TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

REC'D FEB 13 2012

TYPE V **INFORMATION PAGE WC 00 00 01 (A)**

POLICY NUMBER: (IHUB-1381B74-5-12)

RENEWAL OF (IHUB-1381B74-5-11)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

NCCI CO CODE: 13439

1.

INSURED:

111 MORGAN CONDO ASSOCIATION
111 S. MORGAN STREET
CHICAGO IL 60607

PRODUCER:

MARKET FINANCIAL GROUP
240 COMMERCE DR
CRYSTAL LAKE IL 60014

Insured is ASSOC

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 02-17-12 to 02-17-13 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

IL

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:	$	500000	Each Accident
Bodily Injury by Disease:	$	500000	Policy Limit
Bodily Injury by Disease:	$	500000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IN KS KY LA MA MD ME MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 02-06-12 MK
OFFICE: NAPERVILLE IL 888
PRODUCER: MARKET FINANCIAL GROUP

DIRECT BILL

HG499

013104

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE V **INFORMATION PAGE WC 00 00 01 (A)**

POLICY NUMBER: (IHUB-1381B74-5-12)

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER $100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 6513

		STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	$	2409
PREMIUM DISCOUNT		NONE
0900-12 EXPENSE CONSTANT		280
TERRORISM		26
CAT (OTHER THAN CERT ACTS OF TERRORISM)		10
TOTAL ESTIMATED PREMIUM		2725
TAXES AND SURCHARGES		27
DEPOSIT AMOUNT DUE		2752

Minimum Premium: $1000 EMPLOYERS LIABILITY MINIMUM: $100

DATE OF ISSUE: 02-06-12 MK
OFFICE: NAPERVILLE IL 888
PRODUCER: MARKET FINANCIAL GROUP HG499

COUNTERSIGNED-AGENT

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (IHUB-1381B74-5-12)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

13439-IL

INSURED'S NAME: 111 MORGAN CONDO ASSOCIATION

RATE BUREAU ID: 121320436

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER $100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 161653388 ENTITY CD 001				
111 MORGAN CONDO ASSOCIATION				

111 S MORGAN ST
CHICAGO, IL 60607

DATE OF ISSUE: 02-06-12 MK

SCHEDULE NO: 1 OF MORE

013105

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (IHUB-1381B74-5-12)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER $100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D)				
BUILDING OPERATION-CONDOMINIUM OR COOPERATIVES-ALL OTHER EMPLOYEES	9015	50971	4.88	2487

IL MANUAL PREMIUM $ 2487

1.70% EMPL. LIAB. INCREASED LIMITS(9807)	$	42
ADD FOR INCREASED LIMITS MINIMUM (9848)		58
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		2587
EXPERIENCE MODIFICATION: .95 MODIFIED PREMIUM		2458
2.00% SCHEDULE CREDIT (9887)		49
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		2409
EXPENSE CONSTANT (0900)		280
TERRORISM (9740)		26
CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		10
1.01% IL IND COMM OP FUND SURCHARGE		27
TOTAL ESTIMATED PREMIUM		2752
DEPOSIT AMOUNT DUE		2752

DATE OF ISSUE: 02-06-12 MK

SCHEDULE NO: 2 OF LAST

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 00 01 (A)

POLICY NUMBER: (IHUB-1381B74-5-12)

LISTING OF ENDORSEMENTS EXTENSION OF INFO PAGE

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 22 A - 001	TERRORISM-REAUTHORIZATION ACT DISCLOSURE
WC 00 04 21 C - 001	CATASTROPHE (O/T CERT. ACTS OF TERR)ENDT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 12 06 01 D - 001	ILLINOIS AMENDATORY ENDORSEMENT
WC 99 06 46 00 - 001	ILLINOIS AMENDATORY ENDORSEMENT

The Travelers Insurance Companies

(Each a Stock Insurance Company)
Hartford, Connecticut

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE – WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance.

3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law.

   Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
   a. benefits payable by this insurance;
   b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO – EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United

States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee;

provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions.
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356a), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws.
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws.
10. Bodily injury to a master or member of the crew of any vessel.
11. Fines or penalties imposed for violation of federal or state law.
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgement as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below:

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

   A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

   Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgement.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE – OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR – YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE – PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. All your officers and employees engaged in work covered by this policy; and
2. All other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

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.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports,

payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX – CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

In witness whereof, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut and countersigned on the Information page by a duly authorized agent of the company.

Wendy C. Skyes
Secretary

Brian MacLean
President

TRAVELERS
ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 14 (00)

POLICY NUMBER: (IHUB-1381B74-5-12)

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

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.

DATE OF ISSUE: 02-06-12 ST ASSIGN:

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (IHUB-1381B74-5-12)

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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:

a. The act is an act of terrorism.

b. The act is violent or dangerous to human life, property or infrastructure.

c. 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.

d. 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.

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (IHUB-1381B74-5-12)

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 charge 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

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. Endorsement No.
Insured Premium $

Insurance Company Countersigned by _____

DATE OF ISSUE: 02-06-12 ST ASSIGN:

013111

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 21 (C)

POLICY NUMBER: (IHUB-1381B74-5-12)

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

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 States 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

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. Endorsement No.
Insured Premium $

Insurance Company Countersigned by _____

DATE OF ISSUE: 02-06-12 ST ASSIGN:

TRAVELERS
ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 19 (00)

POLICY NUMBER: (IHUB-1381B74-5-12)

PREMIUM DUE DATE ENDORSEMENT

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 premiums is the date of the billing.**

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 12 06 01 (D)

POLICY NUMBER: (IHUB-1381B74-5-12)

ILLINOIS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Illinois is shown in Item 3.A. of the Information Page.

Part Six (Conditions), Condition A. **Inspection**, Condition D. **Cancellation** and Condition E. **Sole Representative** of the policy are replaced by these four Conditions.

Inspection

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. The National Council on Compensation Insurance has the same rights we have under this provision.

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail to each named insured and to the broker or the agent of record advance written notice stating when the cancellation is to take effect.
3. If we cancel because you do not pay all premium when due, we will mail the notice of cancellation at least ten days before the cancellation is to take effect. If we cancel for any other reason, we will mail the notice:
   a. At least 30 days before the cancellation is to take effect if the policy has been in force for 60 days or less;
   b. At least 60 days before the cancellation is to take effect if the policy has been in force for more than 60 days.
4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
   a. Nonpayment of premium.
   b. The policy was issued because of a material misrepresentation.
   c. You violated any of the material terms and conditions of the policy.
   d. There are unfavorable underwriting factors, specific to you, that were not present when the policy took effect.
   e. The Director has determined that we no longer have adequate reinsurance to meet our needs.
   f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.
5. Our notice of cancellation will state our reasons for canceling.
6. The policy period will end on the day and hour stated in the cancellation notice.

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 12 06 01 (D)

POLICY NUMBER: (IHUB-1381B74-5-12)

Nonrenewal

1. We may elect not to renew the policy. If we fail to give 60 days notice, the policy will automatically be extended for one year. The nonrenewal notice will be sent to your last known mailing address. We will maintain proof of mailing of the notice to not renew the policy. An exact and unaltered copy of such notice will also be sent to the insured's broker, if known, or the agent of record at the last mailing address known by the company.
2. Our notice of nonrenewal will state our reasons for not renewing.
3. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
   a. You notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
   b. You fail to pay all premiums when due; or
   c. You obtain other insurance as a replacement of the policy.

Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium or to give us notice of cancellation.

Part Five (Premium), Section G. **Audit** is replaced by this Section.

Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy ends. Information developed by audit will be used to determine final premium. The National Council on Compensation Insurance has the same rights we have under this provision.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective | Policy No. | Endorsement No.

Insured | Premium $

Insurance Company | Countersigned By _____

DATE OF ISSUE: 02-06-12 ST ASSIGN:

013113

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 46 (00)

POLICY NUMBER: (IHUB-1381B74-5-12)

ILLINOIS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Illinois is shown in Item 3.A. of the Information Page. Exclusion C., 1., of Part Two (Employers Liability) of the policy is replaced by the following:

C. Exclusions

1. is replaced by:

1. liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner.

This exclusion also does not apply to your liability to a third party by reason of a claim or suit against you by that third party for contribution under the Illinois Joint Tortfeasor Contribution Act for damages claimed against such third party as a result of injury to your employee if such liability is otherwise covered under this Part Two of the policy, and you have that liability because you have waived, in a written contract, your right to limit such liability to the amount of the workers compensation benefits paid for that injured employee under the Illinois Workers Compensation Act. This exception only applies to bodily injury by accident that occurs after that contract was made and to bodily injury by disease caused or aggravated by conditions to which the injured employee's last day of exposure occurs after that contract was made.

PRODUCER COPY

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

POLICY NUMBER: (IHUB-1381B74-5-12)

NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE FOR ILLINOIS WORKERS' COMPENSATION MEDICAL BENEFITS

Illinois Policyholders

Illinois law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for medical benefits only and applies separately to each accident, regardless of the number of people who sustain injury by such accident. The deductible amount is $1,000 for each accident.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days after the effective date of your policy. An endorsement, will be then attached to your policy to reflect the change.

If you decide that you do not want the deductible to apply, or if you already have a medical deductible on the policy, you may disregard this form. Your policy will continue in force as issued. For a complete explanation of how this program operates or the savings available by choosing this option, please contact your agent.

Yes, I want a deductible of $1,000 applied to medical benefits under the Illinois Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

Date: _____ Employer: _____

Name: _____

Title: _____

Insurance Company: _____

DATE OF ISSUE: 02-06-12

W12N3C01

013114

COMPANY COPY

TRAVELERS

ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

POLICY NUMBER: (IHUB-1381B74-5-12)

NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE FOR ILLINOIS WORKERS' COMPENSATION MEDICAL BENEFITS

Illinois Policyholders

Illinois law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for medical benefits only and applies separately to each accident, regardless of the number of people who sustain injury by such accident. The deductible amount is $1,000 for each accident.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days after the effective date of your policy. An endorsement, will be then attached to your policy to reflect the change.

If you decide that you do not want the deductible to apply, or if you already have a medical deductible on the policy, you may disregard this form. Your policy will continue in force as issued. For a complete explanation of how this program operates or the savings available by choosing this option, please contact your agent.

Yes, I want a deductible of $1,000 applied to medical benefits under the Illinois Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

Date: _____ Employer: _____

Name: _____

Title: _____

Insurance Company: _____

DATE OF ISSUE: 02-06-12

W12N3C01

013115

TRAVELERS
ONE TOWER SQUARE
HARTFORD, CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

POLICY NUMBER: (IHUB-1381B74-5-12)

NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE FOR ILLINOIS WORKERS' COMPENSATION MEDICAL BENEFITS

Illinois Policyholders

Illinois law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for medical benefits only and applies separately to each accident, regardless of the number of people who sustain injury by such accident. The deductible amount is $1,000 for each accident.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days after the effective date of your policy. An endorsement, will be then attached to your policy to reflect the change.

If you decide that you do not want the deductible to apply, or if you already have a medical deductible on the policy, you may disregard this form. Your policy will continue in force as issued. For a complete explanation of how this program operates or the savings available by choosing this option, please contact your agent.

Yes, I want a deductible of $1,000 applied to medical benefits under the Illinois Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

Date: _____ Employer: _____

Name: _____

Title: _____

Insurance Company: _____

DATE OF ISSUE: 02-06-12

W12N3C01

013116

MEDICAL AUTHORIZATION

RE: Name: Date:

SS#: Claim Number:

DOB:

YOU ARE HEREBY AUTHORIZED TO RELEASE TO

NIPPONKOA Insurance Company, Limited (U.S. Branch)
Travelers Indemnity Company and its Property/Casualty affiliates
or Constitution State Services, LLC
215 Shuman Boulevard
Naperville, IL 60567
Fax: 877/786-5567

or any representative acting on its behalf, including my employer, and to permit them to examine and/or copy:

> Any and all hospital records, medical records, psychological records, x-ray films and their reports, all tests of any type and character and their reports, statements of charges and any and all records of medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense in your possession or control pertaining to the undersigned. (Illinois Mental Health and Developmental Disabilities Confidentiality Act—REF. 740 ILCS 110/1 et seq; and, Illinois Workers Compensation Act 820 ILCS 305/8(a))

You are also authorized to discuss with them my injuries, physical condition, treatment and care and to furnish them with a written report regarding same.

The purpose for releasing this information is:

(A) To facilitate the evaluation of my claim for Workers' Compensation benefits. (REF: 50 IL Admin Code, Ch II § 7110.70).

(B) To permit said disclosed information to be admitted into evidence at a hearing on my claim for said benefits pursuant to the appropriate rules of practice before the Illinois Industrial Commission.

A photostatic copy of this authorization shall be as valid as the original. This authorization is valid for the duration of the claim.

You are hereby released from any and all liability or responsibility, which could or might result because of the disclosure of any information pursuant to this authorization.

_____ _____

DATE SIGNATURE

_____

PRINT NAME

W12C1G07

013117

Hydraulics vs. Illinois Industrial Commission

The above captioned case law has significantly impacted the manner in which insurers and **employers** are able to obtain medical information on Workers Compensation cases within the Benefit State of Illinois. This decision makes *ex-parté* (direct and unauthorized) communications to any and all injured worker's medical providers unlawful if a signed waiver from the employee or, if represented, his/her attorney has not been obtained.

In March, 2002, in the case of *Hydraulics vs. The Illinois Industrial Commission*, the Appellate Court held that *ex-parté* communication between the carrier/employer and medical provider is unlawful without a signed waiver from the employee or, if represented, his/her attorney. The Hydraulics case was appealed to the Illinois Supreme Court. In October 2002, the Supreme Court declined to hear this case.

Impact for Our Customers

- With the need to obtain a waiver, there will be a delay in obtaining medical information in most, if not all claims. We believe in early and aggressive claim management, this delay or inability to obtain needed medical information from providers may have an unfavorable impact on our ability to manage the claim to its best possible outcome.
- Although there is no precedent for this type of judicial mandate, we are projecting that a majority of injured workers will execute a waiver upon presenting a claim. On those claims where a waiver is not voluntarily signed, and where we are not able to confirm medical causation without this information, we may be forced to deny the claim. We hope we can avoid these situations with full cooperation by employers, injured workers, and physicians.
- Possible increased involvement of attorneys/filings may occur as a result of the denial trend noted above and the possible delay in issuing TTD benefits or medical bill payment pending receipt of the waivers.

What Can Employers Do?

- The Hydraulic decision applies to both insurers and employers. Thus, employers are barred from direct communication to medical providers of their injured workers unless they have obtained the signed waiver release.
- Assist us in getting the waiver signed prior to reporting a claim. Employers will be provided a waiver form both manually and/or electronically to facilitate this process.
- Consult your legal department if you are in doubt about any such actions that you are contemplating regarding direct communication with injured worker's medical providers.

What is the Company doing

- We have redesigned our workflow process for Illinois WC claims to accommodate the Hydraulics mandates.
- We are providing waivers to injured workers, employers and medical providers to facilitate an early execution of the waiver. We have been working closely with our network providers to further expedite this process.
- We are working with AIA to identify the most appropriate industry actions to address the Hydraulics impact.

If you have further questions, please contact Jim Wucherpfennig at 630-961-8811.

If Your Employee Is Injured At Work

Prompt reporting of work-related injuries and illnesses and the use of Travelers national Medical Network Providers can achieve better outcomes and lower your overall workers compensation claim costs!

Whenever an Employee suffers a work-related injury or illness, the Employer should:

1. Seek appropriate medical care for the Employee.
2. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
3. If the injury or illness is not acute, the Employer may suggest that the Employee seek treatment from the nearest Medical Network Provider. Medical Network Providers understand work-related illnesses and injuries, are credentialed to help assure quality care, and cooperate to achieve a medically appropriate return to work for the Employee. Medical Network Providers (hospitals, initial care clinics, specialists, testing, therapy, etc.) are available in all 50 States and the District of Columbia. Even before an illness or injury occurs, it may be helpful for the Employer to build a relationship with a convenient Medical Network Clinic or Hospital that will provide initial treatment for ill or injured Employees.
4. The Employee's Supervisor should gather pertinent facts about the work-related illness or injury and may use the Worksheet For Workers' Compensation Telephone Reporting provided by Travelers as a guide.
5. As soon as possible, the Employer should report all work-related illnesses or injuries to Travelers by,
   - using Travelers business insurance online reporting web site at travelers.com
   - dialing our toll free number, **1-800-238-6225**. If needed at that time, Travelers Customer Service Representative can provide the name of a convenient Medical Network Provider. Prompt reporting of work-related illnesses and injuries is key in helping to reduce total claim costs. At the conclusion of the phone call, the Travelers Customer Service Representative will provide a claim number that should be retained for the Employer's reference and also provided to the ill or injured Employee.

The card below contains information that may be helpful in reporting work-related illnesses and injuries to Travelers and should be kept in a convenient location for use by the Employer when needed.

TRAVELERS WC Claim Reporting

- Promptly report your work-related injuries to Travelers:
  - Travelers.com
  - 800-238-6225
- Learn about Travelers unique Claim Services and find a convenient medical network provider by logging on to Travelers.com.
- To get to Travelers website, select Business Insurance from the home page. Then choose Workers' Compensation & Managed Care Claim Management from the menu of services in the left margin. Finally, click on Preferred Provider Network to search for a Medical Network Provider near you.

WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:
Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

ACCOUNT/ACCIDENT INFORMATION

CALLER'S PHONE NUMBER/EXTENSION	CALLER'S TITLE	CALLER'S NAME	REPORTING STATE
( )			

SUBSIDIARY NAME	SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP)	SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) ☐ SAME

DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS?

☐ YES ☐ NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED

PARENT COMPANY/INSURED'S NAME

LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS

DATE OF INJURY	TIME OF INJURY

ACCIDENT DESCRIPTION

EMPLOYEE INFORMATION

INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (FIRST, MI, LAST)	GENDER ☐ MALE ☐ FEMALE

DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS

EMPLOYEE'S HOME PHONE NUMBER	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)
( )	

EMPLOYEE JOB INFORMATION

EMPLOYMENT STATUS CODE	INJURED WORKER TYPE	REGULAR OCCUPATION
☐ FULL-TIME ☐ PART-TIME ☐ OTHER _____		

OCCUPATION WHEN INJURED

EMPLOYEE'S WORK SCHEDULE

REGULAR WORK HOURS HOURS/DAY DAYS/WEEK

EMPLOYEE'S WAGE INFORMATION

$_____/HOUR OR $_____/ANNUAL OR $_____/WEEKLY OVERTIME: $_____ ADDITIONAL BENEFITS: $_____

DATE OF HIRE OR LENGTH OF EMPLOYMENT

SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER: ( )	BEST HOURS TO CONTACT

ACCIDENT INFORMATION

DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK? ☐ YES ☐ NO	IS THE EMPLOYEE BACK AT WORK? ☐ YES ☐ NO IF YES, DATE RETURNED TO WORK?

RETURN TO WORK STATUS ☐ LIGHT ☐ MODIFIED ☐ REGULAR	DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH ☐ YES ☐ NO

CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)

EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED

DO YOU QUESTION THE VALIDITY OF THE CLAIM?

☐ YES ☐ NO

WITNESS INFORMATION/OTHERS INVOLVED

NAME (FIRST, MI, LAST) ADDRESS PHONE NUMBER

CONTINUED ON REVERSE SIDE

INJURY INFORMATION

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

☐ YES ☐ NO

TREATMENT ("X" ALL THAT APPLY)

☐ FIRST AID —	TREATMENT AND DATE OF 1st TREATMENT
☐ HOSPITAL/ CLINIC —	NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1st TREATMENT, LENGTH OF STAY AMBULANCE USED? WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? ☐ YES ☐ NO WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATENT? ☐ YES ☐ NO
☐ PHYSICIAN —	

SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.

CUSTOMER SPECIFIC INFORMATION

ADDITIONAL COMMENTS & INFORMATION

WORKERS' COMPENSATION – FIRST REPORT OF INJURY – STATE SPECIFIC QUESTIONS

Alabama
Employee's County:
Return to work (Y/N):
At what Occupation:
At what Wage $:
Return to work wage is per (Day, Week or Month):
Employer's ID (U.C. Account) Number:
What Specific Product(s) does the business produce:

Alaska - No Additional State Questions

Arizona
Last Day of Work after injury:
Number of Days per Week Company usually Works:
Department Number:
If Validity of Claim is Doubted, state Reason:
Has injured been employed for more than 12 months (Y/N):
Was employee on overtime when injured (Y/N):

Arkansas - No Additional State Questions

California
State Unemployment Insurance Account Number:
Date employee was provided Employee Claim Form:
Has your employee pre-designated a primary treating physician (Y/N):
If Yes, Primary Treating Physician's
First Name: Last Name: Street Address:
City: State: Zip: Phone:
If No, did your employee require medical treatment (Y/N):
If Yes, Treating Physicians
First Name: Last Name: Phone:
If No, and employee requires medical treatment in the future, you can go to our website WWW.MYWCOMPINFO.COM to find a provider in the Medical Provider Network.

Colorado
Employer Federal ID Number
Does Employer have a salary continuation program (Y/N)
If "Yes" is this program registered with the state (Y/N)

Connecticut - No Additional State Questions

Delaware
Employer's UC Reporting Number:
Employees County:
Returned to work (Y/N): If Yes, at same wage (Y/N):

District of Columbia
Employer ID Number:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
At what Wage $: Per (Day, Week or Month):
Was injured hired in DC (Y/N):
Was employee in his/her regular occupation when injured (Y/N):
Was injured given Form #7 DCWC (Y/N):
Piece or Time Worker (piece, time or blank):

Florida - No Additional State Questions

Georgia
Wage Rate at time of injury $: Per:
First Date employee failed to work a full day:
Did employee work the next day (Y/N):
Return to work Wage $:
Return to work wage is per (Day, Week or Month):

Hawaii
Was employee furnished meals or lodging (Y/N):

Idaho - No Additional State Questions

Illinois
Has the injured worker signed a medical authorization (Y/N):
If yes, inform them to please fax the signed medical authorization to the med auth customer service specialist at 1-877-786-5567.

Indiana - No Additional State Questions

Iowa - No Additional State Questions

Kansas
SIC Code:
Was worker admitted to hospital (Y/N):
If Yes, Date of Admission:
Was worker treated in emergency room only (Y/N):
Returned to work (Y/N):
If employee has returned to work, was return to light duty (Y/N):
Is further medical aid needed (Y/N):
Is compensation now being paid (Y/N):
If Yes, Date of first Initial Payment:
Fatal (Y/N):
If Yes, Name and Address of Dependents:

Kentucky - No Additional State Questions

Louisiana
Employer's Federal ID Number:
Employer's Unemployment Insurance Reporting Number:
Returned to work (Y/N):
If Yes, at same wage (Y/N):
Last Full Day Paid:
If occupational disease, Date of Initial Diagnosis:
Parish (county) where injury occurred:

Maine
Employer's State Unemployment Insurance Account Number (UIAN):
Federal Employer Insurance Number (FEIN):

Maryland - No Additional State Questions

Massachusetts
Federal ID Number:
Returned to work (Y/N):
Did employee return to his/her regular occupation (Y/N):
Describe nature of business or article manufactured (S=Service, W=Wholesale, R=Retail, M=Manufacturing):
Date Reported as work related:

Michigan
Federal ID Number:

Minnesota
Date employer notified of lost time:
NAICS Code Number:

Mississippi - No Additional State Questions

Missouri - No Additional State Questions

Montana - No Additional State Questions

Nebraska - No Additional State Questions

Nevada
How long employed by you in Nevada Years: Months:
If Validity of Claim is Doubted, state Reason:

New Hampshire
Federal I.D. Number:
Was the employee injured in his/her regular occupation (Y/N):
Was injured hired in New Hampshire (Y/N):
Number of Full-Time Employees:
Number of Part-Time Employees:
If leased or temporary worker, provide the Client's Business Name:
Was accident caused by injured's failure to use safeguards or follow regulations (Y/N):
Probable Length of Disability:
Returned to work (Y/N):
At what Occupation:
Returned at Full Duty:
Returned at Alternative/Light Duty:
Initial treatment ("X" all that apply)
No medical treatment: Care provided by employer only (on-site): Emergency Care: Hospitalized: Outpatient: Clinic:
Office Visit: Other-explain:
Is there a managed care program (Y/N):

WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS

If Yes, Name of Provider:
Is there a written safety program in force (Y/N):
Is there an active safety committee (Y/N):
Employee•s Legal First Name (please validate):

New Jersey - No Additional State Questions

New Mexico - No Additional State Questions

New York
Did you provide medical care (Y/N):
If Yes, When:
Returned to work (Y/N):
If Yes, at what Weekly Wage $:
Injured workers Work Week (indicate days regularly worked):
Fatal (Y/N):
If Yes, Name and Address of nearest relative:
Relationship:

North Carolina
Regular Wages per Day $:
Average Weekly Wages with Overtime $:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
If Yes, what Date:
Return to work at what Wage $: Per (Day, Week or Month):
Return to work at what Occupation:

North Dakota - No Additional State Questions

Ohio
Time Accident Reported to employer: AM/PM:
Has employee ever filed a previous application for this injury (Y/N):
Has employee filed any other claims with the Bureau or Industrial Commission (Y/N):
If Yes, specify Claim Number and Body Parts:
Employee's County:
Current Employer's Risk Number:

Oklahoma
Was employment agreement made in Oklahoma (Y/N):
SIC Number:
Type of Ownership (P=Private, S=State Government, C=County Government, L=Local Government):

Oregon
Hospitalized overnight as inpatient (if emergency room only, answer N) (Y/N):
Was accident caused by failure of machinery or product (Y/N):
Did someone (not worker) cause accident (Y/N):
Time worker left work: AM/PM:

Pennsylvania
Employee's County:
Bureau Code:
NAICS Code:
Employer•s County:
Are you aware of a 'Panel of Physicians' for your Employer? (Y/N)

Rhode Island

Federal ID Number:
First Full Day Lost from work:
Unemployment Insurance Number:
State of Hire:
Was this injury previously an "Incident Only" with no medical treatment and no lost time (Y/N):
If Yes, Date Employer first Notified of medical treatment or lost time:
Category of Injury or Illness ("X" all that apply):
Injury: Illness: Occupational Disease: Repetitive Trauma:
Occupational Hearing Loss: Unknown:

South Carolina - No Additional State Questions

South Dakota
Federal ID Number:
Number of employees:
Body Part Injured Code (2 digits):
Cause of Injury Code (2 digits):
Nature of Injury Code (2 digits):
Was employee hired for temporary employment (Y/N):
Carrier Code:

Tennessee - No Additional State Questions

Texas - No Additional State Questions

Utah - No Additional State Questions

Vermont
Federal ID Number:
Was employee hired in Vermont (Y/N):
Does the employer regularly employ 10 or more employees (Y/N):
Returned to work (Y/N): If Yes, at what Weekly Wage $:
Was injured paid in full for the date disability began (Y/N):
Was employee injured at his/her regular occupation (Y/N):
Fatal (Y/N):
If Yes, Name, Address and Relationship of Nearest Relative:
Last Date Paid in Full:

Virginia
Returned to work (Y/N): If Yes, at what Wage $:
Federal Tax ID Number:

Washington - No Additional State Questions

West Virginia
Has the employee been given "The Employees and Physicians Report of Injury Form" (Y/N)

Wisconsin - No Additional State Questions

Wyoming - No Additional State Questions

U.S. Longshoreman (USDOL) - No Additional State Questions

TRAVELERS

PRIVACY NOTICE

THE TRAVELERS INSURANCE COMPANIES

PRIVACY POLICY

Thank you for selecting THE TRAVELERS INSURANCE COMPANIES as your workers compensation insurer. At THE TRAVELERS INSURANCE COMPANIES a subsidiary of Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through the adoption of the following privacy principles:

Collection Of Information

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, from the following sources:

- information we receive from you or through your agent or broker on applications or other forms;
- information we receive from or about you in the process of adjusting claims;
- information about your other transactions, including risk control and other consulting services, with us, our affiliates or other third parties;
- information about your coverages and loss activity with other carriers; and
- information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

Disclosure Of Information

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

- our affiliated property and casualty insurance companies;
- state insurance departments, for their regulation of our business;
- other government authorities;
- our agents and brokers as necessary to conduct our business;
- organizations that perform underwriting and claims investigations;
- another insurance company to which you have applied for a policy or submitted a claim;
- insurance support agencies, law enforcement agencies and our reinsurers; and
- any other third party, as permitted or required by law.

Most importantly, THE TRAVELERS INSURANCE COMPANIES **does not and will not disclose or sell nonpublic personal information** about you, or about participants, beneficiaries or claimants under your workers compensation coverage, **to anyone for marketing purposes.**

Confidentiality And Security

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

Disclosure and Protection of Former Customers' Information

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

Changes In Privacy Policy

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.

IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

IMPORTANT
Policy Audit Information

Dear Policyholder:

This policy is issued with an estimated premium based upon information provided through your Producer. This premium is subject to adjustment at the end of the policy period. At that time, you may receive a request for information in the mail or a premium auditor may contact you to review the necessary records. The information developed is needed to determine the final earned premium for this policy.

Record Maintenance

In order to facilitate audit service, it is necessary to maintain proper records and have them available at the proper time. Based on the nature of your business, some of the following data will be necessary to complete the audit:

1. General Ledger, Financial Statements
2. Payroll Records, Time Books, State Unemployment Returns, FICA Returns, Individual Earnings Records-Monthly totals separated by type of work and overtime.
3. Cash Receipts, Sales Journal
4. Cash Disbursements Journal - Including subcontractors. casual labor and material costs.
5. Certificates of Insurance

IMPORTANT COVERAGE NOTE:

If you utilize subcontractors whose legal status is that of sole proprietor/partner, we may charge premium for these persons as provided under Part 5 of the policy contract even though certificates of insurance may exist. Please contact your producer if you have any questions regarding your Workers' Compensation coverage needs.

Work in Other States

Please advise your Producer if employees are hired for work in states other than those listed in Item 3. of your policy. This will enable your producer to consider your need for coverage in accordance with state laws.

We appreciate the opportunity to serve you. If you have any questions about the enclosed policy or any insurance matters please contact your producer or your Company representative.

IMPORTANT NOTICE – COMPLAINTS – ILLINOIS

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

If you are having problems you may contact your insurance agent directly or you may contact the company at:

Mail: Consumer Affairs
One Tower Square, 5MS
Hartford, CT 06183

Phone: (860) 277-1561 or

Email: consumeraffairs@travelers.com

The address of the consumer complaint division of the Illinois Division of Insurance is:

IDFRP Division of Insurance
Consumer Division
320 W Washington St
Springfield, IL 62767

Complaints may also be filed electronically to the Illinois Division of Insurance at http://www.idfpr.com/DOI/Main/consumer.asp

ATTENTION

The following Posting Notices must be displayed in a prominent location in the workplace.

Please distribute these notices to the appropriate workplace locations.

In the event that additional copies are desired, please contact your agent and request the number of copies of the particular notices that you may need.

NOTE: Posting notices for the states of MO, MN and NM are provided in two separate forms which need to be connected to create one large notice to be posted.

WORKERS' COMPENSATION

is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

IF YOU SUFFER FROM A WORK-RELATED INJURY OR ILLNESS, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. **GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. The employee may choose two physicians, surgeons, or hospitals. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits.

2. **NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.

3. **LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

   If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

   It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

4. **KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

   Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:

Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087
Web site: www.iwcc.il.gov Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Deaf): 312/814-2959

BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.

Party handling workers' compensation claims THE TRAVELERS INDEMNITY COMPANY OF AMERICA			
Business address	P.O. BOX 3205 NAPERVILLE, IL 60566-7205		
Business phone	(800) 238-6225		
Effective date	02-17-12	Termination date	02-17-13
Policy number	(IHUB-1381B74-5-12)	Employer's FEIN	161653388

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TRAVELERS

SAFETY SERVICES

Notice to policy recipient: If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control department has the experience, resources and capabilities to provide a range of safety services, including site surveys, phone consultations, as well as provide access to numerous safety-related materials.

We have experience in a variety of industries, some of which include manufacturing, wholesale and retail businesses, service organizations, technology-related business, oil and gas-based business, and the public sector.

Following are some examples of available safety services:

Accident Prevention – Our staff can help you identify present and potential hazards in your operations, premises and equipment, and recommend measures for reducing or eliminating these hazards.

Analysis of Accident Causes – Although you investigate and keep records of accidents, we are available to assist if needed.

Safety Consultations – Our Consultants can help you with special problems such as ergonomics and human factors.

Industrial Hygiene/Health Services – We have the facilities and resources to answer your questions concerning job related industrial hygiene/health issues and to measure exposure to industrial hygiene hazards.

Safety Literature and Digital Media – We can provide you with top-notch safety-related literature, CDs, DVDs, and videos to assist in your loss control efforts. Also, we can direct you to several vendors who are able to provide additional safety materials, including brochures, pamphlets and digital media.

Safety Training – We offer face-to-face classroom courses, as well as distance learning programs that explore the risks our policyholders face and ways for them to control losses.

Return-To-Work Coordination – We can assist you with several aspects of the post injury management process.

Internet Website – Visit our Risk Control website for access to our safety newsletters and other safety literature at: **http://www.travelers.com/riskcontrol** This website also has links to other safety-related Internet sites.

Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

SAFETY IS YOUR CONCERN

U.S. employers spend billions of dollars each year on the direct and indirect costs of work-related accidents. Dollar figures can't begin to reflect the pain and suffering of an injured worker and his or her family. But they do give some indication of the multiple consequences of a job-related accident... loss of time, interrupted production, damaged materials and equipment, the expense of retraining or replacing an injured worker, possible legal action from government regulatory agencies, and increased insurance costs.

It makes good sense for both employers and their employees to actively participate in a sound accident prevention program. The success of such a program depends to a large extent on your commitment to safety procedures and accident prevention techniques. Safety is a management concern. Maybe we can help.

You may want to consider the following **"Safety Checkpoints"** as you evaluate your organization's safety activities:

SELF-INSPECTION PROGRAM:

- Do you conduct periodic surveys of premises?... equipment?... operations?

SELF-INSPECTION PROGRAM (continued):

- Do you analyze each job to find inherent hazards?
- If you discover hazards, do you follow up with immediate corrective action?
- Do you monitor such action to make sure it is implemented and effective?

ACCIDENT INVESTIGATION:

- Do you investigate each accident?...determine the cause?
- Do you take immediate steps to prevent a recurrence?
- Do you keep records of accident investigations and follow-up measures?
- Do you complete accident statistics and analyze trends?

EDUCATION AND TRAINING:

- Do you take the time to train each of your employees to perform tasks safely?
- Do more-experienced employees receive training to correct bad habits that have developed over time?
- Do all employees understand that safety is an important part of their jobs?

TRAVELERS

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

ALABAMA
Birmingham
3000 Riverchase Galleria
Ste. 600
Birmingham, AL 35244
(678) 317-7708
Claims: 1-800-238-6214

ALASKA
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

ARIZONA
Phoenix
2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
(602) 861-8647

ARKANSAS
Richardson, TX
1301 E. Collins Blvd
Richardson, TX 75081
(214) 570-6675

CALIFORNIA
Diamond Bar
21688 Gateway Center Drive
P.O. Box 6512
Diamond Bar, CA 91765-8512
Risk Control: (714) 620-0682
Claims: (909) 612-3000

CALIFORNIA
Glendale
700 N. Central Avenue, 4th Floor
P.O. Box 1840
Glendale, CA 91209
Risk Control: (714) 620-0682
Claims: (909) 612-3000

CALIFORNIA
Los Angeles
888 South Figueroa St., Ste. 500
Los Angeles, CA 90017
(714) 620-0682
Risk Control: (714) 620-0682
Claims: (909) 612-3000

CALIFORNIA
Sacramento
11070 White Rock Road, Suite 130
Rancho Cordova, CA 95670
Risk Control: (916) 852-5245
Claims: (800) 727-3995

CALIFORNIA
San Diego
9325 Sky Park Court, Ste. 220
San Diego, CA 92123
(714) 612-0682

CALIFORNIA
Walnut Creek
225 Lennon Lane, Ste. 105
P.O. Box 8090
Walnut Creek, CA 94596-8090
Risk Control: (925) 945-4171
Claims: (800) 842-7354

COLORADO
Denver
6060 S. Willow Dr. #300
Greenwood Village, CO 80111
(720) 200-8355
Claims: 720-200-8100

CONNECTICUT
Hartford
300 Windsor Street
Hartford, CT 06120
(860) 954-3741
Claims: (860) 954-5190

DELAWARE
Washington, DC
10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 1-800-368-3562

DISTRICT OF COLUMBIA
Washington, DC
14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 1-800-368-3562

FLORIDA
Orlando
2420 Lakemont Dr
Orlando, FL 32814
(407)-388-3307
Claims: 407-388-2400

GEORGIA
Atlanta
1000 Windward Concourse
Alpharetta, GA 30005
(678) 317-7708
Claims: 800-238-6214

HAWAII
Orange, CA
333 City Blvd. W
Suite 1100
Orange, CA 92868
(714) 620-0682

IDAHO
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

ILLINOIS
Chicago
200 North LaSalle Street
Suite 2200
Chicago, IL 60601
(630) 961-8074
Claims: 800-842-6172

ILLINOIS
Naperville
215 Shuman Boulevard
P.O. Box 3208
Naperville, IL 60566
(630) 961-8074
Claims: 800-842-6172

INDIANA
Indianapolis
Suite 300
6081 East 82nd Street
Indianapolis, IN 46250
(317) 845-1479
Claims: 800-238-6210

IOWA
Des Moines
7101 Vista Dr.
West Des Moines, IA 50266-9313
(651) 310-4422
Claims: 800-255-5072

KANSAS
Kansas City
7465 West 132nd
Overland Park, KS 66213
(913) 685-5109

KENTUCKY
Louisville
Suite 150
303 N Hurstbourne Pkwy
Louisville, KY 40222
(502) 429-7390
Claims: 800-238-6210

013101

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

LOUISIANA
New Orleans
3838 N. Causeway, Suite 2700
Metairie, LA 70002
P.O. Box 61479
New Orleans, LA 70161-1479
(504) 832-7562
Claims: 800-842-2556

MAINE
Portland, ME
207 Larrabee Road, Suite 3
Westbrook, ME 04092
(207) 857-2021

MARYLAND
Washington, DC
14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 1-800-368-3562

MASSACHUSETTS
Boston
100 Summer Street, Suite 201A
Boston, MA 02110
(781) 817-8370
Claims: 800-832-7839

MASSACHUSETTS
Hudson
1 Cabot Road
Suite 250
Hudson, MA 01749
(781) 817-8370
Claims: 800-832-7839

MASSACHUSETTS
Braintree
350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims: 800-832-7839

MICHIGAN
Grand Rapids
3777 Sparks Ave. SE, Ste. 200
P.O. Box 3010
Grand Rapids, MI 49501-0323
(248) 312-7301
Claims: 800-238-6210

MICHIGAN
Troy
1301 W. Long Lake Rd., Ste. 300
Troy, MI 48098
(248) 312-7301
Claims: 800-238-6210

MINNESOTA
St. Paul
385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

MISSISSIPPI
Jackson
1080 River Oaks Dr
Ste B-200
Flowood, MS 39232
(601) 936-8212
Claims: 1-800-342-4064

MISSOURI
Maryland Heights
940 West Port Plaza, Suite 450
Maryland Heights, MO 63146
(913) 685-5109
Claims: 800-842-9621

Kansas City
7465 West 132nd
Overland Park, KS 66213
(913) 685-5109
Claims: 800-255-5072

Missouri Workers'
Compensation Plan (MWCP)
1000 Walnut Street
Kansas City, MO 64199
(816) 391-1123

MONTANA
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

NEBRASKA
Omaha
11516 Miracle Hills Dr., St. 400
Omaha, NE 68154
(651) 310-4422
Claims: 800-255-5072

NEVADA
Las Vegas
1850 E Flamingo, Suite 202
Las Vegas, NV 89119
(702) 669-4746
Claims: 702-479-4200

NEW HAMPSHIRE
Portland, ME
207 Larrabee Road, Suite 3
Westbrook, ME 04092
(207) 857-2021

NEW JERSEY
Morris Plains
1100 American Road, 2nd Floor
Morris Plains, NJ 07950
(973) 606-5245
Claims: 1-800-842-2475

NEW JERSEY
Pennsauken
4350 Haddonfield Road
Pennsauken, NJ 08109
(856) 488-5942
Claims: 800-842-2475

NEW MEXICO
Phoenix
2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
(720) 200-8355
Claims: 602-861-8600

NEW YORK
Albany
900 Watervliet-Shaker Road
Albany, NY 12205
(315) 424-7231
Claims: 800-842-2475

NEW YORK
Buffalo
60 Lakefront Blvd.
P.O. Box 242
Buffalo, NY 14240-0242
(315) 424-7231
Claims: 800-842-2475

NEW YORK
Jericho-Long Island
Two Jericho Plaza
Jericho, NY 11753
(516) 933-3932
Claims: 800-842-2475

NEW YORK
New York
485 Lexington Ave.
New York, NY 10017-2630
(516) 933-3932
Claims: 1-800-842-2475

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

NEW YORK
Rochester
75 Town Centre Drive
P.O. Box 23235
Rochester, NY 14692-3235
(315) 424-7231
Claims: 1-800-842-2475

NEW YORK
Syracuse
440 South Warren Street
P.O. Box 4963
Syracuse, NY 13221-4963
(315) 424-7231
Claims: 800-842-2475

NORTH CAROLINA
Charlotte
11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: (704) 544-3500

NORTH CAROLINA
Raleigh
4504 Emperor Blvd.
Durham, NC 27703
(919) 474-4811
Claims: (704) 544-3500

NORTH DAKOTA
St. Paul, MN
385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

OHIO
Cincinnati
895 Central Ave., Ste. 800
Cincinnati, OH 45202
(317) 845-1479
Claims: 800-238-6210

OHIO
Cleveland
Skylight Office Tower
1660 W. 2nd St., Ste. 500
Cleveland, OH 44113-1454
(317) 845-1479
Claims: 800-238-6210

OKLAHOMA
Tulsa
9820 East 41st St., Suite 401
P.O Box 3510
Tulsa, OK 74101
(918) 624-2730

OREGON
Portland
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276
Claims: 800-698-6883

PENNSYLVANIA
Philadelphia
10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 800-832-0606

PENNSYLVANIA
Pittsburgh
800 Two Chatham Center
Pittsburgh, PA 15219-2505
(412) 338-3082
Claims: (412) 338-3000

PENNSYLVANIA
Reading
1105 Berkshire Blvd.
P.O. Box 13426
Wyomissing, PA 19612-3426
(215) 274-1610
Claims: 800-832-0606

RHODE ISLAND
Braintree
350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims: 800-832-7839

SOUTH CAROLINA
Charlotte
11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: 704-544-3500

SOUTH DAKOTA
St. Paul, MN
385 Washington St.
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

TENNESSEE
Franklin
6640 Carothers Pkwy, Suite 300
Franklin, TN 37067
(615) 660-6036
Claims: (615) 660-6000

TEXAS
Dallas
1301 E Collins Blvd., Suite 300
Richardson, TX 75081
(214) 570-6675
Claims: 214-570-6000

TEXAS
Houston
4650 Westway Park Blvd., Suite 350
Houston, TX 77041
(281) 606-8534
Claims: 800-235-3610

UTAH
Denver, CO
6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306
Claims: 800-453-3025

VERMONT
Hartford, CT
300 Windsor Street
Hartford, CT 06120
(860) 954-5190

VIRGINIA
Richmond
300 Arboretum Place
P.O. Box 26426
Richmond, VA 23260-6426
(804) 330-6063
Claims: (804) 330-6000

Washington, DC
14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 800-368-3562

WASHINGTON
Seattle
1501 4th Avenue, Suite 400
Seattle, WA 98101
(206) 464-3463

WEST VIRGINIA
Pittsburgh, PA
800 Two Chatham Center
Pittsburgh, PA 15219-2502
(412) 338-3082
Claims: (443) 353-1000

WISCONSIN
Milwaukee
13935 Bishops Drive, Suite 200
Brookfield, WI 53005
(262) 825-9120
Claims: 800-842-6172

WYOMING
Denver, CO
6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306

013102

TRAVELERS

Report Claims Immediately by Calling*
1-800-238-6225
Speak directly with a claim professional
24 hours a day, 365 days a year

*Unless Your Policy Requires **Written** Notice or Reporting

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

A Custom Insurance Policy Prepared for:

111 MORGAN CONDO ASSOCIATION
111 S. MORGAN STREET
CHICAGO IL 60607