

06/12/2015

THE SOUTH CAROLINA COURT OF APPEALS  
P.O BOX 11629  
COLUMBIA , SC 29211

**RECEIVED**

JUN 15 2015

SC Court of Appeals

RE : STATE V. CHARLENE ROBERTSON  
APPELLATE CASE NO. 2015-001068

Dear Appeals Court:

I had proof of legal insurance from my insurance that I tried to get my lawyer  
Show the court and she told me they did not want to see it I was guilty and  
The next thing I know she called me and said to come to court , I did not get  
a card in the mail.

I told her the day of court , I was innocent and had proof of insurance the  
Company was willing to prove it they sent me a email of this .

She did not want to here it anything I had to say, I was guilty from day one.

Enclose is my insurance and you can call the company.

I am asking that the case be dismissed 2014A2330202850 / 2014A2330202848.

YOU MY CONTACT ME 864-444-1133  
CHARLENE ROBERTSON  
348 A LICKVILLE RD  
BELTON ,SC 29627

I AM CONTACTING YOU MYSELF BECAUSE I HAD TO BAG HER TO PUT  
THE APPEAL IN BY GOING TO HER SUPPERVISOR.

Charlene Robertson

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

GRANITE STATE INSURANCE COMPANY  
13102

90582-0000

WC 742-90-85

013-66-0608-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

R & R BUILDERS  
348A LICKVILLE ROAD  
BELTON, SC 29627-0000



Member Companies of  
American International Group

EXECUTIVE OFFICES:  
70 PINE STREET, NEW YORK, N.Y. 10270

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# SC UI#:

PRODUCERS NAME AND ADDRESS

RECEIVED

JUN 15 2015

**WORKERS COMPENSATION AND EMPLOYERS  
LIABILITY POLICY INFORMATION PAGE**

MORGANO AGENCY INC  
PO BOX 4174  
GREENVILLE, SC 29608-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 002408707

SC Court of Appeals

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	06/02/08	TO	06/02/09
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: SC			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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	
	C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT - WC000326A			
	D. This policy includes these SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	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.			
	Classifications	Code Number	Estimated Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re-muneration
				Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$230 SC  
MINIMUM PREMIUM \$750 SC TOTAL ESTIMATED PREMIUM \$750

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM

06/22/08 ASSIGNED RISK

66

*Robert J. Pink*

Issue Date

Issuing Office

Authorized Representative

WC 00 00 01

39967 (Rev'd 04/08)

Archive Copy

EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 742-90-85

SOUTH CAROLINA

Policy Prefix & No.

Schedule

INTRA/IR

013-66-0608-00

R & R BUILDERS

Item 4. Classification of Operations	Code No.	Premium Basis
RATING GROUP: 0001-01		Estimated Total Annual Remuneration
CARPENTRY: DETACHED ONE- OR TWO-FAMILY DWELLINGS	5645	IF ANY
STATE OF SOUTH CAROLINA TOTALS		
TOTAL CLASSIFICATION PREMIUM		
TOTAL UNMODIFIED PREMIUM		
MODIFIED STANDARD PREMIUM		
POLICY MINIMUM DIFFERENCE	0990	
UNDISCOUNTED PREMIUM		
EXPENSE CONSTANT	0900	
FOREIGN TERRORISM (TRIA)	0.03 9740	
DOMESTIC TERRORISM, ET AL	0.02 9741	
TOTAL ESTIMATED PREMIUM		
TOTAL DUE		
TOTAL FOREIGN TERRORISM (TRIA) PREMIUM INCLUDED		
IN TOTAL ESTIMATED PREMIUM	\$0	

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

GRANITE STATE INSURANCE COMPANY  
13102

0090582-00

WC 007-43-5288

013-66-0609-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

CHARLENE ROBERTSON

EXECUTIVE OFFICES:  
70 PINE STREET, NEW YORK, N.Y. 10270

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# SC UI#:

PRODUCERS NAME AND ADDRESS

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE**

MORGANO AGENCY INC  
PO BOX 4174  
GREENVILLE, SC 29608-0000

INSURED IS INDIVIDUAL

PREVIOUS POLICY NUMBER  
RENEWAL 007429085

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	06/02/09	TO	06/02/10
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: SC			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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	
	C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT - WC000326A			
	D. This policy includes these SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	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.			
	Classifications	Code Number	Estimated Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re-muneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year
				Estimated Premium

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$230 SC  
MINIMUM PREMIUM \$750 SC TOTAL ESTIMATED PREMIUM \$750

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM

06/22/09 ASSIGNED RISK

66



Issue Date

Issuing Office

Authorized Representative

WC 00 00 01

39967 (Rev'd 04/08)

Archive Copy

Page 1 of  
EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 007-43-5288  
Policy Prefix & No.

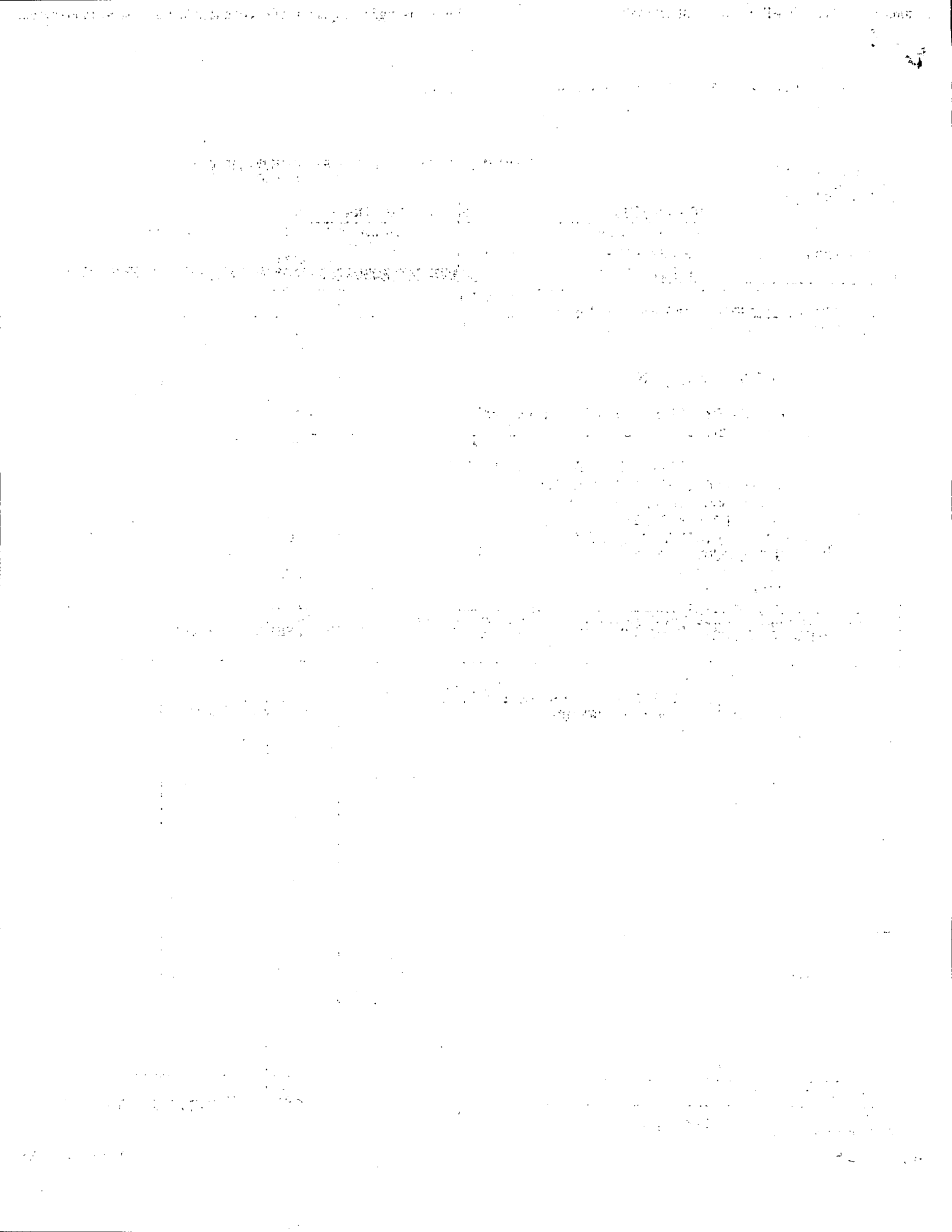
SOUTH CAROLINA  
Schedule

INTRA/r

013-66-0609-00

CHARLENE ROBERTSON

Item 4. Classification of Operations	Code No.	Premium Basis
RATING GROUP: 0001-01		Estimated Total Annual Remuneration
CARPENTRY: DETACHED ONE- OR TWO-FAMILY DWELLINGS	5645	IF ANY
STATE OF SOUTH CAROLINA TOTALS		
TOTAL CLASSIFICATION PREMIUM		
TOTAL UNMODIFIED PREMIUM		
MODIFIED STANDARD PREMIUM		
POLICY MINIMUM DIFFERENCE	0990	
UNDISCOUNTED PREMIUM		
EXPENSE CONSTANT	0900	
TERRORISM	0.02 9740	
CATASTROPHE (SEE WC 00 04 21C)	0.01 9741	
TOTAL ESTIMATED PREMIUM		
TOTAL DUE		
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED IN TOTAL ESTIMATED PREMIUM	\$0	



ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY  
**GRANITE STATE INSURANCE COMPANY**  
 13102

AGENT NUMBER  
 0090582-00

POLICY NUMBER  
 WC 009-64-6925  
 013-66-0610-00

INCORPORATED UNDER THE LAWS OF **PENNSYLVANIA**  
 ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

**CHARLENE ROBERTSON**  
  
 SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610  
 I.D# SC UI#:



A Chartis company  
 EXECUTIVE OFFICES:  
 175 Water Street  
 New York, NY 10038

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE**  
 MORGANO AGENCY INC  
 PO BOX 4174  
 GREENVILLE, SC 29608-0000

INSURED IS INDIVIDUAL PREVIOUS POLICY NUMBER NEW

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2 POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM 06/29/10 TO 06/29/11

ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:  
 SC

B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A.  
 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

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
 REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT - WC000326A

D. This policy includes these  
 SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612

ITEM 4 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.

Classifications	Code Number	Estimated Total Remuneration		Rate Per \$100 OF Re-muneration		Estimated Premium	
		<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year			<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year
SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754							

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$230 SC  
 MINIMUM PREMIUM \$750 SC TOTAL ESTIMATED PREMIUM \$750

If indicated below, interim adjustments of premium shall be made:  
 Semi-Annually  Quarterly  Monthly DEPOSIT PREMIUM

07/20/10 ASSIGNED RISK

66 Issuing Office

*John Koster*  
 Authorized Representative WC 00 00 01

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY  
GRANITE STATE INSURANCE COMPANY  
13102

AGENT NUMBER  
0090582-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA  
ITEM 1. NAMED INSURED: MAILING ADDRESS: IDENTIFICATION NO.:

CHARLENE ROBERTSON

**CHARTIS**

A Chartis company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D#

SC UI#:

PRODUCERS N

**WORKERS COMPENSATION AND EMPLOYERS  
LIABILITY POLICY INFORMATION PAGE**

MORGANO AGENCY INC  
PO BOX 4174  
GREENVILLE, SC 29608-0000

INSURED IS  
INDIVIDUAL

PREVIOUS POLICY NUMBER  
NEW

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM 06/29/10 TO 06/29/10						
ITEM 3	<p>A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation here: SC</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in the policy schedule. The limits of our liability under Part Two are: Bodily Injury by Accident \$ _____ Bodily Injury by Disease \$ _____ Bodily Injury by Disease \$ _____</p> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT</p> <p>D. This policy includes these SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612</p>						
ITEM 4	<p>The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Schedules. All information required below is subject to verification and change by audit.</p> <table border="1"> <thead> <tr> <th>Classifications</th> <th>Code Number</th> <th>Estimated Total Remuneration</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Y</td> </tr> </tbody> </table>	Classifications	Code Number	Estimated Total Remuneration			<input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Y
Classifications	Code Number	Estimated Total Remuneration					
		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Y					

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$230 SC  
MINIMUM PREMIUM \$750 SC TOTAL ESTIMATED PREMIUM

If indicated below, interim adjustments of premium shall be made:

Semi-Annually

Quarterly

Monthly

DEPOSIT PREMIUM

INCORPORATED UNDER THE LAWS OF **PENNSYLVANIA**  
 ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

**CHARLENE ROBERTSON**

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D# SC UI#:



A Chartis company  
 EXECUTIVE OFFICES:  
 175 Water Street  
 New York, NY 10038

PRODUCERS NAME AND ADDRESS

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE**

**TONY GREGORY NATIONWIDE INSURANCE AGENCY**  
 408 LAURENS RD  
 GREENVILLE, SC 29607-1832

INSURED IS **INDIVIDUAL** PREVIOUS POLICY NUMBER **NEW**

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2 POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM **08/11/11** TO **08/11/12**

ITEM 3 **A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:**  
**SC**

**B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A.**  
 The limits of our liability under Part Two are:

Bodily Injury by Accident \$	<u>100,000</u>	each accident
Bodily Injury by Disease \$	<u>500,000</u>	policy limit
Bodily Injury by Disease \$	<u>100,000</u>	each employee

**C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:**  
**REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT - WC000326A**

**D. This policy includes these endorsements and schedules:**  
 SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612

ITEM 4 **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.**

Classifications	Code Number	Premium Basis Total Remuneration		Rate Per \$100 OF Re-muneration	Estimated Premium	
		<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year		<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year
SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754						

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) **\$230 SC**

MINIMUM PREMIUM **\$750 SC** TOTAL ESTIMATED ANNUAL PREMIUM **\$750**

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly **DEPOSIT PREMIUM**

*John Koster*

EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 051-75-6525  
Policy Prefix & No.

SOUTH CAROLINA  
Schedule

INTRA/r

013-66-0811-00

CHARLENE ROBERTSON

Item 4. Classification of Operations	Premium Basis	
	Code No.	Estimated Total Annual Remuneration
RATING GROUP: 0001-01		
ALUMINUM SIDING INSTALLATION-DETACHED ONE- OR TWO-FAMILY DWELLINGS	5645	IF ANY
STATE OF SOUTH CAROLINA TOTALS		
TOTAL CLASSIFICATION PREMIUM		
TOTAL UNMODIFIED PREMIUM		
MODIFIED STANDARD PREMIUM		
POLICY MINIMUM DIFFERENCE	0990	
UNDISCOUNTED PREMIUM		
EXPENSE CONSTANT	0900	
TERRORISM	0.02 9740	
CATASTROPHE (SEE WC 00 04 21C)	0.01 9741	
TOTAL ESTIMATED PREMIUM		
TOTAL DUE		
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED IN TOTAL ESTIMATED PREMIUM	\$0	