

RECEIVED

APR 25 2014

SC Court of Appeals

THE STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

**APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION**

COMMISSIONERS AISHA G. TAYLOR, GENE MCCASKILL AND SUSAN S. BARDEN

WCC FILE NO. 1200329

JUAN YSLAS JR., EMPLOYEE, ... Appellant

v.

**JUAN YSLAS, EMPLOYER, and RIVERPORT INSURANCE,
ALLEGED CARRIER FOR EMPLOYER, and FULL CIRCLE
CONSTRUCTION, ALLEGED STATUTORY EMPLOYER, and
THE SOUTH CAROLINA UNINSURED EMPLOYERS'S FUND Respondents**

RECORD ON APPEAL - VOLUME I

James H. Moss, Esquire
MOSS, KUHN & FLEMING, P. A.
Post Office Drawer 507
Beaufort, South Carolina 29901-0507
[843] 524-3373; [843] 524-1302 FX
Attorneys for Appellant

[Continued on Next Page]

Allison M. Carter, Esquire
WILSON, JONES, CARTER & BAXLEY, PA
421 Wando Park Blvd., Suite 100
Mt. Pleasant, South Carolina 29464
[843] 284-1083
Attorneys for Respondent,
Riverport Insurance

Weston Adams, III, Esquire
McANGUS, GOUDELOCK & COURIE, LLC
Post Office box 12519
Columbia, South Carolina 29211-2519
Attorneys for Respondents,
Full Circle Construction

Beaufort, South Carolina

April 4, 2014

INDEX

Page

Materials from C/A #20122-CP-27-0432:

1.	<i>Summons & Complaint</i> , filed July 11, 2012, and November 2, 2012, [identical documents - 07/11/12 included herein].....	01
	<i>NOTE: Ppgs. 09 - 16 omitted as a result of copying error</i>	
2.	<i>Answer</i> of Full Circle Construction, filed August 7, 2012.....	17
3.	<i>Motion to Dismiss</i> of Full Circle, filed August 7, 2012.....	22

Materials from WCC File No. 1200329:

4.	<i>First Report of Injury</i> , dated January 23, 2012.....	26
5.	<i>Form 50 - Notice of Claim</i> , filed January 18, 2012.....	27
6.	<i>Amended Form 50</i> , filed May 16, 2012.....	33
7.	<i>Workers Compensation and Employers Liability Policy Binder</i>	35
8.	<i>Form 51</i> , Riverport Insurance, filed July 2, 2012.....	89
9.	<i>Motion to Add Riverport Insurance</i> , May 31, 2012.....	90
10.	<i>WCC Administrative Order</i> , June 18, 2012.....	94
11.	Deposition transcript of Juan Yslas, Jr., June 12, 2012.....	95
12.	Deposition transcript of Juan Yslas, III, June 12, 2012.....	300
13.	Designated portions of deposition transcript of Matthew Bader, June 12, 2012.....	370
14.	Deposition transcript of Letvy Jacquelyn Fernandez, June 26, 2012.....	379
15.	Designated portions of Claimant's APA submission, June 29, 2012.....	432

16.	Designation portions of Riverport's APA submission, June 29, 2012.....	438
17.	Designation portions of Transcript of hearing before single Commissioner, July 8, 2012.....	467
18.	<i>Decision & Order</i> , Commissioner Wilkerson, October 12, 2012.....	507
19.	<i>Form 30, Request for Commission Review</i> , filed October 30, 2012.....	531
20.	<i>Brief of Appellant</i> , dated January 23, 2013.....	536
21.	<i>Transcript of Full Commission Hearing</i> , May 20, 2013.....	548
22.	<i>Request for Proposed Decision & Order</i> , dated June 6, 2013.....	567
23.	<i>Appellate Panel Decision & Order</i> , dated August 21, 2013.....	568
24.	<i>Certification as to Record on Appeal</i>	589

STATE OF SOUTH CAROLINA

COUNTY OF JASPER

JUAN YSLAS, JR.;

IN THE COURT OF COMMON PLEAS

CIVIL ACTION COVERSHEET

20 Plaintiff(s) F2 2:48

2012-CP - 27- 432

vs.

FULL CIRCLE CONSTRUCTION II LLC,

Defendant(s)

Submitted By: James H. Moss

Address: Moss, Kuhn & Fleming, P.A.

P.O. Drawer 507

Beaufort, SC 29901-0507

SC Bar #: 4220

Telephone #: 524-3373

Fax #: 524-1302

Other:

E-mail: jim@mossandkuhn.com

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☒ JURY TRIAL demanded in complaint. ☐ NON-JURY TRIAL demanded in complaint.
- ☐ This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- ☒ This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- ☐ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

- | | | | |
|--|--|--|--|
| Contracts
☐ Constructions (100)
☐ Debt Collection (110)
☐ Employment (120)
☐ General (130)
☐ Breach of Contract (140)
☐ Other (199) | Torts - Professional Malpractice
☐ Dental Malpractice (200)
☐ Legal Malpractice (210)
☐ Medical Malpractice (220)
Previous Notice of Intent Case #
20 CP-
☐ Notice/ File Med Mal (230)
☐ Other (299) | Torts - Personal Injury
☐ Assault/Slander/Libel (300)
☐ Conversion (310)
☐ Motor Vehicle Accident (320)
☐ Premises Liability (330)
☐ Products Liability (340)
☒ Personal Injury (350)
☐ Wrongful Death (360)
☐ Other (399) | Real Property
☐ Claim & Delivery (400)
☐ Condemnation (410)
☐ Foreclosure (420)
☐ Mechanic's Lien (430)
☐ Partition (440)
☐ Possession (450)
☐ Building Code Violation (460)
☐ Other (499) |
| Inmate Petitions
☐ PCR (500)
☐ Mandamus (520)
☐ Habeas Corpus (530)
☐ Other (599) | Administrative Law/Relief
☐ Reinstate Drv. License (800)
☐ Judicial Review (810)
☐ Relief (820)
☐ Permanent Injunction (830)
☐ Forfeiture-Petition (840)
☐ Forfeiture-Consent Order (850)
☐ Other (899) | Judgments/Settlements
☐ Death Settlement (700)
☐ Foreign Judgment (710)
☐ Magistrate's Judgment (720)
☐ Minor Settlement (730)
☐ Transcript Judgment (740)
☐ Lis Pendens (750)
☐ Transfer of Structured Settlement Payment Rights Application (760)
☐ Confession of Judgment (770)
☐ Petition for Workers' Compensation Settlement Approval (780)
☐ Other (799) | Appeals
☐ Arbitration (900)
☐ Magistrate-Civil (910)
☐ Magistrate-Criminal (920)
☐ Municipal (930)
☐ Probate Court (940)
☐ SCDOT (950)
☐ Worker's Comp (960)
☐ Zoning Board (970)
☐ Public Service Comm. (990)
☐ Employment Security Comm (991)
☐ Other (999) |
| Special/Complex /Other
☐ Environmental (600)
☐ Automobile Arb. (610)
☐ Medical (620)
☐ Other (699) | ☐ Pharmaceuticals (630)
☐ Unfair Trade Practices (640)
☐ Out-of State Depositions (650)
☐ Motion to Quash Subpoena in an Out-of-County Action (660)
☐ Sexual Predator (510) | | |

Submitting Party Signature:

Date:

07/11/12

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

000001

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF JASPER)

CASE NUMBER: 2012-CP-27-430

JUAN YSLAS, JR.,)

Plaintiff,)

v.)

SUMMONS

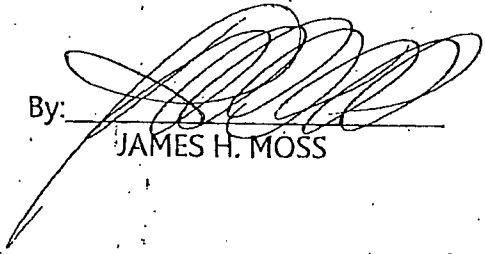
FULL CIRCLE CONSTRUCTION)
II LLC,)

Defendant.)

TO: FULL CIRCLE CONSTRUCTION II LLC, DEFENDANT HEREIN:

YOU ARE HEREBY SUMMONED and required to Answer the Complaint in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the subscriber at his office, MOSS, KUHN & FLEMING, P.A., Post Office Drawer 507/1501 North Street, Beaufort, South Carolina 29901-0507, within thirty (30) days from the date of service hereof; exclusive of the day of such service; and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the Court for a judgment by default and the relief demanded in the attached Complaint.

MOSS, KUHN & FLEMING, P.A.

By: 

JAMES H. MOSS

Beaufort, South Carolina
July 9, 2012POSTED
BY  DATE 7.13.12

000002

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
COUNTY OF JASPER) CASE NUMBER: 2012-CP-27-432
2012 JUL 1 PM 2:49

JUAN YSLAS, JR.,

Plaintiff,

v.

FULL CIRCLE CONSTRUCTION
II LLC,

Defendant.

COMPLAINT
(Jury Trial Requested)

The Plaintiff, complaining of the Defendant, alleges:

FOR A FIRST CAUSE OF ACTION

1. That the Plaintiff is a resident of Beaufort County, State of South Carolina.
2. That the Defendant is a limited liability company, owning property and doing business in Jasper County, with its principal office and place of business in Jasper County, State of South Carolina, located at 168A Boardwalk Drive, Ridgeland, South Carolina 29936.
3. That the Defendant is a company involved in the construction of residential homes and, at all times set forth herein, was constructing residential homes, and had requested the Plaintiff to perform work, labor and services for the construction of said homes.
4. That the Defendant initially filed a Workers' Compensation claim against Full Circle Construction LLC, which Full Circle Construction LLC specifically denied as to the injury this Plaintiff sustained on January 16, 2012, and stated that Juan Yslas, Jr. was not subject to the Workers' Compensation Act. (See Exhibit 1 attached hereto).

FILED
JUL 13 2012
0000003

5. That on or about January 16, 2012, the Plaintiff was the subcontractor of Full Circle Construction II LLC, and was seriously injured when he was caused to fall on a project in which Full Circle Construction II LLC was the general contractor, causing this Plaintiff serious injuries and damages as are hereinafter more particularly set forth.

6. That the Plaintiff herein and other employees had requested the general contractor, the Defendant herein, to obtain a crane and adequate construction and supervision as required by the laws of the United States and the State of South Carolina before installing roof trusses on said project.

7. That the Defendant, at all times herein, had a supervisor of construction on the job, but at no time was he provided scaffolds, area lifts, ladders or, most importantly, a crane to keep the workers safe.

8. That the Defendant, the general contractor, did not develop a written Site Specific Fall Protection Plan in accordance with 29 CFR 1926-502K or other provisions provided by OSHA, which were adopted by the State of South Carolina.

9. That the Plaintiff's injuries were due to and caused by and were the direct and proximate result of the careless and reckless acts and conduct of the Defendant, its agents, servants and employees, in one or more of the following particulars, to-wit:

- a. In failing to provide a Site Specific Fall Protection Plan;
- b. In failing to obtain and pay for the use of a crane in order to lift the trusses at the area of work;
- c. In failing, upon request, to obtain the services of a crane, when the general contractor, its agents, servants and employees, knew, or should have known, the dangers of installing roof trusses;

- d. In failing to timely order the use of a crane;
- e. In failing, upon request, to obtain the services of a crane to lift the roof trusses, thereby substantially limiting the risk of a fall;
- f. In failing to have competent or trained supervisors on the job;
- g. In failing to exercise the standard practices and procedures of the construction industry in providing a Site Specific Fall Protection Plan and, in actuality, failing to obtain a crane for the purpose of lifting trusses in to place;
- h. In failing to provide proper scaffolds, lifts, or ladders in regards to the placing of the trusses; and
- i. In failing to exercise the degree of care as required by the circumstances and conditions then and there existing.

10. That by reason of the careless and reckless acts and conduct of the Defendant, its agents, servants and employees, as above set forth, this Plaintiff was injured and damaged in the following particulars, to-wit:

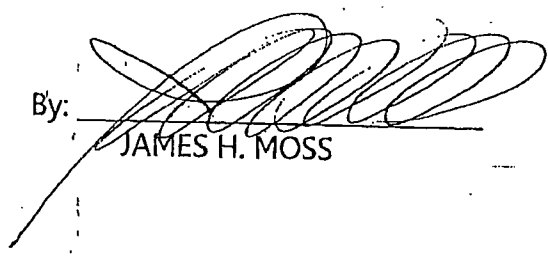
That he was caused to fall when the extremely heavy truss was out of control; that he fell, legs first, to the concrete below, fracturing both calcaneals or heels, and substantially injuring his knees, hips, lower back, and other areas of his body; that he was forced to seek emergency aid, hospital attention, and care; that he was substantially treated by Dr. Stoddard and other physicians in the Beaufort area; that he has incurred medical bills and expenses, and will continue to incur medical bills and expenses in the future; that he has been caused to be impaired and disabled, and will continue to be impaired and disabled in the future; that he has lost time from work, and will continue to lose time from work; that he has lost the enjoyment of life, and will continue to lose the enjoyment of life

000005

in the future; that under § 19-1-150 of the Code of Laws of the State of South Carolina, 1976, as amended, he will suffer in the future for a period of twenty-five (25) years, requiring substantial medical expenses, lost wages, and other damages that will be more fully set forth in Discovery; that the Plaintiff has suffered much mental anguish and physical pain, and will continue to suffer mental anguish and physical pain in the future; all said injuries to his great detriment and damage, both actually and punitively, in such amounts as may be awarded by the jury.

WHEREFORE, the Plaintiff prays for judgment against the Defendant in such amounts as may be awarded by the jury, both actual and punitive damages.

MOSS, KUHN & FLEMING, P.A.

By: 

JAMES H. MOSS

Beaufort, South Carolina
July 1, 2012

000006

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500
 P.O. BOX 1715
 Columbia, SC 29202-1715
 (803) 737-5739
 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 1200329

Claimant's Name: Juan Yslas, Jr.

Address: 70 Hickory Hill Road

City: St. Helena State: SC Zip: 29920

Home Phone: () - Work Phone: () -

Preparer's Name: Ryan S. Montgomery

Employer's Name: Juan Yslas, Jr. / Full Circle Construction

Address: 168A Boardwalk Drive

City: Ridgeland State: SC Zip: 29936

Carrier: Amerisure Insurance Company

Preparer's Phone #: (864) 373-7333

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: _____ 2. AWW: TBD Date of Injury: January 16, 2012

3. Type of Injury and body part(s): Denied. Claimant was not subject to the Act.

4. Facts in controversy: Whether claimant availed himself to the South Carolina Workers' Compensation Act which the General Contractor believes he did not. Because he did not he cannot access any available remedies under the Workers' Compensation Act to include asking this carrier to pay in the first instance, asking the carriers to split the case while the merits are decided and cannot avail himself at all to any medical or weekly benefits whatsoever and cannot avail himself to the Uninsured Employers Fund via the South Carolina Workers' Compensation Act. In short, the claimant has no rights or remedies under the Workers' Compensation Act. Claimant obtained a workers' compensation policy that excluded himself as the owner (He also failed to identify any employees despite having 5-6). Because he excluded himself on the signed application and then received a policy where he was excluded then he cannot get workers' compensation benefits at all.

If he feels the exclusion was in error then the remedy at law is in Circuit Court against the Issuing agent and not the upstream employer/carrier. He would need to file suit against the agent and the Errors and Omissions Policy. Full Circle and Amerisure request an outright denial under the Workers Compensation Act.

5. Legal issues involved: See #4.

6. Unusual aspects: Riverport insurance has requested a referral to the Attorney General Office. This employer/carrier would support that recommendation.

7. Witnesses (designate if expert):* Juan Yslas, Jr.; Juan Yslas, III; Matt Bader; Cheryl Perkins (de bene esse); Jackie Hernandez (de Bene esse); Garry Smith- Coverage and Compliance Division.

8. Exhibits: Claimant's deposition transcript.

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA listings.

10. Name, address, and specialty, if any, of the treating physician: See APA list

11. Impairment rating(s); body part(s); physician and date of opinion: n/a

12. I am amending my Form 50/51 in the following manner: _____

verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature]

Email: Ryan@RyanMontgomeryLaw.com

Date of hearing: July 9, 2012

Time needed for hearing: 1.5 hours

Exhibit 1

000007

FOR MANDATED ADR COUNTIES ONLY

Allendale, Anderson, Beaufort, Clarendon, Colleton, Florence, Greenville, Hampton, Horry, Jasper, Lee, Lexington, Pickens (Family Court Only), Richland, Sumter, Union, Williamsburg, and York

SUPREME COURT RULES REQUIRE THE SUBMISSION OF ALL CIVIL CASES TO AN ALTERNATIVE DISPUTE RESOLUTION PROCESS, UNLESS OTHERWISE EXEMPT.

You are required to take the following action(s):

1. The parties shall select a neutral and file a "Proof of ADR" form on or by the 210th day of the filing of this action. If the parties have not selected a neutral within 210 days, the Clerk of Court shall then appoint a primary and secondary mediator from the current roster on a rotating basis from among those mediators agreeing to accept cases in the county in which the action has been filed.
2. The initial ADR conference must be held within 300 days after the filing of the action.
3. Pre-suit medical malpractice mediations required by S.C. Code §15-79-125 shall be held not later than 120 days after all defendants are served with the "Notice of Intent to File Suit" or as the court directs. (Medical malpractice mediation is mandatory statewide.)
4. Cases are exempt from ADR only upon the following grounds:
 - a. Special proceeding, or actions seeking extraordinary relief such as mandamus, habeas corpus, or prohibition;
 - b. Requests for temporary relief;
 - c. Appeals
 - d. Post Conviction relief matters;
 - e. Contempt of Court proceedings;
 - f. Forfeiture proceedings brought by governmental entities;
 - g. Mortgage foreclosures; and
 - h. Cases that have been previously subjected to an ADR conference, unless otherwise required by Rule 3 or by statute.
5. In cases not subject to ADR, the Chief Judge for Administrative Purposes, upon the motion of the court or of any party, may order a case to mediation.
6. Motion of a party to be exempt from payment of neutral fees due to indigency should be filed with the Court within ten (10) days after the ADR conference has been concluded.

Please Note: You must comply with the Supreme Court Rules regarding ADR. Failure to do so may affect your case or may result in sanctions.

NOTE: Ppgs. 09 - 16 OMITTED as a result of copying error

STATE OF SOUTH CAROLINA

COUNTY OF JASPER

Juan Yslas, Jr.,

v.

Full Circle Construction II LLC,

Plaintiff,

Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO: 2012-CP-27-432

**ANSWER OF DEFENDANT FULL CIRCLE
CONSTRUCTION II, LLC****(Jury Trial Demanded)****TO: JAMES H. MOSS, ESQUIRE, ATTORNEY FOR THE PLAINTIFF AND THE
PLAINTIFF ABOVE NAMED:**

The Defendant Full Circle Construction II, LLC (hereinafter Full Circle) herein files its Answer to the Plaintiff's Complaint and would respectfully show as follows:

FOR A FIRST DEFENSE

1. Each and every allegation of the Plaintiff's Complaint not hereinafter admitted is expressly denied.

FOR A SECOND DEFENSE

2. The Defendant Full Circle would admit that it is a limited liability company organized and existing under the laws of the State of South Carolina with its principle place of business in Jasper County; the Defendant would admit, upon information and belief, that the Plaintiff is a resident of the County of Beaufort, State of South Carolina; the Defendant would further admit that the incident which is the subject of Plaintiff's Complaint occurred in Beaufort County; the Defendant would further admit that the Plaintiff was injured on or about January 16, 2012 when he fell while on a project in which the Defendant was the general contractor and for which the Plaintiff was working as a subcontractor; all remaining allegations of the Plaintiff's Complaint are again denied.

POSTED
10000017

FOR A THIRD DEFENSE

3. This Defendant would show, upon information and belief, that any injuries or damages sustained by the Plaintiff, which are specifically denied, were the result of the acts or omissions of others not in the employ or control of this Defendant and, therefore, the Plaintiff cannot recover from this Defendant in any sum whatsoever.

FOR A FOURTH DEFENSE

4. The Defendant would show, upon information and belief, that any injuries or damages sustained by the Plaintiff were due to his own negligent, careless, reckless and grossly negligent acts or omissions which combined and concurred with any negligence on the part of the Defendant, which is specifically denied, to produce such injuries or damages, if any, and without which such injuries or damages would not have occurred. The Defendant pleads such negligence, carelessness, recklessness and gross negligence on the part of the Plaintiff and would ask that this court compare the negligence of the Plaintiff and the Defendant and if it is determined that the Plaintiff's negligence, carelessness, recklessness and gross negligence was greater than the negligence, carelessness, recklessness and gross negligence of the Defendant, which is specifically denied, then the Plaintiff should be totally barred from recovery and if it is determined that the Plaintiff's negligence, carelessness, recklessness and gross negligence is equal to or less than the negligence of the Defendant, then the amount of recovery available to the Plaintiff should be reduced by the percentage of the Plaintiff's own negligence, carelessness, recklessness and gross negligence.

FOR A FIFTH DEFENSE

5. The Defendant would herein show that the Plaintiff's Complaint fails to state facts sufficient to constitute a cause of action upon which relief might be granted to the Plaintiff under one or more causes alleged, and accordingly, the Plaintiff's Complaint must be dismissed in whole or in part.

FOR THE SIXTH DEFENSE

6. The Defendant would show that the Plaintiff has pursued his remedy under the worker's compensation statutes and that matter remains pending and as a result of the Plaintiff pursuing his remedy under the worker's compensations statutes the Plaintiff's Complaint must be dismissed as the exclusive remedy for the Plaintiff would be any recovery he may be entitled to under the worker's compensation statutory scheme.

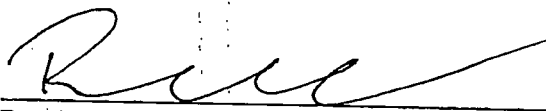
FOR THE SEVENTH DEFENSE

7. This Defendant would show, upon information and belief, that the Plaintiff's claim for punitive damages violates the Fifth, Sixth, Seventh, Eighth and Fourteenth Amendments to the Constitution of the United States of America in that it violates the double jeopardy clause in that this Defendant could be subjected to multiple awards of punitive damages for the same set of facts; the self-incrimination clause is being violated because this Defendant can be compelled to give testimony against itself in a penalty situation such as punitive damages; the assessment of punitive damages by a burden of proof less than beyond a reasonable doubt is violative of the Sixth and Fourteenth Amendments in that punitive damages are a fine or penalty and are, therefore, quasi-criminal in nature; Plaintiff's claim for punitive damages violates this Defendant's right to access the courts as guaranteed by the Seventh and Fourteenth Amendments because the threat of an award of punitive damages chills this Defendant's exercise of that right; the Plaintiff's claim for punitive damages violates the Eighth Amendment's guarantee that excessive fines shall not be imposed, the Plaintiff's claim for punitive damages violates both the due process and equal protection clauses of the Fourteenth Amendment in that the standard for awarding either punitive damages is unduly vague and, therefore, violates both procedural and substantive due process safeguards; therefore, the Plaintiff's claim for punitive damages should be dismissed.

WHEREFORE, having fully answered, the Plaintiff's Complaint, the Defendant would pray that the same be dismissed with costs being granted to it. The Defendant also prays for such other and further relief as the court deems just and proper, and also demands a trial by jury.

Respectfully submitted,

MURPHY & GRANTLAND, P.A.



Ron B. Diegel, Esquire

4406-B Forest Drive (29206)

P.O. Box 6648

Columbia, South Carolina 29260

(803) 782-4100

**Attorney for Defendant Full Circle Construction II,
LLC**

Columbia, South Carolina
August 3, 2012

STATE OF SOUTH CAROLINA

COUNTY OF JASPER

Juan Yslas, Jr.,

Plaintiff,

v.

Full Circle Construction II LLC,

Defendant.

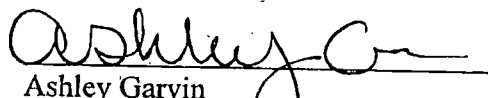
IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO: 2012-CP-27-432

CERTIFICATE OF SERVICE

I, the undersigned employee of the law offices of Murphy & Grantland, P.A., Attorney for Defendant Full Circle Construction II, LLC, do hereby certify that I have served a copy of the foregoing, 1) Answer of Defendant Full Circle Construction II, LLC; 2) Defendant Full Circle Construction II, LLC's Interrogatories to the Plaintiff; and 3) Defendant Full Circle Construction II, LLC's Requests for Production to the Plaintiff, in connection with the above-referenced case by mailing a copy of the same by United States Mail, postage prepaid, to the following address:

James H. Moss, Esquire
Moss, Kuhn & Fleming, P.A.
Post Office Drawer 507
Beaufort, SC 29901-0507


Ashley Garvin
Assistant to Ronald B. Diegel, Esquire

Columbia, South Carolina
August 3, 2012

SCANNED
8.7.12

000021

STATE OF SOUTH CAROLINA

COUNTY OF JASPER

Juan Yslas, Jr.,

Plaintiff,

v.

Full Circle Construction II LLC,

Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO: 2012-CP-27-432

**DEFENDANT FULL CIRCLE
CONSTRUCTION II, LLC'S MOTION TO
DISMISS**

**TO: JAMES H. MOSS, ESQUIRE, ATTORNEY FOR THE PLAINTIFF AND THE
PLAINTIFF ABOVE NAMED:**

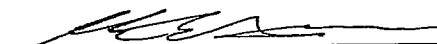
YOU WILL PLEASE TAKE NOTICE that the undersigned, as attorneys for the Defendant, will move before the presiding judge of the Jasper County Court of Common Pleas on the tenth (10th) day after service hereof, or as soon thereafter as counsel may conveniently be heard, for an Order dismissing the Plaintiff's Complaint pursuant to SCRPC 12(b)(1) and 12(b)(6) on the grounds that the Plaintiff's Complaint is barred by the worker's compensation exclusivity provisions of the SC Code of Laws (annotated) and that the Plaintiff's Complaint against Defendant further fails to state facts sufficient to constitute a cause of action.

This Motion is made pursuant to Rule 12(b)(1) and Rule 12(b)(6) of the South Carolina Rules of Civil Procedure and The South Carolina Worker's Compensation Act and will be supplemented and supported by such affidavits, applicable law, pleadings, memoranda of law, and other documents as appropriate.

(Signature on following page)

Respectfully submitted,

MURPHY & GRANTLAND, P.A.



Ronald B. Diegel, Esquire

Peter E. Farr, Esquire

4406-B Forest Drive (29206)

P.O. Box 6648

Columbia, South Carolina 29260

(803) 782-4100

**Attorneys for Defendant Full Circle
Construction II LLC**

Columbia, South Carolina
August 7, 2012

STATE OF SOUTH CAROLINA

IN THE COURT OF COMMON PLEAS

COUNTY OF JASPER

CIVIL ACTION NO: 2012-CP-27-432

Juan Yslas, Jr.,

Plaintiff,

v.

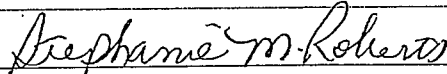
CERTIFICATE OF SERVICE

Full Circle Construction II LLC,

Defendant.

I, the undersigned employee of the law offices of Murphy & Grantland, P.A., Attorneys for **Defendant Full Circle Construction II, LLC**, do hereby certify that I have served a copy of the foregoing, **Defendant Full Circle Construction II, LLC's Motion to Dismiss**, in connection with the above-referenced case by mailing a copy of the same by United States Mail, postage prepaid, to the following address(es):

James H. Moss, Esquire
Moss, Kuhn & Fleming, P.A.
Post Office Drawer 507
Beaufort, SC 29901-0507


Stephanie M. Roberts, Paralegal to
Ronald B. Diegel, Esquire and
Peter E. Farr, Esquire

Columbia, South Carolina
August 7, 2012

000024

STATE OF SOUTH CAROLINA

COUNTY OF JASPER

Juan Yslas, Jr.,

☐ Plaintiff

v.

Full Circle Construction II, LLC,

☒ Defendant.

COPY

IN THE COURT OF COMMON PLEAS

CASE NO.

2012-CP-27-432

**MOTION AND ORDER INFORMATION
FORM AND COVER SHEET**

Plaintiff's Attorney:

James H. Moss, Esq., Bar No.

Address: Post Office Drawer 507, Beaufort, SC
29901-0507

phone: 843-524-3373 fax: 843-524-1302

e-mail: other:

Defendant's Attorney:

Peter E. Farr, Esq., Bar No. 73658

Address:

P.O. Box 6648, Columbia, SC 29260

phone: 803-782-4100 fax: 803-782-4140

e-mail: pfarr@murphygrantland.com other:

X **MOTION HEARING REQUESTED** (attach written motion and complete **SECTIONS I and III**)

☐ **FORM MOTION, NO HEARING REQUESTED** (complete **SECTIONS II and III**)

☐ **PROPOSED ORDER/CONSENT ORDER** (complete **SECTIONS II and III**)

SECTION I: Hearing Information

Nature of Motion: Motion to Dismiss

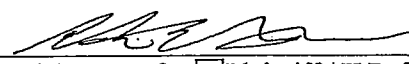
Estimated Time Needed: 15 minutes Court Reporter Needed: ☒ YES / ☐ NO

SECTION II: Motion/Order Type

☒ Written motion attached

☐ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.


Signature of Attorney for ☐ Plaintiff / ☒ Defendant

August 7, 2012

Date submitted

SECTION III: Motion Fee

☐ **PAID – AMOUNT:**

☐ **EXEMPT:** ☐ Rule to Show Cause in Child or Spousal Support

(check reason) ☐ Domestic Abuse or Abuse and Neglect

☐ Indigent Status ☐ State Agency v. Indigent Party

☐ Sexually Violent Predator Act ☐ Post-Conviction Relief

☐ Motion for Stay in Bankruptcy

☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRPC)

☐ Proposed order submitted at request of the court; or,
reduced to writing from motion made in open court per judge's instructions

Name of Court Reporter:

☐ Other:

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the attached order.

☐ Other:

JUDGE

CODE: _____ Date: _____

CLERK'S VERIFICATION

Collected by: _____

Date Filed:

☐ **MOTION FEE COLLECTED:** _____

☐ **CONTESTED – AMOUNT DUE:** _____

S.C. WORKERS' COMPENSATION COMMISSION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Juan Yslas, Jr. 70 Hickory Hill St. Helena, SC 29920		CARRIER/ADMINISTRATOR CLAIM NUMBER 1255545	OSHA LOG NUMBER	REPORT PURPOSE CODE 1st - 12A
		JURISDICTION Beaufort, SC	JURISDICTION CLAIM NUMBER 1200235/1200329	
		INSURED REPORT NUMBER		
INDUSTRY CODE		EMPLOYER FEIN		PHONE #
		Same - Beaufort County		
CARRIER/CLAIMS ADMINISTRATOR				
CARRIER (NAME, ADDRESS, & PHONE #) Riverpoint Insurance Co. adm by Berkley Risk Adm. Co., LLC P.O. Box 59143 Minneapolis, MN 55459-0143		POLICY PERIOD 11/22/2011 TO 11/22/2012		
		CHECK IF APPROPRIATE ☐ SELF INSURANCE		
CARRIER FEIN		POLICY/SELF-INSURED NUMBER		ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER				
EMPLOYEE/INJURED				
NAME (LAST, FIRST, MIDDLE) Yslas, III, Juan		DATE OF BIRTH 8/25/1975	SOCIAL SECURITY NUMBER 266-81-9102	DATE HIRED 2/2
ADDRESS (INCL ZIP) 71 Hickory Hill Road St. Helena, SC 29920		SEX ☒ Male ☐ Female ☐ Unknown	MARITAL STATUS ☒ Unmarried/Single/Divorced ☐ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE Worker
PHONE 843-575-0073		# OF DEPENDENTS 3	EMPLOYMENT STATUS Injured	
RATE PER: ☐ DAY ☐ MONTH ☒ WEEK ☐ OTHER		DAYS WORKED/WEEK 5 - 6	FULL PAY FOR DAY OF INJURY? ☒ YES ☐ NO	
			DID SALARY CONTINUE? ☐ YES ☒ NO	
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK ☒ AM ☐ PM	DATE OF INJURY/ILLNESS 01/16/2012	TIME OF OCCURRENCE ☐ AM ☒ PM (☐ CANNOT BE DETERMINED)	LAST WORK DATE 1/16/2012	DATE EMPLOYER NOTIFIED DATE DISABILITY BEGAN 1/16/2012
CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS Broken heels and ankles			PART OF BODY AFFECTED legs
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☒ NO	TYPE OF INJURY/ILLNESS CODE			PART OF BODY AFFECTED CODE
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Lot 181, Hampton Lake		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Putting truss on garage		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Lifting truss		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Roofing garage		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL Truss fell and pulled us down				CAUSE OF INJURY CODE
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☒ NO		
		WERE THEY USED? ☐ YES ☒ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) Beaufort Memorial Hospital 955 Ribaut Road Beaufort, SC 29902 Dr. Leland Stoddard Lowcountry Medical Group 300 Midtown Drive Beaufort, SC 29906		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS) Beaufort Memorial Hospital 955 Ribaut Road Beaufort, SC 29902		INITIAL TREATMENT 0 ☐ No Medical Treatment 1 ☐ MINOR: BY EMPLOYER 2 ☐ MINOR CLINIC/HOSP 3 ☒ EMERGENCY CARE 4 ☒ HOSPITALIZED > 24 HOURS 5 ☒ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED
OTHER				
WITNESSES (NAME & PHONE #) Juan Velaquez - 843-575-0249, Leortino Reyes - 912-570-1001				
DATE ADMINISTRATOR NOTIFIED 1/23/2012	DATE PREPARED 3/20/2012	PREPARER'S NAME & TITLE James H. Moss, Attorney		PHONE NUMBER 524-3373

MOSS, KUHN & FLEMING, P.A.

JAMES H. MOSS

H. FRED KUHN, JR.

CORY H. FLEMING

KIMBERLY L. SMITH

EVE M. FLEMING

ALSO MEMBER OF GA BAR

1501 North Street P.O. Drawer 507 ~ Beaufort, South Carolina 29901-0507

TELEPHONE 843-524-3373

FAX 843-524-1302

January 18, 2012

South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Juan Yslas, Jr. v. Full Circle Construction LLC

Gentlemen:

Enclosed please find an original and one (1) copy of the Form 50 in the above-captioned matter. Please file this document of record with the Commission, and return the clocked copy to me in the enclosed, postage paid envelope.

By copy of this letter to Full Circle Construction LLC and Amerisure Mutual Insurance Company, I hereby serve a copy of the Form 50 upon each of them.

With kindest regards, I am

Very truly yours,

MOSS, KUHN & FLEMING, P.A.

James H. Moss

JHM/jc

Enclosures

cc: Full Circle Construction LLC
Amerisure Mutual Insurance Company

000027 90.

Claimant's Name: Yuan Yslas, Jr. SSN: 239-15-1999
Address: 0 Hickory Hill Road, St. Helena, SC 29920
City: _____ State: _____
Address: 43-838-5373
Home Phone #: _____ Work Phone #: _____

Employer's Name: Full Circle Construction LLC
Address: 168-A Boardwalk Drive, Ridgeland, SC 29936
City: _____ State: _____
Insurance Carrier: Amerisure Mutual Insurance

Preparer's Name: James H. Moss

Law Firm: Moss, Kuhn & Fleming, P.A.

Phone #: 843-524-3373

Complete each information blank. To request a hearing, check box 13b, indicate the kinds of benefits claimed by checking the box(es) at lines 1, 7, 8, and 9, and file this form in duplicate.

A claim for worker's compensation benefits is made based on the following grounds: Date of Injury or Illness: on or about January 16, 2012
X) Injury () Illness () Repetitive Trauma

- 1a. The Claimant sustained an injury to feet, ankles, heels, legs, hip, back and neck (part(s) of Body injured on January 16, 2012 (Month/Day/Year) in Beaufort County, State of South Carolina.
- 1b. Body part(s) affected are: feet, ankles, heels, legs, hip, back and neck
Briefly describe how the accident occurred preparing to erect roof and lost balance, falling 12+ feet, landing on feet and legs
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on January 16, 2012 (Month/Day/Year) in the following manner:
Actual notice and knowledge as workers told general contractor
- 5(X) Due to the injury, the claimant is in need of (check one):
(X) (a) medical examination and treatment for feet, ankles, heels, legs, hip, back and neck
(X) (b) additional medical examination and treatment for feet, ankles, heels, legs, hip, back and neck
- 7(X) Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: January 16, 2012 to date and continuing.
- 8(X) Due to the injury, the claimant has permanent disability of the following nature and extent: (check one):
(X) (1) General Disability () Total () (2) Specific Disability () Total
() (3) Wage Loss () Partial () Partial
9. () Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A.
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$1,000.00; and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None - in hospital
- 11a. Further grounds of claim: As provided by Act
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Leland Stoddard, Orthopedic Doctor, 300 Midtown Drive, Beaufort, SC 29906
- 11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- 13a (X) I am filing a claim. I am not requesting a hearing at this time.
- 13b () I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: James H. Moss Title: Attorney

Email: jim@mossandkuhn.com

Date: January 18, 2012

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department

CERTIFICATE OF SERVICE

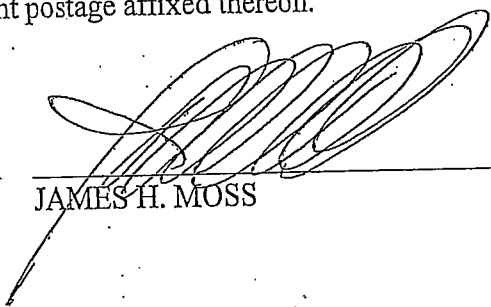
This is to certify that I have this date served a copy of the within and foregoing **Form 50** upon

opposing counsel:

Full Circle Construction, LLC
168-A Boardwalk Drive
Ridgeland, South Carolina 29936

Amerisure Mutual Insurance
Post Office Box 33478
Detroit, Michigan 48232

by placing a copy of same in the United States Mail with sufficient postage affixed thereon.



JAMES H. MOSS

Beaufort, South Carolina
January 18, 2012

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department

WCC FORM #50 Rev. Date 9/07

Employee's Notice of Claim and/or Request for Hearing.

EXHIBIT "A"

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Juan M. Yslas
Full Circle Const.Full Circle Development
Lot 181 Hampton Lake
A New Single Family Residence

DATE

11/29/11

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

We hereby propose to furnish the tools and perform the labor necessary for the completion of all framework including windows, doors, tyvek, titanium, and hardware.

For the sum of
\$12,118.50

Payments to be made weekly with a weekly invoice.

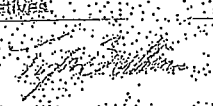
All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____ Dollars (\$ _____).

This is a ☐ Partial ☐ Full Invoice due and payable by: _____ Month _____ Day _____ Year

in accordance with our ☐ Agreement ☐ Proposal No. _____ Dated _____ Month _____ Day _____ Year

EXHIBIT 3"

09/4/2009 11:20:2011

CERTIFICATE OF INSURANCE				ISSUE DATE 11/28/2011	
PRODUCER PEOPLES CHOICE INSURANCE AGENCY, LLC 23 SAVANNAH HWY BEAUFORT, SC 29906			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Juan Yslas Jr. 70 Hickory Hill Road St. Helena Island SC 29920			COMPANIES AFFORDING COVERAGE		
			COMPANY LETTER	A Atlantic Casualty Insurance Company	
			COMPANY LETTER	B Riverport Insurance Company	
			COMPANY LETTER	C	
			COMPANY LETTER	D	
			COMPANY LETTER	E	
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY	E210000019	11/22/2011	11/22/2012	GENERAL AGGREGATE: 200,000 PRODUCTS COM/OP AGG: 200,000 PERSONAL & AUTO: 100,000 EACH OCCURRENCE: 100,000 FIRE DAMAGE (Any one fire): 100,000 MED. EXPENSE (Any one person): 10,000 COVERED SINGLE LIMIT: BODILY INJURY (Per Person): BODILY INJURY (Per Accident): PROPERTY DAMAGE: EACH OCCURRENCE: AGGREGATE:
	AUTOMOBILE LIABILITY				
	EXCESS LIABILITY				
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	39-17995-11327-965101	11/22/2011	11/22/2012	STATUTORY LIMITS: EACH ACCIDENT: 100,000 DISEASE POLICY LIMIT: 500,000 DISEASE PER EMPLOYEE: 100,000
DESCRIPTION OF OPERATIONS, VEHICLES, SPECIALTY ITEMS					
CERTIFICATE HOLDER					
Full Circle Construction Company, Inc 168A Boradwalk Dr Cherry Point Business Center Ridgeland, SC 29936 Fax: 982-0613				Should any of the above described policies be cancelled before the expiration date, the company shall endeavor to mail, 10 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives. AUTHORIZED REPRESENTATIVE: 	

000031

94.

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) <i>Juan M Yslas</i>	
Business name/disregarded entity name, if different from above <i>Juan M Yslas</i>	
Check appropriate box for federal tax classification (required): ☒ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ☐ Other (see instructions) ▶	
☐ Exempt payee	
Address (number, street, and apt. or suite no.) <i>70 Hickory Hill Rd.</i>	Requester's name and address (optional)
City, state, and ZIP code <i>St Helena Bt, SC 29920</i>	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
2	3	9	-	1	5	-	1	9
9								9
Employer identification number								
			-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Juan M Yslas</i>	Date ▶ <i>11/22/2011</i>
-----------	--	--------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

WCC File # 1200329
Carrier File # 1257676, et al
Carrier Code#
Employer FEIN #

Amended

Full Circle Construction LLC
Employer's Name
168-A Boardwalk Drive, Ridgeland, SC 29936
Address City State
Amerisure Mutual Insurance
Insurance Carrier

Moss, Kahn & Fleming, P.A.
Law Firm

843-524-3373
Phone #

A claim for worker's compensation benefits is made based on the following grounds: **Date of Injury or Illness: on or about January 16, 2012**
☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The Claimant sustained an injury to feet, ankles, heels, legs, hip, back and neck (part(s) of Body injured on January 16, 2012 (Month/Day/Year) in Beaufort County, State of South Carolina.
- 1b. Body part(s) affected are: feet, ankles, heels, legs, hip, back and neck
Briefly describe how the accident occurred preparing to erect roof and lost balance, falling 12+ feet, landing on feet and legs
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on January 16, 2012 (Month/Day/Year) in the following manner:
Actual notice and knowledge as workers told general contractor
- 6(X) Due to the injury, the claimant is in need of (check one):
(X) (a) medical examination and treatment for feet, ankles, heels, legs, hip, back and neck
(X) (b) additional medical examination and treatment for feet, ankles, heels, legs, hip, back and neck
- 7(X) Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: January 16, 2012 to date and continuing.
- 8(X) Due to the injury, the claimant has permanent disability of the following nature and extent: (check one):
(X) (1) General Disability () Total () (2) Specific Disability () Total
() (3) Wage Loss () Partial () Partial
- 9.() Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A.
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$1,000.00, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None - in hospital.
- 11a. Further grounds of claim: As provided by Act.
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Leland Stoddard, Orthopedic Doctor, 300 Midtown Drive, Beaufort, SC 29906.
- 11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- 13a () I am filing a claim. I am not requesting a hearing at this time.
- 13b (X) I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature-James H. Moss

Attorney-client office: tim@mossandkuhn.com
 Title: Attorney

May 16, 2012
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC FORM #50 Rev. Date 9/07

Employee's Notice of Claim and/or Request for Hearing.

CERTIFICATE OF SERVICE

This is to certify that I have this date served a copy of the within and foregoing *Amended Form 50*

upon opposing counsel:

Charles B. Macloskie, Esquire
Attorney at Law
Post Office Box 280
Beaufort, South Carolina 29901-0280
macloskielawfirm@hargray.com

Ryan S. Montgomery, Esquire
Black, Black & Montgomery, LLC
9 Washington Park
Greenville, South Carolina 29601
rmontgomery@blacklawfirm.net

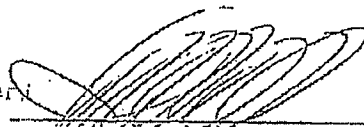
Allison M. Carter, Esquire
Wilson, Jones, Carter & Baxley
421 Wando Park Blvd., Ste. 100
Mt. Pleasant, South Carolina 29464
amcarter@wjlaw.net

Timothy B. Killen, Esquire
The SC Second Injury Fund
100 Executive Center Drive., Ste 101
Columbia, South Carolina 29210-8408
killen@sif.sc.gov

by placing a copy of same in the United States Mail with sufficient postage affixed thereon.

Beaufort, South Carolina

May 16, 2012


JAMES H. MOSS

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department

WCC FORM #50 Rev. Date 9/07

Employee's Notice of Claim and/or Request for Hearing.

50

000034



National
Council On
Compensation
Insurance, Inc

SERVICE CENTER
901 Peninsula Corporate Circle
Boca Raton, FL 33487
(800) 622-4123

November 23, 2011

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 29920-4303

EFFECTIVE DATE: 11/22/2011
BINDER NUMBER: 39-27995-11327-965101
FED ID NUMBER: 23-9151999
APPLICATION ID: 27256550

RE: WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY BINDER

This is to acknowledge receipt of an initial or deposit premium payment and your application for coverage through the Workers Compensation Insurance Plan for the State of SOUTH CAROLINA.

Coverage is provided under this binder, beginning at 12:01 A.M. on the effective date shown above, and with the insurance company named below, and shall remain in effect until canceled or a policy has been issued. Coverage is provided under the Workers Compensation Law of SOUTH CAROLINA and of such additional jurisdictions as may be requested, in accordance with the Plan rules. Employers liability coverage is also provided, subject to the standard limits prescribed in the Basic Manual, unless higher limits have been requested in accordance with the Plan rules.

Please retain this binder as evidence of the coverage until you receive your policy.

✓ **INSURANCE COMPANY:**

RIVERPORT INSURANCE COMPANY
C/O BERKLEY RISK ADMINISTRATORS COMPANY
2510 EAST IRWIN STREET
PIERRE, SD 57501

✓ **AGENCY NAME:**

PEOPLES CHOICE INSURANCE AGENCY
586 PARRIS ISLAND GTWY
BEAUFORT, SC 29906-6300

JUAN YSLAS JR

NOTICE

COVERAGE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH THE ASSIGNED RISK PLAN. AS THE PLAN IS THE MARKET OF LAST RESORT, COVERAGE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN THE ASSIGNED RISK PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under the Workers Compensation Insurance Plan, is canceled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further coverage under the Plan.

NOTICE

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE****FOR THE STATE(S) OF SOUTH CAROLINA**

Your policy provides coverage for certain losses caused by acts of domestic and foreign terrorism. You should know that, effective November 26, 2002 and extended through December 2014, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. If the insurance company providing the coverage has met its statutorily established deductible, the insurance company is not liable for any portion of the amount of insured losses that exceeds \$100,000,000.000. Further, the United States Government will not make any payment under the federal law for any portion of insured losses that exceeds \$100,000,000.000. The insurance company will pay only a pro rata share of such losses as determined by the Secretary of Treasury. The portion of your total estimated annual premium that currently is attributable to coverage for certain losses caused by certified acts of terrorism is: \$.00.

NOTICE

CERTIFICATES OF INSURANCE

Effective upon receipt of the enclosed binder, the producer may issue certificates of insurance only under the following conditions: 1) that the certificate is issued only on the standard ACORD form; 2) that the certificate is issued only for operations in the states listed in 3.A. of the Information Page; 3) that the policy terms are unchanged; 4) that the certificate holder is not extended any greater rights than those extended to the insured; and 5) that the assigned carrier is provided with a copy of each certificate.

APPLICATION NOTES:

Producer/Employers: Please be advised that Assigned Risk Carriers are required to conduct interim audits, loss prevention surveys and final audits on Assigned Risk policies. Therefore, Failure to comply with an Assigned Risk Carrier request may result in cancellation of this policy in accordance with the applicable state laws.

Coverage is being bound subject to your signed statement on the application acknowledging and agreeing to the terms of the Loss Sensitive Rating Plan (LSRP). In the event that you meet the eligibility requirements of the LSRP, a LSRP contingent deposit premium equal to 20% of standard premium will be required.

CARRIER: Coverage has been requested for the following states: SC.

PRODUCER / EMPLOYER: Please forward a copy of the signed finance agreement to the carrier as named on the binder if not already provided.

The Sole Proprietor has not elected to be included in coverage.

JUAN YSLAS JR

NOTICE

COVERAGE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH THE ASSIGNED RISK PLAN. AS THE PLAN IS THE MARKET OF LAST RESORT, COVERAGE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN THE ASSIGNED RISK PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under the Workers Compensation Insurance Plan, is canceled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further coverage under the Plan.

Application was processed by producer using the NCCI RMAPS(R) Online Application Service.

PRODUCER / EMPLOYER / CARRIER: Premium was calculated using the rates and programs effective on the Anniversary Rate Date / Effective Date of 07/21/2011.

Prior history found, insufficient premium size, this risk is not currently experience rated.

The premium reflected on the Premium Calculation Worksheet is the Total Estimated Annual Premium. The Assigned Carrier may apply additional state surcharges, taxes, assessments, or programs as required by the state.



National
Council On
Compensation
Insurance, Inc

APP# 27256550

FACSIMILE TRANSMISSION

From: JUAN YSLAS JR

Fax #: (843) 522-1503

Correspondence can be uploaded directly to the application via the Communication tab. If you choose to fax the requested information to NCCI this cover sheet must accompany all correspondence in regard to Application ID # 27256550

Please note: Failing to use the provided cover sheet along with any faxed correspondence may delay application processing. In order to expedite application processing please be sure to attach the cover sheet to all faxed documents.

Should you have any problem with this transmission, please call:

(800) 622-4123 Ext. 1153

APP# 27256550

Return Fax: (561) 893-4218



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
11/21/2011

AGENCY NAME AND ADDRESS PEOPLES CHOICE INSURANCE AGENCY 586 PARRIS ISLAND GTWY BEAUFORT, SC 29906-6300		COMPANY: UNDERWRITER: APPLICANT NAME: JUAN YSLAS JR OFFICE PHONE: (843) 473-9058 MOBILE PHONE: (843) 838-5373 MAILING ADDRESS (Including Zip + 4) 70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303 E-MAIL ADDRESS	
PRODUCER NAME: LES GOUDE		YRS IN BUS: 0	
CS REPRESENTATIVE NAME:		SIC:	
OFFICE PHONE (A/C, No, Ext): (843) 522-0995		NAICS:	
MOBILE PHONE:		Website Address:	
FAX (A/C, NO): (843) 522-1503		CORPORATION	
EMAIL ADDRESS: PCINSURANCE@HARGRAY.COM		SUBCHAPTER "S" CORP	
CODE:		JOINT VENTURE	
SUB CODE:		TRUST	
AGENCY CUSTOMER ID:		OTHER	
		CREDIT BUREAU NAME:	
		ID NUMBER:	
		FEDERAL EMPLOYER ID NUMBER	
		NCCI RISK ID NUMBER:	
		OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE	
		23-9151999	

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION	
☐ QUOTE	☐ ISSUE POLICY	☐ BILLING PLAN	☐ PAYMENT PLAN
☐ BOUND (Give date and/or attach copy)		☐ AGENCY BILL	☐ ANNUAL ☐ OTHER:
☒ ASSIGNED RISK (Attach ACORD 133)		☐ DIRECT BILL	☐ SEMI-ANNUAL
			☐ QUARTERLY % DOWN:
			☐ AT EXPIRATION ☐ MONTHLY
			☐ SEMI-ANNUAL
			☐ QUARTERLY

LOCATIONS	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303

POLICY INFORMATION		PROPOSED EFF DATE 11/22/2011		PROPOSED EXP DATE 11/22/2012		NORMAL ANNIVERSARY RATING DATE		PARTICIPATING NON-PARTICIPATING		RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States)		PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS		DEDUCTIBLES (N/A in WI)		AMOUNT / % (N/A in WI)		OTHER COVERAGES	
SC		\$ 100,000 EACH ACCIDENT				☐ MEDICAL				☐ U.S.L. & H.	
		\$ 500,000 DISEASE-POLICY LIMIT				☐ INDEMNITY				☐ VOLUNTARY COMP	
		\$ 100,000 DISEASE-EACH EMPLOYEE								☐ FOREIGN COV	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION									
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$750.00	\$0.00	\$750.00

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	JUAN YSLAS JR	(843) 473-9058		
ACCTING RECORD	JUAN YSLAS JR	(843) 473-9058		
CLAIMS INFO	JUAN YSLAS JR	(843) 473-9058		

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)									
Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/ PAYROLL
SC		YSLAS JR, JUAN	04/24/1957	SOLEPRP	100	OWNER	E	5645	0

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: South Carolina

PREMIUM

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NCCI APP# 27256550

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.
FRAMING AND REMODELING

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants – Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? (If "YES", explain including entity name(s) and policy number(s))	N

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NCCI APP# 27256550

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIALLY] CIVIL PENALTIES: (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
---	------	----------------------	--------------------------



WORKERS COMPENSATION INSURANCE PLAN ASSIGNED RISK SECTION

DATE (MM/DD/YYYY)
11/21/2011

THIS FORM ALONG WITH AN ACORD 130 WORKERS COMPENSATION APPLICATION CONSTITUTE AN APPLICATION FOR WORKERS COMPENSATION INSURANCE PLAN (ASSIGNED RISK) COVERAGE. THIS FORM MUST BE ATTACHED TO AN ACORD 130 FOR SUBMISSION. PLEASE REFER TO THE STATE SPECIFIC INSTRUCTIONS PAGE FOR SPECIFIC REQUIREMENTS.

APPLICANT NAME
JUAN YSLAS JR

PROPOSED EFF DATE
11/22/2011

SUPPLEMENTAL INFORMATION

PAYROLL OFFICE NAME, ADDRESS AND TELEPHONE NUMBER (A PO BOX ADDRESS ALONE IS NOT ACCEPTABLE. PLEASE PROVIDE DRIVING INSTRUCTIONS IF A ROUTE ADDRESS IS SHOWN.)

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 29920-4303

STATE DEVELOPING HIGHEST PAYROLL: SC

EXPLAIN ALL "YES" RESPONSES IN THE REMARKS SECTION

1. HAS THERE BEEN PREVIOUS WORKERS COMPENSATION COVERAGE:
IN THIS STATE?

IN ANY OTHER STATE?

-IF NO TO BOTH QUESTIONS, WAS THIS DUE TO: ☒ NEW BUSINESS ☐ SELF INSURED-INDEP ☐ SELF INSURED-GROUP ☐ # EMPLOYEES

2. IS THERE ANY UNPAID WORKERS COMPENSATION PREMIUM DUE OR IN DISPUTE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).

3. YEAR APPLICANT'S BUSINESS BEGAN: 2011

4. HAS THERE BEEN A NAME CHANGE, CONSOLIDATION, MERGER ACQUISITION, SALE, PURCHASE OR TRANSFER OF ASSETS OR OWNERSHIP CHANGE DURING THE PAST FIVE (5) YEARS? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

5. IS APPLICANT RELATED THROUGH COMMON MANAGEMENT OR OWNERSHIP TO ANY ENTITY NOT LISTED ON THE ACORD 130 FORM, WHETHER COVERAGE IS REQUIRED OR NOT? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

6. DO YOU LEASE WORKERS FROM A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)? IF YES, REFER TO WCIP INSTRUCTIONS.

7. DO YOU LEASE WORKERS TO A CLIENT COMPANY? IF YES, REFER TO WCIP INSTRUCTIONS.

8. ARE YOU SEEKING TO COVER THE LEASED WORKERS? IF YES, REFER TO WCIP INSTRUCTIONS.

9. DO YOU PROVIDE TEMPORARY ARRANGEMENT SERVICES TO OTHER EMPLOYERS? IF YES, PROVIDE A TEMPORARY LABOR CONTRACTOR EMPLOYEE FORM.

10. DO YOU HAVE A FRANCHISE OR LICENSING AGREEMENT? IF YES, PROVIDE A COPY OF THE AGREEMENT.

11. IS COVERAGE REQUESTED FOR A SPORTS TEAM? IF YES, PROVIDE NAME OF SPORTS TEAM AND DOMICILED STATE.
NAME OF SPORTS TEAM: _____ DOMICILED STATE: _____

12. DO TRUCKING CLASSIFICATIONS APPLY? IF YES, COMPLETE QUESTIONS 13 - 20.

13. DO YOU OR YOUR EMPLOYEES REGULARLY OPERATE FROM A BASE TERMINAL(S) WHICH IS (ARE) USED TO LOAD, UNLOAD, STORE OR TRANSFER FREIGHT? IF YES, PLEASE PROVIDE A LIST OF TERMINAL ADDRESSES:

#	STREET	CITY	COUNTY	ST	ZIP CODE
1					
2					
3					

14. CAN EACH DRIVER'S STATE OF MAJORITY DRIVING TIME BE ESTABLISHED THROUGH VERIFIABLE RECORDS OR LOGS?

15. PLEASE PROVIDE A LIST OF ALL DRIVERS/HELPERS AND THEIR STATE OF RESIDENCE:

	DRIVER NAME	TERMINAL # (SEE ABOVE)	MAJORITY DRIVING STATE	RESIDENCE STATE
1				
2				
3				

16. WHAT TYPE(S) OF GOODS ARE BEING HAULED?

17. DO YOU OWN THESE GOODS?

18. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY RETAIL STORE(S)? IF YES, PROVIDE COPY OF CONTRACT(S).

19. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY POSTAL SERVICE? IF YES, PROVIDE COPY OF CONTRACT(S).

20. WITHIN WHAT MILE RADIUS IS HAULING DONE? # MILES: _____

AGENCY CUSTOMER ID: _____

INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE	YES	NO
21. HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? (INCLUDE MULTI-LINE OR RETROSPECTIVE RATING PLAN, IF APPLICABLE) IF YES, PROVIDE FULL DETAILS INCLUDING PLAN TERMS IN THE REMARKS SECTION.	☐	☒ N

22. INDICATE THE NUMBER OF INSURANCE COMPANIES WHICH HAVE REFUSED THE APPLICANT COVERAGE IN THE LAST 60 DAYS (OR IN ACCORDANCE WITH STATE SPECIFIC GUIDELINES):

LIST COMPANY NAMES, REPRESENTATIVE NAMES, TELEPHONE NUMBERS AND DATES OF REFUSALS. REFER TO WCIP TO VERIFY REQUIREMENTS.

COMPANY NAME	REPRESENTATIVE NAME	TELEPHONE NUMBER	DATE OF REFUSAL	COMMENTS

PREMIUM PAYMENT (Refer to WCIP Instruction sheet for state requirements)	YES	NO
23. IS THE PREMIUM FINANCED THROUGH A THIRD PARTY PREMIUM FINANCE COMPANY? IF YES, A COPY OF THE AGREEMENT MUST BE PROVIDED.	☒ Y	☐
24. IN APPLICABLE JURISDICTIONS ON QUALIFYING RISKS, IS THE LOSS SENSITIVE RATING PROGRAM (LSRP) CONTINGENCY DEPOSIT BEING PAID IN FULL AT THIS TIME?	☐	☒ N

REMARKS

NCCI APP# 27256550

APPLICANT'S STATEMENT

The undersigned Applicant hereby certifies that he/she has read and understands the questions and statements in this application, which is comprised of both the ACORD® 130 and ACORD® 133 forms. In consideration of coverage being afforded under the applicable Workers Compensation Insurance Plan developed or administered by NCCI (WCIP or Plan), by signing below, the Applicant also certifies that any and/or all responses provided in or to this application, which is comprised of both the ACORD® 130 and ACORD® 133 forms, are true and accurate and Applicant further understands and agrees that:

- Since he/she has been unable to secure workers compensation coverage in a regular manner through any other insurance carrier or provider, this coverage is being afforded under the applicable WCIP, and that the applicable rates and rating programs charged may be higher than those in the voluntary market.
- Coverage is NOT bound until the completed and signed application is received with the appropriate initial or estimated annual deposit premium and eligibility is determined by the Plan Administrator.
- Provided that Applicant is determined to be eligible and in good faith entitled to WCIP insurance, based upon the information provided herein or otherwise available to the Plan Administrator, coverage will be bound in accordance with WCIP rules. See the WCIP for applicable binding rules.
- In approved jurisdictions, NCCI's Voluntary Coverage Assistance Program (*VCAP® Service*) applies to all employers seeking coverage under the Workers Compensation Insurance Plan, and:
 - Is integrated with and operates as a supplemental program to NCCI's WCIP; and
 - Operates in conjunction with NCCI's Residual Market Application Processing System (*RMAPS® Online Application Service*); and
 - Is designed as a depopulation tool to provide an additional source for producers and employers to secure workers compensation coverage in the voluntary market; and
 - All applications (electronic, phone-in, or mail-in) submitted to the Plan Administrator are reviewed to determine if they meet any of the preselected criteria specified by a participating voluntary carrier; and
 - If the Applicant meets the criteria of an authorized voluntary carrier (*VCAP® User*) and an offer of voluntary coverage is provided, the Applicant, its representative, and/or the producer, must accept a reasonable offer of voluntary coverage in accordance with the WCIP and *VCAP® Service* provisions, and further Applicant will be deemed ineligible for coverage under the WCIP if Applicant does not accept such reasonable offer of voluntary coverage; and
 - If an application does not meet any *VCAP® User's* criteria, the application will continue through NCCI's *RMAPS® Online Application Service*.

If deemed eligible under the WCIP and as further consideration of policy issuance under the WCIP, the undersigned Applicant also agrees:

- To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address; and
- To comply substantially with all laws, orders, rules, and regulations in force and effect issued by the public authorities relating to the welfare, health, and safety of employees; and
- To comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees; and
- To take no action in any form to evade the application of an experience rating modification determined in accordance with the experience rating rules, as determined by NCCI, Inc.; and
- To comply with all WCIP rules and procedures and policy terms and conditions, including without limitation, those relating to audits, inspections, loss prevention, and/or premium payments, to maintain WCIP eligibility and coverage.

The undersigned Applicant also certifies that he/she has no outstanding bona fide dispute as provided in NCCI's WCIP with any producer or company in regard to: (a) payroll records; (b) the amount of premium charged; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding employees; (e) the handling of any claim or accident report except the following:

In applicable jurisdictions where the NCCI's Loss Sensitive Rating Plan (LSRP) has been approved for use, the undersigned applicant further understands and agrees that by signing below, I (applicant) acknowledge that the Loss Sensitive Rating Plan (LSRP) has been explained to me, and I agree to be bound by the terms of such plan if my standard premium meets or exceeds the premium eligibility requirement. If these conditions are met, an additional LSRP contingency deposit premium equal to 20% of standard premium will be required; and

- At the time of application, LSRP has been explained to applicant by the Producer submitting this application on behalf of the applicant; and
- The above referenced additional LSRP contingency deposit premium is in addition to the initial or deposit premium required in accordance with the WCIP.

The undersigned Applicant further understands and agrees that violation of or non-compliance with any of the above agreements or certifications may result in cancellation of a policy of insurance issued under a Workers Compensation Insurance Plan and/or ineligibility for coverage under a Workers Compensation Insurance Plan.

APPLICANT'S NAME (PRINT OR TYPE) JUAN YSLAS JR

SIGNATURE (Must be Officer, Owner or Partner)

DATE (MM/DD/YYYY)

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER.

PRODUCER'S CERTIFICATION

THE PRODUCER ALSO CERTIFIES THAT HE/SHE HAS BEEN AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE APPLICANT AND THAT ALL INFORMATION PROVIDED ON THE ACORD 130 AND 133 IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

AGENCY FEIN 82-0575041		AGENCY LICENSE NUMBER 156063		AGENCY PHONE NUMBER (A/C, No, Ext) (843) 522-0995		AGENCY FAX NUMBER (A/C, No) (843) 522-1503	
PRODUCER RESIDENT LICENSE NUMBER 180694		STATE SC	EXPIRATION DATE 05/01/2012	PRODUCER NON-RESIDENT LICENSE NUMBER		STATE	EXPIRATION DATE
PRODUCER NAME (PRINT OR TYPE) LES GOUDE				PRODUCER SIGNATURE		DATE (MM/DD/YYYY)	
E-MAIL ADDRESS: PCINSURANCE@HARGRAY.COM							



Residual Market Risk Profile

Date: November 23, 2011

Analyst: MARCIA SMITH
Telephone: (800)622-4123
Extension: 1153
Fax: (561)893-4218

Applicant Summary

This Section Provides an overview of the risk information provided on the ACORD 130/133.

Risk Name: JUAN YSLAS JR

Entity Type: Sole Proprietor

Mailing Address: 70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 29920-4303
Telephone: (843)473-9058 Ext:

FEIN: 239151999

Effective Date: 11/22/2011

Governing State: SC

Total Estimated Annual Premium: \$750

Deposit Premium: \$750

Binder Number: 39-27995-11327-965101

Policy limits: 100,000/500,000/100,000

Includes Non-NCCI States (Y/N): N

Requested Deductible Plan (Y/N): N

Experience Rated Risk (Y/N): Y

NCCI Rating ID:

Multi-State Application (Y/N): N

Other Coverages:

None

Type of Business (Existing or New): Existing

Governing Class Code: 5645

Producer Name: PEOPLES CHOICE INSURANCE AGENCY
Telephone: (843)522-0995 Ext:
Fax Number: (843) 522-1503

Producer FEIN: 82-0575041

Attachments/Edits/Application Journal

This Section indicates attachments and provides an overview of NCCI's analysis of the applicant's information.

A. This section indicates attachments and provides an analysis of the applicant's information.

B. The following documents are attached:

Computer Generated ACORD 130
Computer Generated ACORD 133
ACORD 130
ACORD 133
Premium Finance Agreement
Outgoing Communication
Other
Premium Calculation Worksheet

- C. The Risk Evaluation System noted the following inconsistencies in the application data provided on the original submission.

Final Review:

The ACORD 133 indicates that the premium is being financed. [Edit 356]

* Instruction given to producer-> Direct payment by a finance company via EFT, credit card or check is not accepted for online applications.

* Response-> Yes, the premium is financed, however either the agency or the insured will be providing the funds via EFT or credit card. (Please provide a copy of the finance agreement with the signature pages.)

This application indicates that owners/officers have requested to be EXCLUDED from coverage. A signed Exclusion form or letter may be required by the state. Please refer to NCCI's Worker's Compensation Insurance Plan State Pages for more information. Failure to comply with any state requirements regarding signed Exclusion forms may result in additional premium due from the date coverage is effective. [Edit 417]

* Instruction given to producer-> Please select 1 reason

* Response-> a) The producer/employer understands and is aware of the statutory requirements of the state(s) in which this application is requesting coverage and will forward a current copy of the Exclusion letter/form to the carrier and the state if applicable.

The most recent policy history shows the insured's business name as YSLAS JUAN JR. This does not match the name on the current application. Please verify the information submitted is correct as incorrect information may result in delays in processing, rejection, or refund of this application. [Edit 80]

* Instruction given to producer-> Please verify the business name on the Acord 130 application or choose one of the following. An ERM-14 may be required.

* Response-> d) No change in business name

Coverage has been requested for the following states: SC [Edit 175]

The Sole Proprietor has not elected to be included in coverage. [Edit 369]

Application was processed by producer using the NCCI RMAPS(R) Online Application Service. [Edit 795]

Premium was calculated using the rates and programs effective on the Anniversary Rate Date / Effective Date of 07/21/2011. [Edit 111]

Prior history found, insufficient premium size, this risk is not currently experience rated. [Edit 113]

- D. After searching for the applicant in NCCI's databases, the producer was presented with the following potential matches. If one was chosen, it is marked with an 'X'.

[X] YSLAS JUAN JR 70 HICKORY HILL RD SAINT HELENA ISLA SC 299204303

APPLICATION DIARY:

Date	Action
11/14/2011	EFFECTIVE DATE Received Date - 11/14/2011 Effective Date - 11/15/2011
11/21/2011	EFFECTIVE DATE Original Effective Date - 11/15/2011 New Effective Date - 11/22/2011
11/21/2011	FAX RECEIVED A NEW 8 PAGE FAX HAS BEEN RECEIVED
11/22/2011	acord 130 /133 reviewed acord 130/133- no changes indicated - signatures verified

11/22/2011 RIS
 RIS- search shows for fein#239151999 YSLAS JUAN JR -70 HICKORY HILL RD, SAINT HELENA ISLAND, SC 29920-4303 prior policy cancelled 07/2011 - in compliance - History also shows a J & J CONSTRUCTION at same address 70 HICKORY HILL RD, SAINT HELENA ISLAND, SC 29920-4303 - legal status is partnership -policy cancelled 2001 RIS search for name JUAN YSLAS shows JUAN YSLAS 70 HICKORY HILL RD, ST HELENA IS, SC 29920-4303 - non compliance audit and JUAN YALAS III DBA JOHN JULIAN CONSTRUCTION 71 HICKORY HILL RD, SAINT HELENA ISLAND, SC 29920-4316 non compliance debt from 2004-fein#266819102 Researched prior applications with fein #239151999 and found same DOB for this applicant - JUAN YALAS III has different DOB - Applicant Juan Yslas, Jr. reflected as 04/24/1957 per application submitted; Juan Yslas III DOB reflected as 8/25/1975 per prior applications submitted via RMAPS per notes on previous application, Juan Yslas III is applicant's son - previous application was bound 07/2010 for this applicant Juan Yslas need to call producer

11/22/2011 Applicant Name Updated
 Applicant Name was JUAN YSLAS changed to JUAN YSLAS JR

11/22/2011 Include/Exclude Section Updated
 Last Name was YSLAS changed to YSLAS JR

11/22/2011 EFFECTIVE DATE
 Effective date has been verified

11/22/2011 NAME OF INSURED
 Spelling, legal status and/or initials verified

11/22/2011 PRIOR HISTORY
 No outstanding debts or audits

11/22/2011 STATE SPECIAL
 N/A

11/22/2011 SIGNED APPLICATION
 Verified signatures of the producer and applicant

11/22/2011 IMAGE ASSOCIATION
 Images attached and associated correctly

11/22/2011 SPECIAL RULES
 N/A

11/22/2011 called producer
 spoke with producer jackie - she checked with applicant and advised that J&J construction was applicant's son Juan Yslas III business - applicant was not a partner with his son. she also verified that applicant is a JR - changed name to Juan Yslas Jr- applicant does framing and remodeling - she will fax signed premium finance agreement

11/22/2011 Request for Information First Notice Sent by Fax.

11/22/2011 FAX RECEIVED
 A NEW 3 PAGE FAX HAS BEEN RECEIVED

11/22/2011 signed premium finance agreement
 received signed premium finance agreement and agency license number

11/22/2011 VERIFIED APPLICATION CHANGES
Changes made and verified, added JR to applicant's name per producer

11/22/2011 CLASS CODE
Class Code has been verified, per the NOB - framing and remodeling and class code tree answers - code 5645 is the correct code for this exposure

11/22/2011 FAX PAGES WERE ASSIGNED TO THIS APPLICATION (page names begin with faxin_528840)

11/23/2011 producer called
producer Jackie advised - wanted to verify if application would be bound today - advised still checking on applicant's history- I will call back and advise her today

11/23/2011 called producer
called producer and advised need signed statement from applicant indicating if he has had or has not had any ownership of the son's business on his business letterhead or vice versa if and when his son has had any ownership in his business- when statement is faxed, I can bind application

11/23/2011 FAX PAGES WERE ASSIGNED TO THIS APPLICATION (page names begin with faxin_529486)

11/23/2011 producer called
producer Jackie fax signed statement from applicant advising he is not affiliated with son's business J&J construction - advise I will bind application- applicants accountant also called to verify if we need any information or documentation - advised no

11/23/2011 OWNERSHIP/ERM-14
N/A

11/23/2011 VERIFY ADDITIONAL NOTICES
okay

Class Code Selection

ONLINE AGENT DATE: 11/14/2011 TIME: 13:01:49
ORIGINAL CLASS CODE: 5645

QUESTION:
Does the applicant construct buildings and residences, or perform any remodeling which may include structural changes to buildings?
ANSWER: Y

QUESTION:
Does the applicant meet ANY of the following conditions?~A. Employees of the contractor or specialty contractors are involved in multiple carpentry operations in connection with the construction of buildings or residences.~B. Building/remodeling/renovation includes some framing or structural carpentry work.
ANSWER: Y

QUESTION:
Is applicant building or remodeling single family structures?
ANSWER: Y
RECOMMENDED CLASS CODE: 5645

Prior Policy History for Named Applicant

This section provides up to five years of historical information on the applicant.

Risk Name: YSLAS JUAN JR

Policy Period: 07/21/2010 - 07/21/2011

Address:

70 HICKORY HILL RD

FEIN: 23-9151999

NCCI ID:

VOL/AR: AR

Legal Status: Individual

Exposure Information:

Governing State: SC

Governing Class: 5645

Original Estimated Annual Payroll:

City:

ST HELENA ISLAND

New/Renew: New

Multi-State Application (Y/N): N

Tot. Est. Prem: \$520

State: Zip:

SC 29920

Cancellation History:

Date:

Type:

Reason:

07/21/2011

Non-Renewal

Additional History

This Section provides, if applicable, experience modification, inspection, and any additional classification information.

Prior Policy History for Other Named Insured(s)

This section provides up to five years of historical information on all related entities.

Additional History for Other Named Insured(s)

This section provides, if applicable, experience modification, inspection, and any other classification information.

Related Entities

This section lists the name(s) of those entities related to the applicant who are not requesting coverage.

Criteria set used: SC/03-Jan-2000 08:00:00 Global/03-Jan-2000 07:00:00 Application ID# 27256550

NOTICE TO ALL ASSIGNED CARRIERS:

By receipt of the above, the assigned carrier certifies that the information provided on the risk profile shall be used for the specific purpose of providing workers compensation insurance to this applicant pursuant to, and in accordance with the state Workers Compensation Insurance Plan requirements. NCCI makes no representation or warranty, expressed or implied, as to any matter whatsoever, including but not limited to the accuracy of any information, product, or service furnished hereunder. The recipient of this material subscribes to and uses the information "as is" and is subject to any license agreement which governs the use of this information.



National
Council On
Compensation
Insurance, Inc

PREMIUM CALCULATOR WORKSHEET

RISK NAME: JUAN YSLAS JR
EFFECTIVE DATE: 11/22/2011
BINDER NUMBER: 39-27995-11327-965101
APPLICATION ID NUMBER: 27256550
GOVERNING STATE: South Carolina
GOVERNING CLASS CODE: 5645
ANNIVERSARY RATING DATE: 07/21/2011
EXPERIENCE RATING DATE: N/A
PREMIUM PERIOD: 11/22/2011 - 11/22/2012

SUMMARY INFORMATION

STATE NAME	ESTIMATED ANNUAL PREMIUM
South Carolina	750

SUBTOTAL FOR TERRORISM PREMIUM - ALL STATE(S):**** (SC) \$0.00 = \$0.00	INCL
ESTIMATED ANNUAL PREMIUM	750
DEPOSIT PERCENTAGE:	100%
DEPOSIT PREMIUM:	750
TOTAL ESTIMATED ANNUAL PREMIUM	750
TOTAL PREMIUM PAID	750

**** See Individual state worksheet(s) that accompany the summary page for explanation.

Risk Name: JUAN YSLAS JR
 EFFECTIVE DATE: 11/22/2011
 STATE: South Carolina

Employee Information:

Class Code:	Suffix:	No of Employees	Total Payroll	Rate	Calculated Premium	Minimum Premium
5645		0	0	29.73	0	750

Partner/Sole Proprietor Information:

Name	INC/ EXC	Class Code:	Title	Salary	Calculated Salary	Rate	Calculated Premium	Minimum Premium
YSLAS JR, JUAN	E	5645	SOLEPRP	0	0	0.00	0	750

EXPENSE CONSTANT	+	230
------------------	---	-----

TERRORISM MISC. VALUE BY STATE (.02)	\$0.00	INCL
SUBTOTAL FOR TERRORISM PREMIUM *****	\$0.00	INCL

ESTIMATED ANNUAL PREMIUM	=	750
--------------------------	---	-----

***** Subtotal for Terrorism Premium = certified acts of domestic terrorism + foreign terrorism as determined under federal law (Terrorism Misc. Value by State)



WORKERS COMPENSATION APPLICATION

 DATE (MM/DD/YYYY)
11/21/2011

AGENCY NAME AND ADDRESS PEOPLES CHOICE INSURANCE AGENCY 586 PARRIS ISLAND GTWY BEAUFORT, SC 29906-6300		COMPANY: UNDERWRITER:	
PRODUCER NAME: LES GOUDE		APPLICANT NAME: JUAN YSLAS JR	
CS REPRESENTATIVE NAME:		OFFICE PHONE: (843) 473-9058 MOBILE PHONE: (843) 838-5373	
OFFICE PHONE (A/C, No. Ext.): (843) 522-0995		MAILING ADDRESS (including Zip + 4) 70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303	
MOBILE PHONE: (843) 522-1503		YRS IN BUS: 0	
FAX (A/C, NO): PCINSURANCE@HARGRAY.COM		SIC:	
EMAIL ADDRESS:		NAICS:	
CODE: SUB CODE:		Website Address:	
AGENCY CUSTOMER ID:		E-MAIL ADDRESS	
X SOLE PROPRIETOR		CORPORATION	
PARTNERSHIP		SUBCHAPTER "S" CORP	
CREDIT BUREAU NAME:		ID NUMBER:	
FEDERAL EMPLOYER ID NUMBER: 23-9151999		HCCI RISK ID NUMBER:	
OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE		TRUST	
JOINT VENTURE		OTHER	

STATUS OF SUBMISSION ☐ QUOTE ☐ ISSUE POLICY ☒ BOUND (Give date and/or attach copy) ☒ ASSIGNED RISK (Attach ACORD 133)		BILLING / AUDIT INFORMATION BILLING PLAN ☐ AGENCY BILL ☐ DIRECT BILL PAYMENT PLAN ☐ ANNUAL ☐ OTHER: ☐ SEMI-ANNUAL ☐ QUARTERLY % DOWN:		AUDIT ☐ AT EXPIRATION ☐ MONTHLY ☐ SEMI-ANNUAL ☐ QUARTERLY	
---	--	---	--	---	--

LOCATIONS	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303

POLICY INFORMATION		PROPOSED EXP DATE		NORMAL ANNIVERSARY RATING DATE		PARTICIPATING		RETRO PLAN	
PROPOSED EFF DATE 11/22/2011		11/22/2012				NON-PARTICIPATING			
PART 1 - WORKERS COMPENSATION (States) SC		PART 2 - EMPLOYER'S LIABILITY \$ 100,000 EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 100,000 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS		DEDUCTIBLES (N/A in WI) ☐ MEDICAL ☐ INDEMNITY		AMOUNT / % (N/A in WI) ☐ U.S.L. & H. ☐ VOLUNTARY COMP ☐ FOREIGN COV	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION							
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$750.00	TOTAL MINIMUM PREMIUM ALL STATES \$0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$750.00

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	JUAN YSLAS	(843) 473-9058		
ACCTING RECORD	JUAN YSLAS	(843) 473-9058		
CLAIMS INFO	JUAN YSLAS	(843) 473-9058		

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
SC		YSLAS, JUAN	04/24/1957	SOLEPRP	100	OWNER	E	5645	0

STATE RATING SHEET # 1 OF 1 SHEETS

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: South Carolina

PREMIUM			FACTORED PREMIUM			FACTORED PREMIUM		
STATE:	FACTOR					FACTOR		
TOTAL	N/A	\$0.00						\$0.00
INCREASED LIMITS		\$0.00						\$0.00
DEDUCTIBLE *	0							\$0.00
								\$0.00
EXPERIENCE OR MERIT MODIFICATION	0	\$0.00						\$0.00
		\$0.00						\$230.00
ASSIGNED RISK SURCHARGE *	0	\$0.00				N/A		\$0.00
ARAP *	0.00	\$0.00				N/A		\$0.00
* N/A in Wisconsin			MINIMUM PREMIUM			DEPOSIT PREMIUM		
TOTAL ESTIMATED ANNUAL PREMIUM								
\$750.00			\$750.00					

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NCCI APP# 27256550

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS; MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE. ANIMALS, MACHINERY, SUB-CONTRACTS.
FRAMING AND REMODELING

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO I HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? (If "YES", explain including entity name(s) and policy number(s))	N

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NCCI APP# 27256550

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIALLY] CIVIL PENALTIES: (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

ACORD 130 (2009/09)

Page: 4 of: 4

23
000057

AGENCY CUSTOMER ID: _____



WORKERS COMPENSATION INSURANCE PLAN ASSIGNED RISK SECTION

 DATE (MM/DD/YYYY)
11/21/2011

THIS FORM ALONG WITH AN ACORD 130 WORKERS COMPENSATION APPLICATION CONSTITUTE AN APPLICATION FOR WORKERS COMPENSATION INSURANCE PLAN (ASSIGNED RISK) COVERAGE. THIS FORM MUST BE ATTACHED TO AN ACORD 130 FOR SUBMISSION. PLEASE REFER TO THE STATE SPECIFIC INSTRUCTIONS PAGE FOR SPECIFIC REQUIREMENTS.

 APPLICANT NAME
JUAN YSLAS

 PROPOSED EFF DATE
11/22/2011

SUPPLEMENTAL INFORMATION

PAYROLL OFFICE NAME, ADDRESS AND TELEPHONE NUMBER (A PO BOX ADDRESS ALONE IS NOT ACCEPTABLE. PLEASE PROVIDE DRIVING INSTRUCTIONS IF A ROUTE ADDRESS IS SHOWN.)

JUAN YSLAS
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 29920-4303

STATE DEVELOPING HIGHEST PAYROLL: SC

EXPLAIN ALL "YES" RESPONSES IN THE REMARKS SECTION

1. HAS THERE BEEN PREVIOUS WORKERS COMPENSATION COVERAGE:

IN THIS STATE?

IN ANY OTHER STATE?

 -IF NO TO BOTH QUESTIONS, WAS THIS DUE TO: ☒ NEW BUSINESS ☐ SELF INSURED-INDEP ☐ SELF INSURED-GROUP ☐ # EMPLOYEES

2. IS THERE ANY UNPAID WORKERS COMPENSATION PREMIUM DUE OR IN DISPUTE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).

3. YEAR APPLICANT'S BUSINESS BEGAN: 2011

4. HAS THERE BEEN A NAME CHANGE, CONSOLIDATION, MERGER ACQUISITION, SALE, PURCHASE OR TRANSFER OF ASSETS OR OWNERSHIP CHANGE DURING THE PAST FIVE (5) YEARS? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

5. IS APPLICANT RELATED THROUGH COMMON MANAGEMENT OR OWNERSHIP TO ANY ENTITY NOT LISTED ON THE ACORD 130 FORM, WHETHER COVERAGE IS REQUIRED OR NOT? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

6. DO YOU LEASE WORKERS FROM A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)? IF YES, REFER TO WCIP INSTRUCTIONS.

7. DO YOU LEASE WORKERS TO A CLIENT COMPANY? IF YES, REFER TO WCIP INSTRUCTIONS.

8. ARE YOU SEEKING TO COVER THE LEASED WORKERS? IF YES, REFER TO WCIP INSTRUCTIONS.

9. DO YOU PROVIDE TEMPORARY ARRANGEMENT SERVICES TO OTHER EMPLOYERS? IF YES, PROVIDE A TEMPORARY LABOR CONTRACTOR EMPLOYEE FORM.

10. DO YOU HAVE A FRANCHISE OR LICENSING AGREEMENT? IF YES, PROVIDE A COPY OF THE AGREEMENT.

11. IS COVERAGE REQUESTED FOR A SPORTS TEAM? IF YES, PROVIDE NAME OF SPORTS TEAM AND DOMICILED STATE.

NAME OF SPORTS TEAM: _____ DOMICILED STATE: _____

12. DO TRUCKING CLASSIFICATIONS APPLY? IF YES, COMPLETE QUESTIONS 13 - 20.

13. DO YOU OR YOUR EMPLOYEES REGULARLY OPERATE FROM A BASE TERMINAL(S) WHICH IS (ARE) USED TO LOAD, UNLOAD, STORE OR TRANSFER FREIGHT? IF YES, PLEASE PROVIDE A LIST OF TERMINAL ADDRESSES:

#	STREET	CITY	COUNTY	ST	ZIP CODE
1					
2					
3					

14. CAN EACH DRIVER'S STATE OF MAJORITY DRIVING TIME BE ESTABLISHED THROUGH VERIFIABLE RECORDS OR LOGS?

15. PLEASE PROVIDE A LIST OF ALL DRIVERS/HELPERS AND THEIR STATE OF RESIDENCE:

	DRIVER NAME	TERMINAL # (SEE ABOVE)	MAJORITY DRIVING STATE	RESIDENCE STATE
1				
2				
3				

16. WHAT TYPE(S) OF GOODS ARE BEING HAULED?

17. DO YOU OWN THESE GOODS?

18. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY RETAIL STORE(S)? IF YES, PROVIDE COPY OF CONTRACT(S).

19. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY POSTAL SERVICE? IF YES, PROVIDE COPY OF CONTRACT(S).

20. WITHIN WHAT MILE RADIUS IS HAULING DONE? # MILES: _____

AGENCY CUSTOMER ID: _____

INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE					YES	NO
21. HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? (INCLUDE MULTI-LINE OR RETROSPECTIVE RATING PLAN, IF APPLICABLE) IF YES, PROVIDE FULL DETAILS INCLUDING PLAN TERMS IN THE REMARKS SECTION.					☐	☒
22. INDICATE THE NUMBER OF INSURANCE COMPANIES WHICH HAVE REFUSED THE APPLICANT COVERAGE IN THE LAST 60 DAYS (OR IN ACCORDANCE WITH STATE SPECIFIC GUIDELINES): 2						
LIST COMPANY NAMES, REPRESENTATIVE NAMES, TELEPHONE NUMBERS AND DATES OF REFUSALS. REFER TO WCIP TO VERIFY REQUIREMENTS.						
COMPANY NAME	REPRESENTATIVE NAME	TELEPHONE NUMBER	DATE OF REFUSAL	COMMENTS		
PREMIUM PAYMENT (Refer to WCIP instruction sheet for state requirements)					YES	NO
23. IS THE PREMIUM FINANCED THROUGH A THIRD PARTY PREMIUM FINANCE COMPANY? IF YES, A COPY OF THE AGREEMENT MUST BE PROVIDED.					☒	☐
24. IN APPLICABLE JURISDICTIONS ON QUALIFYING RISKS, IS THE LOSS SENSITIVE RATING PROGRAM (LSRP) CONTINGENCY DEPOSIT BEING PAID IN FULL AT THIS TIME?					☐	☒

REMARKS

NCCI APP# 27256550

AGENCY CUSTOMER ID: _____

APPLICANT'S STATEMENT

The undersigned Applicant hereby certifies that he/she has read and understands the questions and statements in this application, which is comprised of both the ACORD® 130 and ACORD® 133 forms. In consideration of coverage being afforded under the applicable Workers Compensation Insurance Plan developed or administered by NCCI (WCIP or Plan), by signing below, the Applicant also certifies that any and/or all responses provided in or to this application, which is comprised of both the ACORD® 130 and ACORD® 133 forms, are true and accurate and Applicant further understands and agrees that:

- Since he/she has been unable to secure workers compensation coverage in a regular manner through any other insurance carrier or provider, this coverage is being afforded under the applicable WCIP, and that the applicable rates and rating programs charged may be higher than those in the voluntary market.
- Coverage is NOT bound until the completed and signed application is received with the appropriate initial or estimated annual deposit premium and eligibility is determined by the Plan Administrator.
- Provided that Applicant is determined to be eligible and in good faith entitled to WCIP insurance, based upon the information provided herein or otherwise available to the Plan Administrator, coverage will be bound in accordance with WCIP rules. See the WCIP for applicable binding rules.
- In approved jurisdictions, NCCI's Voluntary Coverage Assistance Program (VCAP® Service) applies to all employers seeking coverage under the Workers Compensation Insurance Plan, and:
 - Is integrated with and operates as a supplemental program to NCCI's WCIP; and
 - Operates in conjunction with NCCI's Residual Market Application Processing System (RMAPS® Online Application Service); and
 - Is designed as a depopulation tool to provide an additional source for producers and employers to secure workers compensation coverage in the voluntary market; and
 - All applications (electronic, phone-in, or mail-in) submitted to the Plan Administrator are reviewed to determine if they meet any of the preselected criteria specified by a participating voluntary carrier; and
 - If the Applicant meets the criteria of an authorized voluntary carrier (VCAP® User) and an offer of voluntary coverage is provided, the Applicant, its representative, and/or the producer, must accept a reasonable offer of voluntary coverage in accordance with the WCIP and VCAP® Service provisions, and further Applicant will be deemed ineligible for coverage under the WCIP if Applicant does not accept such reasonable offer of voluntary coverage; and
 - If an application does not meet any VCAP® User's criteria, the application will continue through NCCI's RMAPS® Online Application Service.

If deemed eligible under the WCIP and as further consideration of policy issuance under the WCIP, the undersigned Applicant also agrees:

- To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address; and
- To comply substantially with all laws, orders, rules, and regulations in force and effect issued by the public authorities relating to the welfare, health, and safety of employees; and
- To comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees; and
- To take no action in any form to evade the application of an experience rating modification determined in accordance with the experience rating rules, as determined by NCCI, Inc.; and
- To comply with all WCIP rules and procedures and policy terms and conditions, including without limitation, those relating to audits, inspections, loss prevention, and/or premium payments, to maintain WCIP eligibility and coverage.

The undersigned Applicant also certifies that he/she has no outstanding bona fide dispute as provided in NCCI's WCIP with any producer or company in regard to: (a) payroll records; (b) the amount of premium charged; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding employees; (e) the handling of any claim or accident report except the following:

In applicable jurisdictions where the NCCI's Loss Sensitive Rating Plan (LSRP) has been approved for use, the undersigned applicant further understands and agrees that by signing below, I (applicant) acknowledge that the Loss Sensitive Rating Plan (LSRP) has been explained to me, and I agree to be bound by the terms of such plan if my standard premium meets or exceeds the premium eligibility requirement. If these conditions are met, an additional LSRP contingency deposit premium equal to 20% of standard premium will be required; and

- At the time of application, LSRP has been explained to applicant by the Producer submitting this application on behalf of the applicant; and
- The above referenced additional LSRP contingency deposit premium is in addition to the initial or deposit premium required in accordance with the WCIP.

The undersigned Applicant further understands and agrees that violation of or non-compliance with any of the above agreements or certifications may result in cancellation of a policy of insurance issued under a Workers Compensation Insurance Plan and/or ineligibility for coverage under a Workers Compensation Insurance Plan.

APPLICANT'S NAME (PRINT OR TYPE) JUAN YSLAS

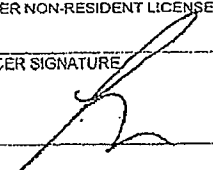
SIGNATURE (Must be Officer, Owner or Partner)

DATE (MM/DD/YYYY)

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER.

PRODUCER'S CERTIFICATION

THE PRODUCER ALSO CERTIFIES THAT HE/SHE HAS BEEN AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE APPLICANT AND THAT ALL INFORMATION PROVIDED ON THE ACORD 130 AND 133 IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

AGENCY FEIN 82-0575041	AGENCY LICENSE NUMBER	AGENCY PHONE NUMBER (A/C, No, Ext) (843) 522-0995	AGENCY FAX NUMBER (A/C, No) (843) 522-1503
PRODUCER RESIDENT LICENSE NUMBER 180694	STATE SC	EXPIRATION DATE 05/01/2012	PRODUCER NON-RESIDENT LICENSE NUMBER
PRODUCER NAME (PRINT OR TYPE) LES GOUDE	PRODUCER SIGNATURE 		DATE (MM/DD/YYYY) 11-21-11
E-MAIL ADDRESS: PCINSURANCE@HARGRAY.COM			

361-893-4218

HPV # 27256550

STANDARD PREMIUM FINANCE MANAGEMENT CORP. PO BOX 522941 MIAMI, FLORIDA 33152-2941

CONTRACT NO. 566316-4

PREMIUM FINANCE AGREEMENT

THIS AGREEMENT is made on the date indicated between the assured and STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION, a Florida Corporation hereinafter called "SPFMC", for the financing of the balance of the premiums on the following insurance policies:

POLICY NUMBER	Full Name and Address of Insurance Company and Name & Address of General Agent to which policy premium is paid	FOR SPFMC USE ONLY	INCEPTION DATE	POLICY EXPIRES	TYPE OF COVERAGE	PREMIUM	
	N. C. C. I.		11/14/2011	11/14/2012	WORKERSCOMP	\$750.00	
☐ Coupons ☐ ACH* ☒ Monthly Billing							
(A) CASH PRICE (Total Premiums)	(B) YOUR CASH DOWN PAYMENT	(C) AMOUNT FINANCED The Amount of credit provided to you or on your behalf. Unpaid balance of cash price.	(D) FINANCE CHARGE The dollar amount the credit will cost you.	(E) DOCUMENTARY STAMPS State required documentary stamps.	(F) Total of Payments (BALANCE DUE) The amount you will have paid after you have made all payments as scheduled.	(G) ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	(H) DEFERRED PAYMENT PRICE (B plus F)
\$750.00	\$337.50	\$412.50	\$33.89	\$0.00	\$446.39	24.17	\$783.89
YOUR PAYMENT SCHEDULE WILL BE:							
State Documentary Stamp Tax Where Applicable by Law in the amount stated above will be paid directly to the Department of Revenue.			Amount of Each Payment \$63.77	Number of Payments 7	Payments are Due Monthly Beginning: 12/14/2011 DATE OF FIRST PAYMENT		
Each of the monthly payments is due on the same day of each succeeding month until paid in full.							
SECURITY: You are giving a security interest in any and all unearned return premiums, dividends and loss payments which may become payable under the policies. LATE CHARGE: If a payment is 5 days late, you will be charged 5% of the late installment, but no less than \$1.50 for Georgia, Florida, Alabama and Mississippi; not less than \$1.00 for South Carolina. In Texas and Tennessee, if a payment is 10 days late, you will be charged 5% of the installment, but no less than \$2.00 for Tennessee or otherwise prescribed by the state jurisdiction (not to exceed \$10.00 on personal lines in Florida). PREPAYMENT: If you payoff early, you may be entitled to a refund or part of the finance charge, although you may have to pay a prepayment penalty. See the reverse side/page 2 of this document for additional information about nonpayment, default, and prepayment penalties.							

FEDERAL TRUTH IN LENDING DISCLOSURES

FOR VALUE RECEIVED: the undersigned insured promises and agrees to pay to the order of "SPFMC" the sum of (being the total of payments above) pursuant to all of the terms and conditions contained in the Schedule above and in the Terms and Conditions of this agreement, all of which are incorporated herein.

\$446.39

NOTICE: SEE REVERSE SIDE/PAGE 2 FOR IMPORTANT INFORMATION

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

DO NOT SIGN THIS AGREEMENT UNTIL ALL REMAINING CONDITIONS ON REVERSE SIDE/PAGE 2 HAVE BEEN READ BY YOU.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 21 DAY OF NOVEMBER, 2011
 Policy will be cancelled for Non-Payment
 SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

(PRINT OR TYPE)

JUAN YSLAS WC

INSURED NAME (as stated in policy)

C/O

70 HICKORY HILL RD

Address

SAINT HELENA ISLAND, SC 29920 8434739058

City, State, Zip Code Home phone Work phone

S.S. # or Business I.D. #

Driver's License

AGENT'S NOTE: The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered and that the down payment as shown in the contract has been paid by or on behalf of the insured and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction, that the assured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the insured. The agent further states that none of the policies listed hereon contain an audit or reporting form. Agent acknowledges that it is not affiliated in any capacity or manner with SPFMC and agrees in the event of cancellation to remit the gross unearned commissions or unearned premiums to SPFMC upon request.

PEOPLES CHOICE INSURANCE AGENCY 40064

586 PARRIS ISLAND GTWY

BEAUFORT, SC 29906

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY (IES)

DRAFT#1(1566336)

X

SIGNATURE OF BROKER OR AGENT

361-893-4218 : APP # 27256550

STANDARD PREMIUM FINANCE MANAGEMENT CORP. PO BOX 522941 MIAMI, FLORIDA 33152-2941
CONTRACT NO. 566316-4 PREMIUM FINANCE AGREEMENT

THIS AGREEMENT is made on the date indicated between the assured and STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION, a Florida Corporation hereinafter called "SPFMC", for the financing of the balance of the premiums on the following insurance policies:

POLICY NUMBER	Full Name and Address of Insurance Company and Name & Address of General Agent to which policy premium is paid	FOR SPFMC USE ONLY	INCEPTION DATE	POLICY EXPIRES	TYPE OF COVERAGE	PREMIUM	
	N. C. C. I. ☐ Coupons ☐ ACIP ☐ Monthly Billing		11/14/2011	11/14/2012	WORKERSCOMP	\$750.00	
(A) CASH PRICE (Total Premiums)	(B) YOUR CASH DOWN PAYMENT	(C) AMOUNT FINANCED The Amount of credit provided to you or on your behalf. Unpaid balance of cash price.	(D) FINANCE CHARGE The dollar amount the credit will cost you.	(E) DOCUMENTARY STAMPS State required documentary stamps.	(F) Total of Payments (BALANCE DUE) The amount you will have paid after you have made all payments as scheduled.	(G) ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	(H) DEFERRED PAYMENT PRICE (B plus F)
\$750.00	\$337.50	\$412.50	\$33.89	\$0.00	\$446.39	24.17	\$783.89
YOUR PAYMENT SCHEDULE WILL BE:							
State Documentary Stamp Tax Where Applicable by Law in the amount stated above will be paid directly to the Department of Revenue.		Amount of Each Payment \$63.77		Number of Payments 7		Payments are Due Monthly Beginning 12/14/2011 DATE OF FIRST PAYMENT	
Each of the monthly payments is due on the same day of each succeeding month until paid in full.							
SECURITY: You are giving a security interest in any and all unearned return premiums, dividends and loss payments which may become payable under the policies. LATE CHARGE: If a payment is 5 days late, you will be charged 5% of the late installment, but no less than \$1.50 for Georgia, Florida, Alabama and Mississippi; not less than \$1.00 for South Carolina, in Texas and Tennessee, if a payment is 10 days late, you will be charged 5% of the installment, but no less than \$2.00 for Tennessee or otherwise prescribed by the state jurisdiction (not to exceed \$10.00 on personal lines in Florida). PREPAYMENT: If you payoff early, you may be entitled to a refund or part of the finance charge, although you may have to pay a prepayment penalty. See the reverse side/page 2 of this document for additional information about nonpayment, default, and prepayment penalties.							
FEDERAL TRUTH IN LENDING DISCLOSURES							

FOR VALUE RECEIVED: the undersigned insured promises and agrees to pay to the order of "SPFMC" the sum of (being the total of payments above) pursuant to all of the terms and conditions contained in the Schedule above and in the Terms and Conditions of this agreement, all of which are incorporated herein.

\$446.39

NOTICE: SEE REVERSE SIDE/PAGE 2 FOR IMPORTANT INFORMATION

1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

DO NOT SIGN THIS AGREEMENT UNTIL ALL REMAINING CONDITIONS ON REVERSE SIDE/PAGE 2 HAVE BEEN READ BY YOU.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 21 DAY OF NOVEMBER 2011
Policy will be cancelled for Non-Payment
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

(PRINT OR TYPE)

JUAN YSLAS WC

INSURED NAME (as stated in policy)

C/O

70 HICKORY HILL RD

Address

SAINT HELENA ISLAND, SC 29920 8434739058

City, State, Zip Code

Home phone Work phone

S.S. # or Business I.D. #

Driver's License

AGENT'S NOTE: The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered and that the down payment as shown in the contract has been paid by or on behalf of the insured and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction, that the assured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the insured. The agent further states that none of the policies listed hereon contain an audit or reporting form. Agent acknowledges that it is not affiliated in any capacity or manner with SPFMC and agrees in the event of cancellation to remit the gross unearned commissions or unearned premiums to SPFMC upon request.

DRAFT#1(1566336)

PEOPLES CHOICE INSURANCE AGENCY 40064

586 PARRIS ISLAND GTWY

BEAUFORT, SC 29906

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY (IES)

SIGNATURE OF BROKER OR AGENT



National
Council On
Compensation
Insurance, Inc

SERVICE CENTER
901 Peninsula Corporate Circle
Boca Raton, FL 33487
TEL. (800) 622-4123 Ext. 1153
FAX. (561) 893-4218

APP# 27256550

November 22 2011

PEOPLES CHOICE INSURANCE AGENCY
586 PARRIS ISLAND GTWY.
BEAUFORT, SC 29906-6300

Re: JUAN YSLAS JR
State: South Carolina

SSN:

FIRST NOTICE

Thank you for submitting the above referenced application for workers compensation insurance. Additional information is required in order to determine the applicant's eligibility for coverage under The Plan.

The established effective date may be honored provided the requested information is received at the National Council on Compensation Insurance (NCCI) service center by **11/28/2011 8:00 P.M. EST**, and the application is otherwise deemed eligible for coverage.

Fax the requested information along with a copy of this letter to the fax number listed above.

REQUESTED INFORMATION

Please provide the following:

1. The signed Premium Finance Agreement
2. Your Agency License Number

The established effective date will be rendered void and coverage will not be afforded unless the requested information is received by the date and time referenced above.

If you have any questions regarding the contents of this letter please contact the Underwriting Analyst named below.

Sincerely,

MARCIA SMITH
Underwriting Analyst

APP# 27256550



National
Council On
Compensation
Insurance, Inc

APP# 27256550

FACSIMILE TRANSMISSION

From: JUAN YSLAS --

Fax #: (843) 522-1503

Correspondence can be uploaded directly to the application via the Communication tab. If you choose to fax the requested information to NCCI this cover sheet must accompany all correspondence in regard to Application ID # 27256550

8 pages faxed

Please note: Failing to use the provided cover sheet along with any faxed correspondence may delay application processing. In order to expedite application processing please be sure to attach the cover sheet to all faxed documents.

Should you have any problem with this transmission, please call:

(800) 622-4123

APP# 27256550

Return Fax: (561) 893-4200

Peoples Choice Insurance Agency, LLC

586 Parris Island Gtwy.

Beaufort, SC 29906

Phone: (843)522-0995

Fax: (843)522-1503

Email: pcinsurance@hargray.com

Date: 11/22/11 Total Pgs. including Covers: 2

To: NCCI

Attention: _____

Phone: _____ Fax: 561-893-4218

From: Jackie

Note: APP # 27256550

Juan Yslas



National
Council On
Compensation
Insurance, Inc

APP# 27256550

FACSIMILE TRANSMISSION

Date: November 22, 2011

Time: 04:17:12 PM

No. of Pages (including cover page):

From: MARCIA SMITH

Telephone #: (800) 622-4123 Ext. 1153

To: LES GOUDE

Company/Locations: PEOPLES CHOICE INSURANCE AGENCY

Telephone #: (843) 522-0995

Facsimile No: (843) 522-1503

Message: Please supply the Requested Information and fax it back to the Return Fax number.

Should you have any problem with this transmission, please call:

(800) 622-4123 Ext. 1153

APP# 27256550

Return Fax: (561) 893-4218



National
Council On
Compensation
Insurance, Inc

SERVICE CENTER
901 Peninsula Corporate Circle
Boca Raton, FL 33487
TEL. (800) 622-4123 Ext. 1153
FAX. (561) 893-4218

APP# 27256550

November 22 2011

PEOPLES CHOICE INSURANCE AGENCY
586 PARRIS ISLAND GTWY
BEAUFORT, SC 29906-6300

Re: JUAN YSLAS JR
State: South Carolina

SSN:

FIRST NOTICE

Thank you for submitting the above referenced application for workers compensation insurance. Additional information is required in order to determine the applicant's eligibility for coverage under The Plan.

The established effective date may be honored provided the requested information is received at the National Council on Compensation Insurance (NCCI) service center by 11/28/2011 8:00 P.M. EST, and the application is otherwise deemed eligible for coverage.

Fax the requested information along with a copy of this letter to the fax number listed above.

REQUESTED INFORMATION

Please provide the following:

1. The signed Premium Finance Agreement
2. Your Agency License Number

— 156083

The established effective date will be rendered void and coverage will not be afforded unless the requested information is received by the date and time referenced above.

If you have any questions regarding the contents of this letter please contact the Underwriting Analyst named below.

Sincerely,

MARCIA SMITH
Underwriting Analyst

APP# 27256550



National
Council On
Compensation
Insurance, Inc

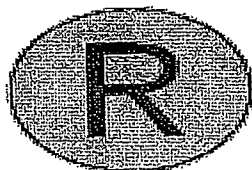
Residual Market Application Processing System
ACH Addenda

Run Date: 11/24/2011

Run Time: 4:47 AM

Region: AR TEAM 3
State: South Carolina
Carrier: RIVERPORT INSURANCE COMPANY

Binder Number	Risk Name & Address	FEIN/SSN	Tot Est Prem	App. ID	Check Amount	User ID
39-27995-11327-965089	CWB CONSTRUCCION INC 310 HUNT RD EASLEY, SC 29642-9566	92-0189040	\$751.00	27291930	\$751.00	ADJMG
39-27995-11327-965090	RODOLFO MARTINEZ EVARISTO 2000 HIGHWAY 15 LOT 29B MYRTLE BEACH, SC 29577-5230	52-7402973	\$750.00	27282630	\$750.00	ADJMP
39-27995-11327-965101	JUAN YSLAS JR 70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303	23-9151999	\$750.00	27256550	\$750.00	ADMPS
39-27995-11327-965114	EDDIE COLORADO ROMERO 5739 MURRAY AVE LOT 5 HANAHAN, SC 29410-2930	93-9709753	\$750.00	27290490	\$750.00	ADLXZ
39-27995-11327-965120	BARKETT ENTERPRISES INC DBA EXCALIBUR 701 N HOWE ST A-4 SOUTHPORT, NC 28461	20-0180901	\$1,364.00	27265490	\$1,364.00	ADNRG
39-27995-11327-965141	TILE ART LLC 1668 CROOKED PINE DR MYRTLE BEACH, SC 29575-5249	20-3106779	\$750.00	27256320	\$750.00	ADBFP
Total For Carrier:					\$5,115.00	



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

STATEMENT OF PREMIUM

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012

Date of Mailing: 11/29/2011

Standard Premium	\$520.00
Expense Constant	\$230.00
Terrorism	\$0.00
Total Estimated Annual Premium	\$750.00
Total Fees & Premium	\$750.00
Net Deposit Premium Required	\$750.00
Premium Paid to Date	(\$750.00)
Total Premium Due	\$0.00

Stat Code 9740

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

BA3200 (11/95)
3836 924453

37

000071

South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
 Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
 Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
 NCCI Carrier Code 27995

INFORMATION PAGE

Renewal Of No. New

1. The Insured:
JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

Tax ID#: F 23-9151999

Date of Mailing: 11/29/2011

☒ Individual ☐ Partnership
☐ Corporation ☐ Other

2. The policy period is from 12:01 a.m. **11/22/2011** to 12:01 a.m. **11/22/2012** at the insured's mailing address.

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 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:

SEE WC 00-03-26 (A)

D. This policy includes these endorsements and schedules:

D. This policy includes these endorsements and schedules:

WC000308 WC000326A WC000402 WC000403 WC000404 WC000414 WC000415B WC000417B WC000419 WC000421C WC000422A
WC990001A WC990601

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.

All information required below is subject to verification and change by agent.				
PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	CODE NO.	ENTRIES IN THIS ITEM, EXCEPT AS SPECIFICALLY PROVIDED ELSEWHERE IN THIS CONTRACT; DO NOT MODIFY ANY OF THE OTHER PROVISIONS OF THIS POLICY.	ESTIMATED ANNUAL PREMIUM
See Schedule	Minimum Premium : \$750.00		Manual Premium	\$0.00
			Subject Premium	\$0.00
			Modified Premium	\$0.00
			Minimum Premium Adjustment	\$520.00
			Standard Premium	\$520.00
			Expense Constant	\$230.00
			Terrorism	\$0.00
			Total Estimated Annual Premium	\$750.00
			Total Fees & Premium	\$750.00
			Net Deposit Premium Required	\$750.00
Premium Paid to Date	(\$750.00)			
Total Premium Due	\$0.00			
<u>Agency Name and Address</u> Peoples Choice Ins Agency 586 Paris Island Gtwy Beaufort, SC 29906			Stat Code 9740	

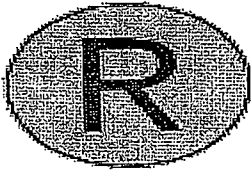
DATE: 11/29/2011

Signature:

Includes copyright material of the National Council on Compensation Insurance used with its permission.
©1983 ©1991 National Council Compensation Insurance

✓✓C 99-00-01

000072



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

Schedule for SC

Renewal Of No. **New**
1. The Insured:

WCIP

Policy Number: **WC-39-84-012364-00**
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

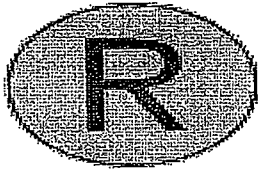
Tax ID#: **F 23-9151999**

Policy Period: From: **11/22/2011**
To: **11/22/2012**
Endorsement Eff. Date: **11/22/2011**
Date of Mailing: **11/29/2011**

PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	CLASS CODE	ENTRIES IN THIS ITEM, EXCEPT AS SPECIFICALLY PROVIDED ELSEWHERE IN THIS CONTRACT; DO NOT MODIFY ANY OF THE OTHER PROVISIONS OF THIS POLICY.	ESTIMATED ANNUAL PREMIUM
If Any	29.73	5645	JUAN YSLAS JR 70 HICKORY HILL RD SAINT HELENA ISLAND SC, 299204303 CARPENTRY-CONST-RESIDNET DWELLS < 3 STRS	\$0
Manual Premium				\$0.00
Short Rate				\$0.00
Waiver of Subrogation				\$0.00
Increased Limits				\$0.00
Increased Limits Minimum				\$0.00
Deductible Factor				\$0.00
Subject Premium				\$0.00
ADFW Credit				\$0.00
Experience Modification				\$0.00
Modified Premium				\$0.00
ARAP				\$0.00
Supplemental Disease				\$0.00
Atomic Energy Radiation				\$0.00
Non-Ratable Class Codes				\$0.00
Per Passenger Seat Surcharge				\$0.00
Minimum Premium Adjustment			Stat Code 0990 520.00	\$520.00
Standard Premium				\$520.00

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC990001A



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

ENTITY AND LOCATION SCHEDULE

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

Entity Information:

Insured Name: JUAN YSLAS JR
Federal ID Number: F 23-9151999
UIC Number:

☒ Individual ☐ Partnership
☐ Corporation ☐ Other

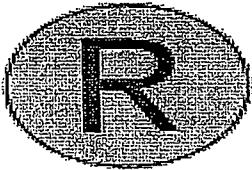
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtway
Beaufort, SC 29906

WC990601
3836 924453

40

000074



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

This policy does not cover bodily injury to any person described in the schedule.

The Premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

SCHEDULE

Partners

Officers

Others

JUAN YSLAS

All other terms and conditions of this policy remain unchanged.

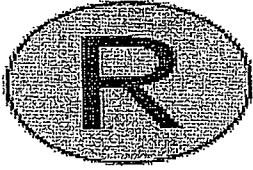
Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-03-08
3836 924453

41

000075



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company

Administered by Berkley Risk Administrators Company, LLC

P.O. Box 59143 Minneapolis, Minnesota 55459-0143

Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431

NCCI Carrier Code 27995

ANNIVERSARY RATING DATE ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating Date: July 21

All other terms and conditions of this policy remain unchanged.

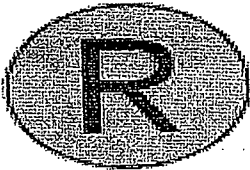
Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-04-02
3836 924453

42

000076



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

"Part Three-Other States Insurance" of the policy is replaced by the following:

PART THREE OTHER STATE INSURANCE

A. How This Insurance Applies:

1. We will pay promptly when due the benefits required of you by the workers' compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers' compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers' compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers' compensation law.

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers' compensation law.

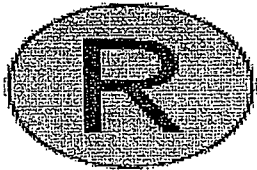
All other terms and conditions of this policy remain unchanged.

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-03-26(A)
3836 924453

43

000077



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

PENDING RATE CHANGE ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012

Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

SC

All other terms and conditions of this policy remain unchanged.

Agency Name and Address

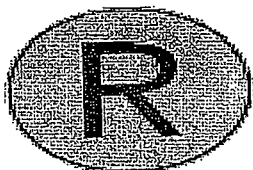
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-04-04

3836 924453

44

000078



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

ASSIGNED RISK ADJUSTMENT PROGRAM ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00

Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011

To: 11/22/2012

Endorsement Eff. Date: 11/22/2011

Date of Mailing: 11/29/2011

This endorsement is attached to your policy and incorporates the following additional provisions into Part Five (Premium) of your policy because one or more of the states shown in Item 3.A. of the Information Page have approved the Assigned Risk Adjustment Program (ARAP). ARAP adds a surcharge to the premium of assigned risk employers who meet the criteria of ARAP. The application of ARAP is mandatory and shall apply to all assigned risk policies written in approved jurisdictions who meet the criteria of ARAP.

If your experience rating modification changes, the ARAP surcharge factor may also change.

A. Criteria

1. You will receive an ARAP surcharge factor calculated by the designated rating/advisory organization for your intrastate and/or interstate risk if you:

- Are experience rated, and
- Have an experience rating modification that includes data from at least one ARAP-approved jurisdiction, and
- Have a calculated experience rating modification factor greater than or equal to 1.01, and
- Meet or exceed the weighted test ratio in accordance with the applicable rules in NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance or other applicable state rules.

2. You will not receive an ARAP surcharge factor calculated by the designated rating/advisory organization in an ARAP-approved jurisdiction if you:

- Are not experience rated, or
- Are an intrastate and/or interstate experience rated risk that does not have any ARAP-approved jurisdictions' data included in your experience rating modification calculation, or
- Have a calculated experience rating modification equal to or less than 1.00.

B. Surcharge Application

You must pay a surcharge based on a comparison of your actual and expected losses, as determined using values from your experience rating modification calculation. The ARAP surcharge factor is applied by multiplying your assigned risk total modified premium by the ARAP surcharge factor. The total modified premium of an assigned risk policy in ARAP-approved jurisdictions is determined in accordance with the applicable state assigned risk premium algorithm, or any other applicable programs or statutory requirements. The ARAP surcharge factor is included in total standard premium.

C. Multistate Operations

If you are an experience rated employer with multistate operations, you shall be subject to the Assigned Risk Adjustment Program in states that have approved ARAP, and as applied by your insurance carrier in those states as shown in the Schedule below.

D. Cancellation

If your policy is cancelled, the ARAP surcharge factor is applied in accordance with Part Five (Premium), E. of your workers compensation and employers liability insurance policy.

State

Schedule

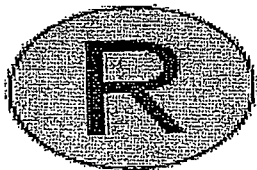
SC

All other terms and conditions of the policy remain unchanged.

Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

3836 924453
WC 00 04 15 B
(Ed. 01-10)



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

All other terms and conditions of this policy remain unchanged.

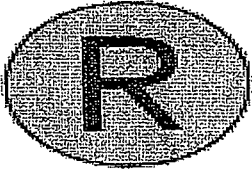
Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-04-03
3836 924453

46

000080



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012

Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

Experience rating is mandatory for all eligible Insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

All other terms and conditions of this policy remain unchanged.

Agency Name and Address

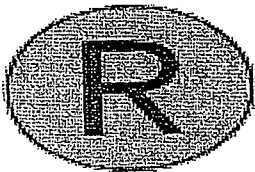
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-04-14

3836 924453

47

000081



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

ASSIGNED RISK LOSS SENSITIVE RATING PLAN NOTIFICATION ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00

Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011

To: 11/22/2012

Endorsement Eff. Date: 11/22/2011

Date of Mailing: 11/29/2011

A. LSRP Mandatory Assigned Risk Retrospective Rating Plan

This endorsement is to advise you that, during the term of this policy or upon renewal, you may become subject to the mandatory assigned risk Loss Sensitive Rating Plan (LSRP), which is a retrospective rating plan that may adjust the cost of your workers compensation and employers liability insurance policy. This endorsement must be attached to all assigned risk policies, including policies for professional employer organization (PEO) and temporary arrangements, regardless of LSRP standard premium size in states that have approved the LSRP. In the event that you meet or exceed the eligibility requirements of LSRP, an LSRP contingent deposit equal to 20% of LSRP standard premium is required.

B. Eligibility

1. Your insurance is written under a Workers Compensation Insurance Plan (WCIP) in a state that has approved LSRP.
2. a. LSRP will apply to an individual assigned risk policy if the standard premium meets or exceeds the amount noted in the Schedule, in accordance with NCCI's *Basic Manual*.
b. It may not always be possible for a single carrier to provide coverage for all requested states; additional policies issued by more than one carrier may be necessary.
c. WCIP policies issued in non-LSRP-approved jurisdictions are not subject to LSRP and are not combinable with WCIP policies in LSRP-approved jurisdictions for eligibility purposes.
d. LSRP eligibility may be impacted by ownership or combinability status in accordance with NCCI's *Experience Rating Plan Manual*.
3. LSRP standard premium is defined in accordance with NCCI's *Basic Manual*.

C. Deposit/Initial Premium and LSRP Contingency Deposit

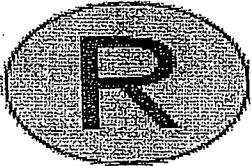
1. Deposit or initial premium is paid on all new and renewal WCIP policies, including LSRP policies, in accordance with NCCI's *Basic Manual*. It is paid to us in addition to the LSRP contingency deposit, which secures all new and renewal LSRP policies as detailed in the LSRP rules.
2. The LSRP contingency deposit paid to us serves as collateral for premium that may be due to us as a result of losses incurred during the policy term.
3. At policy inception, the LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. If WCIP policies are combined for LSRP purposes, the LSRP contingency deposit is calculated by multiplying the combined LSRP standard premium for all policies by 20%.

D. Impact of Changes in LSRP Standard Premium

1. For all policies except for professional employer organizations (PEOs) and temporary arrangements, LSRP may be applied to a policy, or an LSRP policy may be converted to a guaranteed cost policy:
 - a. If the LSRP standard premium decreases during the first 120 days, and falls below the LSRP eligibility threshold, your policy will be converted to a guaranteed cost policy, retroactive to policy inception, and your LSRP contingency deposit will be returned.
 - b. If the LSRP standard premium increases during the first 120 days, and meets the LSRP eligibility threshold, LSRP will be applied retroactively to policy inception and the 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.
 - c. If the LSRP standard premium decreases after the first 120 days and falls below the LSRP eligibility threshold, the LSRP continues to be applied to your policy(ies).
 - d. If the LSRP standard premium increases after the first 120 days, and meets the LSRP eligibility threshold, your policy(ies) will remain a guaranteed cost policy(ies) and the LSRP is applied at renewal, subject to meeting the eligibility requirements on the renewal policy(ies).

All other terms and conditions of this policy remain unchanged.

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

ASSIGNED RISK LOSS SENSITIVE RATING PLAN NOTIFICATION ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00

Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011

To: 11/22/2012

Endorsement Eff. Date: 11/22/2011

Date of Mailing: 11/29/2011

2. For all PEO and temporary arrangement WCIP policies, if the LSRP standard premium meets or exceeds the eligibility threshold at any time, LSRP is applied retroactively to policy inception. The 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

E. Evasion of LSRP

1. If you take actions for the purpose of avoiding the application of LSRP, or for otherwise legitimate business reasons that nonetheless result in the improper calculation and/or application of LSRP, regardless of intent, any action that results in the miscalculation and/or misapplication of LSRP determined in accordance with the LSRP rules is prohibited. These actions include, but are not limited to:
- Misrepresentation and/or miscalculation of payroll at application, audit, or renewal
 - Failure to report changes in ownership or ownership information according to the WCIP and NCCI's *Experience Rating Plan Manual*
 - Violation of any of the terms and conditions under the policy for which this insurance was issued
 - Failure to allow us and/or the Plan Administrator and/or rating organization reasonable access to your facilities or files and records for audit or inspection
 - Failure to disclose to us and/or the Plan Administrator and/or rating organization the full nature and scope of your exposure or business operations
2. In such circumstances, we and/or the Plan Administrator and/or rating organization may obtain any information that indicates evasion or improper calculation or application of LSRP due to actions including, but not limited to, those listed above. We and/or the Plan Administrator and/or rating organization will act to ensure the proper calculation and application of LSRP to inception of all current and preceding WCIP policies impacted by these actions.
- This endorsement applies in the states listed in the Schedule below.

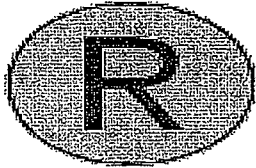
SCHEDULE

STATE
SC

PREMIUM ELIGIBILITY
\$200,000

All other terms and conditions of this policy remain unchanged.

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtway
Beaufort, SC 29906



South Carolina Workers' Compensation Insurance Plan

Riverport Insurance Company

Administered by Berkley Risk Administrators Company, LLC

P.O. Box 59143 Minneapolis, Minnesota 55459-0143

Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431

NCCI Carrier Code 27995

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)
PREMIUM ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00

Risk ID:

JUAN YSLAS JR

70 HICKORY HILL RD

SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011

To: 11/22/2012

Endorsement Eff. Date: 11/22/2011

Date of Mailing: 11/29/2011

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United State Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
SC	0.01	

All other terms and conditions of this policy remain unchanged.

Agency Name and Address

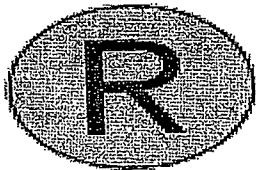
Peoples Choice Ins Agency

586 Paris Island Gtwy

Beaufort, SC 29906

WC 00-04-21 C

3836 924453



South Carolina Workers' Compensation Insurance Plan

Riverport Insurance Company

Administered by Berkley Risk Administrators Company, LLC

P.O. Box 59143 Minneapolis, Minnesota 55459-0143

Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431

NCCI Carrier Code 27995

PREMIUM DUE DATE ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

This endorsement is used to amend:
Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE
PREMIUM**

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premium is the date of the billing.

All other terms and conditions of this policy remain unchanged.

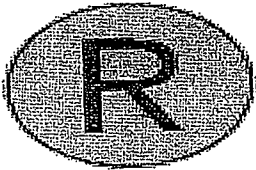
Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-04-19
3836 924453

51

000085



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

Page 1 of 2

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- The act is an act of terrorism.
- The act is violent or dangerous to human life, property or infrastructure.
- The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008, and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Agency Name and Address

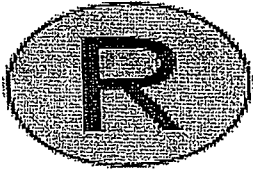
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-04-22 A

3836 924453

52

000086



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

Page 2 of 2

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
SC	0.02	

Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

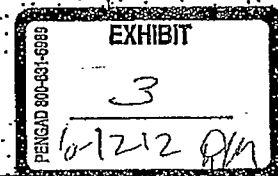
WC 00-04-22 A
3836 924453

53

000087

EXHIBIT "B"

CERTIFICATE OF INSURANCE					Issued 11/28/2011	
PRODUCER: PEOPLES CHOICE INSURANCE AGENCY, LLC 23 SAVANNAH HWY BEAUFORT, SC 29906			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED: Juan Yslas Jr. 70 Hickory Hill Road St. Helena Island SC 29920			COMPANIES AFFORDING COVERAGE:			
			COMPANY LETTER	A Atlantic Casualty Insurance Company		
			COMPANY LETTER	B Riverport Insurance Company		
			COMPANY LETTER	C		
			COMPANY LETTER	D		
			COMPANY LETTER	E		
COVERAGES:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	LIMITS	
A	GENERAL LIABILITY	E210000019	11/22/2011	11/22/2012	GENERAL AGGREGATE	200,000
					PRODUCTS COMPLETION	200,000
					PERSONAL AUTO INDEMNITY	100,000
					ACCIDENT BODILY INJURY	100,000
					AD & EMERGENCY MEDICAL	100,000
					AD & EMERGENCY MEDICAL	10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
					BODILY INJURY (PERSONAL)	
					BODILY INJURY (PROPERTY)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY				EXCESS OCCURRENCE	
					AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	39-17995-11327-965101	11/22/2011	11/22/2012	STATUTORY LIMITS	
					DEATH ACCIDENT	100,000
					DISEASE POLICY LIMIT	500,000
					DISEASE PER EMPLOYEE	100,000
DESCRIPTION OF OPERATIONS / VEHICLES / SPECIALTY ITEMS						
GENERAL INFORMATION						
Full Circle Construction Company, Inc 168A Boradwalk Dr Cherry Point Business Center Ridgeland, SC 29936 Fax: 982-0613				Should any of the above described policies be cancelled before the expiration date, the company shall endeavor to mail, 10 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
				AUTHORIZED REPRESENTATIVE		



000088

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1200239
Carrier File # 1000097117
Carrier Code #
Employer FEIN

Juan Yslas, Jr. 239-15-1999
Claimant's Name SSN
70 Hickory Hill, St. Helena Island, SC 29920
Address City State Zip
(843) 473-9058
Home Phone

Juan Yslas, Jr. d/b/a Juan Yslas Construction
Employer's Name
70 Hickory Hill, St. Helena Island, SC 29920
Address City State Zip
Key Risk Management Services, Inc.
Insurance Carrier

Work Phone Allison M. Carter (843) 284-1083
Preparer's Name Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.
The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is (admitted) (denied) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment, pending investigation. Defendants deny coverage for Claimant due to Claimant excluding himself from coverage; deny Claimant is an "employee" as Claimant was owner and was excluded from coverage.
2. It is (admitted) (denied) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1
3. It is (admitted) (denied) that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1
4. It is (admitted) (denied) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See No. 1
5. It is (admitted) (denied) that notice of injury was given the employer. The reasons for denial are: See No. 1
6. It is (admitted) (denied) that the employee needs or is entitled to additional medical care as a result of injury. The reasons for denial are: See No. 1
7. It is (admitted) (denied) that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is (admitted) (denied) that the employee is permanently disabled. The reasons for denial are: See No. 1. Also, No evidence of such.
9. It is (admitted) (denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ Unknown applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Defendants reserve the right to amend and to assert defenses as they become aware of them.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to James H. Moss, Esquire,
Name

P.O. Drawer 507, Beaufort, SC 29901; Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202;
Charles MacLoskie, 1506 Prince Street, Beaufort, SC 29902; Ryan Montgomery, 108 Mills Avenue, Greenville, SC 29605;
O. Edworth Lipfert, P.O. Drawer 570, Beaufort, SC 29901
Address

on the 2nd day of July, 2012 by ☒ first class mail; ☐ personal service; ☐ certified mail.

I verify the contents of this form are accurate and true to the best of my knowledge.

J. Richardson
Preparer's Signature, Attorney for Defendants
Allison M. Carter
Wilson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

Michelle L. Barnes
Michelle L. Barnes, Certifier

July 2, 2012
Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.
Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO: 1200329

JUAN YSLAS, JR.

Employee,

vs.

FULL CIRCLE CONSTRUCTION CO.,
and

AMERISURE INSURANCE

Defendants.

Claimant,

**MOTION TO ADD SOUTH CAROLINA
UNINSURED EMPLOYER'S FUND
AND RIVERPORT INSURANCE**

TO: THE HONORABLE AVERY B. WILKERSON, JR; THE HONORABLE VIRGINIA CROCKER; ALLISON M. CARTER AS ATTORNEY FOR RIVERPORT INSURANCE, EDWORTH LIIPFERT AS ATTORNEY FOR THE UEF; JAMES MOSS AS ATTORNEY FOR THE CLAIMANT AND CHARLES MACLOSKIE AS AN INTERESTED PARTY

The undersigned, as attorneys for the Defendants, hereby makes this motion before the South Carolina Worker's Compensation Commission for an Order adding the South Carolina Uninsured Employer's Fund and Riverport Insurance, on the following grounds:

1. The claimant has alleged that he was injured on or about January 16, 2012.;
2. The general contractor, Full Circle Construction, may have subcontracted work with Juan Yslas, Jr. d/b/a Juan Yslas, Jr.;
3. Full Circle Construction requested and received a Certificate of Insurance from Juan Yslas, Jr. which was issued by a South Carolina agency, for a South Carolina insured and provided to a South Carolina general contractor (Full Circle) which purported to have South Carolina workers'

000090

compensation coverage for the period of November 22, 2011 through November 22, 2012 which covered the date of this alleged injury;

4. In the event Juan Yslas, Jr. had workers compensation insurance, it would have been with Riverport Insurance (Keyrisk) who is not yet a party to this case;
5. In the event Juan Yslas, Jr. did not have workers' compensation coverage through Riverport then Full Circle took in a valid Certificate of Insurance and would be entitled to petition the Fund for reimbursement;
6. Given the complexity of the cases (Juan Yslas Jr and Juan Yslas III WCC# 1200235), the number of attorneys and the fact that both cases are to be heard back to back, it is imperative in the interest of judicial efficiency that all parties be brought to the table on both claims so that as of the hearing date both claims can be sorted out once and for all. Failure to add all parties to both cases could only serve to delay these claims and create an unnecessary appeal at a later date.

Wherefore, the above grounds considered, Full Circle Construction and Amerisure Insurance respectfully request an Order adding the South Carolina Uninsured Employer's Fund and Riverport Insurance (Key Risk) as parties to this claim.

(signature to follow)

000091

...Request
...petition the
...and Riverport, Inc.
...Respectfully submitted,



Ryan S. Montgomery
BLACK, BLACK & MONTGOMERY, LLC
9 Washington Park
Greenville, South Carolina 29601
Attorneys for the Employer/Carrier

Greenville, South Carolina

May 16, 2012

...Request
...petition the
...and Riverport, Inc.
...Respectfully submitted,

...Request
...petition the
...and Riverport, Inc.
...Respectfully submitted,

...Request
...petition the
...and Riverport, Inc.
...Respectfully submitted,

...Request
...petition the
...and Riverport, Inc.
...Respectfully submitted,

000092

CERTIFICATE OF MAILING

The undersigned certifies that she is an employee at BLACK, BLACK & MONTGOMERY and that the attached ***Motion to Add South Carolina Uninsured Employer's Fund*** was served this 16th day of May, 2012, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

The Honorable Virginia L. Crocker, Judicial Director
S.C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, SC 29202

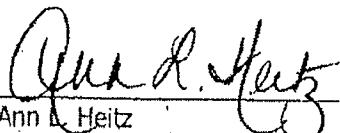
The Honorable Avery B. Wilkerson, Jr.
S.C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, SC 29202

O. Edworth Lipfert, III, Esq.
Griffith, Sadler & Sharp, PA
600 Monson Street
Beaufort, SC 29902

Allison M. Carter, Esq.
Willson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mt. Pleasant, SC 29464

James H. Moss, Esq.
Moss, Kuhn, & Fleming, P.A.
PO Box 507
Beaufort, SC 29901-0507

Charles B. Macloskie, Esq.
Macloskie Law Firm
P.O. Box 280
Beaufort, South Carolina 29901


Ann L. Heitz
Paralegal to Ryan S. Montgomery

000093

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. 1200329

Juan Yslas, Jr., EMPLOYEE,

CLAIMANT,

VS.

Full Circle Construction,

EMPLOYER,

AND

Amerisure Mutual Insurance Co.,

CARRIER,

DEFENDANTS,

ADMINISTRATIVE ORDER

CERTIFICATE OF SERVICE

This is to certify that the enclosed contains the date served this order on the parties to this case by registered mail postage paid in the amount of \$10.00 addressed to the attorney of record for each party.

This 18 day of June, 2012

By Elaine M. Byrd
Administrative Assistant to the Commissioner

A Motion regarding the following issue(s) has been received:

X Motion to Add SCUEF and Riverport Insurance

Other:

The following dispositions have been made: Denied Granted

Columbia, SC

[Signature]
Commissioner, SCWCC

CC: Ryan S. Montgomery, Esq.
James H. Moss, Esquire
Allison M. Carter, Esquire
SCUEF
Riverport Insurance

O. Edwards Lipton

received
6/19/12

000094

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

DEPOSITION OF JUAN YSLAS, JR.

JUAN YSLAS, JR.,

Employee/Claimant,

vs.

WCC FILE NO. 1200329

FULL CIRCLE CONSTRUCTION CO.,

Employer,

and

AMERISURE MUTUAL INSURANCE,

Carrier/Defendants.

COPY

JUAN YSLAS, III,

Employee/Claimant,

vs.

WCC FILE NO. 1200235

JUAN YSLAS, JR., d/b/a JUAN
YSLAS CONSTRUCTION AND
FULL CIRCLE CONSTRUCTION CO.,

Employer,

and

KEY RISK MANAGEMENT SERVICES,
INC., AMERISURE MUTUAL INSURANCE,
and SC UNINSURED EMPLOYERS' FUND,

Carrier/Defendants.

DEPONENT: JUAN YSLAS, JR.

DATE: JUNE 12, 2012

TIME: 9:00 A.M.

LOCATION: MOSS, KUHN & FLEMING, P.A.
1501 North Street

Beaufort, South Carolina 29901-0507

REPORTED BY: DENISE MCCAULEY, RPR, IA-CSR, GA-CCR
CAROLINA REALTIME, LLC
P.O. Box 80397
Charleston, South Carolina
(843)277-0068

000095

1 A P P E A R A N C E S:

2

3 ON BEHALF OF THE CLAIMANT, JUAN YSLAS, JR.:

4 MOSS, KUHN & FLEMING, P.A.
5 BY: JAMES H. MOSS, ESQ.
6 1501 North Street
Beaufort, South Carolina 29901-0507
(843) 524-3373

7

8 ON BEHALF OF THE CLAIMANT, JUAN YSLAS, III:

9 MACLOSKIE LAW FIRM
10 BY: CHARLES B. MACLOSKIE, ESQ.
P.O. Box 280
11 1506 Prince Street
Beaufort, South Carolina 29902
(843) 524-0909
12 macloskielawfirm@hargray.com

13

14 ON BEHALF OF THE DEFENDANT, FULL CIRCLE CONSTRUCTION AND
15 AMERISURE MUTUAL INSURANCE:

16 BY: RYAN S. MONTGOMERY
108 Mills Avenue
17 Greenville, South Carolina 29605
(864) 373-7333
Ryan@ryanmontgomerlaw.com

18

19

20 ON BEHALF OF THE DEFENDANT, KEY RISK MANAGEMENT
SERVICES:

21 WILLSON, JONES, CARTER & BAXLEY, LLC
22 BY: ALLISON M. CARTER, ESQ.
BY: JACQUELINE ANN RICHARDSON, ESQ.
23 421 Wando Park Boulevard, Suite 100
Mount Pleasant, South Carolina 29464
(843) 284-1085

24

25

000096

1 APPEARANCES CONTINUED:

2

3 ON BEHALF OF THE DEFENDANT, SC UNINSURED EMPLOYERS'
4 FUND:

5

6 GRIFFITH, SADLER & SHARP, P.A.

7 BY: WORTH LIIPFERT, III, ESQ.

8 600 Monson Street

9 P.O. Box 570

10 Beaufort, South Carolina 29901

11 (843) 521-4242

12

13 ALSO PRESENT:

14 MARTHA YSLAS
15 MATTHEW BADER

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

000097

I N D E X

Page

EXAMINATION

By Mr. Montgomery.....	7/150
By Ms. Carter.....	65/153
By Mr. Liipfert.....	134
By Mr. Macloskie.....	146
By Mr. Moss.....	147

Certificate of Reporter.....	160
------------------------------	-----

INDEX OF EXHIBITS

EXHIBIT	PAGE
1 11/29/11 Contractors Invoice.....	24
2 11/2/11 Contractors Invoice.....	24
3 Certificate of Insurance.....	34
4 2011 Juan Yslas, III, 1040 tax form	35
5 Juan Yslas, Jr. General Liability..	147
Declarations	

000098

1 (The witness waived the right to read and sign
2 the deposition transcript.)

3 MR. MOSS: Just put that this deposition is
4 taken pursuant to notice of all parties, that all
5 parties of record are present with their attorneys.

6 And would you all give your names for the
7 record here?

8 (A discussion was held off the record.)

9 MR. MOSS: By the way, we need to say that
10 the notice is given in both cases pursuant to a
11 consent order that was filed with the commission
12 and consented to. I don't think the order is
13 signed.

14 What's the date of that order for the
15 record?

16 MR. MONTGOMERY: We sent it and they kicked
17 it back to me after signature, but --

18 MR. MOSS: The date you sent it up there.

19 MR. MONTGOMERY: May 30.

20 MR. MOSS: May 30 it's been consented to by
21 all parties.

22 MR. MONTGOMERY: Sure.

23 MS. CARTER: Can you give her both captions
24 and WCC file number?

25 MR. MONTGOMERY: Yeah. Well, assuming I

000099

1 have this correct, this is Juan Yslas, Jr., and I
2 think you have that caption. And the second is
3 Juan Yslas, III, and it's WCC Number 1200235. And
4 that is also captioned Juan Yslas, III, versus Full
5 Circle Construction and Amerisure, with some other
6 et al.

7 MR. MOSS: Now, what is Junior's number? Is
8 that on their also?

9 MR. MONTGOMERY: It's not.

10 MS. CARTER: 1200329. I'll get you both
11 captions.

12 MR. MOSS: Okay.

13 MR. MONTGOMERY: I'm Ryan Montgomery, and I
14 represent Full Circle and Amerisure Mutual
15 Insurance in both cases.

16 MS. CARTER: I'm Allison Carter, and I
17 represent Riverport in the Juan Yslas, III, case.

18 MR. LIIPFERT: My name is Worth Liipfert,
19 and I'm here for the UEF on Juan Yslas, III. And
20 I'm also representing them in the Junior case if we
21 become a party. I don't expect anything
22 participating here to waive any sort of claim that
23 we have that we should be a party.

24 MR. MACLOSKIE: My name is Charles B.
25 Macloskie. You have a card there, madam reporter

000100

1 I represent Juan Yslas, III.

2 MS. RICHARDSON: And my name is Jacqueline
3 Richardson. I'm here with Allison Carter.

4 MR. MOSS: And I'm Jim Moss representing
5 Juan Yslas, Jr.

6 THE WITNESS: I'm Juan Yslas, Jr.

7 MR. MONTGOMERY: Are we all set, everybody?

8 MS. CARTER: And who is that?

9 THE WITNESS: This is Martha, my wife.

10 MRS. YSLAS: I'm his wife, Martha.

11 MR. MOSS: That's his wife with the
12 crutches. She's not going to be a witness in this
13 case. Maybe in another case.

14 MR. MONTGOMERY: Are we all set?

15 THE WITNESS: Yes, sir.

16 MR. MONTGOMERY: There will be a quiz at the
17 end of this. So you have to tell everybody's names
18 and who they represent back.

19 MR. MOSS: Right.

20 JUAN YSLAS, JR.,
21 having been duly sworn, was examined and testified as
22 follows:

23 EXAMINATION

24 BY MR. MONTGOMERY, at 9:07 a.m.:

25 Q. Anyway, my name is Ryan Montgomery. I

1 represent Full Circle Construction. My understanding is
2 you were working on a job site where they were the
3 general contractor. And so my purpose here today is to
4 ask you a series of questions. You're under oath.

5 As you see, we have a court reporter here
6 taking everything down. And part of the reason for that
7 is because we have so many parties that we go back and
8 we put it in written transcript form, and then we can
9 all refer back to it and figure out, hopefully, what's
10 going on.

11 A. Okay.

12 Q. Okay?

13 A. Yes.

14 Q. Because they're on the record, the biggest
15 and the main thing that I always like to communicate to
16 folks that I'm deposing is I want to get a clean
17 transcript. And so if I'm asking you a question, let me
18 finish before you begin to answer. Likewise, I'll let
19 you finish before I ask another question. Okay?

20 A. Okay.

21 Q. The other thing that I think is important
22 for you is that you understand my question.

23 A. All right.

24 Q. I speak quickly sometimes. I ask bad
25 questions that you may just not understand.

1 A. All right.

2 Q. Will you make me repeat it until you do?

3 A. Yes, sir.

4 Q. And you're doing a good job of answering out
5 loud, yeses, nos, as opposed to the shakes, nods of the
6 head. Okay?

7 A. Yes, sir.

8 Q. And if I correct you, I don't mean any
9 offense by it. All right?

10 A. Yes, sir.

11 Q. Have you ever had a deposition done before?

12 A. No, sir.

13 Q. As far as I know, no one is going to be
14 pounding the desks. It's not like Law and Order. So
15 it's just an opportunity for us to get to know you, find
16 out about your claim. Okay?

17 A. Okay.

18 Q. And a lot of my questions you may think in
19 the back of your head: Who is this guy from Greenville,
20 and why is he asking me this? But I only get one shot
21 at this normally, so I've got to ask everything.

22 A. Sure.

23 Q. All right?

24 A. All right, sir.

25 Q. What is your current address?

1 A. 70 Hickory Hill Road, St. Helena, 29920.

2 Q. How long have you been at that address?

3 A. About 13 years, something like that.

4 (A discussion was held off the record.)

5 BY MR. MONTGOMERY:

6 Q. At the 70 Hickory Hill Road address, is that
7 where you were living at the time of your accident?

8 A. Yeah. Yes, sir.

9 Q. Who else lives there with you, if anyone?

10 A. Well, my daughter, my wife, and Juan live
11 there now, you know, after he got hurt.

12 Q. So your son, Juan Yslas, III --

13 A. Right.

14 Q. -- lived with you after the accident?

15 A. After the accident, yeah.

16 Q. Was he living with you at any time --

17 A. No, sir.

18 Q. Let me finish.

19 A. I'm sorry.

20 Q. Sometimes I change my question midstream,
21 and so I want to make sure you answer the right
22 question.

23 MS. CARTER: Can I have you close that door?

24 MR. MOSS: Yeah. That will be fine.

25 BY MR. MONTGOMERY:

1 Q. So he lived with you after the accident, but
2 not before?

3 A. Right.

4 Q. Was he living with you at the time of the
5 accident?

6 A. No, sir.

7 Q. And how long had you been on this Full
8 Circle job site before the accident happened?

9 A. Well, I started somewhere in November. I
10 can't remember the date exactly. Or October. I can't
11 remember the date.

12 Q. Is that of 2011?

13 A. 2011.

14 Q. How old are you, sir?

15 A. 54.

16 Q. And date of birth?

17 A. 4/24/57.

18 Q. And are you a U.S. resident?

19 A. A U.S. citizen, yeah.

20 Q. Citizen?

21 A. Yes. Born and raised in Florida.

22 Q. In where?

23 A. In Florida, Immokalee. Born and raised in
24 Immokalee, Florida.

25 MR.. MOSS: I-M-M --

1 THE WITNESS: I-M-M---

2 (Simultaneous talking.)

3 THE WITNESS: I-M-M-K-O-L-E-E.

4 MRS. YSLAS: No. I-M-M-O-K-A-L-E-E.

5 THE WITNESS: I'm sorry.

6 BY MR. MONTGOMERY:

7 Q. And your son, Juan Yslas, III, how old is
8 he?

9 A. He'll be 37 in August. He's 36 now.

10 Q. How old is your daughter?

11 A. 33, 34.

12 Q. And just tell me to the best of your
13 knowledge. Okay?

14 A. Okay.

15 Q. This is your opportunity to testify.

16 A. Sure.

17 Q. Other than your daughter and your son, any
18 other children that you have?

19 A. Yes. My youngest daughter is Myra. She's
20 married to a Marine. She's in Parris Island.

21 Q. So she does not live in the home?

22 A. No, sir.

23 Q. Now, probably the question I'm going to ask
24 you in a minute or two is how long have you been
25 married. So I want you to think about that answer now,

1 so that there's no delay when I ask you. Okay?

2 A. About 30 -- I'm sorry.

3 Q. I was going to say how tall are you?

4 A. About 5'9".

5 Q. And how long have you been married?

6 A. About 36 or 37. I don't know. I can't
7 remember.

8 MRS. YSLAS: We got married in '75.

9 MS. CARTER: You need to be -- I'm sorry,
10 but you're not under oath, so we have to be
11 careful.

12 MR. MOSS: She deserves an award.

13 MS. CARTER: Absolutely. And we can put her
14 under oath later if we want to get a real opinion
15 of him, but --

16 BY MR. MONTGOMERY:

17 Q. And the correct answer when you're asked
18 that is: I've been married so long that time has
19 flown. I've forgotten the time.

20 A. Okay.

21 Q. Now, have you ever been injured on the job
22 at any other time?

23 A. Not really, sir. No.

24 Q. Who do you work for?

25 A. Well, in that time, or, I mean, I was

1 working for Naun Ruiz before.

2 Q. For who?

3 A. Naun Ruiz.

4 Q. Noel Reese?

5 A. Naun Ruiz, yeah.

6 Q. Who is that?

7 A. He's a guy, a young guy, I know like a son
8 that I brought in years ago, and he's been working for
9 me, you know, well, when I was, when I had insurance
10 many years ago. But I was working under him, you know,
11 before I started working for Full Circle Construction.

12 Q. Let's start today. Are you employed
13 anywhere today?

14 A. No, sir.

15 Q. Do you run any businesses or companies
16 today?

17 A. No, sir.

18 Q. When is the last time you were employed?

19 A. I was an employee -- that's on what? --
20 January 16.

21 Q. Was that the date of your injury?

22 A. Yeah.

23 Q. And at that time, were you self-employed?

24 A. Yes, sir.

25 Q. And did you have your own company?

1 A. Yes. Juan Yslas.

2 Q. Juan Yslas?

3 A. Yes.

4 Q. And was there no Junior at the end of the
5 company name, just Juan Yslas?

6 A. I think there was Junior there too, I think.

7 Q. And what type of company was that?

8 A. Full Circle or what? My company?

9 Q. Your company.

10 A. Just Juan, Juan Yslas, Jr.

11 Q. What kind of services did you provide?

12 A. Like a sub, subcontractor, yeah.

13 Q. Did you have any kind of specialty, whether
14 it be sheetrock or framing or roofing or anything like
15 that?

16 A. I do just about a little bit of everything
17 really, yeah.

18 Q. How long --

19 A. Except electrical.

20 Q. Except electrical?

21 A. Yeah.

22 Q. Plumbing?

23 A. A little, yeah.

24 Q. Is it mainly carpentry work?

25 A. Carpentry work, yeah.

000109

1 Q. And is it mainly residential or commercial?

2 A. Residential.

3 Q. How many employees do you have?

4 A. I had, with Junior, I had five, six. Well,
5 six with me. Five altogether.

6 Q. I think I asked a bad question. The last
7 time you were working on your own for Juan Yslas or Juan
8 Yslas, Jr., your company, you had five or six employees?

9 A. Yeah.

10 Q. And was that while you were on the Full
11 Circle job site?

12 A. Right.

13 Q. How long had Juan Yslas, III, worked for you
14 before your injury?

15 A. He just started, you know, in January.
16 Well, at that time that I started with Full Circle, you
17 know, working for me as an employee.

18 Q. So if you went on the job site for Full
19 Circle in October or November of 2011, would Juan -- I'm
20 going to call him Juan, III -- would he have been
21 employed at that time with you?

22 A. Yes. He started with me that time.

23 Q. So from the first date you stepped onto the
24 Full Circle job site, he was your employee?

25 A. Yeah. He was my employee.

1 Q. Had he ever had an on-the-job injury while
2 under your employment?

3 A. No, sir.

4 Q. As his father, are you aware of any other
5 jobs where he might have been injured?

6 A. Well, about seven years ago, eight years
7 ago, I know it was Habersham, in Habersham, you know,
8 there was -- I think he was on his own company.

9 Q. And he was injured?

10 A. Yeah. He got injured.

11 Q. What part, what body part?

12 A. His ankle.

13 MR. MOSS: Excuse me just a minute. Amanda,
14 see if you can get Mr. Macloskie a chair.

15 (A discussion was held off the record.)

16 BY MR. MONTGOMERY:

17 Q. So seven years ago, your son was injured,
18 and what body part was injured?

19 A. His ankle, I think, you know, was. And my
20 dad took him to the hospital that time.

21 Q. Is your dad's name Juan Yslas?

22 A. No. Emanuel.

23 Q. Okay. Good.

24 A. Emanuel Yslas passed away.

25 Q. Do you remember what ankle was injured on

1 him?

2 A. The left side, left ankle.

3 Q. And do you remember what hospital your dad
4 took him to?

5 A. To Memorial, Beaufort Memorial Hospital.

6 Q. In terms of your injury in January of 2012,
7 tell me what was injured.

8 A. Both of my heels. The left one has gotten
9 hurt, you know, worse. I got an operation. This here
10 is getting better, but still having a hard time. It
11 swells up, you know.

12 Q. When you say this here, you're talking about
13 the right side?

14 A. Yeah. The right side.

15 Q. Have you ever had an injury before to your
16 right foot, ankle, or leg?

17 A. No, sir.

18 Q. Before this have you ever had an injury to
19 your left foot, ankle, or leg?

20 A. No, sir.

21 Q. Have you ever been hospitalized overnight?

22 A. Only that time really, yeah.

23 Q. At the time of this injury?

24 A. At the time it happened.

25 Q. Any other hospitalizations overnight?

1 A. I got my shoulder when I was very young and
2 in Pennsylvania, you know. Could be like nine years
3 old, yeah, shoulder blade, you know, was broken.

4 Q. Did you have shoulder surgery?

5 A. No. No, sir.

6 Q. And you said you have had surgery now on
7 your left leg?

8 A. On this one, yeah, my heel.

9 Q. Did you have your surgery on your right
10 side?

11 A. No, sir.

12 Q. Other than that left heel surgery, have you
13 had surgery to any other body part for any reason?

14 A. No, sir.

15 Q. What's your current source of income?

16 A. I can't remember.

17 Q. Meaning are you making any money right now?

18 A. No, sir.

19 MR. MOSS: Are you drawing unemployment?

20 THE WITNESS: No. Nothing.

21 BY MR. MONTGOMERY:

22 Q. You have no unemployment?

23 A. Nothing.

24 Q. Have you applied for Social Security
25 disability?

1 A. Yes, sir.

2 Q. And have you received a response to that?

3 A. Yeah.

4 Q. And?

5 A. Nothing. They denied.

6 Q. Denied?

7 A. Yeah.

8 Q. Have you appealed that?

9 A. No, sir. Not yet.

10 Q. Are you represented by an attorney in that?

11 A. I haven't spoken yet to Mr. Moss, so --

12 MR. MOSS: We'll appeal it.

13 THE WITNESS: Yeah. I can't get around that
14 much. No gas money to go around too much.

15 BY MR. MONTGOMERY:

16 Q. Before this application for Social Security
17 disability, have you ever applied before?

18 A. No, sir.

19 Q. Did you go to school in the United States?

20 A. In Immokalee, Florida, yes, I went to the
21 tenth grade.

22 Q. Have you ever gone back to school and
23 obtained a GED or a high school equivalency?

24 A. No, sir.

25 Q. Are you able to read, write, and understand

1 English?

2 A. I read, you know, a little. I can't write
3 that good, you know, so --

4 Q. When you're bidding a job or quoting a job,
5 do you have to submit written proposals?

6 A. No. I mean, I can read -- you know, I mean,
7 I can understand what I'm reading, you know, but --
8 because I've been working with it for so many years.

9 Q. Right.

10 A. Yeah.

11 Q. So if you came to my house to quote a
12 framing job, would you give me a written estimate?

13 A. Yes, sir.

14 Q. Who does that written estimate?

15 A. Well, I make either her or Juan, Jr., write
16 it down for me.

17 Q. And her being your wife?

18 A. Yeah. And the III, yeah.

19 Q. Is your wife an employee of Juan Yslas?

20 A. No. Well, not really, you know, but I just
21 give her sometimes 50, \$100, but I never get her on the
22 payroll.

23 Q. Does she just help you out?

24 A. Yeah.

25 Q. Has she ever been a formal employee where

1 she got a paycheck or anything like that?

2 A. No, sir.

3 Q. And does she help you with the, again, the
4 written proposals?

5 A. Yes, sir.

6 Q. How long has Juan Yslas, III, been helping
7 you with written proposals?

8 A. I would say a few years. Ever since I had
9 my own jobs, you know, my own -- you know, when I do my
10 own subcontractors, or either sometime I work for him
11 too, you know, so he does his, yeah.

12 Q. Does he have his own company?

13 A. Not now.

14 Q. What about in January of 2012?

15 A. No, sir. He worked, he worked for me.

16 Q. When is the last time he had his own company
17 if you know?

18 A. I can't remember. About seven, eight years
19 ago, I think. I don't know. I think he had another
20 one. I don't know. I can't remember what year.

21 Q. You said you worked for him sometimes,
22 though?

23 A. Yes. Sometime I help him too, you know.
24 When he needs me, yeah, I help him out.

25 Q. Does he do the same type of work that you

1 do?

2 A. Yes. Yes, sir.

3 Q. So would you two flip back and forth --

4 A. Well, if he needs me, I help him.

5 Q. And vice versa, meaning he will come help
6 you?

7 A. Right. Yes, sir.

8 Q. Is he paid a paycheck when he works for you?

9 A. Yes. Yeah.

10 Q. Are taxes withheld from his paycheck?

11 A. I don't know if -- well, sometimes, you
12 know, he does, but not really, you know, pay me cash,
13 and I don't know if he does -- he do the taxes or what,
14 tax return.

15 Q. I'm sorry. Let's talk about the Full Circle
16 job. All right. When you were working that job and
17 Juan Yslas, III, was your employee --

18 A. Yes, sir.

19 Q. -- how was he paid?

20 A. I was paying him cash, you know, all the
21 guys that I had. Well, I couldn't open an account, you
22 know, right there.

23 Q. Why not?

24 A. Well, I didn't have enough money to open an
25 account really, and I had to close already.

1 Q. When you went onto the Full Circle job, did
2 you submit a written proposal?

3 A. Yes, sir.

4 Q. Did you complete that, or did someone else
5 help you?

6 A. No. I completed. I mean, well, at the last
7 house, you know, I had my brother, Ricky Yslas, you
8 know, complete the job, you know, but under my
9 insurance.

10 Q. Is that Ricardo?

11 A. Ricardo, yeah.

12 (Marked for identification were Exhibits
13 Numbers 1 and 2.)

14 BY MR. MONTGOMERY:

15 Q. I'm going to first actually refer to Number
16 2.

17 A. Uh-huh. Number 2, you're talking about
18 the --

19 Q. Yes, sir. November 2.

20 A. Okay.

21 Q. And is that the first -- it's titled at the
22 top, "Contractor's Invoice"?

23 A. Right.

24 Q. Is that what you would call a written
25 proposal for Full Circle?

1 A. Yes, sir.

2 Q. And who completed this one?

3 A. We did.

4 Q. Well, who? Was it you?

5 A. I mean, Juan, yeah, me. Yeah. Juan Yslas,
6 Jr.

7 Q. Is this your handwriting on Exhibit Number
8 2?

9 A. My wife.

10 Q. So that's your wife's handwriting?

11 A. On this invoice, I can't remember. This
12 invoice was Juan, Jr. -- I mean, the III. I'm sorry.

13 MR. MOSS: You mean Juan, III.

14 THE WITNESS: Juan, III. Yeah. I get
15 confused.

16 BY MR. MONTGOMERY:

17 Q. Just tell me if this on Exhibit 2 is your
18 handwriting or not.

19 A. No. That's Juan.

20 Q. Your son?

21 A. Yes.

22 Q. Did you sit with Juan, III, and complete
23 this proposal?

24 A. Yes, sir.

25 Q. And can you read that proposal?

000119

1 A. Yeah.

2 Q. Do you understand everything on it?

3 A. Yes, sir.

4 Q. Is that proposal accurate as to your
5 relationship with Full Circle Construction on this job
6 where you were injured?

7 A. Yes, sir.

8 Q. So as I understand this, you were going to
9 furnish all the tools?

10 A. Uh-huh.

11 Q. Is that a yes?

12 A. Yes, sir.

13 Q. You were going to perform all the labor?

14 A. Yes, sir.

15 Q. And on the framework, windows, doors, Tyvek
16 wrap, titanium and hardware?

17 A. Yes, sir.

18 Q. The materials, I know you said you had
19 furnished the tools, but the materials, would you also
20 supply those?

21 A. No, sir.

22 Q. Would those be purchased and on the site for
23 you?

24 A. Yes, sir.

25 Q. Who provided the specs for the materials

1 that needed to be purchased?

2 A. What do you mean?

3 Q. Meaning who -- well, first of all, who
4 purchased the materials?

5 A. Full Circle.

6 Q. Did they already know what you needed, or
7 did you have to give them a written list?

8 A. No, sir. They already, they already know.

9 Q. And so these materials would be there. You
10 would come onto the job with your tools and install that
11 material?

12 A. Yes, sir.

13 Q. And the sum of the contract is \$18,823.50.
14 Is that the full sum for the entire project?

15 A. The entire price, yes.

16 Q. And how were you to be paid on that sum?
17 Meaning was it weekly? Quarterly?

18 A. Weekly.

19 Q. And was it in equal installments?

20 A. I can't remember.

21 Q. Or was it based upon -- if you did five
22 percent of the job, you would get five percent?

23 A. Five percent, yeah.

24 Q. So you would be paid according to what you
25 did on the job?

000121

1 A. Right.

2 Q. Let me show you now Exhibit 1, which is the
3 November 29, 2011. And I'm going to venture a guess
4 that this handwriting -- and sorry if anyone objects to
5 my stereotyping -- is a little more feminine in nature.
6 Would that have been your wife's handwriting on that?

7 A. I can't remember.

8 Q. Do you know whose handwriting that is?

9 MR. MOSS: Are you talking about Number 2?

10 MR. MONTGOMERY: Yes, sir. We're talking
11 about Exhibit 1.

12 MR. MOSS: Oh, one.

13 THE WITNESS: I think it could have been my
14 youngest daughter, Myra. Sometimes I put her too.

15 BY MR. MONTGOMERY:

16 Q. This is not your handwriting?

17 A. No, sir. No. I'm kind of sloppy.

18 Q. I know the feeling. The one thing I forgot
19 to ask you is on Exhibit 2, who is Naun Ruiz?

20 A. That's the guy I was working for. He got
21 his -- he's a subcontractor. I was his employee. So he
22 had insurance back then, so when I was trying to get the
23 work for Mr. -- Full Circle, yeah.

24 Q. So at the time you gave the original
25 proposal under Exhibit 2, were you an employee of

000122

1 Naun --

2 A. Yes, sir.

3 Q. Am I saying that right?

4 A. Yeah. Naun Ruiz.

5 Q. And then at some point, did you leave his
6 employment and start your own company?

7 A. Right.

8 Q. Did you -- were you working for him when you
9 first did work on the Full Circle job site?

10 A. Yes, sir.

11 MR. LIIPFERT: Object to the form.

12 MR. MONTGOMERY: Sorry?

13 MR. LIIPFERT: I said object to form.

14 MR. MONTGOMERY: I can rephrase.

15 BY MR. MONTGOMERY:

16 Q. If you started work in October or November
17 of 2011 for Full Circle on that job site, were you
18 originally an employee of Naun Ruiz?

19 A. Yes, sir.

20 Q. And was it your understanding whether or not
21 he had Workers' Comp. insurance?

22 A. Yes, sir.

23 Q. And what is your understanding of that?

24 A. Say that again.

25 Q. Did he have Workers' Comp. or not?

1 A. Yes, sir.

2 Q. And were you covered under his Workers'
3 Comp.?

4 A. I was covered under his, yeah.

5 Q. When did you come to stop working for him
6 and start on your own?

7 A. Well, it was the following week, I think,
8 you know. I can't remember after when I started, you
9 know, in 2011. What is it? October? November? What
10 was it? I can't remember the date exactly.

11 Q. Well, you have two invoices.

12 A. Yeah. It was the second. I think it was
13 the second week or the third week when I started on my
14 own insurance, because he was going to leave to Mexico,
15 so --

16 Q. Were you guys any type of partners, or were
17 you just --

18 A. No, sir. No. I worked for him, no, as an
19 employee. So I had to get my own insurance.

20 Q. So he returned to Mexico?

21 A. Well, he didn't go really actually, yeah,
22 but he was thinking about going.

23 Q. Did he, out of this sum of \$18,823, was he
24 paid any of that money?

25 A. \$6,000, you know, but he paid me and my son

1 and a couple, a few more employees.

2 Q. And out of the next draw, which would have
3 been on Exhibit 1 --

4 A. Uh-huh.

5 Q. -- was that money paid to him or to you?

6 A. To me.

7 Q. And then did you take the money and
8 distribute it to the employees?

9 A. Yes, sir.

10 Q. At that time --

11 A. Can I ask you something?

12 Q. Sure.

13 A. On this first one, I mean, you know, he only
14 got this one check, you know, for \$6,000. The rest of
15 it was paid to me, you know, and then I paid my
16 employees.

17 Q. And you're talking on Exhibit 2?

18 A. On Exhibit 2, yeah.

19 Q. So out of the sum of \$18,823, Naun Ruiz --

20 A. He got \$6,000 the first draw. After that,
21 you know, I started getting paid under my name.

22 Q. After that were you -- was it your
23 understanding that you had assumed the contract and you
24 were to perform the work?

25 A. Yes, sir.

1 Q. And did you go out and get Workmen's Comp.?

2 A. Yes, sir.

3 Q. Did you have it before November 29 of 2011?

4 A. No. I can't remember what was the date
5 exactly.

6 Q. Did you have Workers' Comp. while you were
7 employed by Naun Ruiz?

8 A. Well, I was working under him, yeah.

9 Q. And then when you left his employment, you
10 obtained your own?

11 A. My own.

12 Q. - And do you remember what agency you used?
13 Where did you go to get it?

14 A. It was in Beaufort. What is it?

15 MR. MOSS: First Choice.

16 THE WITNESS: First Choice? I forget his
17 name.

18 BY MR. MONTGOMERY:

19 Q. Did you go in on your own to complete that
20 application?

21 A. Yes, sir.

22 Q. Did anyone accompany you?

23 A. The girl was Jackie.

24 Q. Did your wife go with you?

25 A. No. I was by myself.

000126

1 Q. And were you given the option, when you took
2 out the Workmen's Comp., to cover yourself or to not
3 cover yourself?

4 A. I didn't know if I was covered, you know, or
5 what.

6 Q. Do you understand what I'm asking you?

7 A. Yeah. I mean, I got insurance -- I mean, I
8 got the Workmen's Comp., you know, to just to -- I don't
9 know if it was covering, you know, the whole crew or, I
10 mean, the crew or what.

11 Q. Whether it covered the crew or not, I'll get
12 to that, but I'm curious as to whether or not you
13 understood it to cover you personally?

14 A. I thought it was, yeah.

15 Q. When you assumed the job from Naun Ruiz, did
16 you still perform all of the same labor and provide all
17 of the same tools as you did originally?

18 A. Yes, sir.

19 Q. So you would still provide the tools when
20 you came onto the site?

21 A. Yes, sir.

22 Q. When you left the employment of Naun Ruiz,
23 did Full Circle or anyone at Full Circle ask you for
24 your copy of your own Workers' Comp. insurance?

25 A. Yeah.

1 Q. And who did you deal with there?

2 A. I think I brought it into the office, you
3 know, when I told Jackie to fax it to the office.

4 Q. And Jackie is the person at First Choice?

5 A. Right.

6 Q. So as I understand that, you called or told
7 the person at First Choice to send over proof of
8 insurance --

9 A. Right.

10 Q. -- to Full Circle?

11 A. To Full Circle.

12 Q. And did you ever go into the office and
13 follow up with Full Circle to make sure they had
14 received it?

15 A. I did a couple of times.

16 Q. And you said First Choice is located in
17 Beaufort, South Carolina?

18 A. Yes, sir.

19 Q. And your address is -- what was it? --
20 Helena, South Carolina?

21 A. 70, yeah.

22 MR. MOSS: 70 Hickory Hill Road.

23 THE WITNESS: 70 Hickory Hill, yes.

24 MR. MONTGOMERY: Mark this as Exhibit 3.

25 (Marked for identification was Exhibit

1 Number 3.)

2 MR. MONTGOMERY: Exhibit 3 is a copy of the
3 certificate of insurance to Yslas, Jr.

4 (A discussion was held off the record.)

5 (Marked for identification was Exhibit
6 Number 4.)

7 BY MR. MONTGOMERY:

8 Q. I've handed you what I've marked as Exhibit
9 3.

10 A. Uh-huh.

11 Q. Have you ever seen that document before?

12 A. I think I had it in my files. I can't
13 remember.

14 Q. If I look at Item Number or Letter B down
15 here and it says that there was Workers' Comp. for
16 November 22, 2011, through November 22, 2012?

17 A. Uh-huh.

18 Q. Would November 22, 2011, have been about the
19 time you started your own company?

20 A. I can't remember. I think so, yeah.

21 Q. Did you pay your Workers' Comp. insurance
22 premium?

23 A. I was, yeah.

24 Q. Did you pay for it?

25 A. Yeah. I paid for it, yeah.

1 Q. Were you current on your payment?

2 A. I don't know if I got to do that or not. I
3 can't remember.

4 Q. Had you ever missed a payment between
5 November 22 of 2011, and when you had your injury?

6 A. I can't remember, sir.

7 Q. So you don't know in the two months --

8 A. Yeah.

9 Q. -- whether you paid each month?

10 A. It was, I think, it was monthly. I can't
11 remember. I never got a letter from them.

12 Q. Had you ever received any kind of
13 cancellation notice on your Workers' Comp. insurance?

14 A. Yeah. I think, you know, in like a couple
15 of months later or two or three months later. I don't
16 know.

17 Q. Would that be after your injury?

18 A. I think so. I can't remember, sir. All
19 this stress being at the house, you know, I think got
20 me. I said all this stress, you know, got me in the
21 house, and I'm just doing nothing. And I can't, I can't
22 remember a whole lot of things here.

23 Q. Who is Ricardo Yslas?

24 A. That's my brother.

25 Q. Is he also an employee of yours?

1 A. Employee, yes, sir.

2 Q. How long has he been an employee of yours?

3 A. He just started there in that job the second
4 week. Well, he was working for Naun too, Naun Ruiz. So
5 he came to help me, him and Junior -- III.

6 Q. Did Naun Ruiz's crew basically roll over and
7 stay with you?

8 A. No. No. He got his own, but I was helping
9 him as an employee for a few months, you know, before we
10 got my own company.

11 Q. How many of Ruiz's folks went to work for
12 you, Juan, III?

13 A. No. He had, he had -- there's only Juan and
14 Ricky, Juan, III, and Ricky Yslas. And I had a couple
15 of guys that I scheduled here from -- that I knew that
16 know how to frame.

17 Q. Tell me about this. Before you had your
18 injury, did you have like a family doctor that you would
19 go to?

20 A. No, sir.

21 Q. Did you have a pharmacy that you would use?

22 A. I was seeing that doctor's office. I can't
23 remember. What is it? I can't remember the name of
24 that doctor here on Lady's Island.

25 Q. Do you take any medications on a daily

1 basis?

2 A. Right now I do, you know, but I started
3 slowing down with it, you know, because the doctor
4 telling me that, if I take them regularly, then my
5 liver, something about my liver. But I do have a lot of
6 pain and I like to take them, but I just let it go. I
7 take them very -- I take some Advils or ibuprofen.

8 Q. When you get those prescriptions filled,
9 where do you go to get them filled?

10 A. At Walgreen's. But she has to pay for it,
11 because she just borrowed some money from people.

12 Q. Are you talking about she being your wife?

13 A. Yeah. She been paying for it.

14 Q. Does she work?

15 A. No, sir.

16 Q. Before this injury, were you taking any kind
17 of medication at all?

18 A. No. No. Well, the only one, you know, was
19 I had, I had seen this doctor that I was telling you. I
20 can't remember. What was the name of that doctor?

21 Q. Just tell me to the best of your knowledge.

22 A. For I thought I had -- what do you call it?
23 -- arthritis, and he gave me some medication for it, you
24 know, but they don't hardly work really.

25 MR. MOSS: Arthritis?

1 THE WITNESS: Arthritis. They don't hardly
2 work at all.

3 BY MR. MONTGOMERY:

4 Q. Did you have that filled at Walgreen's also?

5 A. Yes, sir. I got them a couple of times.

6 Q. Do you know who did the surgery on your left
7 leg?

8 A. Dr. Stoddard, Leland, Dr. Stoddard.

9 MR. MOSS: Stoddard, S-T-O-D-D-A-R-D. His
10 first name is Leland.

11 THE WITNESS: Leland, Dr. Stoddard. Sorry
12 about my language.

13 BY MR. MONTGOMERY:

14 Q. Let me ask you a couple of questions about
15 your employment history. Okay? You last worked for
16 yourself. Before that you worked for Naun Ruiz?

17 A. Right.

18 Q. How long were you an employee of Mr. Ruiz's?

19 A. Off and on, you know, because I usually not
20 regularly. You know, like four or five days a week.
21 You know, maybe like three days, two days a week, yeah,
22 and but maybe six, five a week -- I mean, a month.

23 Q. So for five months you would work a couple
24 days here and there?

25 A. Yeah.

1 Q. When you weren't working for Mr. Ruiz, were
2 you working on your own?

3 A. No, sir.

4 Q. Were you working for other companies?

5 A. No. I never -- I don't work at somewhere
6 else.

7 Q. So the only employment you had before being
8 on your own would have been with Mr. Ruiz?

9 A. Yes, sir.

10 Q. And do you remember how much he paid you?

11 A. Well, he give me like from 8,000, I mean,
12 800 to \$1,000 weekly. I was like a supervisor just
13 supervising the people.

14 Q. So if you were working two days a week, you
15 would still make 800 to \$1,000 a week?

16 A. No. I mean, it would be not regularly, but
17 I work, you know, two or three days a week I'm saying.
18 Sometime I know when he pay me the whole week, that I
19 worked the whole week. I wouldn't get that much, you
20 know, but I would say like daily basis, I would say
21 like, you know, 150, \$200 a day. So the three days I
22 probably got 600 or 500.

23 Q. And when you went on to your own company,
24 did you pay yourself or did you just divide up the draw?
25 How were you paid?

1 A. Well, I paid my employees, and then I paid
2 myself, you know, whatever, you know, 800 to \$1,000.

3 Q. A week?

4 A. Yeah.

5 Q. Did you pay yourself cash?

6 A. Yes, sir.

7 Q. And have you filed tax returns for 2011?

8 A. I just did in -- I don't have it. I don't
9 have my file on it.

10 Q. Do you remember how much you claimed that
11 you made in the year 2011?

12 A. I can't remember, sir." Not yet, because I
13 remember, well, my accountant haven't got it yet
14 straight. I don't know.

15 Q. Who is your accountant?

16 A. Eduardo Hernandez.

17 Q. Eduardo Hernandez?

18 A. Right.

19 Q. Does he have a company, or is he just
20 somebody who knows how to do taxes?

21 A. I think he has a company.

22 Q. And what company is it; do you know?

23 A. I don't know, sir.

24 Q. Is he in Beaufort?

25 A. No. He's in Bluffton.

1 Q. Do you go to his office to do your taxes?

2 A. Yes.

3 Q. He has an office space?

4 A. Yes, sir.

5 Q. Are there any other employees there?

6 A. Where? With him?

7 Q. Yes.

8 A. I think he got a couple, him and his wife,
9 yeah.

10 Q. So your testimony is, when you were working
11 on the Full Circle job, you were paying yourself 800 to
12 \$1,000 a week cash?

13 A. Yes, sir.

14 Q. And did you make any kind of paperwork trail
15 to show how much you were paying yourself each week?

16 A. I give it to Eduardo, you know, whatever
17 documents that I, you know, whatever. Hours a week, you
18 know, that's what I give him, and then he just divided,
19 you know, paid my guys and he paid myself also.

20 Q. How much were you paying Juan Yslas, III?

21 A. I was paying him high dollar, you know, from
22 800 to \$1,000 a week.

23 Q. How much were you paying Ricardo?

24 A. 14 or \$15. I can't remember.

25 Q. Per hour?

1 A. Yeah.

2 Q. And were you paying for 40 hours per week?

3 A. Yes, sir.

4 Q. That's three employees, and you said you had
5 five or six.

6 A. It was six altogether with me, yeah.

7 Q. The other three, how much were you paying
8 each of them?

9 A. I can't remember. 12, 13, \$11, you know.

10 Q. No. I don't know.

11 A. I mean, I can't remember if it was 12, 13,
12 you know, each one.

13 Q. Were you paying everybody in cash?

14 A. Yes, sir.

15 Q. How many draws had you taken off the Full
16 Circle job before you were hurt?

17 A. Well, the second one -- the first one? One,
18 two -- under that job? Two. The third one, when Ricky
19 would finish it, my brother, he would bring me the --
20 well, I make, you know, I make my boy, Juan, sign the
21 invoice, so they take it to the office. My daughter,
22 Marisa, would take it to the office, and she would bring
23 me the check, and she would take me to get it cashed,
24 you know, so I pay the guys.

25 Q. Let's walk through it. Mr. Ruiz took a

000137

1 \$6,000 draw?

2 A. Right.

3 Q. Right? So that took the balance on the job
4 from about \$18,000 to about --

5 A. -- to 12.

6 Q. -- \$12,000?

7 A. Right.

8 Q. Were you supposed to be paid two more times
9 \$6,000 --

10 A. No. I think it was more than that, you
11 know. That was six -- I cannot really remember, sir,
12 how it was really, you know. It's been a while.

13 Q. And how long was between each draw? Meaning
14 if Mr. Ruiz took a \$6,000 draw, how long after that?
15 Would that have been November 2 to November 29?

16 A. Yeah. Something like that.

17 Q. So November 29 would have been your first
18 draw?

19 A. The second, the second draw, it was mine
20 that I took, yeah, second or third, I think.

21 Q. So your company took the second and the
22 third draws?

23 A. I mean, it took it all the way down until I
24 finished it, you know, so I don't know. I know he hold
25 me a check, because I wasn't quite finished, so he only

1 gave me, I think, it was about \$1,000 until I finished
2 the job.

3 Q. What I'm getting at is, if you paid yourself
4 \$1,000 a week and you paid your son \$1,000 per week and
5 there were three weeks from the draw to the next draw --

6 A. Right.

7 Q. -- that would be \$6,000 total?

8 A. Uh-huh.

9 Q. 3,000 to you, 3,000 to Juan, III, and that
10 doesn't account for any of your other employees who were
11 making about \$500 per week --

12 A. Uh-huh.

13 Q. -- which is another \$2,000. So where is the
14 money going?

15 A. I don't know. I mean, I was giving the
16 whole information to my accountant. You know, he was
17 making me to pay the guys.

18 Q. Were you really paying yourself \$1,000 per
19 week?

20 A. That's what I would, that's what I would
21 get, you know, really. Except at the end, you know, the
22 last week, you know, I wasn't getting paid, because now
23 they had no money, you know, involved in the deal.

24 Q. There were some weeks where you couldn't
25 take a paycheck?

1 A. Yeah. Only them three weeks.

2 Q. So when you took a paycheck, it might be
3 800; it might be 1,000?

4 A. Yeah. Eight to \$1,000. I'm sorry.

5 Q. So when you were paying yourself 800 to
6 \$1,000 a week, you weren't paying yourself that every
7 week?

8 A. Huh-uh. No.

9 Q. Did you pay Juan, III, every week?

10 A. Yeah. But only for maybe like two or three
11 weeks, you know, really, you know, the most that I could
12 pay him. Because the last weeks to finish up the house,
13 we just did it ourselves to complete the house.

14 Q. If you started your company on November
15 22 --

16 A. Uh-huh.

17 Q. -- when you got Workers' Comp. or November
18 29 when you took a draw, from that date until you were
19 injured, did you pay Juan, III, every week or were there
20 some weeks you couldn't pay him?

21 A. Some weeks I didn't pay, you know. We
22 didn't get paid not really. Only me and him and
23 Ricardo.

24 Q. So sometimes when you would pay him --

25 A. Pay him.

000140

1 Q. Let me finish. You would pay him \$800 to
2 \$1,000?

3 A. Right.

4 Q. But you wouldn't pay him that every week?

5 A. No, sir.

6 Q. And so the \$1,000, would that account for a
7 couple of weeks?

8 A. Say like three weeks or -- yeah, on the
9 first house. Second house it was the second week, you
10 know. That was it.

11 Q. So if I took the \$1,000 that you were paying
12 to your son, that would be divided for three weeks
13 total; right?

14 A. Uh-huh.

15 Q. Is that right?

16 A. I think so, sir. I don't know.

17 Q. So were you paying him about 300 to \$350 per
18 week?

19 A. Like 250, something like that. I mean, I
20 can't remember.

21 Q. So if I asked you how much your son made per
22 week over the entire project, would it be about \$250 per
23 week?

24 A. How do you mean? The whole week?

25 Q. Right. How long did that project last?

1 A. The first house, sir?

2 Q. The whole project for Full Circle.

3 A. I don't know. About six weeks, seven weeks,
4 eight, something like that. I don't know.

5 Q. And out of the entire project six to eight
6 weeks, do you remember how much you paid Juan, III?

7 A. I can't remember.

8 Q. Would it have been \$6,000? Would it have
9 been \$1,500?

10 A. I don't know. I can't remember. I can
11 check on that.

12 Q. How would you check on that?

13 A. I need to go back to my accountant, you
14 know, and see what the accountant.

15 Q. Does your accountant do your business taxes
16 as well?

17 A. Yes, sir.

18 Q. Does he do Juan, III's taxes?

19 A. Yes, sir.

20 Q. Do you know if he does your son's company's
21 taxes as well?

22 A. Yes, sir. I think he does, yes.

23 Q. Is Eduardo Hernandez, is he a friend of the
24 family, or is he just a --

25 A. No. He's just a --

1 Q. So as we sit here today, you have no idea
2 whether you paid your son \$100 a week or \$1,000 a week?

3 A. No, sir.

4 Q. But you do know it was cash?

5 A. Yes.

6 Q. Did you ever have any direct dealings with
7 anyone in the Full Circle office?

8 A. What do you mean direct?

9 Q. Well, I assume, if you're on the job, you
10 would report how you're doing to someone at Full Circle,
11 if it was a foreman or the superintendent?

12 A. That was Craig.

13 Q. Okay.

14 A. Superintendent.

15 Q. On that job site, were you your own boss?

16 A. Yes, sir.

17 Q. And were you the boss of Juan, III, and
18 Ricardo?

19 A. Yes, sir.

20 Q. Who would you submit your draws to? Craig
21 or someone else?

22 A. I would just take it, send it to our office.

23 Q. Mail them or walk them in?

24 A. No. I walked them in sometime.

25 Q. Did you ever deal with a fellow by the name

1 of Matt there?

2 A. Yes, sir.

3 Q. Who is Matt.

4 A. Matt is an owner of Full Circle.

5 Q. And what dealings did you have with him?

6 A. We just talked the first time, you know,
7 when I gave him the proposals.

8 Q. Did you ever give him the insurance
9 certificate that I've shown you today?

10 A. I sent it to his office.

11 Q. Did he ever discuss that with you?

12 A. We might. I can't remember, sir.

13 Q. Let me talk to you a little bit about your
14 injury. Okay? And we'll sort of skip over some of this
15 stuff. Remember the date of it?

16 A. January 16.

17 Q. Working on the same job site?

18 A. Yes, sir.

19 Q. Did you have the same employees at that
20 time?

21 A. Yes, sir.

22 Q. And that's Juan, III, Ricardo, and the
23 fellows you already told me?

24 A. Yes.

25 Q. The other three?

1 A. Three guys. Was, yeah, six, three guys.

2 MR. MOSS: You said three or --

3 THE WITNESS: There was six altogether
4 besides me and Junior and Ricardo.

5 MR. MOSS: Okay.

6 BY MR. MONTGOMERY:

7 Q. In terms of your company makeup, were you
8 the owner of it?

9 A. Yes, sir.

10 Q. And did you file with the Labor and
11 Licensing Department with the state?

12 A. No, sir. I didn't.

13 Q. Did you ever get an LLC or incorporate or
14 anything like that?

15 A. No, sir.

16 Q. Do you have any kind of residential
17 builder's license?

18 A. No, sir.

19 Q. Tell me what you were doing on the job site
20 the day you were injured.

21 A. Well, it was me and Juan, Jr., and another
22 one employee that I had, and we was on top of the wall,
23 and I had a scaffold built on the center of that garage.
24 And that's where I was, in that center.

25 And I had it scattered all the trusses

1 around the house where they was going, you know, every
2 individual, you know, set on every roof. But when we
3 started on that day, we started on the garage. So when
4 Ricardo and the other three employees, they picked it
5 up, I was the one that grabbed it. But when I grabbed
6 it, I picked it up, you know, I didn't see Juan, III --
7 I mean, Junior -- I mean, III walking towards me where I
8 was..

9 So when I, you know, when I was knocking
10 down, when I try to lay towards me, you know, I won't
11 knock him down. So I kind of put it back, gave it back
12 to the guys. So right there, you know, when I let it go
13 and he was trying to help me. So when I turned around,
14 I hit him. So when I hit him, you know, I lost my
15 balance. So I tried to grab him, and he tried to grab
16 me, so we went both together.

17 Q. You were lifting a truss?

18 A. A truss, yeah, on the garage.

19 Q. And were you up on a scaffolding?

20 A. I was on the wall, but I had the scaffold,
21 you know. But when I grabbed, you know, when I grabbed
22 the truss, I got off on the scaffolding and I was
23 standing on top of the wall, but I must have moved over
24 a little bit. I can't remember.

25 Q. How high up were you?

1 A. It's like, I think, over 12 foot height, you
2 know.

3 Q. Was it an actual scaffold, or was it a walk
4 board?

5 A. It was a walk board that I built, we built,
6 you know, pretty strong, you know.

7 Q. And the walk board that you built, my
8 understanding of a walk board is you lay it down on top
9 of something --

10 A. On top of, yeah, on top of.

11 Q. What was it sitting on on each side, the
12 walk board?

13 A. Well, are you talking about -- well, it was
14 from wall to wall. From the outside to the inside of
15 the wall, we had built some 2-bys to set the
16 scaffolding, and then I had two steel legs or three
17 steel legs in the center, yeah.

18 Q. Was the walk board or the scaffolding, was
19 it metal or steel or made out of wood?

20 A. No. It was wood.

21 Q. And who built that?

22 A. One of my boys, you know, they know how to
23 do it. They know how to build it. Juan, I can't
24 remember his last name. Yeah, one of my employees.

25 Q. So this Juan would have built the walk

1 board?

2 A. Yeah.

3 Q. And you're not talking about Juan, III?

4 A. No. Not Juan, III. No. The other one was
5 next to me on the other side.

6 Q. Regardless, one of your employees?

7 A. One of my employees. I'm sorry.

8 Q. And did he build it with you all's tools?

9 A. Right.

10 Q. An air gun, hammer, that sort of thing?

11 A. Uh-huh.

12 Q. And the wood, was that your wood to build
13 the scaffolding with?

14 A. No. It was Full Circle.

15 Q. Full Circle --

16 A. I mean --

17 Q. Go ahead.

18 A. Go ahead. I'm sorry.

19 Q. I was going to say did anyone at Full Circle
20 instruct you how to build the scaffolding, or does Juan
21 already know how to do that?

22 A. No. We know how to do that.

23 Q. In terms of the actual job project when you
24 provide that proposal -- framing, putting the Tyvek wrap
25 on, that sort of thing -- is that stuff you already know

1 how to do and you can read the plans and just go do it?

2 A. Yes, sir.

3 Q. And then so no one with Full Circle would
4 specifically instruct you how to frame this on center?

5 A. They do. They do. They do sometimes, you
6 know, when they want changes or they want to add other
7 things on the house.

8 Q. So they may make minor changes to what
9 you've done?

10 A. Right.

11 Q. But if I say, "Go frame this wall and put
12 the studs on center," do you know what that means?

13 A. Yes, sir.

14 Q. And you're able to do that on your own?

15 A. Yes, sir.

16 Q. You guys fell from the scaffolding about 12
17 feet?

18 A. From the wall.

19 Q. From the wall. Okay. And did you land on
20 your feet?

21 A. Yes, sir. Both of my feet.

22 Q. Other than both of your feet, anything else
23 injured in this accident?

24 A. No, sir. But, now, they started bothering
25 me, my knees and my low back, you know, and my upper

1 back, my neck.

2 Q. I'm sorry. You said knees, back, neck?

3 A. My low back and my upper back and my
4 shoulder blades, between my shoulder blades and my neck.

5 Maybe if I could have, you know, seen the
6 doctor to give me -- to help me out a little more,
7 therapy or something, I could have been feeling better,
8 but I don't know. I ain't got enough money to pay the
9 doctor.

10 Q. Let's talk about -- and we'll work our way
11 down. The problems first you said you're having with
12 your neck, is that the highest up your problems go?

13 A. Yeah. Right here in the neck, yeah.

14 Q. And is that between your shoulder blades?

15 A. Well, it's right here in between, you know,
16 the shoulder blades, you know, yeah.

17 Q. When we're talking about the neck, it's not
18 physically at the bottom of your hairline by your
19 collar?

20 A. Yeah.

21 Q. It is?

22 A. Yes.

23 Q. What problems are you having with your neck?

24 A. I just, I mean, when I'm laying down and it
25 just hurt me so much. You know, sometimes when I'm

1 sitting down reading, I got to lay down or, you know.

2 But when I'm sitting down in the wheelchair, it just
3 bother me in my back, you know, my neck, you know.

4 Q. Is it a throbbing pain?

5 A. Yes.

6 Q. Or is it a steady pain?

7 A. It's a throbbing pain, you know, off and on.

8 Q. Do you have it every day all day?

9 A. Yes.

10 Q. And on a scale of one to ten, ten being
11 awful pain, the worst pain you've ever had, what would
12 your neck pain be?

13 A. Say about eight, yeah.

14 Q. And is it an eight all day every day?

15 A. Not really all day, but it does come in off
16 and on, you know.

17 Q. And do you have any problems down either
18 arm?

19 A. Only when I sleep on one side, you know.

20 Q. Do you have any numbness or tingling in any
21 of your hands or fingertips?

22 A. My one arm, this arm especially.

23 Q. The right?

24 A. Yeah.

25 Q. When you're talking about the problems in

000151

1 your upper back, is that the problems between your
2 shoulder blades?

3 A. It's between the shoulder blades.

4 Q. And what problems are you having there?

5 A. I don't know. It just, it just tight, like
6 it get tight, and then it start building pain. It's
7 painful. But more when I'm sitting down, you know,
8 especially in the wheelchair or here on the table.

9 Q. So when you're sitting or laying down is
10 when you have problems in your back?

11 A. Yes.

12 Q. Your upper back?

13 A. Yeah. Well, I can't stand up yet, you know.
14 I just barely started using my crutches.

15 Q. So from January until you started using your
16 crutches, were you in a wheelchair?

17 A. Yeah.

18 Q. Or were you --

19 A. Yes, sir.

20 Q. Were you always sitting or laying down?

21 A. Yes -- no. No. I was laying down for,
22 well, almost three or four weeks, and then I started
23 going in my wheelchair.

24 Q. And my point being is you weren't limping
25 around. You were sitting at some stage?

1 A. Yes, sir.

2 Q. Or laying down?

3 A. Yeah.

4 Q. How long ago did you start using your
5 crutches?

6 A. About a couple of days, about maybe a week
7 or so, but I can barely put my foot on it, you know. I
8 got to use my toes.

9 Q. On your right foot?

10 A. Yeah. Right foot.

11 Q. Did you say you were having problems in your
12 lower back as well?

13 A. Yes, sir.

14 Q. What problems are you having in your lower
15 back?

16 A. That's painful, you know, either if I'm
17 laying down or sitting down.

18 Q. And has that, has the pain in your neck,
19 upper back, or lower back been since you started using
20 crutches or was it before?

21 A. No. It was before.

22 Q. Were all the problems that you're having
23 today, did they start before you started using crutches?

24 A. Well, I just started using the crutches.
25 It's been painful before.

000153

1 Q. So it has been painful before?

2 A. Yeah. I mean, since the accident happened
3 really.

4 Q. So from the date of the accident until
5 today, you've had problems in your neck?

6 A. Yes, sir.

7 Q. Upper back?

8 A. Yes, sir.

9 Q. Lower back?

10 A. Yes, sir.

11 Q. Numbness and tingling in your right arm?

12 A. Yes.

13 Q. And both legs?

14 A. Yes, sir.

15 Q. And both knees?

16 A. Yes, sir.

17 Q. And have you told doctors about all of your
18 problems that you're having?

19 A. Yes, sir.

20 Q. And you've told them about your neck?

21 A. Yes, sir.

22 Q. Your upper back?

23 A. Yes, sir.

24 Q. Your lower back?

25 A. Yes, sir.

1 Q. Numbness and tingling in your right arm?

2 A. Yes, sir.

3 Q. And both legs and knees?

4 A. Yes, sir. He made me an appointment for me
5 to get an MRI for all that problems that I have.

6 Q. Who is that? Stoddard?

7 A. Dr. Stoddard. But they denied it so, and I
8 can't afford to pay it either.

9 Q. The problems that you're having in your
10 knees, are you having pain there as well?

11 A. Only, when I get up, the only time, the only
12 time I can feel it, you know, when I kind of use my
13 crutches. If I put a little pressure, you know, on
14 this, I'm trying, you know, but I need to get off my --
15 the seat. And this one here when I use my toes, you
16 know, it's just hurting.

17 MR. MOSS: Which one are you referring to?
18 Your right knee?

19 THE WITNESS: The right knee hurts, you
20 know, when I use the crutches, because I'm putting
21 a little pressure on it. But when I try to put a
22 little pressure on my left foot, my knee is
23 hurting, you know. So I don't know what is
24 causing. I don't know if maybe it's sitting down
25 too much or laying down or what. I don't know.

000155

1 BY MR. MONTGOMERY:

2 Q. Now, your right foot and heel, you said
3 that's getting better, but you still have pain?

4 A. Yeah. It's still. And it gets swell up ;
5 too, my leg.

6 Q. Has Dr. Stoddard indicated that you need
7 surgery on the right?

8 A. No. Not on the right, not yet. I don't
9 know. He's really taking, you know, x-rays every time I
10 go.

11 Q. Has he showed you the x-rays?

12 A. No. No.

13 Q. Do you know what's wrong with your right
14 foot at all?

15 A. No, sir.

16 Q. Do you know if it's broken or anything like
17 that?

18 A. No. Well, it's broken, but I don't know --
19 I mean, a fracture.

20 Q. And on the left side, do you remember when
21 you had surgery?

22 A. I think it was like two weeks after the
23 injury, I mean, after the accident, two or three weeks,
24 something like that.

25 Q. Who paid for that?

1 A. Well, Dr. Stoddard sent me back to the
2 hospital.

3 Q. Do you still owe money on that bill?

4 A. Yes, sir. I owe a lot of money there. I
5 owe every bill that I got, I guess.

6 Q. When is the last time you saw Dr. Stoddard?

7 A. Last, last -- this is June. What's the
8 month before?

9 Q. May?

10 A. May. I think it was on the 7th or the 8th.
11 I can't remember.

12 Q. So about a month ago?

13 A. Yeah. About a month ago. Every month, you
14 know, I have a visit.

15 Q. And when you were back there in May, did he
16 indicate you needed any other kind of surgeries at all?

17 A. No, sir.

18 Q. Did he give you any kind of new
19 prescription, recommended any therapy?

20 A. Yeah. He gave me a new prescription. I
21 think it's -- I don't know what. I can't remember the
22 name of it.

23 Q. And do you know when your next appointment
24 is set with Dr. Stoddard?

25 A. It's in next June, July, on July the 11th,

1 something like that. I can't remember.

2 Q. Do you have any appointment in the month of
3 June?

4 A. No, sir. No. It's in June.

5 MR. MOSS: You said something about an MRI.

6 THE WITNESS: Yeah. Well, they deny that.

7 MR. MOSS: Well, I understand that, but he
8 was asking you whatever they told you to do.

9 THE WITNESS: Yeah.

10 BY MR. MONTGOMERY:

11 Q. Let me ask you this. You had an appointment
12 in May?

13 A. Yes, sir.

14 Q. Do you have any doctor's appointments in
15 June, this month?

16 A. Yeah. I did on the 5th.

17 Q. June 5?

18 A. I have another one coming up in July. I
19 can't remember the date, though.

20 Q. The MRI is the other treatment, though,
21 that's been recommended, but not authorized?

22 A. Yes, sir.

23 Q. And the MRI, you understand it was for what
24 body part?

25 A. Well, I told him that my back, you know, my

000158

1 neck and everything was hurting. So that's why he made
2 an appointment, but they send me a letter, you know,
3 denying it so --

4 Q. Do you remember when Dr. Stoddard
5 recommended or prescribed the MRI?

6 A. I can't remember, sir.

7 MR. MONTGOMERY: I don't have any questions
8 right now.

9 MS. CARTER: Do you want to take a quick
10 break real quick?

11 MR. MOSS: Does anybody need a break?

12 MS. CARTER: I do.

13 (A break was taken at 10:15 a.m., and the
14 deposition resumed at 10:17 a.m.)

15 EXAMINATION

16 BY MS. CARTER, at 10:21 a.m.:

17 Q. Mr. Yslas, my name is Allison Carter, and I
18 represent Riverport, who is the Workers' Compensation
19 carrier with coverage on the date of your accident.
20 We've got some questions for you concerning your policy
21 and your relationship with your son --

22 A. Yes, ma'am.

23 Q. -- whether he was your employee and things
24 like that. Some of my questions are going to be out of
25 order, because I'm going through the notes I took while

1 Mr. Montgomery was asking you questions. So I'm going
2 to try to make it as clear as possible, but if I repeat
3 myself or something, I apologize.

4 A. Yes, ma'am.

5 Q. Same rules apply. I need you to give me a
6 verbal answer to my questions, all those things.

7 A. Yes, ma'am.

8 Q. Now, so tell me, you were working for Naun
9 Ruiz, from what I understand from your testimony, about
10 five or six weeks before --

11 A. No. Months. I'm sorry.

12 Q. Months. Okay.

13 A. Months, yeah.

14 Q. And how are you -- are you related to him?

15 A. No. That's kind of like my son, you know.

16 Q. What does that mean?

17 A. It's like a son, you know, that he's been
18 here with me, you know. I mean, he said he was my son.
19 He just came from Mexico, because I do have a couple of
20 kids outside of the family.

21 Q. All right. And what's your address?

22 A. 70 Hickory Hill, St. Helena.

23 Q. And where does Naun Ruiz live?

24 A. He live in 71 Hickory Hill, St. Helena.

25 Q. And is that a different house?

1 A. Yeah.

2 Q. Do you live in a house?

3 A. In a mobile home.

4 Q. Do you own the land that you live on?

5 A. No. It's under Juan, III.

6 Q. So Juan, III, owns the land?

7 A. Yeah.

8 Q. And how many mobile homes are on his land?

9 A. Two.

10 Q. And is one the address 70 Hickory Hill Road

11 and the other one is 71 Hickory Hill Road?

12 A. Yeah. That's behind us.

13 Q. So Naun Ruiz was living where?

14 A. In 71 behind our house.

15 Q. So he lived with Juan, III?

16 A. No. I don't know. Yeah.

17 Q. Where did Juan, III, live?

18 A. Well, right now, he's staying in 70 Hickory

19 Hill, I mean, in 70.

20 Q. Well, what about in the date of the

21 accident, where was Juan, III, living?

22 A. I don't know. He's moving over here to a

23 house also.

24 Q. So you don't have any idea where he was

25 living?

000161

1 A. No. Only when the time that he had the
2 accident, he move in, you know. Well, we had to bring
3 him in, because his mom is taking care of him.

4 Q. So the day of the accident you don't know
5 what his address was?

6 A. No, ma'am.

7 Q. And you don't think he was living at 71
8 Hickory Hill Road?

9 A. I don't know, ma'am. You know, I can't
10 remember.

11 Q. Well, did he and Naun Ruiz ever live
12 together?

13 A. No. I can't remember that, ma'am.

14 Q. Were they like brothers?

15 A. Yeah.

16 Q. And so was that the first time you had ever
17 worked for Naun Ruiz, that five or six months before?

18 A. Yes, ma'am.

19 Q. And he had a framing company too?

20 A. Yes, ma'am.

21 Q. And why is it that you had never worked for
22 him before?

23 A. No. Because, well, I don't know. I just, I
24 didn't -- he didn't have no work either, you know, back
25 a while. So I can't remember that good. So when he got

000162

1 a job, we started working for him, you know. Well, he
2 called me up, you know, for me to help him as a
3 supervisor, you know, the crew.

4 Q. So is Naun Ruiz the one that originally had
5 the relationship with Full Circle Construction?

6 A. I was the one that came in, but, you know,
7 talked to him about it, you know, and I, you know, we
8 got his insurance involved, you know, in it. Yeah. So
9 he got paid first the first week, the first draw --

10 Q. So --

11 A. -- Ruiz.

12 Q. So you're the one that had the relationship
13 with Full Circle Construction?

14 A. After -- yeah.

15 Q. No. At the very beginning?

16 A. Yeah. Yes, ma'am.

17 Q. So the first proposal had Naun Ruiz and Juan
18 Yslas?

19 A. Right.

20 Q. That's Exhibit 2?

21 A. Right. And I was working under him, yeah,
22 the first week.

23 Q. But who heard about the job? Who knew Full
24 Circle?

25 A. I did, yeah.

000163

1 Q. Had you ever worked for Full Circle
2 Construction before?

3 A. No, ma'am.

4 Q. And were they doing residential homes?

5 A. Yes, ma'am.

6 Q. Were they doing a bunch of them?

7 A. Well, I seen a couple, you know, and right
8 there in that job where we got an accident.

9 Q. Were they --

10 A. And I helped him make.

11 Q. And how did you know anybody from Full
12 Circle Construction?

13 A. I met Craig, his superintendent, on that --
14 one of the jobs there next to us. We was working for
15 that one.

16 Q. So you kind of introduced yourself and
17 said: If you ever need somebody, that kind of thing?

18 A. Right. Yes, ma'am.

19 Q. And then when you gave this -- when this
20 proposal was given to Full Circle Construction, which is
21 Exhibit 2, you were working under Naun Ruiz?

22 A. The first week, yes.

23 Q. And do you know who his Workers'
24 Compensation insurance was with?

25 A. I can't remember. I don't know.

1 Q. Did you ever see a certificate of insurance
2 from him?

3 A. No. Because he called and said -- I mean, I
4 called it in for him, you know, and I called the
5 insurance, you know, to send him a certificate.

6 Q. To send Full Circle a certificate?

7 A. Yes, ma'am.

8 Q. So did Full Circle Construction get a
9 certificate for Naun Ruiz's insurance?

10 A. Right.

11 MR. MONTGOMERY: Objection to form.

12 BY MS. CARTER:

13 Q. And who did you work for before you worked
14 for Naun Ruiz?

15 A. I hadn't work at all, ma'am.

16 Q. For how long?

17 A. It's been a little while, you know. I can't
18 remember.

19 Q. Where was the place before that you remember
20 working?

21 A. I really, you know, it's been a while. You
22 know, I don't know. I can't remember really.

23 Q. What other jobs have you ever done?

24 A. Well, I was working on the Juan, III, over
25 here and help him out on Fripp Island. Juan, III, on

1 Fripp Island, yeah, he had a job there for Carter. I
2 can't remember his last name construction. And I was
3 helping. I was an employee; Juan, III, employee.

4 Q. And what period of time was that?

5 A. I can't remember, ma'am, the date exactly.

6 Q. Was it years ago or months ago?

7 A. No, no, no. I think last year, '11.

8 Q. And did Juan, III, have Workers'

9 Compensation insurance at that time?

10 A. I think he did. I can't remember, ma'am.

11 Q. Did you ever ask him?

12 A. Yeah. I know he had, he had it, but I don't
13 know how long he had it. So I can't remember at all.

14 Q. What did he tell you when you asked him if
15 he had insurance, Workers' Compensation insurance?

16 A. Well, I didn't really ask him, you know, I
17 mean.

18 Q. Well, I just asked you did you ask him and
19 you said yes.

20 A. Well, you know, I mean, because he told me
21 he had it, you know, Workmen's Comp. You know what I'm
22 saying? I didn't ask him, but he told me that he had.

23 Q. So the year before when you were working for
24 Juan, III, on Fripp Island, he told you he had Workers'
25 Compensation insurance?

1 A. Yes.

2 Q. But he didn't tell you who it was with?

3 A. No, ma'am.

4 Q. And how many people did he have working for
5 him on that job?

6 A. I can't remember. Maybe three or four.

7 Q. Was it any of the same people who were
8 working on the Full Circle Construction job?

9 A. No, ma'am.

10 Q. And how did Juan, III, pay you on that job?

11 A. Cash.

12 Q. And how long a period of time was that job?

13 A. That was off and on really. Not really that
14 much, no.

15 Q. Off and on for how long?

16 A. Two or three days, you know, maybe a couple
17 of months.

18 Q. Where was the job on Fripp Island?

19 A. I cannot exactly tell you. I can't remember
20 the exact address.

21 Q. Was it a single family residence?

22 A. Yes, ma'am.

23 Q. And do you know who the higher tier
24 contractor was?

25 A. I don't know if it was Tilton or who. He

1 worked for different contractors there.

2 Q. Tilton?

3 A. Tilton Construction or John Tilton,
4 something like that.

5 Q. All right. And what did you do before that
6 job?

7 A. It was slow. I didn't have no work at all.

8 Q. For how long a period of time?

9 A. I can't remember, ma'am, exactly.

10 Q. I'm not asking you exactly. I'm just trying
11 to get a general idea.

12 A. I mean, I can't remember. I don't know.

13 Q. So for 30 years you didn't work, and then
14 you jumped into construction?

15 A. No. I do, I do work. You know, I'll go in
16 the fields and I'll pick cucumbers, I mean, watermelons,
17 sell, you know, buy and sell.

18 Q. When did you move to South Carolina?

19 A. About 37 years ago.

20 Q. So other than construction, who have you
21 worked for?

22 A. Six L's.

23 Q. Six L's?

24 MR. MOSS: Six L's, call them Cousins or
25 something like that.

000168

1 THE WITNESS: Cousins, yeah.

2 MS. CARTER: Is that S-I-X, six?

3 THE WITNESS: Yeah.

4 MR. MOSS: Yes. Six L's is what it used to
5 be. L stands for Lipton.

6 THE WITNESS: Yeah. I was a crew leader
7 back in the days, you know, for 18 years.

8 MR. MOSS: They had a big tomato farm.

9 THE WITNESS: I was one of the first fellows
10 to pick tomatoes here.

11 MR. MOSS: The principals died, I think, and
12 then they're called Cousins who owns it now.

13 BY MS. CARTER:

14 Q. How long did you work for either Six L's or
15 Cousins?

16 A. Well, I worked for Six L's and Sanders,
17 Robert Sanders, John Dempsey, all these farmers here, so
18 for more than 12 years.

19 Q. And while the time you were doing that, were
20 you doing construction at the same time?

21 A. No, ma'am.

22 Q. So that was all farming?

23 A. Yeah. Farming.

24 Q. And you were a crew leader?

25 A. Crew leader.

000169

1 Q. And did Juan, III, ever work for them?

2 A. No, ma'am.

3 Q. What about Ricardo?

4 A. Yeah. Ricardo was one of my employees.

5 Q. What about Naun Ruiz?

6 A. No. He wasn't here yet.

7 Q. So why did you stop working for either Six
8 L's or Cousins?

9 A. I got tired, ma'am.

10 Q. Of the farming?

11 A. Working all my years, you know, since I was
12 young. I did it for almost 18 years.

13 Q. Do you remember when you stopped doing that
14 work?

15 A. It could have been '89, '88. I can't
16 remember.

17 Q. Do you remember if it was before Hugo or
18 after Hugo?

19 A. I can't remember, ma'am.

20 Q. So then after that, what jobs did you do?

21 A. I just started, you know, working as a
22 construction, and I learned how to frame, you know,
23 siding.

24 Q. How did you learn how to do that?

25 A. Well, I learned because III, you know, he

000170

1 started for Joey Johnson Construction.

2 Q. Joey Johnson?

3 A. Yeah. And he worked for other companies,
4 but I only, I only learned that from him, so --

5 Q. How long do you think you worked for him?

6 A. About 12, 15 years ago. I don't know,
7 ma'am. I can't remember.

8 Q. Was it more than a year or less than a year?

9 A. Oh, yeah. I did it for more than a year. I
10 can't remember.

11 Q. Do you remember anybody else that you worked
12 for other than Joey Johnson Construction?

13 A. I didn't work for Joey Johnson, ma'am. I
14 worked for -- I mean, I was helping Juan. I learned off
15 of him, you know, framing.

16 Q. Your son?

17 A. Yeah.

18 Q. So you were doing the farming. Your son was
19 doing construction?

20 A. Well, that was after maybe two or three
21 years later he started doing construction.

22 Q. Okay. Two or three years later from what?

23 A. I think he started like in '95. Yeah.

24 Q. What was your son doing before that?

25 A. I think he was working on the farm too. I

1 don't know.

2 Q. But he never worked for you?

3 A. No. No. He was young back then.

4 Q. So at some point your son started doing
5 construction and you started learning from him?

6 A. Yes.

7 Q. And were you working for him?

8 A. No. I would just go and help him, you know,
9 learning. I wasn't working really. I was just riding
10 with him, you know.

11 Q. So what's the first construction job you
12 actually worked on?

13 A. That's a long time, ma'am. I can't tell you
14 exactly.

15 Q. You don't remember who you were working for
16 or what you were doing?

17 A. No, ma'am.

18 Q. Or where it was?

19 A. No, ma'am.

20 Q. So who do you remember working for other
21 than Juan Yslas, III --

22 A. Well.

23 Q. -- and Naun Ruiz?

24 A. From that time, you know, I mean, I do -- I
25 buy and sell, you know, watermelons or tomatoes or

1 whatever, you know. So I move around, you know, so --

2 Q. And who did you do that through? Did you
3 farm that yourself?

4 A. No, no, no. I buy off the farmers. Yeah.
5 I go in the fields. I go to Florida, North Carolina, I
6 mean, Maryland, Georgia, to different farmers.

7 Q. And did you have a business name that you
8 did that under?

9 A. Not really, no, ma'am. Just Juan.

10 Q. And did you have anybody working for you
11 when you did that?

12 A. I get a couple of helps, you know, at
13 Neighbors.

14 Q. Did you have any Workers' Compensation
15 insurance when you were doing that?

16 A. No.

17 Q. And so when did you -- were you doing that
18 at the same time you were learning construction?

19 A. Yes, ma'am.

20 Q. So do you remember when you started actually
21 working in construction?

22 A. It's probably like 13, 15 years ago, ma'am.
23 I can't remember that good.

24 Q. So I'm back to my question. I'm trying --
25 if you remember anybody you worked for other than Juan

1 Yslas, III, and Naun Ruiz?

2 A. No, ma'am.

3 Q. You don't remember anybody else --

4 A. Nobody else.

5 Q. -- for 13 or 15 years that you worked for?

6 A. No, ma'am. Not on construction.

7 Q. I'm sorry?

8 A. Not on construction.

9 Q. So how did you know where to show up and who
10 to get your money from if you didn't know who you were
11 working for?

12 A. I mean, I worked for -- Naun paid me, ma'am,
13 you know. And Juan, you know, when I worked for him,
14 you know, a few times on Fripp, he paid me. But when I
15 started working for him, you know, then I learn, you
16 know. I wasn't getting paid, you know, back in the days
17 when I wasn't steady working, but I was learning or
18 going out with him, you know. He'd send me out to get
19 jobs and all that too.

20 Q. Was that for 13 to 15 years?

21 A. No. No. Not really. I mean, I only help
22 him, you know, a few years, ma'am, you know, back in the
23 days, back in the years.

24 Q. . No. I don't understand what you're saying
25 at all, so I've got to make sure I understand.

1 A. What I'm saying, you know, back in the
2 years, you know, when he had his own construction, I
3 helped him, you know, when he hired me sometime in
4 Habersham really. When he got hurt, I was working under
5 him, but I can't remember exactly the date, you know,
6 and he was paying me cash money.

7 Q. So seven or eight years ago --

8 A. Yeah.

9 Q. -- when Juan, III, got hurt --

10 A. Yes, ma'am.

11 Q. -- you were working for him?

12 A. Yes. And two years ago I know I helped him
13 here on Fripp Island, but I didn't hardly work that much
14 with him.

15 Q. So do you remember any construction jobs
16 that you ever worked on when you weren't working for
17 Juan Yslas, III, or Naun Ruiz until you got your own
18 Workers' Comp. insurance?

19 A. Yes, ma'am.

20 Q. Okay. Then who was that?

21 A. Say that again. I'm sorry.

22 Q. Do you remember any jobs that you ever
23 worked on in construction when you weren't working for
24 Naun Ruiz or June Yslas, III, until you started your own
25 company?

000175

1 A. Oh, I was working for Tilton one time too.

2 Q. Okay.

3 A. Yeah.

4 Q. Anybody else?

5 A. What was it? Tilton -- I can't remember the
6 other Tilton over here in Ridgeland. John Tilton and
7 David Tilton here in Fripp Island. John Tilton was over
8 here in Ridgeland. I think it was in 2010.

9 Q. All right.

10 A. I did have Workers' Comp. back then.

11 Q. You did?

12 A. Yes, ma'am.

13 Q. And who was that through?

14 A. I was over here. It was Lowcountry. I
15 can't remember what the date, nor the year, I mean,
16 exactly the month.

17 Q. Lowcountry what?

18 A. That was Lowcountry. I can't -- that's the
19 name of the office, Lowcountry.

20 Q. The insurance agency?

21 A. Yeah.

22 Q. That was --

23 A. I can't remember the name of the company
24 under Workmen's Comp.

25 Q. And what job were you working on at that

1 point that you had to have Workers' Comp.?

2 A. Framing, building a house, remodeling,
3 siding.

4 Q. And that was in 2010?

5 A. Something like that, yeah. 2010, 2009.

6 Q. And you were pointing when you said
7 Lowcountry. Are they near here?

8 A. Yes, ma'am. They're on Lady's Island. I
9 can't remember exactly the date, I mean, the address.

10 Q. And it's an agency, an insurance agency?

11 A. Yes, ma'am.

12 Q. And who did you talk to there?

13 A. I can't remember the name of that lady.
14 It's been a little while.

15 Q. Do you remember how long you had that
16 Workers' Comp. insurance?

17 A. I can't remember. The job, work be so slow,
18 you know, can't keep it for so long.

19 Q. Do you remember if you were included or
20 excluded in that coverage?

21 A. I can't remember, ma'am.

22 Q. Do you remember how much the coverage cost?

23 A. No, ma'am.

24 Q. So when you applied for insurance for this
25 Full Circle Construction job, was that the second time

1 you had applied for insurance?

2 A. I can't remember, ma'am, if it was the third
3 time or the second time.

4 Q. Do you remember when the other time you
5 might have had to apply for insurance was?

6 A. No, ma'am.

7 Q. Do you remember where you went for that,
8 which agency?

9 A. The only ones I been up there, it's Country
10 and First Choice.

11 Q. Are those the only two you ever remember
12 going to?

13 A. I can't remember which other one.

14 Q. Do you think it was another one, or do you
15 think it was one of those?

16 A. I think one of them. You know, I usually go
17 with Lowcountry. I can't remember.

18 Q. So you said Naun Ruiz was going back to
19 Mexico?

20 A. No.

21 Q. I mean, what happened that you had to start
22 your own company?

23 A. Well, he told me that he couldn't, he
24 couldn't keep on using his insurance. He was about to
25 go and he was about to close up his business, his

000178

1 insurance. So that's why I had to push, you know, to
2 get my own insurance, you know, to give to Full Circle,
3 but I don't know what happened. He didn't leave at all,
4 no, so --

5 Q. Do you think that was a week or two after
6 the Full Circle job began?

7 A. Something like that, ma'am. It was only a
8 week they used it. I can't remember. I can't remember
9 that good.

10 Q. And did you all sign anything saying you
11 were taking over the job?

12 A. No, ma'am.

13 Q. But you did provide a certificate to Full
14 Circle?

15 A. Yes, ma'am.

16 Q. So did you talk with anybody at Full Circle
17 about the change that was going to happen?

18 A. Yeah. I talked to Matt or Craig. I can't
19 remember.

20 MR. MOSS: Talked to who?

21 THE WITNESS: Matt.

22 BY MS. CARTER:

23 Q. Either Matt or Craig?

24 A. And Matt is there, yeah. Because I told
25 that Naun was going to leave, and I was going to get my

1 own insurance. So I did brought it up to him, you know,
2 but he didn't left. You know, so I still got my own
3 insurance. So that's when I got Junior working for me,
4 because he was working for Naun too, you know. So
5 Ricardo and then I got the other guys.

6 Q. So did whoever you talked to at Full Circle
7 Construction, did they tell you you had to get
8 insurance, or did you already know that?

9 A. No. I already knew. You know, we already
10 talk about it, you know. Craig already had told me that
11 I needed my insurance, you know, Workmen's Comp.

12 Q. So when did he tell you that?

13 A. Before when I met him, when I first met him,
14 you know, on the job site, he asked, you know, if we had
15 insurance. That's when I was working for Naun. And I
16 told him we did have, you know, because I was working
17 for him. So that's why, you know, I went in and talked
18 to Matt about it.

19 And I told him that Naun had insurance. I
20 didn't have it. But he was about to leave, you know, so
21 that's why I told him that I might get mine, because he
22 was going to leave us, you know. So I went and got, you
23 know, my own insurance.

24 Q. Did Full Circle Construction tell you you
25 had to have that insurance before you could work on the

1 job?

2 A. Yes, ma'am.

3 Q. So who told you that?

4 A. Matt -- Craig. He asked me if we had
5 insurance, you know, because we needed Workmen's Comp.,
6 you know.

7 Q. I'm talking about, though, when Naun is
8 leaving.

9 A. Yeah.

10 Q. Did he ask you then?

11 A. No. No. Naun asked me, you know, that I
12 had to get my own insurance. He was going to close his
13 account, you know, so --

14 Q. Right. But I'm trying to find out if when
15 you were explaining to Full Circle that change was going
16 to happen, did they tell you: You've got to provide us
17 proof of your insurance?

18 A. Yes.

19 Q. And who told you that?

20 A. I think it was Matt, you know. I can't
21 remember. I knew, you know, they needed it, so I don't
22 know what.

23 Q. All right. So you went to an agency to get
24 that insurance?

25 A. Yes, ma'am.

1 Q. And if you'll look at that packet of
2 information I gave you. Let me find the page. Page 31
3 of Exhibit 4.

4 A. Uh-huh.

5 Q. It looks like the insurance agency listed is
6 People's Choice Insurance Agency. Is that what you're
7 calling First Choice?

8 A. Oh, People's Choice, yeah.

9 Q. That's the same one? It's on Parris Island
10 Gateway?

11 A. Yes. I think it is.

12 Q. All right. Who did you deal with there?

13 A. Jackie.

14 Q. Is that a female?

15 A. A female. I can't remember her last name.

16 Q. What does she look like?

17 A. She's a young girl. Is about, I don't know,
18 20 something years old.

19 Q. Is she black? White?

20 A. No. She's Hispanic.

21 Q. Hispanic?

22 A. Yeah.

23 MR. MOSS: Was her name Becky?

24 THE WITNESS: Jackie. I've got her card in
25 my wallet, but it's in my van. It's in the car.

1 BY MS. CARTER:

2 Q. And so tell me how did you get to People's
3 Choice if you had used Lowcountry before?

4 A. Well, because my daughter had the insurance
5 over here, so -- and she's the one that's driving me
6 around. So I just went in there, you know, and talked
7 to her to see if they had, you know, if I could get
8 insurance for Workmen's Comp.

9 Q. So tell me what you remember about that
10 meeting with Jackie.

11 A. Well, I just went in there and I asked her,
12 ma'am, you know, so -- and I just told her, you know,
13 how much does the insurance cost me. So she told me the
14 whole total of the insurance, you know, how much and all
15 that and general liability. So it took me another few
16 days for me to get it. So I went back, you know, when I
17 had some money in my hand.

18 Q. How much did she tell you it was going to
19 cost?

20 A. I don't know. Workmen's Comp. was 700
21 something dollars, you know. I don't know if it was a
22 down payment or what. I can't remember.

23 Q. Well --

24 A. And then the general liability was 200
25 something dollars. I can't remember how much it was.

1 Q. Did Jackie ask you if you had any employees?

2 A. Yeah.

3 Q. What did you tell her?

4 A. I told her that I was going to hire one or
5 two in the beginning, yeah.

6 Q. Well, that was untrue; is that correct?

7 A. Yes, ma'am.

8 Q. You had six -- you had five employees at
9 that time?

10 A. Well, yes.

11 Q. So why did you tell her you were going to
12 hire one or two if you really had five?

13 A. Well, I didn't know I was going to need that
14 much people, ma'am, you know, to start off, start off
15 the job, you know.

16 Q. But you had five?

17 A. Yes.

18 Q. So why did you tell her you were going to
19 hire one or two if you already had five?

20 MR. MOSS: Asked and answered. I object to
21 that. Just asked him and he said he didn't know he
22 was going to need them.

23 THE WITNESS: I didn't know I was going to
24 need them, you know. That's what I'm saying.

25 BY MS. CARTER:

1 Q. But you already had them?

2 A. No. I didn't have them, ma'am, no.

3 Q. You didn't have those employees already?

4 A. I mean, what I'm saying, you're telling me
5 that I already knew. I didn't know I was going to need
6 them.

7 Q. Well, let's turn to some of these records
8 that were in your son's tax return records that I got.
9 I don't even know whose they are, but we'll look at
10 them. On Page 9 of that packet, I think, that's the
11 first one. Do you recognize -- well, I guess, I'll let
12 you get to it.

13 A. What page? Page 9?

14 Q. Page 9. Do you recognize that document?

15 A. Sure.

16 Q. What is it?

17 A. Well, this is the ones I gave my accountant
18 for the hours, you know, the time.

19 Q. Well, who keeps these records?

20 A. Eduardo.

21 Q. Eduardo, your accountant?

22 A. Yes, ma'am.

23 Q. So how do you get the information to him for
24 him to fill it in?

25 A. I just take it up to him.

1 Q. Well, this begins November 19 of 2011?

2 A. Uh-huh.

3 Q. Is that when you started your business?

4 A. Yes. I think so. I can't remember, ma'am.

5 Q. What I'm trying to get at is I don't see
6 Naun Ruiz on here at all. So was this when Naun Ruiz
7 was running the business --

8 A. No.

9 Q. -- or was this you?

10 A. I can't remember. I think it was mine right
11 here, ma'am. Yeah.

12 Q. Well, that's what I'm getting at. So on
13 November 19 through November 25, this is the time period
14 you went to First -- or People's Choice on November 21?

15 A. Uh-huh.

16 Q. Which would have been that Monday?

17 A. Right.

18 Q. On Page 9. And on that date, you had, it
19 appears you paid Juan Yslas, III; Ricardo Yslas; Oscar
20 Godoni --

21 A. Right.

22 Q. -- Juan Velazquez, Jose Cruz and Christian
23 Cruz?

24 A. Yeah.

25 Q. So you already had two, three, four, five,

000186

1 six employees --

2 A. Uh-huh.

3 Q. -- on that date; is that right?

4 A. Yeah.

5 Q. That's what I'm trying to get at. Well,
6 that's the same day you told Jackie that you didn't have
7 any employees?

8 A. Right.

9 Q. So I'm trying to figure out why you told her
10 you didn't have any employees on that date if you have
11 six?

12 MR. MOSS: Objection to the form. I think
13 he said he told her he had two or three; didn't he?

14 MS. CARTER: No. He said he told her --

15 THE WITNESS: I told her, I told her I was
16 going to have two or three, you know, helping me
17 out here, but I didn't know I was going to have
18 that much -- I didn't know I was going to need that
19 much people in there, ma'am.

20 BY MS. CARTER:

21 Q. But you didn't tell her how many were
22 already employed with you?

23 A. No, ma'am. I didn't have them before.

24 Q. I'm sorry?

25 A. I didn't have all those employees before, 000187

1 ma'am. No. What are you telling me?

2 Q. Well, you had them beginning the 19th it
3 looks like?

4 A. Yes.

5 Q. Okay. And on the 21st, that Monday when you
6 did the insurance, you had six employees?

7 A. Yeah. When I started.

8 Q. But you didn't tell her -- I just want to
9 make sure I'm clear. You didn't tell her you had six
10 employees?

11 A. No, ma'am.

12 Q. You told her you were going to hire one or
13 two?

14 A. Yes, ma'am.

15 Q. And did she talk to you about whether you
16 were going to be included or excluded in coverage?

17 A. I didn't know. I don't know if she brought
18 it up to me or not, ma'am.

19 Q. Well, what do you --

20 A. I can't remember. I can't remember. I
21 thought I was included. I don't know.

22 Q. Well, if I depose Jackie and she says that
23 she had a discussion with you about how much it would
24 cost if you were included and how much it would cost if
25 you weren't, I'm trying to figure out are you going to

000188

1 say you don't remember whether she told you that or she
2 didn't?

3 A. I can't remember, ma'am.

4 Q. You just can't remember?

5 A. Yes, ma'am.

6 Q. So on Page 31, I'm back to Page 31, do you
7 recognize that?

8 A. Yes, ma'am.

9 Q. And what is that?

10 MR. MOSS: If he knows. He may not know.

11 MS. CARTER: He just said he recognized it.

12 I'm asking him what it is.

13 MR. MOSS: Well, he didn't prepare it.

14 THE WITNESS: No. I just looked at it, you
15 know, a while ago.

16 BY MS. CARTER:

17 Q. All right. Well, look on Page 33. I mean,
18 I'm sorry. 34.

19 A. What is 34?

20 Q. Page 34.

21 A. Okay.

22 Q. Is that your signature on the bottom
23 left-hand corner?

24 A. Yes, ma'am.

25 Q. That's your signature? Is that your

000189

1 signature?

2 A. Yes, ma'am.

3 Q. And do you know whose signature it is to the
4 right of that?

5 A. No, ma'am.

6 Q. Do you remember signing this document?

7 A. Yes. But I can't remember -- I don't know
8 if it was her or --

9 Q. Do you remember where you signed the
10 document?

11 A. It was, I think, it was in the office,
12 ma'am. I can't remember the date.

13 Q. All right. Go back to Page 31. There's a
14 section that says: "Individuals included/excluded," on
15 the bottom of Page 31, that last section?

16 A. That says included?

17 Q. Individuals included/excluded, do you see
18 that?

19 A. Oh, yes.

20 Q. And it says, "Juan Yslas, date of birth
21 4/24/57." Is that you?

22 A. Yes, ma'am.

23 Q. And it says, "Sole proprietor"?

24 A. Yes, ma'am.

25 Q. 100 percent ownership?

000190

1 A. Uh-huh.

2 Q. And then under included/excluded, it has an

3 E. Do you see that?

4 A. Yes, ma'am.

5 Q. And for payroll it has a zero?

6 A. Right.

7 Q. Do you remember Jackie ever talking to you
8 about that?

9 A. I can't remember, ma'am.

10 Q. Do you know what the E means?

11 A. No, ma'am.

12 Q. Do you remember if you asked any questions?

13 A. No, I didn't. I can't remember really.

14 Q. Well, if there's an INC/EXC, do you know
15 what the E would mean?

16 A. No, ma'am.

17 Q. And do you remember Jackie ever talking with
18 you about what the premium would be if you were included
19 in coverage?

20 A. No, she didn't. I mean, I don't remember
21 really exactly, but I can't -- I don't think she did. I
22 don't know.

23 Q. Would you have been able to afford any
24 insurance that was more than \$750?

25 A. I can't remember if I had enough money there

000191

1 or not, you know.

2 Q. What if it was like three or \$4,000? Would
3 you have been able to afford that?

4 A. I don't know, ma'am. I can't remember. I
5 mean, I don't know if I had that much money.

6 Q. So would that have been more difficult to
7 afford than \$750?

8 A. Maybe. I don't know.

9 Q. Did you talk with anybody at that agency
10 other than Jackie?

11 A. No, ma'am.

12 Q. Now, do you remember getting a copy of the
13 policy later in the mail?

14 A. I think I did, but I never, I never looked
15 at it.

16 Q. You never looked at it?

17 A. No. I never went through it, you know.

18 Q. Is there any reason why you didn't go
19 through it?

20 A. Well, I was trying to get this work going,
21 ma'am, because being out of work, you know, and having a
22 little trouble with payments and all that, and I was
23 just -- I don't know where my head was really.

24 Q. Do you have a copy of that policy?

25 A. I don't know if I brought it into Mr. Moss

000192

1 or I got it at the house. I can't remember.

2 Q. All right. Well, I'll show you what -- Page
3 36 of this packet --

4 A. Uh-huh.

5 Q. -- is one page out of the policy that the
6 insurance company sent you.

7 A. Uh-huh.

8 Q. And at the top left-hand corner, is that
9 your address, Juan Yslas, Jr., 70 Hickory Hill Road?

10 A. Yes, ma'am.

11 Q. Do you ever remember looking at this?

12 A. I think I did. I think I seen the package,
13 ma'am. But I'm saying I never went through it, you
14 know. Yeah.

15 Q. So you wouldn't even know if you would have
16 understood this, because you didn't even read it?

17 A. Yeah. I didn't read it.

18 Q. You're sure you didn't read it?

19 A. No, ma'am.

20 Q. Okay.

21 A. Not that I remember really.

22 Q. And do you see that it says that this policy
23 does not cover bodily injury to any person described in
24 the schedule and Juan Yslas is the only person
25 described?

1 A. I don't know. I can't remember. I don't
2 know. I should have read it, you know, but I can't
3 remember if I did or not, you know.

4 Q. Well, do you think if you had read that you
5 would have understood what that meant?

6 A. Yeah.

7 Q. And what does it mean?

8 A. It's talking about, you know, they don't
9 include me. It only include an employee, Juan Yslas,
10 III. Is that what it means?

11 Q. I'm asking you what you think it means.

12 A. I think that's the way I understand it. I
13 don't know.

14 Q. You think it means that it did not include
15 you in coverage?

16 A. Yeah. The way it sounds.

17 Q. Now, on Juan Yslas, III's tax returns, if
18 you look at Page 1 of this packet, he gives the address
19 of 71 Hickory Hill Road.

20 A. Right.

21 Q. But you don't think he was living there?

22 A. Well, you know, he used that for his mailing
23 address, ma'am. You know, I don't know if he was
24 staying there or what, you know, but he would move
25 sometime, and he got his kids, you know, his girl. And,

1 you know, he stayed with my son too, you know. So I
2 don't know. I can't keep up with him really.

3 Q. So you don't know whether --

4 A. You know, but he uses our mailing address
5 and he use that mailing address too, so, yeah.

6 Q. If you look at Page 6 of that packet --

7 A. Uh-huh.

8 Q. -- these are 1099s that were issued to your
9 son --

10 A. Uh-huh.

11 Q. -- by Naun Ruiz?

12 A. Naun Ruiz, yeah.

13 Q. And if you look at the amount on there,
14 25,800, it appears to equal the amount that he was paid
15 in 2011?

16 A. Right.

17 Q. But that includes what he was paid from you.
18 Do you know if you issued a separate tax form to your
19 son for his wages?

20 A. I think I did, ma'am, but I don't know if
21 he -- Eduardo ever got it to him or what.

22 Q. So do you know --

23 A. This right here is Naun's right here.

24 Q. Right. But if you add it up, it includes
25 everything he was paid in 2011 from your company as

1 well. So I'm trying to figure out if there was a
2 separate 1099 or W-2 from your company to your son?

3 A. There's got to be one. There's got to be
4 one separate, ma'am, but I don't know what is this.

5 Q. Did Naun Ruiz use the same accountant as you
6 and your son?

7 A. Yes, ma'am.

8 Q. So you don't think he would have just added
9 in your wages on Naun Ruiz's 1099?

10 A. I don't know, ma'am. I have no idea.

11 Q. You think you did issue a separate form to
12 your son?

13 A. I think I did. You know, he's supposed to
14 make him one. I don't know if he did or not, you know.

15 Q. Well, do you know if it was a 1099 or W-2?

16 A. It was a 1099.

17 Q. And why were you paying your son on a 1099?

18 A. I was paying him cash, ma'am. I don't know.
19 I think he issue a 1099.

20 Q. But do you know why he issued him a 1099
21 versus a W-2?

22 A. No, ma'am.

23 Q. Did your accountant tell you to do it that
24 way?

25 A. No, no, no. I don't know what he did, you

1 know.

2 Q. Have you ever issued anybody a W-2?

3 A. No, ma'am.

4 Q. So you didn't take taxes out on any of your
5 employees?

6 A. No, ma'am.

7 Q. Let's turn back to Page 9. Is this a form
8 that you had received from your accountant?

9 A. Yeah. Well, after he does, you know, the
10 tax, the taxes for each one, you know, that's what I
11 get. Well, not really get it right away, but he send me
12 something to the house.

13 Q. So how would you get this information to
14 your accountant?

15 A. Well, I just write him down, you know, some
16 hours what I do for people.

17 Q. And then how long a period of time would it
18 be before you got this document back that's on Page 9?

19 A. He do it like quarterly, you know, but we
20 didn't, we didn't work that much, so --

21 Q. So this one is dated November 19, 2011,
22 through November 25 of 2011. You would have gotten that
23 at the end of the year?

24 A. I don't know, ma'am.

25 Q. But this is something your accountant

000197

1 generates?

2 A. Right.

3 Q. Is that right?

4 A. Yes, ma'am.

5 Q. So this shows, it lists Juan Yslas, III;

6 Ricardo Yslas, that's your brother?

7 A. My brother.

8 Q. And Oscar Godoni?

9 A. Godoni.

10 Q. G-O-D-O-N-I?

11 A. Right.

12 Q. Who is he?

13 A. He's another guy, you know, that was here.

14 He left already.

15 Q. So he's just a guy?

16 A. I mean, an employee that worked for me.

17 Q. Was he related to you?

18 A. No, ma'am. None of these guys are related

19 to me. The only ones are Ricardo and Juan, III.

20 Q. The next person is Juan Velázquez?

21 A. Velazquez.

22 Q. Velazquez, V-E-L-A-Z-Q-U-E-Z?

23 A. Yes, ma'am.

24 Q. And that's the other Juan you were talking

25 about?

1 A. Yes, ma'am. That's one that was on top of
2 the wall with us, me and Juan, III.

3 Q. Then there's Jose Cruz?

4 A. Jose Cruz, Christian.

5 Q. And Christian Cruz?

6 A. Yes.

7 Q. And so none of the rest of them were related
8 to you?

9 A. No, ma'am.

10 Q. So these hours that are reflected on this
11 document would be hours that you gave to your
12 accountant?

13 A. Right.

14 (A discussion was held off the record.)

15 BY MS. CARTER:

16 Q. On Page 9, it appears that you paid
17 everybody for 48 hours worth of work that week?

18 A. For that week, yeah.

19 Q. And at this point, that's your company, not
20 Naun Ruiz's company; is that right?

21 A. I think so, ma'am. I think it's got to be
22 mine, because he got his, he got his -- I think Eduardo
23 must have made one of his that first week.

24 Q. Do you know -- okay.

25 MR. MOSS: Which page are you referring to?

1 MS. CARTER: Nine. Page 9.

2 MR. MOSS: Okay. Got you.

3 BY MS. CARTER:

4 Q. Then go to Page 11 was the next week. And
5 it looks like Jose Cruz and Christian Cruz didn't work
6 for you any that week?

7 A. No. I had other guys that, you know, they
8 went somewhere else, I think, you know.

9 Q. But you still had the other four?

10 A. Yes, ma'am.

11 Q. The next one is Page 13, same thing. The
12 first four, but Jose and Christian were gone, Page 13?

13 A. Right.

14 Q. And then there appears to be a break between
15 December 9 and January 7. Did you not work during that
16 time period?

17 A. Well, it was only me and Juan and Ricky, you
18 know, trying to finish up the job. Well, not on the
19 second house, but the first house. So, you know, we
20 wasn't getting paid until, you know, just trying to
21 finish up the house.

22 Q. So between December the 9th of 2011 and
23 December 12 of 2011, nobody got paid anything?

24 A. I only paid Ricardo and maybe one other guy
25 out of my pocket, you know.

000200

1 Q. Then why aren't there any documents showing
2 what you paid them?

3 A. I didn't, you know -- it wasn't that much,
4 ma'am. That's why I didn't put them on there.

5 Q. Is there any documentation anywhere showing
6 what Juan Yslas, III, would have been paid between
7 December 9 and January 7?

8 A. I can't remember, ma'am. Everything I give
9 to Eduardo, that's what he's got, you know, so --

10 Q. And then it looks like on January 7 Jose
11 Cruz was back working for you. This is Page 16.

12 A. Right. Well, he would have helped me out.

13 Q. He worked 40 hours for you that week?

14 A. Yeah. He didn't get paid. He's the one
15 that helped me out and finished out this job.

16 Q. Well, I'm back on January 7 of 2012, Page
17 16.

18 A. 16? All right.

19 Q. On that day Jose Cruz, it looks like he
20 worked for you 40 hours and he did get paid \$480?

21 A. Right.

22 Q. And it looks like you had a new person,
23 Leortino Reyes?

24 A. Yes.

25 Q. And he worked for you 40 hours that week?

000201

1 A. Yes, ma'am.

2 Q. Besides the other four that had been working
3 for you?

4 A. Yes, ma'am.

5 Q. And then I think the Page 18, the next week
6 they all worked for you for 40 hours on Page 18?

7 A. Uh-huh.

8 Q. Is that right?

9 A. Yes, ma'am.

10 Q. And then on Page 20, the week after the
11 accident, it looks like you still had Ricardo, Oscar,
12 Juan, and then you had a Marisa Lyons?

13 A. Lyons.

14 Q. Who is that?

15 A. She was my daughter, Marisa Lyons. She's
16 the one that driving -- well, after the accident, she
17 was the one that was taking the boys to work, you know,
18 because she's the only one that had a license really.

19 Q. Do you remember if you paid anybody after
20 January 27 of 2012?

21 A. I can't remember, ma'am.

22 Q. Would your accountant have all that
23 information?

24 A. Well, he got what I gave him, you know,

25 so --

1 Q. So he would have all the information?

2 A. Yes, ma'am.

3 Q. You would never have any information on
4 wages you paid to somebody that you didn't give to him?

5 A. No, ma'am.

6 Q. So it appears from these records that
7 between January 19 and December, I mean, January 27 of
8 2012, you had at least four people working for you at
9 all times and sometimes you had up to six people working
10 for you; is that right?

11 A. Yes, ma'am.

12 Q. There was never any time where you had
13 nobody working for you during that time period?

14 A. I can't remember.

15 Q. You can't remember? I just looked at all of
16 them.

17 A. Well, I know that, but I can't remember
18 those days, you know, because sometimes I was there,
19 sometimes I was gone, you know, so --

20 Q. Well, if they showed that you paid them for
21 working an hour on these documents, they worked for you;
22 right?

23 A. Yes, ma'am.

24 Q. And would these records accurately reflect
25 what you paid them?

000203

1 A. Right.

2 Q. Did you ever pay them anything in addition
3 to these records?

4 A. I don't know.

5 (A discussion was held off the record.)

6 BY MS. CARTER:

7 Q. And so after Naun Ruiz left the job, Full
8 Circle Construction would give you a check?

9 A. Yes, ma'am.

10 Q. And then you would cash it?

11 A. Yes, ma'am.

12 Q. Where did you normally cash it?

13 A. I can't remember the name of their bank.
14 You know, it's right there in Bluffton.

15 Q. And then you would pay your people cash?

16 A. Yes, ma'am.

17 Q. There was, for some reason, if you look on

18 Page 24 --

19 A. Yes.

20 Q. -- in your son's tax returns, there was a
21 1099 for you?

22 A. Right.

23 Q. Do you know how -- have any idea why that
24 was in there?

25 A. I don't know, ma'am.

000204

1 Q. And that was for \$14,000 for 2010?

2 A. Right. I don't know what is this.

3 Q. E & S Building Contractors from Garner,
4 North Carolina?

5 A. No. I don't know if this is or not. I
6 don't know.

7 Q. Is that your Social Security number,
8 263-81 --

9 A. No. This is Juan's. This is the III. Mine
10 is 239-15-1999. That's mine. This is Juan, Jr. -- III.

11 Q. But it's not your son's either; is it? Your
12 son's is 266-81-9102?

13 A. Yeah. I don't know why they got it in
14 there.

15 Q. It's off one number maybe. Did you ever
16 work for any company from Garner, North Carolina?

17 A. I did. I don't know if it was him, him, or
18 I don't know. I can't remember.

19 Q. Now, on Page 25 --

20 A. 25?

21 Q. -- is where it begins the policy that would
22 have been sent to you. Does that look familiar, or did
23 you just not even open the envelope?

24 A. I didn't open. I can't remember, ma'am,
25 really if I opened it, you know, to read. I didn't go

1 through the whole thing.

2 Q. Now, when you applied for your insurance,
3 they questioned you about some issues; didn't they? Do
4 you remember that?

5 A. No. Not really.

6 Q. Do you remember them asking for a letter
7 from you?

8 A. What kind of letter?

9 Q. On Page 35.

10 A. Oh, yeah, but I don't know.

11 Q. What do you remember about that? Why did
12 that --

13 A. Because I think -- I don't know if that was
14 something about if it was partnership or something, but
15 we never was, you know. I don't know how they got this
16 on there.

17 Q. Well, who do you remember getting contacted
18 from? What do you remember about this? Why did you
19 generate the letter?

20 A. Because she was telling me that, you know.

21 Q. She who?

22 A. Jackie.

23 Q. What did Jackie tell you?

24 A. She told me if I ever had, you know, had

25 been a partnership in a company between me and my son,

1 and it never happened, ma'am. We never was partners.

2 Q. And who typed up this letter?

3 A. When I told her, my niece -- you know,
4 Jackie, you know, I let my niece wrote it down, and
5 Jackie typed it, you know, so --

6 Q. Which niece is that?

7 A. Cindy.

8 Q. Cindy who?

9 A. Cindy Garcia.

10 Q. So Jackie was asking you if you had ever
11 been partners with your son?

12 A. Right.

13 Q. And in response to that, your niece wrote
14 out this and Jackie typed it up?

15 A. Right.

16 Q. And you signed it?

17 A. Right.

18 Q. Is that your signature?

19 A. Yes, ma'am.

20 Q. That letter says that your son did not have
21 any ownership or affiliation with your current business?

22 A. Uh-huh.

23 Q. Is that what that says?

24 A. Right.

25 Q. And he certainly was affiliated. You

1 claimed he was an employee on that date; is that right?

2 MR. MOSS: Object to that.

3 THE WITNESS: I don't know. How long has
4 this been? Since when?

5 BY MS. CARTER:

6 Q. November 23 of 2011, is the date on that.

7 A. No, but, I mean, this, I mean, when this,
8 you know, who brought this up, you know? I mean, how --

9 MR. MOSS: It doesn't say he's employed --

10 THE WITNESS: What year?

11 MS. CARTER: That's not what I'm asking him,
12 and you're not supposed to be testifying.

13 MR. MOSS: Okay.

14 THE WITNESS: Because we never was a
15 partnership, no, really. I don't know what -- how
16 they brought that up.

17 BY MS. CARTER:

18 Q. What does the word affiliated mean to you?

19 A. I don't know, ma'am. I don't understand
20 that word. Could you --

21 Q. So who wrote that word?

22 A. I can't remember.

23 Q. Well, if you didn't understand it --

24 A. I mean, I wrote it, you know, but I don't
25 know if my niece could have, you know, kind of got it

1 better than I could.

2 Q. Well, did you have a problem signing
3 something that you didn't understand?

4 A. I can't remember. I mean, I signed it after
5 I read it, you know, but I can't understand what is
6 affiliated.

7 Q. And do you know why they were questioning
8 whether there was a relationship between you and your
9 son?

10 A. Something that she was telling me about, you
11 know, if I was a partnership with my son, you know, back
12 in the years, and I told them I never was. I mean, I
13 never had a partner. No. We never been partners
14 really. He always could have been my employee that I
15 remember.

16 Q. You didn't tell her he was your employee;
17 did you?

18 A. Ma'am?

19 Q. Did you tell Jackie on that date that your
20 son was your employee?

21 A. Yeah. I mean, well, I didn't know if it was
22 that year or what year was it. You know, but me and
23 him, you know, worked together, you know, but either
24 I'm -- sometime he's employed or either he helped me
25 out, you know, he's my employee. So when that time that

1 I worked, you know. But, I mean, here I don't know what
2 they're talking about.

3 Q. Well, when you did the application --

4 A. Uh-huh.

5 Q. -- did you tell Jackie that your son was
6 your employee?

7 A. Yes, ma'am.

8 Q. You did?

9 A. I can't remember, ma'am, really. Honest, I
10 can't remember. I'm sorry.

11 MR. MOSS: You already asked and answered
12 that earlier.

13 BY MS. CARTER:

14 Q. And so if Jackie put on the application that
15 you did not have any employees, you don't remember
16 telling her that you did have employees; do you?

17 A. I can't remember.

18 Q. Okay. And your son, from your testimony
19 today, when you signed this letter on November 23, was
20 your employee; is that correct?

21 A. I can't remember, ma'am, you know.

22 Q. Well, let's look back on it.

23 A. I mean, he did help me out, you know, but I
24 can't remember that.

25 Q. Let's go back to Page 9 then. This is

1 November 23. So on Page 9, November 23 would have been
2 that Wednesday?

3 A. Right. Are you talking about that -- well,
4 see, you got me confused there.

5 Q. That's why I want to make sure we're not
6 confused.

7 A. Yeah.

8 Q. Page 9.

9 A. Sure.

10 Q. November 23 would have been Wednesday?

11 A. Right.

12 Q. Your son worked ten hours for you that day?

13 A. Right.

14 Q. So on November 23, you're claiming he was
15 your employee; is that right?

16 A. Right.

17 Q. The same day you signed this letter?

18 A. Yes, ma'am.

19 Q. On Page 37, there is a first report of
20 injury, which is a document that has to be sent to the
21 Workers' Compensation carrier.

22 A. Uh-huh.

23 Q. On that document, do you know who provided
24 the information for this document?

25 A. No, ma'am.

1 Q. It says at the bottom Juan Yslas, III/lead
2 man?

3 A. No. Oh, the lead man, yeah. I don't know.

4 Q. So did you consider your son the lead man?

5 A. Well, he knows -- well, I put him there.
6 It's my employee, you know, but he knows, you know, how
7 to read the plans and all that, ma'am. So when I'm not
8 around there on the job, you know, he more is going to
9 tell the guys what to do.

10 Q. And how long had he been your lead man?

11 A. He just started, you know, just, I mean,
12 this year in January and November when we started the
13 house.

14 Q. So when you started working with Full
15 Construction and got your own insurance, your son became
16 your lead man?

17 A. Yeah. He's employee.

18 Q. From the very beginning?

19 A. Yes, ma'am.

20 Q. So November 19 at least we know your son was
21 employed with you as a lead man?

22 A. Yes, ma'am.

23 Q. And had your son ever been employed with you
24 before that date?

25 A. I think, I can't remember if it's 2010 or

1 2009, ma'am.

2 Q. So he may have been employed with you in
3 2010?

4 A. Yeah. 2009, something like that. I can't
5 remember.

6 Q. And there were other times when you were
7 employed with him?

8 A. Right.

9 Q. When you were asked about applying for
10 Social Security disability and you were denied, do you
11 remember when you were denied?

12 A. I found out -- the letter came in last week,
13 I think, the week before that.

14 Q. These jobs that you were working on for Full
15 Circle Construction, these were residential homes?

16 A. Yes, ma'am.

17 Q. So the first proposal would have been one
18 home, and the second proposal was a different home?

19 A. Yes, ma'am.

20 Q. And Naun Ruiz, does he still live at 71
21 Hickory Hill Road?

22 A. Yes, ma'am.

23 Q. And has he ever worked for you since
24 November 9?

25 A. No, ma'am.

000213

1 Q. You talked about that you had a doctor on
2 Lady's Island that you had been to. I guess, this is
3 before the injury?

4 A. The neighbors, I think, is the office on
5 Lady's Island.

6 MR. MOSS: That's not Doctors Care; is it?

7 THE WITNESS: No. That's --

8 BY MS. CARTER:

9 Q. Like a clinic?

10 A. Yeah. Like a clinic.

11 Q. Do you know what street it's on?

12 A. Not really. It's right there off 21 behind
13 Sonic. I can't remember the building number.

14 Q. Do you remember the name of the doctor who
15 saw you, or would you just see whoever was there?

16 A. No. It was -- I can't remember the name of
17 the doctor.

18 Q. Male? Female?

19 A. A male.

20 Q. And what type of things did you have to go
21 there for before the injury?

22 A. Just to check my -- no. He was checking me
23 on the arthritis for my knee, but then pills that he
24 gave me, they don't -- they never work, you know, so --

25 Q. And when you say that, you point to your

000214

1 left knee or your right knee?

2 A. Yeah. Right knee.

3 Q. Right knee. I'm sorry. So that's where you
4 were having arthritis before the accident?

5 A. That's what, I mean, that's what he told me
6 that I might have. He gave me some medication, but I
7 drank them and I took them, but they're not working.

8 MR. MOSS: I don't know who that could be.
9 I never heard of him, Good Neighbors.

10 THE WITNESS: Yeah. I don't know.

11 MR. MOSS: Is that some retired doctors or
12 something?

13 THE WITNESS: They're retired doctors or
14 something.

15 MS. CARTER: Is it, Martha?

16 MRS. YSLAS: It's a nonprofit. We go there
17 for free.

18 MR. MOSS: Okay. Never heard of them.

19 BY MS. CARTER:

20 Q. This isn't part of the packet, but the tax
21 returns that your son provided were done by somebody.
22 And I'm going to let you look at that address and see if
23 that's the same as your accountant.

24 A. Are you talking about the address on the
25 top?

000215

1 Q. No. At the bottom.

2 A. At the bottom?

3 Q. Yes. Are those the same people or different
4 people?

5 A. I think they're different people, but I
6 don't know.

7 Q. So Eduardo, who is your accountant, where is
8 he located?

9 A. He's in Bluffton right there on -- I can't
10 remember the name of that street.

11 Q. Do you have his address somewhere?

12 MR. MOSS: What number are you talking
13 about?

14 MS. CARTER: That's not in the packet.

15 MR. MOSS: Oh, it's not?

16 MS. CARTER: No.

17 THE WITNESS: I might have a card of his,
18 business card. He moved already about three times,
19 you know, so --

20 BY MS. CARTER:

21 Q. Do you know his last name? Is it Hernandez?

22 A. Hernandez.

23 Q. Do you know the name of his company?

24 A. No, ma'am.

25 Q. Does he just work out of his house or does 000216

1 he have --

2 A. No. He got an office.

3 Q. He has an office? Can you get that
4 information and give it to your attorney?

5 A. Sure. I will.

6 MR. MOSS: Good luck.

7 MS. CARTER: Well, it's his accountant, and
8 he doesn't have any forms.

9 MR. MOSS: I know.

10 BY MS. CARTER:

11 Q. Now, when you talked about the parts, body
12 parts, that you injured in the accident, you talked
13 about your neck, your upper back, and your lower back.
14 How soon after the accident did those start bothering
15 you?

16 A. Well, exactly, you know, I also, you know --
17 especially, I was feeling more my heels, because that's
18 where the pain really was, you know. Later on, you
19 know, after I got the medication and all that, you know,
20 I was doing all right.

21 But after the next day, you know, I could
22 feel with the back, you know, the knees and everything,
23 you know, my neck. So they, you know -- but every time
24 I take medication, you know, it just stop, you know, the
25 pain for a little while, but they keep on coming back,

1 you know, so I don't know.

2 Q. So do you think the day after the accident
3 is when you began having problems other than with both
4 of your heels?

5 A. No. It happened that same day, ma'am, you
6 know, but I could feel more in the heels.

7 Q. Did you complain to the doctors from the
8 very beginning about --

9 A. I did in the hospital.

10 Q. Let me finish the question, so you make sure
11 you know what I'm asking. Did you complain to the
12 doctors from the very beginning about your neck, your
13 upper back, and your lower back?

14 A. I did, I did tell the nurse, yeah.

15 Q. At the hospital?

16 A. Yes, ma'am.

17 Q. So since the very beginning, you've been
18 complaining about that?

19 A. Yes, ma'am.

20 Q. Did you use any tools on your job from Full
21 Circle Construction?

22 A. Yes.

23 Q. What tool did you use from them?

24 A. Air gun and skill saw, Sawzall.

25 MR. MOSS: A Sawzall?

000218

1 THE WITNESS: Yeah. A Sawzall. A drill to
2 drills hole in the concrete.

3 BY MS. CARTER:

4 Q. And is that because they had those on the
5 site, or did you not have that equipment?

6 A. No. I got my tools, ma'am, you know. I
7 have my own tools.

8 Q. So why did you use those?

9 A. Well, I got to work with them.

10 Q. I'm trying to figure out why did you use
11 Full Circle Construction's tools?

12 A. I didn't use his tools, ma'am.

13 Q. All right. I just asked you did you use any
14 tools from Full Circle Construction.

15 A. No, ma'am. I'm sorry. I didn't understand.

16 Q. So you didn't use anything from them?

17 A. No, ma'am.

18 Q. Have you seen any doctors since the injury
19 for the injuries related to that accident, other than
20 Dr. Stoddard?

21 A. No, ma'am.

22 Q. Did you have, at the time of the accident,
23 did you have health insurance?

24 A. No, ma'am.

25 Q. Did you have any kind of disability

000219

1 insurance?

2 A. No, ma'am.

3 Q. Did you have any kind of occupational
4 accident insurance?

5 A. No, ma'am.

6 Q. Do you know -- you said you've gotten a lot
7 of bills. Do you have any idea how much they are?

8 A. Not exactly.

9 Q. Can you give me a ballpark?

10 A. No. Just bills, you know, from that doctor
11 coming in, you know, and light bills.

12 Q. I mean, doctor's bills --

13 A. Yeah.

14 Q. -- or the hospital bill, do you have any
15 idea how much any of them are?

16 A. No. I haven't calculated them. I've got
17 them all there on the table.

18 Q. On what table?

19 A. On the shelf at my house, in the house where
20 I live at.

21 Q. What medications are you on now?

22 A. Oh, ma'am, I bought the medication, but I
23 can't remember what's the name of that medication.

24 Q. Well, how many of them are you on?

25 A. What do you mean how many?

000220

1 Q. How many pills a day do you take?

2 A. One.

3 Q. One pill?

4 A. Yeah.

5 Q. You take how many of them a day?

6 A. One a day, plus, like I said, you know, I
7 hate to be taking them, you know, regularly. Like at
8 first it was every -- one every six hours or eight
9 hours, but after he told me that I know those damage my
10 liver, I kind of take them more longer, you know, more
11 like every 12 hours.

12 I try to keep them, you know, longer if I
13 can, but I take, you know, sometime I told her to give
14 me some Advils or ibuprofen. I take like three or two
15 at a time, though, so --

16 Q. So the prescription pill that you take, do
17 you take that once a day or twice a day?

18 A. Once.

19 Q. And you take it in the morning or at night?

20 A. In the mornings.

21 Q. And you don't know what that pill is?

22 A. I can't remember the name of it, ma'am.

23 Q. And then in addition to that, you might take
24 some Advil or ibuprofen?

25 A. Yeah. Ibuprofen at night. Yeah. I can't

1 afford it.

2 Q. When you applied for the insurance, the
3 thing I'm trying to figure out is if Jackie was under
4 the impression that you had zero employees. Were you
5 trying to hide from her the fact that you had employees?

6 A. No, ma'am. I didn't really -- I was kind of
7 in a hurry trying to get everything together, you know,
8 and give Matt, you know, the insurance. And Naun was
9 kind of rushing me. So I didn't really pay that much
10 attention to it, you know. I can't remember, you know,
11 really exactly what really was going on.

12 Q. But you remember her asking you how many
13 employees you had?

14 A. Yeah. I told her I might use one or two,
15 but I didn't know I was going to use that much.

16 Q. And at that point you had six?

17 A. Yes.

18 Q. Do you know if your son ever had problems
19 getting Workers' Compensation insurance?

20 A. I don't know, ma'am.

21 Q. Did you ever talk to him about that?

22 A. No. Not really. I never asked him.

23 Q. So what happened at the end of this
24 insurance policy? You said it got canceled?

25 A. Yeah. It got -- I got a letter, you know,

1 it's been canceled. So I can't remember what was the
2 date.

3 Q. Do you know why it was canceled?

4 A. I can't afford to pay it, ma'am.

5 Q. Do you remember when it stopped?

6 A. No, ma'am.

7 Q. Did they give you an audit? Did they audit
8 and ask you for payroll information?

9 A. No. That was -- they give me -- they call
10 me an audit from, you know, like maybe a month or two.
11 I can't remember.

12 Q. They called you a month or two from now --

13 A. Yes.

14 Q. -- ago?

15 A. For an audit, yeah.

16 Q. And what did they say?

17 A. They wanted to know, you know, what was the
18 payroll. But I told them to go and call Eduardo. So
19 they make an appointment with him. So I don't know what
20 was the date, you know, that he had met with them or
21 what.

22 Q. Do you know Eduardo's phone number?

23 A. 815 -- 843 the area code, 815-2040.

24 Q. So you think they met with him?

25 A. They did meet him, met with him, because the

1 auditor called me the next day, ma'am.

2 Q. And what did she say?

3 A. She told me, she told me she already asked.

4 Q. Did they tell you you owed money?

5 A. Yes. I think it was 6,000 something
6 dollars. I don't know. They sent me a letter, the
7 auditor sent me a letter to the house.

8 Q. So they told you you owed them about \$6,000?

9 A. Something like that. I can't remember.

10 Q. Do you know why you owed them that much?

11 A. Well, because, I think, the payroll came up
12 more than it was supposed to. I don't know what it was.

13 Q. Well, it was zero; right?

14 A. Ma'am?

15 Q. It was zero on the application. You told
16 them you had zero payroll?

17 A. I don't know. I can't remember. I don't
18 know what.

19 Q. Well, did you tell them -- you told them you
20 had no employees?

21 A. Right.

22 Q. And you had zero next to your name?

23 MR. MOSS: He didn't tell them he had no
24 employees. I object to that. You've asked that
25 three times. He told you he told her he was going

1 to have one or two employees.

2 MS. CARTER: Going to have one or two.

3 MR. MOSS: You keep stating that, though,

4 Allison.

5 MS. CARTER: Well, let's get that straight.

6 MR. MOSS: Well, this is the third time

7 we've got it straight.

8 BY MS. CARTER:

9 Q. Well, I think sometimes he did tell me that
10 he told her that he didn't have any employees. She put
11 zero employees on the application. What I want to know
12 is what are you going to say? Did you tell her or did
13 you not tell her you had any employees?

14 A. I told her, you know, I might get one or
15 two, ma'am. That's what I'm saying.

16 Q. So you didn't tell her that you currently
17 had any employees?

18 A. No. I didn't tell her that.

19 Q. Okay.

20 A. No.

21 Q. And on the application, which is on Page 31,
22 under payroll for you it had zero on the bottom; and on
23 Page 32 under estimated annual premium payroll, it says
24 zero?

25 A. On 32 you said?

1 Q. Yes.

2 MR. MOSS: He didn't write that.

3 MS. CARTER: I understand he didn't write
4 it.

5 BY MS. CARTER:

6 Q. Do you know where Jackie would have gotten
7 her information if it didn't come from you?

8 A. I don't have any idea, ma'am.

9 Q. And you were by yourself when you did the
10 application?

11 A. Yes, ma'am.

12 Q. So the application has zero payroll, because
13 what you said was, I guess, the \$6,000 was because the
14 payroll was more than we thought?

15 MR. MOSS: Objection.

16 THE WITNESS: She didn't give me, yeah, she
17 didn't give me this copy.

18 BY MS. CARTER:

19 Q. But you signed it?

20 A. Yes.

21 Q. So the payroll document on the application
22 was zero?

23 A. Yes, ma'am.

24 Q. So zero would have been a lot less than your
25 payroll actually was; correct?

000226

1 A. Yes, ma'am.

2 Q. And I just want to hand you the subpoena
3 that I sent to your attorney on March 15 that asks for
4 some documents from you. Do you know if you ever
5 received that or were requested to get together any
6 documents?

7 A. I think I did. I don't know.

8 Q. You think you did?

9 A. I don't remember, ma'am.

10 Q. Did you ever provide to your attorney copies
11 of any tax returns, corporate or personal?

12 A. I brought him everything I had.

13 Q. Or records relating to Juan Yslas, III,
14 including personnel file, wage records, tax forms?

15 A. I can't remember what I brought him, ma'am.

16 MS. CARTER: I just want to -- we have
17 another date designated for depositions. Because
18 the subpoena was not responded to, I just want to
19 make sure the record is left open for me to
20 question him on any documents that I get in
21 response to that.

22 MR. MOSS: You have to ask Mike about the
23 III's document.

24 MS. CARTER: This is Junior's documents.

25 This is a subpoena to Junior.

000227

1 MR. MOSS: You just said III.

2 MS. CARTER: No, I didn't.

3 MR. MONTGOMERY: She said personnel files.

4 MS. CARTER: Personnel files for the III;
5 wage records for the III. The III responded, so I
6 just want to make sure that's clear, and then I
7 don't have any other questions.

8 EXAMINATION

9 BY MR. LIIPFERT, at 11:26 a.m.:

10 Q. Mr. Yslas?

11 A. Yes, sir.

12 Q. My name is Worth Liipfert. I'm representing
13 Uninsured Employers Fund. Can you hear me okay?

14 A. Yes, sir.

15 Q. Or do you want me to come closer to you?

16 A. No. You're good.

17 Q. Now, first, how many jobs did you do for
18 Full Circle out at Hampton Lake?

19 A. Two houses.

20 Q. Two houses?

21 A. Yeah.

22 Q. And the first house was you were working for
23 Naun Ruiz?

24 A. Yeah. I was working for Naun Ruiz.

25 Q. All right. And you think he had Comp.

000228

1 insurance for that job?

2 A. Yeah. I think, yeah, he did. You know, I
3 think he sent him a certificate for Matthew.

4 Q. And you were his employee for that job?

5 A. Yeah. I started, yeah, when I started with
6 him, yeah.

7 Q. And then did he finish out that job?

8 A. I did.

9 Q. Were you still using, I mean --

10 A. That when I got my insurance, you know.

11 Q. Was there any sort of formal change of who
12 was in charge of that job with Full Circle or was it --

13 A. Not really.

14 Q. And so did you take over that job when you
15 got your insurance or when?

16 A. Yes. When I got my insurance. Because, you
17 know, he was about to go to Mexico, like I said, and he
18 wanted for me to give my insurance and just on my own,
19 so --

20 Q. Did you know that you were going to have
21 another job after that where you would need your
22 insurance?

23 A. Well, they had -- I did sign, you know, a
24 few proposals, two or three proposals, for Mr. Matthew,
25 you know, Full Circle.

000229

1 Q. And it looks like from the document Exhibit
2 3, Full Circle didn't get your certificate of insurance
3 until 11/28/11; is that right?

4 MR. MONTGOMERY: Objection.

5 THE WITNESS: Yeah. I think that's what it
6 was. I don't know.

7 BY MR. LIIPFERT:

8 Q. Is that the date?

9 A. I can't remember, sir.

10 Q. Well, look at Exhibit 3 for me.

11 A. What is it? Page 3?

12 MR. MOSS: Here it is.

13 THE WITNESS: Oh, I've got it over here.

14 I'm sorry.

15 BY MR. LIIPFERT:

16 Q. Look in the top right-hand corner. It's
17 dated. There's an issue date. Do you see that?

18 A. Yes, sir.

19 Q. It's 11/28/11; right?

20 A. Uh-huh.

21 Q. Yes?

22 A. Yes, sir.

23 Q. Do you know if Full Circle ever got a
24 certificate of insurance before this one?

25 MR. MONTGOMERY: Objection.

1 THE WITNESS: I don't know, sir.

2 BY MR. LIIPFERT:

3 Q. Well, at least this one has been marked, or
4 the date on it is 11/28/11; right?

5 A. Yes.

6 Q. So that's the date. Let's assume that's the
7 date Full Circle got your insurance. Okay? That's the
8 day before you gave the second proposal for the second
9 job; isn't that right?

10 A. I can't remember.

11 Q. Well, look at Exhibit 1 for me.

12 A. Yes, sir.

13 Q. All right. So you got them -- so you got a
14 certificate of insurance, and they gave you a proposal
15 for Job Number 2 about the same time; right?

16 A. Yes, sir.

17 Q. And up until that point, were you still
18 working for Naun Ruiz on his insurance?

19 A. Right.

20 Q. So at the time you would have switched over
21 to your insurance would have been 11/28/11, the date
22 that you got that to Full Circle?

23 A. I think so. I can't remember, sir.

24 Q. Well, is there any other date you would --

25 where you know you switched over to your -- to taking 000231

1 over the Full -- for Mr. Ruiz for Full Circle? Do you
2 understand that question? It wasn't asked very well.

3 A. Yeah. I can't remember exactly the date,
4 you know.

5 Q. Well, tell me in your mind when you thought
6 you switched over to take over for Mr. Ruiz from Full
7 Circle, whether by date or by an event, or what caused
8 you to switch over.

9 A. Exactly, you know, I mean, I think it could
10 have been in the second draw, you know, that I put in to
11 Full Circle Construction. I don't know. I can't
12 remember exactly.

13 Q. Well, what about the second draw made you
14 become in charge?

15 A. Well, because I had my insurance, you know,
16 that what I send them, you know, my --

17 Q. So it was when you sent the insurance?

18 A. The second, on the second week, the second
19 invoice that I sent them, it was under my name already,
20 you know, so --

21 Q. So is it when your name was on the invoice
22 or when you got them your insurance?

23 A. No. The insurance.

24 Q. Well, the insurance date is 11/28/11; is
25 that right?

000232

1 A. Yes.

2 Q. So that's the date?

3 A. I can't remember, what I'm saying. I mean,
4 you got me confused here.

5 Q. Well, tell me -- you need to tell -- well,
6 all I'm asking you is what date did you think you were
7 taking over? Was it a date of a certain invoice, or was
8 it a date you gave them your insurance policy, or what
9 date, when, what event triggered --

10 A. I can't, I can't remember. I can't exactly
11 remember. I can't tell you.

12 Q. But in any event before you started work on
13 this second job, you had gotten your insurance and
14 gotten them a certificate; is that right?

15 A. Say that again.

16 Q. Before you started work on the second job,
17 you had gotten them a certificate; is that right?

18 A. Yes, sir.

19 Q. All right. And in the time you got the
20 certificate, you knew you were going to get your own
21 job, this second job or --

22 A. If I knew what?

23 Q. At the time you applied for your insurance,
24 did you know you were going to get this second job, or
25 you were at least going to try to get this second job?

000233

1 A. I was going to try to get it, you know. I
2 didn't know exactly I was going to get it, you know.

3 Q. On the day you applied for your insurance,
4 were you still working under Mr. Ruiz's insurance?

5 A. I can't remember. Well, at the first time,
6 yeah. It only happened for a week, but a week and a
7 half. I don't know.

8 Q. All right. And is it possible that the date
9 you applied for your insurance -- you knew you didn't
10 have insurance the day you applied for it; right?
11 Because you wouldn't have been applying for insurance if
12 you already had it?

13 A. Which --

14 MR. MOSS: I object to the form.

15 BY MR. LIIPFERT:

16 Q. I mean, when you went to apply for
17 insurance, you didn't have any?

18 MR. MOSS: I object to the form. It's a
19 statement. It's a leading question.

20 BY MR. LIIPFERT:

21 Q. All right. Well, strike it. When you
22 applied for your insurance, did you believe that the
23 people that you were working with, yourself included,
24 were still under Mr. Ruiz's insurance?

25 A. When I first --

1 Q. When you went to apply for your insurance --

2 A. Right.

3 Q. -- did you believe that you were still
4 working at that time under Mr. Ruiz's insurance?

5 A. Well, since I send Full Circle Construction,
6 you know, my insurance, I mean, I know I was on my own
7 from there on.

8 Q. I'm not sure you understand my question.
9 You had to apply for your insurance?

10 A. Right.

11 Q. Then you had to get your insurance. And
12 then after you got your insurance, you had to send it to
13 Full Circle; right?

14 A. Right.

15 Q. I want to go back to the date you applied
16 for your insurance. When you went and met with Jackie
17 for the first time --

18 A. Right.

19 Q. -- had you worked on a construction site
20 that day?

21 A. I was working for under Naun Ruiz. That's
22 what I remember.

23 Q. My question was had you worked on a
24 construction site the day you went and saw Jackie?

25 A. No. I went to see Jackie. How could I be

1 on the work?

2 Q. Well, you can do more than one thing in a
3 day; can't you?

4 A. Yeah.

5 Q. Had you worked the day before you went to
6 see Jackie?

7 A. Yes. Off and on, you know, because I was
8 trying to get that insurance.

9 Q. Well, when you were working right before you
10 saw Jackie, did you believe that you and the other
11 employees were still under Mr. Ruiz's insurance?

12 A. I can't remember, sir.

13 Q. Okay.

14 A. You got me all confused here.

15 Q. I don't want you to be confused, but when
16 you went and applied, when you went and applied for
17 insurance, were you still working on the first job?

18 A. Yeah.

19 Q. When you applied for insurance, did you
20 think that you were still under Mr. Ruiz's insurance?

21 A. Until I got my insurance, yes.

22 Q. So you believed you were under Mr. Ruiz's
23 insurance until you got your own insurance?

24 A. Yeah. My insurance.

25 Q. So then at the time you applied, you didn't

1 have any insurance, so you thought you were still under
2 Mr. Ruiz's insurance?

3 A. I was, I was under his insurance.

4 Q. And you were still his employee at that
5 time?

6 A. No. I mean, I'm saying that, I mean, I
7 was --

8 Q. Right?

9 A. What I'm saying, you know, I mean, I was --
10 I knew that I, you know, as soon as I got my own
11 insurance, that's when I, you know, you know, because
12 the whole time I'm working under Naun Ruiz's insurance,
13 but when I got my insurance, that is when I, you know, I
14 knew I had my own, you know, so I don't know.

15 Q. So --

16 A. I don't know.

17 Q. -- when you were asked whether or not you
18 had any employees, you thought you were still Mr. Ruiz's
19 employee; didn't you?

20 A. Well, at first, yeah.

21 Q. And then you told Jackie that you were going
22 to get your own employees when you got your own
23 insurance; right?

24 A. Right.

25 Q. And you told her you were going to have one

1 or two employees you thought?

2 A. Yeah.

3 Q. And did you expect Mr. Yslas, III, to be one
4 of those employees?

5 A. Well, he was my first one on the list, you
6 know, him and my brother.

7 Q. So those are the one or two you were talking
8 about?

9 A. Yes.

10 Q. Let me look, point you to Exhibit 4. You
11 were asked about a letter you wrote that said that you
12 weren't part of your brother's -- or you weren't part of
13 your son's business and he wasn't part of your business?

14 A. Right.

15 Q. Let me strike that. You were asked about
16 Page 35 of this; right?

17 A. Right.

18 Q. And was it your intention when you wrote
19 this to say that your son was not an owner of your
20 business and you were a sole proprietor?

21 MS. CARTER: Object to the form of the
22 question.

23 BY MR. LIIPFERT:

24 Q. That's okay. You can answer it.

25 A. I don't know. What are you talking about?

000238

1 Say it again.

2 Q. What was your intention when you wrote this
3 letter?

4 A. I don't know. I just --

5 MR. MOSS: Why don't you just ask him was he
6 the sole proprietor?

7 BY MR. LIIPFERT:

8 Q. Were you the sole proprietor of the company?

9 A. My own company? Yeah.

10 Q. Yeah. Did your son have any involvement?

11 A. No, sir.

12 Q. Was your son an owner of your company?

13 A. No, sir.

14 Q. Now, look at Page 30 for me.

15 A. 34?

16 Q. Page 30. All right. It says -- there's a
17 note on here on 11/23, and I'll just read it to you. It
18 says, "Called producer -- called producer and advised
19 needed signed statement from applicant indicating if he
20 has or has not had any ownership of the son's business
21 on his business letterhead or vice versa, and if and
22 when his son has had any ownership in his business."

23 Is that -- do you remember Jackie asking you
24 to give a letter just talking about whether or not your
25 son was an owner of your business?

1 A. I can't remember, sir.

2 MR. LIIPFERT: Okay. I think that's all the
3 questions I have. Thank you.

4 MR. MOSS: I've got a couple of questions.

5 MR. MACLOSKIE: Well, I do too.

6 MR. MOSS: Yeah. Go ahead.

7 EXAMINATION

8 BY MR. MACLOSKIE, at 11:38 a.m.:

9 Q. Mr. Yslas, tell me this. Was your son, Juan
10 Yslas, III, injured at the same time you were injured on
11 January the 16th, 2012?

12 A. Yes, sir.

13 Q. And at the time of the injury to Juan Yslas,
14 III, was he working for you?

15 A. At that time -- say it again. I'm sorry.

16 Q. At the time he was injured, Juan Yslas, III,
17 was injured, was he working for you?

18 A. Yes, sir.

19 Q. And at the time he was injured, Juan Yslas,
20 III, that is, were you working for first Full Circle
21 Construction?

22 A. Yes, sir.

23 Q. And at the time Juan Yslas, III, was
24 injured, were the two of you doing the work for which
25 Full Circle hired you?

000240

1 A. Yes, sir.

2 MR. MACLOSKIE: That's all I have. Thank

3 you.

4 EXAMINATION

5 BY MR. MOSS, at 11:39 a.m.:

6 Q. I have a couple of questions. Juan, counsel
7 asked you a question about -- and I'll refer to Exhibit
8 4, Page 36, where it states, quote: This policy does
9 not cover bodily injury to any person described in the
10 schedule, period, end quote.

11 A. Uh-huh.

12 Q. In fact, you took out another policy of
13 liability insurance at the time you took this policy
14 out; did you not?

15 A. Yes, sir.

16 MR. MOSS: And I show you a copy of that and
17 mark this, please.

18 (Marked for identification was Exhibit
19 Number 5.)

20 BY MR. MOSS:

21 Q. On this Exhibit Number 5, do you recall if
22 that is a copy of the commercial general liability
23 policy that was issued to you, Mr. Yslas, that you
24 furnished to me?

25 A. Yes, sir.

1 Q. All right. Now, on the last page of that,
2 it talks about coverage. That would be Page -- it's got
3 on the end of the page 1 of 2?

4 A. Yes, sir.

5 Q. And it says up at the top, "Bodily injury
6 liability"?

7 A. Uh-huh.

8 Q. And that, basically, talks about bodily
9 injury liability or property damage liability and
10 deductibles; is that correct?

11 A. Yes, sir.

12 Q. Now, that policy also has in it a \$10,000
13 medical expense limit. Were you aware of that?

14 A. No, sir.

15 Q. Because you answered a question about
16 whether you had any other type of insurance that may
17 cover medical, and I think that you do have \$10,000
18 under this policy, either one or both of you.

19 MR. LIIPFERT: Object to the form.

20 MR. MOSS: And it says, you know, basically,
21 that that's a medical expense limit.

22 MS. CARTER: Where is that?

23 MR. MOSS: Here it is. See here on Page 1
24 of 5?

25 THE WITNESS: One of two.

000242

1 MR. MOSS: It's only four pages. See where
2 it says?

3 MS. CARTER: Yeah.

4 BY MR. MOSS:

5 Q. Just a minute. I may have a couple more
6 questions. Mr. Yslas, you are not very good at reading
7 and writing English; is that correct?

8 A. Yes, sir.

9 Q. How far did you actually go to school in
10 Immokalee?

11 A. Really, tenth grade, but I didn't really
12 learn that much, sir.

13 Q. And you were raised up in a Hispanic family,
14 needless to say?

15 A. Yes, sir.

16 Q. And do you depend on Martha, your wife, to
17 read and write and explain things to you?

18 A. Yes, sir.

19 Q. You've never had or been qualified to write
20 insurance in this state, have you --

21 A. No, sir.

22 Q. -- as an underwriter of any source?

23 A. No, sir.

24 Q. And you depend on your record keeping to be
25 done by your accountant; is that correct?

1 A. Yes, sir.

2 Q. Now, as I understand it, that you actually
3 pulled your son into this, that he was safe and you
4 pulled him into it and caused him to fall?

5 A. Yes, sir. Well, and, like I said earlier,
6 you know, when I let go of the truss, because I thought
7 I was going to almost knock him down, so when I let it
8 go, I turned around, and at that time I must have hit
9 him and -- or I grabbed him. I don't know. I can't
10 remember that much, you know, but we both went together.

11 Q. And you both fell?

12 A. Yeah.

13 Q. Okay.

14 A. I think he was trying to grab me or I was
15 trying to grab him. I don't know.

16 Q. But for you, he would not have fallen?

17 A. Yeah. Yes, sir.

18 Q. You began to fall --

19 A. Yes, sir.

20 Q. -- when the truss was falling?

21 A. Yes, sir.

22 MR. MOSS: All right. I have nothing
23 further.

24 FURTHER EXAMINATION

25 BY MR. MONTGOMERY, at 11:44 a.m.:

1 Q. I have just a couple extra since I went
2 first. Sorry. This gets quicker.

3 A. Yes, sir.

4 Q. As I look at these Exhibits 1 and 2 --

5 A. Yes.

6 Q. -- at the top right, there's two different
7 jobs on those.

8 A. Yes, sir.

9 Q. Okay. Exhibit 2 is Lot Number 149 Hampton
10 Lake. Is that the one you did under Naun Ruiz's
11 insurance?

12 A. The first, yes, the first.

13 Q. And Exhibit 1 with just your name on it at
14 Lot 181 Hampton Lake, is that the job that you did under
15 your company and insurance?

16 A. Yes, sir.

17 Q. Is that the job where you were injured?

18 A. Yes, sir.

19 Q. Earlier -- and I can't remember. I think it
20 was when Ms. Carter was asking. You said you don't
21 really recall, because you were in a hurry to get Matt,
22 Mr. Matthew, the information?

23 A. Yes.

24 Q. Were you in a hurry to get Matt your
25 certificate of insurance so that you could bid the

1 second job?

2 A. No. There was another job too, you know,
3 but I was trying to get the insurance, you know, because
4 Naun was trying to get me out -- like he was trying --
5 he was telling me he was going back home, you know, and,
6 you know, he's been telling me this for I don't know how
7 many months, so --

8 Q. And is that also because Full Circle would
9 not let you bid or begin that second job without
10 Workers' Comp. insurance?

11 A. Right.

12 Q. So you had to provide the certificate before
13 they even let you step foot on the job site?

14 A. Yeah. Maybe, I think.

15 Q. So am I correct in that this Lot Number 149
16 Hampton Lake, you would have finished that job under
17 Naun Ruiz's Workers' Comp. insurance, this one here?

18 A. Yeah.

19 Q. Number Lot 149 is Exhibit 2?

20 A. Uh-huh.

21 Q. You would have done this job under Naun
22 Ruiz's insurance?

23 A. I didn't -- well, I had part of it in there
24 too.

25 Q. But for purposes of this Exhibit 1, which is

000246

1 the job that you were injured on --

2 A. Yeah.

3 Q. -- you would have had your own Workers'
4 Comp. insurance?

5 A. Yes, sir.

6 Q. And that's dated November 29 of 2011?

7 A. I think that's what it was. I can't
8 remember, sir.

9 Q. And as it was pointed out earlier, the date
10 of issue on your certificate of insurance was November
11 28 of 2011, the day before that proposal?

12 A. Right.

13 Q. So as you proposed that job on November 29,
14 2011, you were under the impression that your company
15 had Workers' Comp. insurance; correct?

16 A. I think so, yeah.

17 MR. MONTGOMERY: All right. I don't have
18 anything else.

19 FURTHER EXAMINATION

20 BY MS. CARTER, at 11:47 a.m.:

21 Q. I have a few follow-up. You were asked
22 about when you got insurance, and I got confused about
23 that, because the date November 28 kept being said
24 because of the certificate, which is Exhibit 3 that's
25 dated November 28.

000247

1 MR. MOSS: Did you admit you were confused,
2 counsel?

3 MS. CARTER: I was confused.

4 THE WITNESS: You got me all confused too.

5 BY MS. CARTER: .

6 Q. If you look at Page 26, which is part of
7 your policy on Exhibit 4, the big exhibit.

8 A. Okay.

9 Q. Yeah.

10 A. What page was it?

11 Q. Page 26 of that. It appears the date that
12 your coverage began was November 22; is that right?

13 A. I think so, ma'am. I can't remember.

14 Q. Do you have any information that your policy
15 began at a different date than what was documented on
16 your policy?

17 A. I don't remember, ma'am.

18 Q. All right. And on the application, which is
19 Page 31, that was -- you applied for on November 21?

20 A. Right.

21 Q. And then it was began on November 22; does
22 that sound right?

23 MR. MONTGOMERY: Object.

24 THE WITNESS: I don't know. I can't

25 remember, ma'am.

1 MR. MONTGOMERY: Do you want me to say why?

2 MS. CARTER: Sure.

3 MR. MONTGOMERY: The only reason is because
4 of the notes, Jackie had said she wouldn't bind
5 until she got the letter from him, which was
6 November 23. So I don't know if the bind was
7 retroactive or not. And that was more of a
8 technical issue if you want to clarify it.

9 MS. CARTER: Okay.

10 BY MS. CARTER:

11 Q. Do you have any information as to when your
12 policy actually began besides the policy that they
13 mailed to you?

14 A. No, ma'am.

15 Q. These documents begin on Page 9, the ones
16 that you said were generated by your accountant?

17 A. Uh-huh.

18 Q. What I'm trying to figure out is it appears
19 that November 19 was the first date that the
20 documentation began as to when you paid wages to
21 anybody?

22 A. Yeah. That's what it is, ma'am. I can't
23 remember, what I'm saying.

24 Q. But I want to make -- are these your
25 documents from your company?

1 A. Yeah. Well, I mean, I just take the hours
2 to my accountant. And he just, you know, put it
3 together.

4 Q. Right. But he wouldn't take -- I mean, what
5 I'm trying to get is these aren't Naun Ruiz's hours; are
6 they?

7 A. No, ma'am.

8 Q. So you would have, at least as of November
9 19, been paying all these people?

10 A. I think so, ma'am. I can't remember.

11 Q. So it appears you may have operated without
12 insurance for a couple of days before that insurance
13 kicked in?

14 A. No. Because I didn't took Naun off until I
15 had my own insurance.

16 Q. Well, how --

17 A. I mean, you know, I was still working under
18 Naun until we got our own, you know.

19 Q. Well, then how are you reporting that you're
20 paying someone when Naun is actually paying someone?

21 A. I don't know, ma'am. I must of had it on my
22 tablet, you know, where I turn in my hours. I don't
23 know. I can't remember.

24 MR. MOSS: I would, for the record, state

25 that this is the 11/19 through 11/25, so five days

1 or nights or six days.

2 BY MS. CARTER:

3 Q. Well, that's what I'm trying to figure out.

4 I mean, are these wages that Naun -- I mean, did you
5 report Naun Ruiz's wages for him to his accountant?

6 A. No. He got his own.

7 Q. So if you're reporting to your accountant on
8 November 19 the wages you paid people and the hours they
9 worked for you, they were your employees as of that
10 date; weren't they?

11 A. Uh-huh.

12 Q. Were they?

13 A. Yes, ma'am.

14 Q. So it appears that you at least began paying
15 them on November 19 of 2011?

16 A. I think so, ma'am. I can't remember, what
17 I'm saying, you know.

18 Q. Well, looking at the documents --

19 A. Yeah.

20 MR. MOSS: November 25, though, isn't that
21 really correct? You said he started paying them.

22 MS. CARTER: No. On Saturday they worked
23 eight hours.

24 MR. MOSS: Well, I understand that, but he
25 didn't pay them until 11/25.

000251

1 BY MS. CARTER:

2 Q. Well, did they begin working for you on
3 November 19?

4 A. I think so.

5 Q. Does it appear that they all worked eight
6 hours for you on November the 19th?

7 A. Right. Yes, ma'am.

8 Q. And then they worked no hours for you on
9 Sunday. Did you not normally work on Sunday?

10 A. No, not really. Sometime, you know, very
11 few would they let us go ahead, but not really.

12 Q. And then they worked ten hours for you on
13 Monday and Tuesday and Wednesday?

14 A. Yes, ma'am.

15 Q. Did you ever, after you were bound
16 insurance, the Workers' Compensation insurance, did you
17 ever contact the Workers' Compensation carrier and tell
18 them that you wanted to be included in coverage?

19 A. No, ma'am. I mean, I don't remember. I
20 never called them.

21 Q. Did you ever write them?

22 A. No, ma'am.

23 Q. And the \$6,000 that they told you that you
24 owed, did you ever pay that?

25 A. No. How?

1 MS. CARTER: That's all the questions I
2 have.

3 MR. MOSS: Nothing further. Worth?

4 MR. LIIPFERT: Nothing.

5 MR. MOSS: Okay. Any, Macloskie?

6 MR. MACLOSKIE: Oh, yeah.

7 MR. MONTGOMERY: All done.

8 (The deposition concluded at 11:52 a.m.)

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

C E R T I F I C A T E

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

I, Denise McCauley, Registered Professional Reporter and Notary Public for the State of South Carolina at Large, do hereby certify that the witness in the foregoing deposition was by me duly sworn to testify to the truth, the whole truth and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and location therein stated; that the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed by computer-aided transcription; that the foregoing is a full, complete and true record of the testimony of the witness and of all objections made at the time of the examination; and that the witness was given an opportunity to read and correct said deposition and to subscribe the same.

Should the signature of the witness not be affixed to the deposition, the witness shall not have availed himself of the opportunity to sign or the signature has been waived.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 30th day of JUNE, 2012, at Charleston, Charleston County, South Carolina.

Denise McCauley
RPR, IA-CSR, GA-CCR
My Commission expires
May 29, 2013

000254

CONTRACTORS INVOICE

EXHIBIT "A"

WORK PERFORMED AT:

Juan M. Yslas
TO: Full Circle Const.

Full Circle Development
Lot 181 Hampton Lake
A New Single Family Residence

DATE

11/29/11

YOUR WORK ORDER NO.

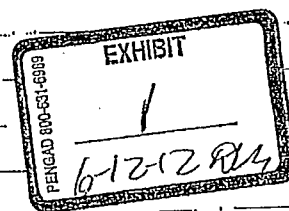
OUR BID NO.

DESCRIPTION OF WORK PERFORMED

We hereby propose to furnish the tools and perform
the labor necessary for the completion of all framework
including windows, doors, tyvek, titanium, and hardware.

For the sum of
\$12,118.50

Payments to be made weekly with a weekly invoice.



All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____ Dollars (\$ _____).

This is a ☐ Partial ☐ Full Invoice due and payable by: _____ Month _____ Day _____ Year

In accordance with our ☐ Agreement ☐ Proposal No. _____ Dated _____ Month _____ Day _____ Year

CONTRACTORS INVOICE

000255

CONTRACTORS INVOICE

Naun Ruiz
and
Juan Yslas

WORK PERFORMED AT:

Proposal

34 Palmetto Cove CT
1st #149 Hampton lake

TO: Full Circle Construction

DATE

11/2/2011

YOUR WORK ORDER NO.

OUR BID NO.

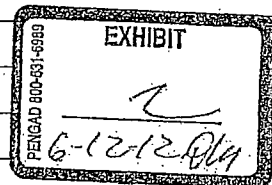
DESCRIPTION OF WORK PERFORMED

We hereby propose to Furnish the tools and perform the labor necessary for the Completion of all Framework including windows, doors, tyvek, titanium, and hardware.

For the sum of

\$18,823.50

Payments to be made weekly with a weekly invoice.



All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

is a ☐ Partial ☐ Full invoice due and payable by:

Month

Day

Year

in accordance with our

☐ Agreement

☐ Proposal

No. _____

Dated _____

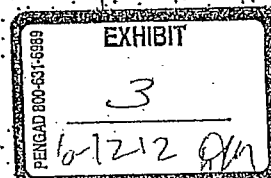
Month

Day

Year

EXHIBIT "B"

CERTIFICATE OF INSURANCE					ISSUED 11/28/2011	
PRODUCER: PEOPLES CHOICE INSURANCE AGENCY, LLC 23 SAVANNAH HWY BEAUFORT, SC 29906			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
			COMPANIES AFFORDING COVERAGE:			
			COMPANY LETTER	A. Atlantic Casualty Insurance Company		
			COMPANY LETTER	B. Riverport Insurance Company		
			COMPANY LETTER	C.		
			COMPANY LETTER	D.		
			COMPANY LETTER	E.		
INSURED: Juan Yelas Jr. 70 Hickory Hill Road St. Helena Island SC 29920						
COVERAGE:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	E2100000019	11/22/2011	11/22/2012	GENERAL AGGREGATE	200,000
					PRODUCTS COM/CRASH	200,000
					PERSONAL AUTO/BI	100,000
					BI/CI/CRASH/COM	100,000
					FIRE/CAVAGE/EXPENSE	100,000
					MED. EXPENSE (Any third party)	10,000
					CO-INSURE/DEDUCT	
					WORKERS COMPENSATION	
					BODILY INJURY/CRASH/COM	
					PROPERTY DAMAGE	
					EV/CH/CC/ACCIDENT	
					AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	33-17995-11327-965101	11/22/2011	11/22/2012	STATUTORY LIMITS	
					DISABILITY BENEFIT	100,000
					DISEASE/FOLG/TEMP	500,000
					DISEASE/ACCIDENT/TEMP	100,000
DESCRIPTION OF OPERATIONS / VEHICLES / SPECIALTY RISKS						
CERTIFICATE HOLDER:						
Full Circle Construction Company, Inc 168A Boradwalk Dr Cherry Point Business Center Ridgeland, SC 29936 Fax: 962-0613				Should any of the above described policies be cancelled before the expiration date, the company shall endeavor to mail, 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation of liability of any kind upon the company, its agents or representatives.		
				AUTHORIZED REPRESENTATIVE: <i>[Signature]</i>		

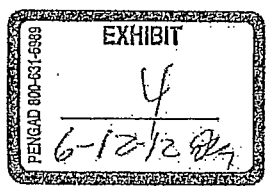


Form 1040 U.S. Individual Income Tax Return (99) 2011 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2011, or other tax year beginning 2011, ending 20 See separate instructions. Your first name and initial Last name Your social security number 266-81-9102 JUAN M YSLAS III If a joint return, spouse's first name and initial Last name Spouse's social security number 247-45-7618 KELLE FLETCHER Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 71 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920 Foreign country name Foreign province/county Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status 1 [] Single 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 5 [] Qualifying widow(er) with dependent child Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [X] Spouse c Dependents: (1) First Name Last Name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax credit (see instructions) Boxes checked on 6a and 6b 2 No. of children on 6c who: 3 • lived with you 0 • did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Add numbers on lines above 5 d Total number of exemptions claimed 7

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions 15a Taxable amount 16a Pensions and annuities 16a Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation 20a Social security benefits 20a Taxable amount 21 Other income. List type and amount. This is your total income 22 18719 23 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 18719

Adjusted Gross Income 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 Deductible part of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917. 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income. 1322 17397 Form 1040 (2011) 000258



YSLAS

Tax and Credits

Standard Deduction for:

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

- All others:

Single or
Married filing
separately,
\$5,800

Married filing jointly or Qualifying widow(er). \$11,600

Head of household, \$8,500

Other
Taxes

Payments

If you have a
qualifying
child, attach
Schedule EIC.

Refund

Direct deposit?
See
Instructions.

Amount
You Owe

Third Party
Designee

Sign
Here:

Joint return?
See Instructions.
Keep a copy
for your
records.

Paid
Preparer
Use Only

QNA

[illegible]

Third Party
Designee

Designee's name **ILDEFONSO VILLARREAL**

Phone
no. 843-815-2040

Personal Identification
number (PIN)

1 4 6 7 7

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my belief and knowledge, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your's signature

Date _____

1 Your occupation

Daytime phone number

843-835-7085

•

LABORER

If the IRS sent you an Identity Protection

PIN, enter 11

PrintType preparer's name

Preparer's signature

Date _____

Check ☐

80187E366

TELÉFONO VILLARREAL

Elm's name: ☐ PROFESSIONAL SERVICES

27-3492183

Phone no 843-815-2040

Home address: 49 PENNINGTON DR STE D, BLUFFTON SC 29910

Form 1040 (2011)

000259

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0047

2011

Attachment
Sequence No. 09

Name of proprietor

JUAN M YSLAS III

5 Social security number (SSN)

266-81-9102

B Enter code from instructions

238130

D Employer ID number (EIN), (see instr.)

A Principal business or profession, including product or service (see instructions)
FRAMING CONTRACTORS

C Business name. If no separate business name, leave blank.
JUAN YSLAS

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ☐ Yes ☐ No

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses ☐ Yes ☒ No

H If you started or acquired this business during 2011, check here ☐ Yes ☒ No

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☒ No

Part I Income

1a	Merchant card and third party payments. For 2011, enter -0-	1a		1d	28600
b	Gross receipts or sales not entered on line 1a (see instructions)	1b	28600	2	
c	Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution: See instr. before completing this line	1c		3	28600
d	Total gross receipts. Add lines 1a through 1c			4	3456
2	Returns and allowances plus any other adjustments (see instructions)			5	25144
3	Subtract line 2 from line 1d			6	
4	Cost of goods sold (from line 42)			7	25144
5	Gross profit. Subtract line 4 from line 3				
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				
7	Gross income. Add lines 5 and 6				

Part II Expenses

Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	3003	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depreciation	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24a	
16	Interest:	16a		24	Travel, meals, and entertainment:	24b	
a	Mortgage (paid to banks, etc.)	16b		a	Travel	25	
b	Other	17		b	Deductible meals and entertainment (see instructions)	26	
17	Legal and professional services			25	Utilities	27a	3422
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	27b	6425
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	28	18719
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere			b	Reserved for future use	29	
31	Net profit or (loss). Subtract line 30 from line 29.					30	

31 **18719**

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions.
QNA

Schedule C (Form 1040) 2011

000260
3

JUAN M YSLAS III
Schedule C (Form 1040) 2011

Part III Cost of Goods Sold (see instructions)

- 33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	3456
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	3456
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	3456

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

3 When did you place your vehicle in service for business purposes? (month, day, year) 01 / 01 / 2000

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business 5611 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TELEPHONE	954
PASS TO PRIVATE COMMUNITI	321
TOOLS	2147
48 Total other expenses. Enter here and on line 27a	3422

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR. ▶ See separate instructions.

Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income ▶

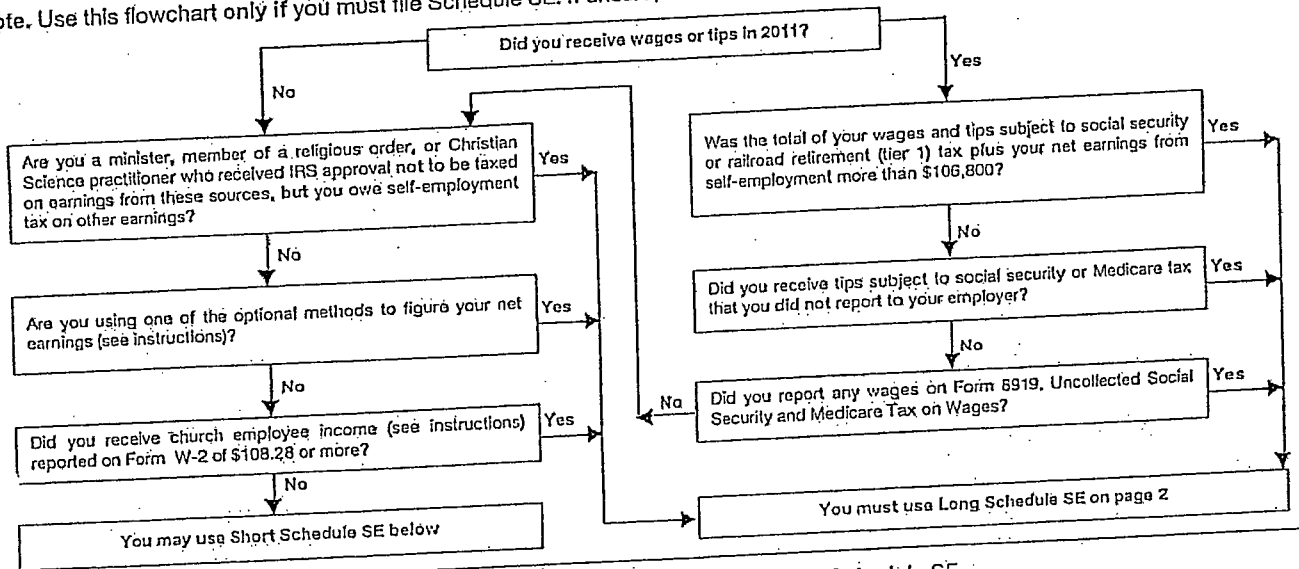
266-81-9102

JUAN M YSLAS III

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	18719
3	Combine lines 1a, 1b, and 2	3	18719
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	17287
5	Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	2299
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1322

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2011

QNA

000262

5

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number NAHUN RUIZ 71 HICKORY HILL RD ST HELENA SC 29920 (843) 473-9058 Nahun Ruiz		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0115 2011 Form 1099-MISC FDWA0302 07/13/11	Miscellaneous Income
PAYER'S federal identification number 45-3836893	RECIPIENT'S identification number 266-81-9102	5 Fishing boat proceeds \$	6 Med & health care payments \$	7 Nonemployee compensation \$ 25800.00	8 Substitute payments in lieu of dividends or interest \$		
RECIPIENT'S name JUAN M YSLAS III		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$	11 ☐	12 ☐	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Street address (including apartment number) 71 HICKORY HILL RD		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15 a Section 409A deferrals \$	15 b Section 409A income \$		
City ST HELENA ISLAND SC 29920		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$			
Account number (see instructions)							

BAA Form 1099-MISC

(Keep for your records.)

Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone number NAHUN RUIZ 71 HICKORY HILL RD ST HELENA SC 29920		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0115 2011 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 45-3836893	RECIPIENT'S identification number 266-81-9102	5 Fishing boat proceeds \$	6 Med & health care payments \$	7 Nonemployee compensation \$ 25800.00	8 Substitute payments in lieu of dividends or interest \$		
RECIPIENT'S name JUAN M YSLAS III		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$	11 ☐	12 ☐	Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.	
Street address (including apartment number) 71 HICKORY HILL RD		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15 a Section 409A deferrals \$	15 b Section 409A income \$		
City ST HELENA ISLAND SC 29920		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$			
Account number (see instructions)							

BAA Form 1099-MISC

FDWA0302 07/13/11

Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone number NAHUN RUIZ 71 HICKORY HILL RD ST HELENA SC 29920		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0115 2011 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 45-3836893	RECIPIENT'S identification number 266-81-9102	5 Fishing boat proceeds \$	6 Med & health care payments \$	7 Nonemployee compensation \$ 25800.00	8 Substitute payments in lieu of dividends or interest \$		
RECIPIENT'S name JUAN M YSLAS III		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$	11 ☐	12 ☐	Copy 1 For State Tax Department	
Street address (including apartment number) 71 HICKORY HILL RD		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15 a Section 409A deferrals \$	15 b Section 409A income \$		
City ST HELENA ISLAND SC 29920		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$			
Account number (see instructions)							

BAA Form 1099-MISC

FDWA0302 07/13/11

Department of the Treasury — Internal Revenue Service

000263

CONTRACTORS INVOICE

Nancy Ruiz
Juan V. Llanos

WORK PERFORMED AT:

34 Palmetto Cove Ct
Lot #147 Hampden Lake
SEASONAL RESIDENCE

TO: Full Circle Development
or Construction Corp.

DATE

11-15-2011

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

1st Diagram of Home work to be

\$6000.00

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ 6000.00).

Is a ☒ Partial ☐ Full invoice due and payable by:

11

Month

15

Day

Year

in accordance with our

☐ Agreement

☐ Proposal

No. _____

Dated _____

Month

Day

Year

CONTRACTORS INVOICE

WORK PERFORMED AT:

341 Palmetto Cove Ct.
 Lot # 149, Hampton Lake
 S.W. 1st Avenue

TO: Full Const. Const.

DATE 11-27-2011 YOUR WORK ORDER NO. OUR BID NO.

DESCRIPTION OF WORK PERFORMED

2" draw at framework to LP

#6,000.00

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of

Dollars (\$ 6,000.00)

Is a ☐ Partial ☐ Full invoice due and payable by: 11 Month 13 Day 2011 Year

in accordance with our ☐ Agreement ☐ Proposal No. Dated Month Day Year

11/19/2011 - 11/25/2011

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Hours	Total
Juan Yslas Jr.									1200.00
Juan Yslas III	20:00	8:00	0:00	10:00	10:00	10:00	0:00	48:00	960.00
Ricardo Islas	14:00	8:00	0:00	10:00	10:00	10:00	0:00	48:00	672.00
Oscar Godoni	13:00	8:00	0:00	10:00	10:00	10:00	0:00	48:00	624.00
Juan Velazquez	12:00	8:00	0:00	10:00	10:00	10:00	0:00	48:00	576.00
Jose Cruz	12:00	8:00	0:00	10:00	10:00	10:00	0:00	48:00	576.00
Christian Cruz	12:00	8:00	0:00	10:00	10:00	10:00	0:00	48:00	576.00
Expenses									816.00
									6000.00

Juan Yslas Jr 1200.00

Juan Yslas III 960.00

Ricardo Islas 672.00

Oscar Godoni 624.00

Juan Velazquez 576.00

Jose Cruz 576.00

Christian Cruz 576.00

Expenses 816.00

Expenses

Nails 320.00

Gas 372.00

Passes 60.00

Misc 64.00

6000.00

816.00

000266

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Irving N. Y. 100
Full Circle Const.

34 Palmetto Cove Ct
lot #149 Palmetto Cove
School Road

DATE

11-29-11

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

2nd Draw of frame for 10.

12/1/11

Thank You!

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

is a ☐ Partial ☐ Full invoice due and payable by: _____ Month _____ Day _____ Year _____

in accordance with our ☐ Agreement ☐ Proposal No. _____ Dated _____ Month _____ Day _____ Year _____

11/26/2011 - 12/02/2011

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Hours	Total
Juan Yslas Jr									800.00
Juan Yslas III	120.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	800.00
Ricardo Islas	14.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	560.00
Oscar Godoni	13.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	520.00
Juan Velazquez	12.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	480.00
Jose Cruz	12.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Christian Cruz	12.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Expenses									340.00
									3500.00

Juan Yslas Jr 800.00

Juan Yslas III 800.00

Ricardo Islas 560.00

Oscar Godoni 520.00

Juan Velazquez 480.00

Jose Cruz 0.00

Christian Cruz 0.00

Expenses 340.00

Expenses

Nails 0.00

Gas 260.00

Passes 50.00

Misc 30.00

3500.00

340.00

000268

11

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Juan M. Yelas
Full Circle Construction

4 Palmetto Cove Ct

lot #149 Hampton Lck.

Seaboard residence

DATE

12/6/11

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

4th Floor of Framing to 1st

\$ 2,200.50

Thank You!

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

is a ☐ Partial ☐ Full Invoice due and payable by:

Month

Day

Year

in accordance with our

☐ Agreement

☐ Proposal

No. _____

Dated _____

Month

Day

Year

12/03/2011 - 12/09/2011

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Hours	Total
Juan Yslas Jr									800.00
Juan Yslas III	20:00	0:00	8:00	8:00	7:00	7:00	7:00	37:00	740.00
Ricardo Islas	14:00	0:00	8:00	8:00	7:00	7:00	7:00	37:00	518.00
Oscar Godoni	13:00	0:00	8:00	8:00	7:00	7:00	7:00	37:00	481.00
Juan Velazquez	12:00	0:00	8:00	8:00	7:00	7:00	7:00	37:00	444.00
Jose Cruz	12:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0.00
Christian Cruz	12:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0.00
Expenses									340.50
									3323.50

Juan Yslas Jr

800.00

Expenses

Juan Yslas III

740.00

Nails

0.00

Ricardo Islas

518.00

Gas

260.50

Oscar Godoni

481.00

Passes

50.00

Juan Velazquez

444.00

Misc

30.00

Jose Cruz

0.00

Christian Cruz

0.00

Expenses

340.50

3323.50

340.50

000270

13

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Juan M. Yslas
Full Circle Const.

Full Circle Development
Lot 181 Hampton Lake
A New Single Family Residence

DATE 11/29/11 YOUR WORK ORDER NO. OUR BID NO.

DESCRIPTION OF WORK PERFORMED

We hereby propose to furnish the tools and perform the labor necessary for the completion of all framework including windows, doors, tyvek, titanium, and hardware.

For the sum of
\$12,118.50

Payments to be made weekly with a weekly invoice.

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

is a ☐ Partial ☐ Full invoice due and payable by: _____ Month _____ Day _____ Year _____

in accordance with our ☐ Agreement ☐ Proposal No. _____ Dated _____ Month _____ Day _____ Year _____

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Full Circle

Memphis, TN

DATE

1/10/12

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

1. Full Circle work

2. Full Circle work

3. Full Circle work

4. Full Circle work

5. Full Circle work

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

is a ☐ Partial ☐ Full invoice due and payable by:

Month

Day

Year

In accordance with our

☐ Agreement

☐ Proposal

No. _____

Dated

Month

Day

Year

01/07/2012 - 01/13/2012

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Hours	Total
Juan Yslas Jr									1000.00
Juan Yslas III	20.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	800.00
Ricardo Islas	14.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	560.00
Oscar Godoni	13.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	520.00
Juan Velazquez	12.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	480.00
Jose Cruz	12.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	480.00
Leortino Reyes	12.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	480.00
Expenses									680.00
									5000.00

Juan Yslas Jr 1000.00

Juan Yslas III 800.00

Ricardo Islas 560.00

Oscar Godoni 520.00

Juan Velazquez 480.00

Jose Cruz 480.00

Leortino Reyes 480.00

Expenses 680.00

Expenses

Nails 320.00

Gas 320.00

Passes 0.00

Misc 40.00

5000.00

680.00

000273

16

CONTRACTORS INVOICE

Juan M. Yslas

WORK PERFORMED AT:

TO: Full Circle Const.

lot 181

Lake residence.

Hampton lake

DATE

01/17/2012

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

2nd draw of frame work

All Trusses, plywood, Hurricane clips
and stuffs for the amount of

\$5000.00

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

is a ☐ Partial ☐ Full invoice due and payable by:

Month

Day

Year

In accordance with our

☐ Agreement

☐ Proposal

No. _____

Dated

Month

Day

Year

000274

01/14/2012 - 01/20/2012

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Hours	Total
Juan Yslas Jr									1000.00
Juan Yslas III	20:00	0:00	0:00	6:50	10:00	0:00	0:00	6:50	800.00
Ricardo Islas	14:00	0:00	0:00	8:00	8:00	8:00	8:00	40:00	560.00
Oscar Godoni	13:00	0:00	0:00	8:00	8:00	8:00	8:00	40:00	520.00
Juan Velazquez	2:00	0:00	0:00	8:00	8:00	8:00	8:00	40:00	480.00
Jose Cruz	2:00	0:00	0:00	8:00	8:00	8:00	8:00	40:00	480.00
Leortino Reyes	2:00	0:00	0:00	8:00	8:00	8:00	8:00	40:00	480.00
Expenses									680.00
									5000.00

Juan Yslas Jr 1000.00

Juan Yslas III 800.00

Ricardo Islas 560.00

Oscar Godoni 520.00

Juan Velazquez 480.00

Jose Cruz 480.00

Leortino Reyes 480.00

Expenses 680.00

Expenses

Nails 320.00

Gas 320.00

Passes 0.00

Misc 40.00

5000.00

680.00

000275

CONTRACTORS INVOICE

Juan m / Vslas

WORK PERFORMED AT:

Lot 181 Hampton Lake

TO: Full Circle Const

DATE

1/4/12

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

1. Land Draw
Shovel hole around 1 acre
by the end of the week.

\$2,115.50

It still want the tree cutting it be an
extra

\$150.00

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____ Dollars (\$ _____).

is a ☐ Partial ☐ Full invoice due and payable by:

Month

Day

Year

in accordance with our

☐ Agreement

☐ Proposal

No. _____

Dated

Month

Day

Year

01/21/2012 - 01/27/2012

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Hours	Total
Juan Yslas Jr									0.00
Juan Yslas III	20:00	0:00	6:50	10:00	0:00	0:00	0:00	6:50	0.00
Ricardo Islas	14:00	0:00	8:00	8:00	8:00	8:00	8:00	40:00	560.00
Oscar Godoni	13:00	0:00	10:00	0:00	0:00	0:00	0:00	10:00	130.00
Juan Velazquez	12:00	0:00	10:00	8:00	8:00	8:00	8:00	42:00	504.00
Marisa Lyons		0:00	0:00	0:00	0:00	10:00	0:00	0:00	300.00
Leortino Reyes	12:00	0:00	8:00	8:00	8:00	8:00	8:00	40:00	480.00
Expenses									294.50
									2268.50

Juan Yslas Jr 0.00

Juan Yslas III 0.00

Ricardo Islas 560.00

Oscar Godoni 130.00

Juan Velazquez 504.00

Jose Cruz 300.00

Leortino Reyes 480.00

Expenses 294.50

Expenses

Nails 0.00

Gas 260.00

Passes 0.00

Misc 34.50

2268.50

294.50

000277

10

9595

☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
JUAN M YSLAS 70 HICKORY HILL RD SANTA HELENA ISLA SC 29920		\$	2011 Form 1099-MISC	
		2 Royalties		
		\$		
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld	
23-9151999		\$	\$	
RECIPIENT'S identification number		5 Fishing boat proceeds	6 Medical and health care payments	
266-81-9102		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
JUAN M YSLAS III		\$ 2800.00	\$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds	
70 HICKORY		\$	\$	
City State ZIP code		11	12	
ST. HELENA ISLAND SC 29920				
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
2nd TIN not ☐		\$	\$	
15 a Section 409A deferrals	15 b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
\$	\$	\$		\$

Miscellaneous Income

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2011 General
Instructions for
Certain
Information
Returns.

Form 1099-MISC

Department of the Treasury — Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595

☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
		\$	2011 Form 1099-MISC	
		2 Royalties		
		\$		
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld	
		\$	\$	
RECIPIENT'S identification number		5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
		\$	\$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds	
		\$	\$	
City State ZIP code		11	12	
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
2nd TIN not ☐		\$	\$	
15 a Section 409A deferrals	15 b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
\$	\$	\$		\$

Miscellaneous Income

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2011 General
Instructions for
Certain
Information
Returns.

BAA Form 1099-MISC

FDWA0301 07/11/11

Department of the Treasury — Internal Revenue Service

000278

21

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number JUAN M YSLAS 70 HICKORY HILL RD SANTA HELENA ISLAND SC 29920 Juan M Yslas		1 Rents \$	OMB No. 1545-0115 2011 Form 1099-MISC FDWA0302 07/13/11	Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 23-9151999		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 266-81-9102		3 Other income \$	6 Med & health care payments \$	
RECIPIENT'S name JUAN M YSLAS III		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apartment number) 70 HICKORY		7 Nonemployee compensation \$ 2800.00	10 Crop insurance proceeds \$	
City ST. HELENA ISLAND State ZIP code SC 29920		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	12 ☐	
Account number (see instructions)		11 ☐	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

BAA Form 1099-MISC (Keep for your records.) Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone number JUAN M YSLAS 70 HICKORY HILL RD SANTA HELENA ISLAND SC 29920		1 Rents \$	OMB No. 1545-0115 2011 Form 1099-MISC	Miscellaneous Income Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.
PAYER'S federal identification number 23-9151999		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 266-81-9102		3 Other income \$	6 Med & health care payments \$	
RECIPIENT'S name JUAN M YSLAS III		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apartment number) 70 HICKORY		7 Nonemployee compensation \$ 2800.00	10 Crop insurance proceeds \$	
City ST. HELENA ISLAND State ZIP code SC 29920		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	12 ☐	
Account number (see instructions)		11 ☐	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

BAA Form 1099-MISC FDWA0302 07/13/11 Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone number JUAN M YSLAS 70 HICKORY HILL RD SANTA HELENA ISLAND SC 29920		1 Rents \$	OMB No. 1545-0115 2011 Form 1099-MISC	Miscellaneous Income Copy 1 For State Tax Department
PAYER'S federal identification number 23-9151999		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 266-81-9102		3 Other income \$	6 Med & health care payments \$	
RECIPIENT'S name JUAN M YSLAS III		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apartment number) 70 HICKORY		7 Nonemployee compensation \$ 2800.00	10 Crop insurance proceeds \$	
City ST. HELENA ISLAND State ZIP code SC 29920		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	12 ☐	
Account number (see instructions)		11 ☐	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

BAA Form 1099-MISC FDWA0302 07/13/11 Department of the Treasury — Internal Revenue Service

000279

22

9585

VOID

CORRECTED

PAYEE'S name, street address, city, state, ZIP code, and telephone no. Keith Carter Construction 26 Planters Circle Lady's Island, SC 29907		1 Rent \$ 2 Dividends \$ 3 Other income \$	OMA no. 1545-0113 2010 Form 1099-MISC	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
PAYEE'S federal identification number 57-1024321	PAYEE'S state identification number 266-81-9102	4 Federal income tax withheld \$ 5 Ruling basis proceeds \$ 6 Ruling basis proceeds \$	7 Ruling basis proceeds \$ 8 Ruling basis proceeds \$	
PAYEE'S name Juan Yslas		9 Total amount of net profit \$ 35,277⁰⁰	10 Corporation proceeds \$	
Street address (if different from 1) 70 Hickory Hill Road City, state, and ZIP code St. Helena, SC 29920		11 \$	12 \$	
Account number (see instructions) 		13 Excess golden parachute payments \$	14 Gross amount paid to non-employee \$	
15a Shareholder's return \$	15b Shareholder's return \$	16 Shareholder's return \$	17 Shareholder's return 253423371	18 Total income \$ 35,277⁰⁰

Form 1099-MISC

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do Not Cut or Separate Forms on This Page

Do Not Cut or Separate Forms on This Page

000280

23

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. J & S BUILDING CONTRACTORS PO BOX 70 GARNER, NC 27529 (919) 427-2077		1 Rents	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Income
		2 Royalties			
		3 Other income			
PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	Copy C For Payer or State Copy or Copy 2		
06-1805939	263-81-9102	5 Fishing boat proceeds			
RECIPIENT'S name, address, city and ZIP code JUAN YSLAS JR 70 HICKORY HILLS RD ST HELENA ISLAND, SC 29920		6 Medical and health care payments			
Account number (see instructions)		7 Nonemployee compensation	For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.		
		8 Substitute payments in lieu of dividends or interest			
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐			
2nd TIN not ☐		10 Crop insurance proceeds	18 State income		
11		12			
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.		
\$	\$	\$	\$		

Form 1099-MISC

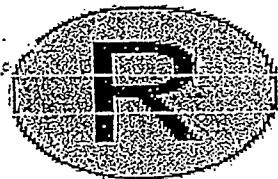
LMC

5112

Department of the Treasury - Internal Revenue Service

000281

24



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

Enclosed is your:

☐ **Coverage Document for South Carolina Worker's Compensation**

Please carefully review your policy or Agreement, the Information Page and any Endorsements to ensure that the coverages you want or need are included and that they are accurately prepared. Your agent will also receive copies of your Information Page and any Endorsements. Please communicate with your agent or Berkley Risk Administrators Company, LLC if there are errors or if changes are necessary. Also included for your review are the forms and instructions you need to report all workers' compensation claims to us.

☐ **South Carolina Workers' Compensation Renewal Document**

Please carefully review your renewal Policy or Agreement, the Information Page and any Endorsements to ensure that the coverages you want or need are included and that they are accurately prepared.

☐ **New supply of First Report of Injury forms and/or the other information you requested.**

YOU MUST MAINTAIN AN ADEQUATE SUPPLY OF FIRST REPORT OF INJURY FORMS.

They should be kept where they are accessible to the person who is responsible for completing the form and sending it to us. If you run out of forms or can't find your supply, please complete the form below and return it to Berkley Risk Administrators Company, LLC. We will gladly send you a supply of forms and provide any other information you request. Please do it today because you never know when an injury might be reported by one of your employees.

CUT ON LINE

WC-39-84-012364-00

JUAN YSLAS JR

70 HICKORY HILL RD

SAINT HELENA ISLAND, SC 299204303

Please send the following information to the attention of:

at the address at left

- ☐ First Report of Injury Forms
- ☐ Supervisor's Report of Accident forms
- ☐ Employer's Loss Control Booklet
- ☐ Employer's Injury Management Guide

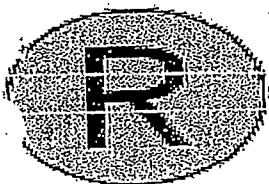
Clip and mail to:

Berkley Risk Administrators Company, LLC
P.O. Box 59143
Minneapolis, MN 55459-0143

BA3110 (11/01) 000282

3836 924453

25



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

STATEMENT OF PREMIUM

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012

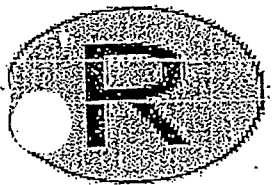
Date of Mailing: 11/29/2011

Standard Premium	\$520.00
Expense Constant	\$230.00
Terrorism	\$0.00
Total Estimated Annual Premium	\$750.00
Total Fees & Premium	\$750.00
Net Deposit Premium Required	\$750.00
Premium Paid to Date	(\$750.00)
Total Premium Due	\$0.00

Stat Code 9740

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

000283
BA3200 (11/95)
3836 924453
26



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

INFORMATION PAGE

Policy No. New

The Insured:

JOAN YSLAS JR

10 HICKORY HILL RD

LAUREL HELENA ISLAND, SC 299204303

WCIP

Policy Number: WC-39-84-012364-00

Risk ID:

Tax ID#: F 23-9151999

Date of Mailing: 11/29/2011

☒ Individual ☐ Partnership

☐ Corporation ☐ Other

The policy period is from 12:01 a.m. 11/22/2011 to 12:01 a.m. 11/22/2012 at the insured's mailing address.

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 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:

SEE WC 00-03-26 (A)

D. This policy includes these endorsements and schedules:

000308 WC000326A WC000402 WC000403 WC000404 WC000414 WC000415B WC000417B WC000419 WC000421C WC000422A
97 1A WC990601

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.

PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	CODE NO.	ENTRIES IN THIS ITEM, EXCEPT AS SPECIFICALLY PROVIDED ELSEWHERE IN THIS CONTRACT; DO NOT MODIFY ANY OF THE OTHER PROVISIONS OF THIS POLICY.	ESTIMATED ANNUAL PREMIUM
See Schedule			Manual Premium	\$0.00
			Subject Premium	\$0.00
			Modified Premium	\$0.00
			Minimum Premium Adjustment	\$520.00
Minimum Premium :	\$750.00		Standard Premium	\$520.00
			Expense Constant	\$230.00
			Terrorism	\$0.00
			Total Estimated Annual Premium	\$750.00
			Total Fees & Premium	\$750.00
			Net Deposit Premium Required	\$750.00
			Premium Paid to Date	(\$750.00)
			Total Premium Due	\$0.00

Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

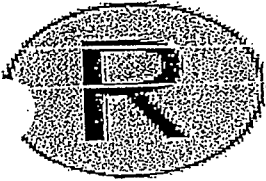
FE: 11/29/2011

Signature:

000284

WC-99-00-01

27



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

This policy does not cover bodily injury to any person described in the schedule.
Premium basis for the policy does not include the remuneration of such persons.
We will reimburse us for any payment we must make because of bodily injury to such persons.

SCHEDULE

Partners

Officers

Others

JUAN YSLAS

Other terms and conditions of this policy remain unchanged.

Agency Name and Address
Peoples Choice Ins Agency
586 Paris Island Gfwy
Beaufort, SC 29906

000285

WC 00-03-08
3836 924453

28

11/22/2011
 RIS
 RIS- search shows for fein#239151999 YSLAS JUAN JR -70 HICKORY HILL RD, SAINT HELENA ISLAND, SC 29920-4303 prior policy cancelled 07/2011 - in compliance - History also shows a J & J CONSTRUCTION at same address 70 HICKORY HILL RD, SAINT HELENA ISLAND, SC 29920-4303 - legal status is partnership - policy cancelled 2001. RIS search for name JUAN YSLAS shows JUAN YSLAS 70 HICKORY HILL RD, ST HELENA IS, SC 29920-4303 - non compliance audit and JUAN YALAS III DBA JOHN JULIAN CONSTRUCTION 71 HICKORY HILL RD, SAINT HELENA ISLAND, SC 29920-4316 non compliance debt from 2004-fein#266819102 Researched prior applications with fein #239151999 and found same DOB for this applicant - JUAN YALAS III has different DOB - Applicant Juan Yslas, Jr. reflected as 04/24/1957 per application submitted; Juan Yslas III DOB reflected as 8/25/1975 per prior applications submitted via RMAPS per notes on previous application, Juan Yslas III is applicant's son - previous application was bound 07/2010 for this applicant Juan Yslas need to call producer

11/22/2011
 Applicant Name Updated
 Applicant Name was JUAN YSLAS changed to JUAN YSLAS JR

11/22/2011
 Include/Exclude Section Updated
 Last Name was YSLAS changed to YSLAS JR

11/22/2011
 EFFECTIVE DATE
 Effective date has been verified

11/22/2011
 NAME OF INSURED
 Spelling, legal status and/or initials verified

11/22/2011
 PRIOR HISTORY
 No outstanding debts or audits

11/22/2011
 STATE SPECIAL
 N/A

11/22/2011
 SIGNED APPLICATION
 Verified signatures of the producer and applicant

11/22/2011
 IMAGE ASSOCIATION
 Images attached and associated correctly

11/22/2011
 SPECIAL RULES
 N/A

11/22/2011
 called producer
 spoke with producer jackie - she checked with applicant and advised that J&J construction was applicant's son Juan Yslas III business - applicant was not a partner with his son, she also verified that applicant is a JR - changed name to Juan Yslas Jr- applicant does framing and remodeling - she will fax signed premium finance agreement

11/22/2011
 Request for Information First Notice Sent by Fax.

11/22/2011
 FAX RECEIVED
 A NEW 3 PAGE FAX HAS BEEN RECEIVED

11/22/2011
 signed premium finance agreement
 received signed premium finance agreement and agency license number

11/22/2011 VERIFIED APPLICATION CHANGES
Changes made and verified, added JR to applicant's name per producer

11/22/2011 CLASS CODE
Class Code has been verified, per the NOB - framing and remodeling and class code tree answers - code 5645 is the correct code for this exposure

11/22/2011 FAX PAGES WERE ASSIGNED TO THIS APPLICATION (page names begin with faxin_528840)

11/23/2011 producer called
producer Jackie advised - wanted to verify if application would be bound today - advised still checking on applicant's history- I will call back and advise her today

11/23/2011 called producer
called producer and advised need signed statement from applicant indicating if he has had or has not had any ownership of the son's business on his business letterhead or vice versa if and when his son has had any ownership in his business- when statement is faxed, I can bind application

11/23/2011 FAX PAGES WERE ASSIGNED TO THIS APPLICATION (page names begin with faxin_529486)

11/23/2011 producer called
producer Jackie fax signed statement from applicant advising he is not affiliated with son's business J&J construction - advise I will bind application- applicants accountant also called to verify if we need any information or documentation - advised no

11/23/2011 OWNERSHIP/ERM-14
N/A

11/23/2011 VERIFY ADDITIONAL NOTICES
okay

Class Code Selection

ONLINE AGENT DATE: 11/14/2011 TIME: 13:01:49
ORIGINAL CLASS CODE: 5645

QUESTION:
Does the applicant construct buildings and residences, or perform any remodeling which may include structural changes to buildings?
ANSWER: Y

QUESTION:
Does the applicant meet ANY of the following conditions?~A. Employees of the contractor or specialty contractors are involved in multiple carpentry operations in connection with the construction of buildings or residences.~B. Building/remodeling/renovation includes some framing or structural carpentry work.
ANSWER: Y

QUESTION:
Is applicant building or remodeling single family structures?
ANSWER: Y
RECOMMENDED CLASS CODE: 5645



WORKERS COMPENSATION APPLICATION

 DATE (MM/DD/YYYY)
11/21/2011

AGENCY NAME AND ADDRESS PEOPLES CHOICE INSURANCE AGENCY 586 PARRIS ISLAND GTWY BEAUFORT, SC 29906-6300		COMPANY: UNDERWRITER: APPLICANT NAME: JUAN YSLAS JR	
PRODUCER NAME: LES GOUDE		OFFICE PHONE: (843) 473-9058 MOBILE PHONE: (843) 838-5373	
CS REPRESENTATIVE NAME:		MAILING ADDRESS (including Zip + 4) 70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303	
OFFICE PHONE (A/C, No, Ext): (843) 522-0995		YRS IN BUS: 0	
MOBILE PHONE:		SIC:	
FAX (A/C, NO): (843) 522-1503		NAICS:	
EMAIL: PCINSURANCE@HARGRAY.COM		Website Address:	
ADDRESS:		E-MAIL ADDRESS:	
CODE: SUB CODE:		X ☐ SOLE PROPRIETOR ☐ CORPORATION ☐ LLC ☐ TRUST ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐ JOINT VENTURE ☐ OTHER	
AGENCY CUSTOMER ID:		CREDIT BUREAU NAME: ID NUMBER:	
FEDERAL EMPLOYER ID NUMBER: 23-9151999		HCCI RISK ID NUMBER: OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE	

STATUS OF SUBMISSION ☐ QUOTE ☐ ISSUE POLICY ☐ BOUND (Give date and/or attach copy) ☒ ASSIGNED RISK (Attach ACORD 153)		BILLING / AUDIT INFORMATION BILLING PLAN: ☐ AGENCY BILL ☐ DIRECT BILL PAYMENT PLAN: ☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ OTHER: % DOWN: AUDIT: ☐ AT EXPIRATION ☐ MONTHLY ☐ SEMI-ANNUAL ☐ QUARTERLY	
--	--	--	--

LOCATIONS	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	70 HICKORY HILL RD SAINT HELENA ISLAND, SC 29920-4303

POLICY INFORMATION		PROPOSED EXP DATE		NORMAL ANNIVERSARY RATING DATE		PARTICIPATING		RETRO PLAN		
PROPOSED EFF DATE 11/22/2011		11/22/2012				NON-PARTICIPATING				
PART 1 - WORKERS COMPENSATION (States) SC	PART 2 - EMPLOYER'S LIABILITY \$ 100,000 EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 100,000 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS		DEDUCTIBLES (N/A in WI) MEDICAL INDEMNITY		AMOUNT / % (N/A in WI)		OTHER COVERAGES: U.S.L. & H. VOLUNTARY COMP FOREIGN COV MANAGED CARE	
	DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION							
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$750.00	TOTAL MINIMUM PREMIUM ALL STATES \$0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$750.00

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	JUAN YSLAS	(843) 473-9058		
ACTING RECORD	JUAN YSLAS	(843) 473-9058		
CLAIMS INFO	JUAN YSLAS	(843) 473-9058		

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXG	CLASS CODE	REMUNERATION/PAYROLL
SC		YSLAS, JUAN	04/24/1957	SOLEPRP	100	OWNER	E	5845	0

STATE RATING SHEET # 1 OF 1 SHEETS

RATING INFORMATION - STATE: South Carolina

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS; MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.
FRAMING AND REMODELING

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? (If "YES", explain including entity name(s) and policy number(s))	N

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NCCI APP# 27256550

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIALLY) CIVIL PENALTIES: (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY; PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
---	------	----------------------	--------------------------

11/21/2011

ACORD 130 (2009/09)

Page: 4 of: 4

000291

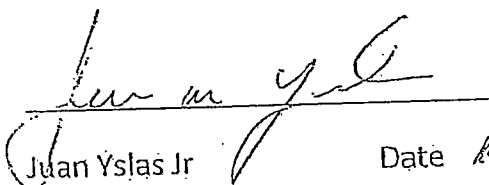
34

Juan Yslas Jr
70 Hickory Hill Rd
St. Helena, SC 29920
Phone: 843-473-9058

I, Juan Yslas Jr., am a sole proprietor for my current business. My son, Juan Yslas III, FEIN's is not and it's not to be affiliated with my current business. Also, I never had any ownership or affiliation in my son's business J&J Construction, and neither does my son have any ownership and affiliation with my current business.

If you have any questions, please feel free to contact me.

Sincerely,



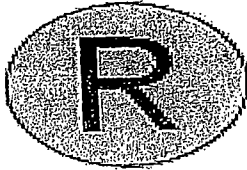
Juan Yslas Jr

Date

11/23/2011

000292

35



South Carolina Workers' Compensation Insurance Plan
Riverport Insurance Company
Administered by Berkley Risk Administrators Company, LLC
P.O. Box 59143 Minneapolis, Minnesota 55459-0143
Phone (612) 766-3000 Fax (866) 215-8118 Toll Free (888) 548-7431
NCCI Carrier Code 27995

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

1. The Insured:

WCIP

Policy Number: WC-39-84-012364-00
Risk ID:

JUAN YSLAS JR
70 HICKORY HILL RD
SAINT HELENA ISLAND, SC 299204303

Tax ID#: F 23-9151999

Policy Period: From: 11/22/2011
To: 11/22/2012
Endorsement Eff. Date: 11/22/2011
Date of Mailing: 11/29/2011

This policy does not cover bodily injury to any person described in the schedule.
The Premium basis for the policy does not include the remuneration of such persons.
You will reimburse us for any payment we must make because of bodily injury to such persons.

SCHEDULE

Partners

Officers

Others

JUAN YSLAS

All other terms and conditions of this policy remain unchanged.

Agency Name and Address

Peoples Choice Ins Agency
586 Paris Island Gtwy
Beaufort, SC 29906

WC 00-03-08

3836 927453

000293

36

WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Juan Yslas Construction 70 Hickory Hill Saint Helena Island, SC 29920		CARRIER/ADMINISTRATOR CLAIM NUMBER JAN 23 2012 BRAC	OSHA LOG NUMBER	REPORT PURPOSE CODE
INDUSTRY CODE		EMPLOYER FEIN	JURISDICTION	JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER		EMPLOYER(S) LOCATION ADDRESS (IF DIFFERENT) 70 Hickory Hill Saint Helena Island, SC 29920		
LOCATION #		PHONE # 843-838-5373		
CARRIER/CLAIMS ADMINISTRATOR Berkley Risk Administrators		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) Key Risk Insurance Company		
CARRIER FEIN		POLICY/SELF-INSURED NUMBER WC398401238400		ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER				
EMPLOYEE INFORMATION				
NAME (LAST, FIRST, MIDDLE) Yslas III, Juan		DATE OF BIRTH 08/26/1976	SOCIAL SECURITY NUMBER 268-81-9102	DATE HIRED SC
ADDRESS (INCL ZIP) 70 Hickory Hill Saint Helena Island, SC 29920		SEX ☒ Male ☐ Female ☐ Unknown	MARITAL STATUS ☒ Unmarried/Sing & Divorced ☐ Married ☐ Separated ☐ Unknown	OCCUPATION/JOB TITLE Lead Man
PHONE 843-473-9058		# OF DEPENDENTS 4	EMPLOYMENT STATUS	
RATE PER: ☐ DAY ☐ MONTH ☒ WEEK ☐ OTHER		DAYS WORKED/WEEK 8	FULL PAY FOR DAY OF INJURY? ☒ YES ☐ NO DID SALARY CONTINUE? ☐ YES ☒ NO	
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK ☒ AM ☐ PM	DATE OF INJURY/ILLNESS 01/16/2012	TIME OF OCCURRENCE ☐ AM ☒ PM ☐ CANNOT BE DETERMINED	LAST WORK DATE 01/16/2012	DATE EMPLOYER NOTIFIED DATE DISABILITY BEG/
CONTACT NUMBER/PHONE NUMBER		TYPE OF INJURY/ILLNESS Fracture		PART OF BODY AFFECTED Both Heels
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☒ NO		TYPE OF INJURY/ILLNESS CODE		
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Palmetto Coya Lot 181, Bluffton, SC		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED None		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Preparing to put truss on a house		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW/WHY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL The employee was preparing to put a truss on a house when he fell from the roof of the house.		COURSE OF INJURY CODE		
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☒ NO WERE THEY USED?		INITIAL TREATMENT
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) Juan Yslas		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS) Bulford Memorial Hospital Unknown Bulford, SC Ph: 843-522-5774		0 ☐ NO MEDICAL TREATMENT 1 ☐ MINOR BY EMPLOYER 2 ☐ MAJOR CLINIC/HOSP 3 ☒ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
OTHER:				
WITNESSES (NAME & PHONE #) Juan Yslas				
DATE ADMINISTRATOR NOTIFIED 01/17/2012	DATE PREPARED 01/17/2012	PREPARED'S NAME & TITLE Juan Yslas III - Lead Man		PHONE NUMBER 843-473-0058

WCC FORM 12-A
REV. DATE 04/03

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

REPRINTED WITH PERMISSION OF INABO

000294

57