

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-1N473847-20-42-G

RENEWAL OF (UB-1N473847-19-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

NCCI CO CODE: 13439

1.

**INSURED:**

LEESBURG VETERINARY SERVICES  
INC.  
64 PLAZA ST NE  
STE A  
LEESBURG, VA 20176

**PRODUCER:**

WELCH GRAHAM & OGDEN INS  
7723 ASHTON AVE  
MANASSAS, VA 20109

Insured is A CORPORATION

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

2. The policy period is from 02-17-20 to 02-17-21 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:  
VA

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:	\$	500,000	Each Accident
Bodily Injury by Disease:	\$	500,000	Policy Limit
Bodily Injury by Disease:	\$	500,000	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 IL 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 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: 12-24-19 SD

OFFICE: CHANTILLY/WASHDC 226

PRODUCER: WELCH GRAHAM & OGDEN INS CRJ61

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POLICY NUMBER: UB-1N473847-20-42-G

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 0742 NAICS: 541940

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	15510
PREMIUM DISCOUNT	279
0900-45 EXPENSE CONSTANT	215
TERRORISM	306
TOTAL ESTIMATED PREMIUM	15752
DEPOSIT AMOUNT DUE	15752

Minimum Premium: \$ 409

EMPLOYERS LIABILITY MINIMUM: \$75

DATE OF ISSUE: 12-24-19 SD

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COUNTERSIGNED-AGENT

**WORKERS COMPENSATION  
AND  
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: UB-1N473847-20-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: LEESBURG VETERINARY SERVICES

13439-VA

RATE BUREAU ID: 450883611

EXP. MOD. EFFECTIVE DATE: 02-17-20

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 203764600 ENTITY CD 001 00				
LEESBURG VETERINARY SERVICES INC.				

64 PLAZA ST NE  
SUITE A  
LEESBURG , VA 20176  
NAICS: 541940

CLERICAL OFFICE EMPLOYEES NOC	8810	3200.00	0.08	3
HOSPITAL-VETERINARY-& D	8831	1017000.00	1.25	12713

VA MANUAL PREMIUM \$ 12716

0.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	102
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		12818
EXPERIENCE MODIFICATION:1.21 MODIFIED PREMIUM		15510
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		15510
-1.80% PREMIUM DISCOUNT(0064)		-279
EXPENSE CONSTANT(0900)		215
TERRORISM(9740)		306
TOTAL ESTIMATED PREMIUM		15752
TOTAL PREMIUM		15752
DEPOSIT AMOUNT DUE		15752

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**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 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 00 04 22 B - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 99 04 09 00 - 001	PREMIUM DISCOUNT - SHORT FORM
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 45 06 02 00 - 001	VA AMENDATORY ENDT