application to Companion Life. Coverage will begin on the Premium Due Date, shown in the Group Application for benefits, following the date Companion Life approves the application. Companion Life may require evidence of insurability before approving the application.

If an eligible employee is not at full-time work due to an injury or sickness on the date insurance is due to begin, it will not begin until return to full-time work.

SECTION 12

WHEN INDIVIDUAL INSURANCE ENDS

The insurance will end with respect to an Insured, on the earliest of the following:

1. When this Policy is cancelled;
2. When the insurance is cancelled for the class of insureds to which the Insured belongs;
3. The beginning of the period for which premium is not paid as to the Insured;
4. The date the Insured is no longer actively working on a full-time basis in any class or classes insured under this Policy unless (and only with respect to the Basic Term Life Insurance Benefit, if provided by this Policy) the Continuation of Basic Term Life Insurance Benefit During Total Disability applies.

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SECTION 13

PREMIUM PROVISIONS

PREMIUM PAYMENT: Premiums are payable at the Home Office of Companion Life on or before each premium due date.

PREMIUM DUE DATE: The first premium will be due on the Policy effective date and on the same day of each subsequent month unless the Policyholder and Companion Life agree on some other method of premium payment.

CHANGES IN PREMIUM RATES: The monthly premium rates may be changed by Companion Life from time to time if it gives the Policyholder at least 31 days advance written notice. No such change will be made until 12 months after the Policy Effective Date except when the Policyholder requests it.

INCORRECT PREMIUM PAYMENT: Premiums paid in error for a person who is not eligible to be insured will be refunded without interest when requested by the Policyholder. These premiums will not be refunded for any period before the last Policy anniversary date.

GRACE PERIOD: If, before any premium due date except the first, the Policyholder has not given written notice to Companion Life that this Policy is to be terminated, a grace period of 31 days will be given in which to pay the premium then due. This Policy will stay in effect during that time. If any premium is not paid by the end of the grace period, this policy will automatically terminate at the end of the grace period; except that if the Policyholder has given written notice in advance of an earlier date of termination, this Policy will terminate as of the earlier date.

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SECTION 14

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: This Policy, with the Policyholder's Application, the individual applications, if any, and Amendments, if any, is the entire contract between the Policyholder and Companion Life. All statements made by the Policyholder or the persons insured will be deemed representations and not warranties. No change in this Policy will be valid until approved by a Companion Life officer. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

INCONTESTABILITY: The validity of this Policy may not be contested, except for nonpayment of premium, after it has been in force for two years from its Effective Date. No statement made by an Insured may be used to reduce or deny a claim or to contest the validity of the insurance unless all of the following are true:

1. The insurance has been in effect for a period of two years or less.
2. The statement is in a written instrument signed by the Insured.
3. A copy of the written instrument has been given to the Insured or the Insured's beneficiary.

POLICY REINSTATEMENT: In the event that this Policy is terminated because premiums were not paid within the grace period, Companion Life may reinstate this Policy at its sole option, and may charge an additional reinstatement fee if it wishes to do so. If Companion Life does not elect to reinstate this policy, it is not required to do so.

NOTICE OF CLAIM: Written notice of claim must be given within 30 days after a covered loss begins, or as soon as reasonably possible. The notice may be given to Companion Life at PO Box 100102, Columbia, SC 29202-3102. Notice should include information which identifies the Insured or Insured Dependent and this Policy.

CLAIM FORMS: When Companion Life receives notice of claim, forms for filing proof of loss will be sent to the claimant. If these forms are not sent within 15 days, the claimant will meet the proof of loss requirements if, within 90 days after the loss began, he or she gives Companion Life written proof of the nature and extent of the loss.

PROOFS OF LOSS: Written proof of loss must be given to Companion Life within 90 days after the loss begins. Companion Life will not deny nor reduce any claim if it was not reasonably possible to give Companion Life such proof in the time required. In any event, proof must be given to Companion Life within 1 year after it is due, unless the claimant is legally incapable of doing so. Companion Life has the right to require proof of the continuance of total disability at any time during the first two years after receipt of initial proof of total disability; and thereafter, once a year.

PAYMENT OF CLAIMS: Benefits provided by this Policy will be paid to the beneficiary determined in accordance with Section 7 of this Policy, entitled **BENEFICIARY AND SETTLEMENT OPTIONS**.

TIME OF CLAIM PAYMENTS: Short Term Disability Benefit claims (if this Policy provides a Short Term Disability Benefit) will be paid weekly as of the dates required. Claims for other benefits will be paid not more than 60 days after receipt by Companion Life of written proofs of loss.

PHYSICAL EXAMINATIONS AND AUTOPSY: Companion Life at its own expense will have the right and opportunity to have the Insured examined as often as reasonably necessary while a claim is pending. Companion Life at its own expense may have an autopsy made (during the period of contestability), unless prohibited by law. If the Insured fails to submit proof of continuing Total Disability when required; or fails to be examined medically when required, no further benefit will be provided for that Total Disability.

LEGAL ACTIONS: No legal action may be brought to recover on this Policy before 60 days after written proof of loss has been furnished, as required by this Policy. No such action may be brought after 6 years from the time written proof of loss is required to be furnished.

NON-PARTICIPATION: This Policy will not share in any earnings of Companion Life.

MISSTATEMENT OF AGE: If an Insured's or Insured Dependent's age has been misstated, benefits payable for such Insured or Insured's Dependent will be what the premium paid would have purchased at the correct age. This benefit will be subject to the applicable Policy maximums.

EMPLOYEE ELIGIBILITY: Active full-time Employees of the Policyholder (Employer) who:

1. are in a class of employees determined by conditions of employment, which is agreed upon as eligible by the Policyholder and Companion Life; and
2. have been continuously employed during the minimum service period, as shown in the Group Application, immediately preceding their individual effective dates of insurance.

Full-time means regularly working a minimum of least 40 hours per week at the Policyholder's usual and customary place of business for each employee.

DUAL COVERAGE PRECLUDED:

No person may be insured under this Policy as:

1. A dependent of more than one employee; or
2. Both an employee and a dependent.

EXAMINATION OF POLICYHOLDER'S RECORDS: Companion Life will be allowed to examine the records of the Policyholder relating to this Policy. This may be done at any reasonable time up to 2 years after the cancellation of this Policy, or until settlement of all claims, whichever is later.

CERTIFICATES: Companion Life will issue a Certificate of Insurance for each Insured. It will describe:

1. The benefits to which an Insured (or Insured Dependent, if this Policy provides Dependent Life Insurance) is entitled under this Policy;
2. To whom such benefits are payable; and
3. The limitations and requirements of this Policy.

ERISA: If this Policy is an integral part of an employee welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), Companion Life is a claim fiduciary. As claim fiduciary, Companion Life shall have the discretionary authority to determine eligibility for benefits and to construe the terms of that part of the ERISA plan represented by this Contract. Any judicial review of a decision of Companion Life shall be conducted under the arbitrary and capricious standard of review with deference given to the claim fiduciary's decision.

SPENDTHRIFT CLAUSE: To the extent allowed by law, no benefit of the Policy is subject to the claim or legal process of a creditor of an Insured or a beneficiary.

RECORDS AND ESSENTIAL DATA: The Policyholder will keep a record of all Insureds. This record will contain all of the data that is specified by Companion Life.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which this Policy is delivered, is amended to conform to the minimum requirements of such laws.

POLICY TERMINATION: The Policyholder may terminate this Policy by giving Companion Life at least 31 days prior written notice.

Companion Life may terminate this Policy as of any premium due date by giving at least 31 days advance written notice to the Policyholder if any of the following occurs:

1. If on a non-contributory plan, less than 100% of the eligible employees are insured under this Policy.
2. If on a contributory plan, less than 75% of the eligible employees (15% with respect to the Short Term Disability Benefit) are insured under this Policy.
3. If less than 15 eligible employees (10 with respect to the Short Term Disability Benefit) are insured under this Policy.
4. If less than the minimum required by law are insured under this Policy.

Companion Life may terminate this Policy at any time after it has been in effect for 12 months by giving advance written notice to the Policyholder.

Termination will take effect on the later of the date stated in the notice or 31 days from the date of mailing such notice.

The Policy will terminate at the end of the grace period if premiums have not been paid by that date.

ALLOCATION OF AUTHORITY: Except for those functions which the Policy specifically reserves to the Policyholder, Companion Life has full and exclusive authority to control and manage this Policy, to administer claims and to interpret this Policy and resolve all questions arising in the administration, interpretation and application of this Policy.

Companion Life's authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the group policy and any claim under it; and
3. The right to determine:
 - A. eligibility for insurance;
 - B. entitlement to benefits;
 - C. the amount of benefits payable; and
 - D. the sufficiency and the amount of information Companion Life may reasonably require to determine A, B, or C above.

Subject to the review procedures of the group policy, any decision Companion Life makes in the exercise of this authority is conclusive and binding.

APPLICATION FOR GROUP LIFE, AD&D, SHORT TERM DISABILITY AND LONG TERM DISABILITY (Defined Contribution Plans)

EMPLOYER INFORMATION

1. FULL LEGAL NAME OF EMPLOYER (as it should appear in policy): Warden & Smith Inc Telephone Number: (643) 537-2188
Area Code

2. EMPLOYER'S FEDERAL TAX ID NUMBER: 51-0471882 Full Years in Business: 60
 Type of Business: Corporation I mail Address: brandon@wardenandsmith.com
i.e., Partnership, Sole Proprietorship, Corporation, etc.

3. ADDRESS Street: 290 US Hwy 1 S Post Office Box: 130 ZIP: 29520
 City: Chehaw County: Charleston State: SC ZIP: 29520

4. ADMINISTRATIVE CORRESPONDENCE with the applicant should be addressed to:
 Name: Brandon King Title: Sec. Treasurer

5. NATURE OF BUSINESS: Ready Mix Concrete

6. REQUESTED EFFECTIVE DATE (12:01 a.m.): September 1 20 17

7. PREMIUMS ARE TO BE PAID MONTHLY.

8. Are there subsidiary or affiliate businesses covered under this plan? Yes No
 If YES, please state name and nature of each subsidiary or affiliate: Paigeland Sand - sand pit

Are separate billings required? Yes No
 IF YES, please provide billing instructions: Separate Billing for Warden & Smith employees & Paigeland Sand employees bill to same address

9. Type of Administration: Home Office administered Group Administered (minimum 250 lives) T/MGU/TPA/GBA Administered

10. Will the requested insurance replace existing insurance? Yes No
 If YES, give coverage, name of existing carrier and proposed termination date: n/a

EMPLOYEE ELIGIBILITY

11. The normal work week for full-time employees is 40 hours.
 Eligibility: All regular full-time employees working a minimum of 40 hours per week.
 (The minimum work week for full-time employees to be eligible for benefits is 30 hours. Employees working fewer than 30 hours per week may be acceptable; contact Companion Life for approval.)

12. Current eligible employees are to be covered:
 Immediately on the requested effective date.
 After days of continuous employment
 First of the month following days of continuous employment.

13. Current eligible employees are to be covered immediately.

14. Employees hired after the plan effective date are to be covered:
 Immediately.
 After days of continuous employment.
 First of the month following 90 days of continuous employment
 LTD (minimum of 60 days): 90

15. Number of Eligible Employees: 18

16. Number of Enrolled Employees: STD: 3 ✓
LTD: 3 ✓

17. Number of family members in firm (no more than 50%):

18. SCHEDULE OF BENEFITS (if space provided is inadequate, please attach additional page).

CLASS DEFINITIONS (Describe Below)	BASIC LIFE/AD&D	SHORT TERM DISABILITY	LONG TERM DISABILITY
<input checked="" type="checkbox"/> All Full-Time Employees	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other	Benefit Period <input checked="" type="checkbox"/> 8-8-13 <input type="checkbox"/> 8-8-26 <input type="checkbox"/> 15-15-52 Weekly Benefit Max. \$1,250 Benefit Amount: 60%	Elimination Period <input checked="" type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days Pre-ex: <u>12</u> /12 Benefit Amount: 60% to \$3K max
Percentage of Premium Paid <u>100%</u>	(n/a)	<input checked="" type="checkbox"/> 0% (Post-Tax) - not taxable <input type="checkbox"/> 100% (Pre-Tax) - taxable	(n/a)
Defined Contribution Amount		Please select one: <input checked="" type="checkbox"/> \$40	

If a Section 125 Plan is in effect, please complete Question 21

(Defined Contribution Plans)

SECTION 125 PLAN INFORMATION

19 Are there any eligible classes or divisions? Yes No If YES, please describe.

20 Are any eligible employees disabled at this time? Yes No If YES, please describe.

21 Is a Section 125 Plan in effect? Yes No

If yes, please indicate which Component Life Benefits will be subject to the Section 125 Plan and note the employer's and employee's contributions

<input type="checkbox"/> Life & AD&D	<input type="checkbox"/> STD	<input checked="" type="checkbox"/> LTD	<input type="checkbox"/> Voluntary Life
ER %	LP %	LE \$40	LR %
EE %	EF %	EE DC	EE %

22 BASIC LIFE AND AD&D BENEFITS reduce as follows:

(x) 35% at age 65 50% at age 70 and then 75% at age 75. Benefits terminate when employee is no longer actively at work

23 BASIC LIFE AND AD&D guaranteed issue amount \$ n/a

24 DEPENDENT LIFE BENEFITS Yes No n/a

- A Spouse Amount \$5,000
- B Maximum Child Amount 14 Days to 6 Months \$100 6 Months at a over \$5,000
- C Coverage for children continues until age 28

25 SHORT TERM DISABILITY (STD) BENEFITS Yes No (If YES, see occupational injury or sickness) includes maternity, 12/12 pre-ex included.

26 TRUE GROUP LONG TERM DISABILITY BENEFITS Yes No

- A Maximum Monthly Benefit: 16-24 eligible lives up to \$3,000 per month 25-99 eligible lives up to \$5,000 per month
- B Maximum Benefit period will be: SSNRA (Reducing Benefit Duration) 5 years 2 Years
- C Minimum Monthly Benefit add \$100 minimum or 10% LTD Benefits
- D Own Occupation Definition is 2 Years
- E Benefit Integration: Primary and Family Social Security (Standard)
- F Pre-Existing Condition Limitations: Standard 12/24 (12/12 in MD and SC 3/12 in PA)

27 SPECIAL REQUIREMENTS/INSTRUCTIONS n/a

INSURANCE INFORMATION

PLEASE READ CAREFULLY

Quotations were based on the proposal data submitted to Companion Life. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

If the initial deposit is at least equal to the first month's premium, and if the requested insurance is acceptable under Companion Life's current rules and practices, insurance under the terms of the policy shall be effective on the effective date requested. Otherwise, insurance becomes effective only when a policy is delivered and accepted in writing. In the interim, liability is limited to a return of the original deposit. Only Companion Life's Home Office has the authority to guarantee the acceptability of the requested insurance.

Dated at Cheraw, SC this 21st day of July 2017

[Signature]
Secretary

Treasurer

[Signature]

AGENT'S REPORT

28. INITIAL DEPOSIT (Minimum first month's premium is required). \$ _____

29. Are all the employees to be insured for Disability Income Covered by Workers' Compensation? Yes No
if NO, explain _____

30. Have you explained to the employer that an employee not active at work on the policy effective date will not be covered until such employee returns to active work full time unless approved in writing by an underwriter or officer of Crumson Life?

Yes No Remarks _____

31. Is there any other insurance plan(s) that duplicates any of the benefits applied for with this application that will remain in force or be placed concurrently with this plan(s)? Yes No If YES please describe the benefit amounts and purpose(s) of this plan(s) _____

32. Is Agent or Broker licensed in the state of this group for the types of insurance submitted? Yes No

33. To the best of the Agent's or Broker's knowledge, replacement is is not involved with this transaction

34. Full name of Agent/Broker Timothy M. Williams

35. Signature of Agent/Broker [Signature] Date 7-21-17

FRAUD WARNING (Not Applicable in AZ, FL, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.