



PRODUCER COPY

01058

**TRAVELERS** 

P.O. BOX 5600

HARTFORD CT 06102

ISSUE DATE: 04-01-24

SAI: 8182E0249

EFFECTIVE DATE: 05-08-24

POLICY NUMBER: (6JUB-0W53342-3-24)

NAMED INSURED: RIOS, SAUL

INSURED ADDRESS: 529 BEACON PKWY W STE 211

BIRMINGHAM

AL 35209-3127

BYARS WRIGHT INC  
PO BOX 1309  
JASPER AL 355021309

# 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 has an extensive staff of safety and loss prevention professionals assisting customers across the country and around the world. We have one of the largest Risk Control departments in the industry, and our scale allows us to apply the right resource at the right time to meet customer needs.

We have a wide range of industry-specific experience, which includes manufacturing, construction, wholesale and retail businesses, service organizations, technology-related business, the oil and gas industry, the public sector and others.

Following are some examples of available safety services:

**Accident Prevention** – Our staff can help you address hazards within your operations, premises and equipment, and recommend solutions for reducing or eliminating these hazards.

**Analysis of Accident Causes** – Our REACT accident investigation program can assist you in determining root causes of accidents and help you prevent recurrences.

**Safety Consultations** – Our consultants can assist you with solutions in specialized areas such as ergonomics, industrial hygiene and fleet safety.

**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

At Travelers, we are committed to helping protect your business. Travelers Risk Control has the experience, resources and capabilities to provide a range of safety services Onsite, Online and On-Demand. As our customer, you have access to hundreds of safety resources that cover an array of safety and risk management topics to help you control hazards and reduce risks of injury or illness. You can access these resources by logging in at [www.travelers.com](http://www.travelers.com). Not registered? Select "Log In" and then "Register Now" to register for MyTravelers for Business.

Examples of what you will find include:

- Safety checklists, sample programs and self-assessments.
- Safety training offerings including classroom, and online.
- Additional safety products and services

These resources can help you improve your workplace safety practices.

### Contact Us

For more information, please visit [travelers.com/riskcontrol](http://travelers.com/riskcontrol) or contact your local Travelers office.

**Industrial Hygiene/Health Services** – Travelers has an AIHA accredited lab to analyze air samples taken by our IH Specialists, or by you, through our Pump Loan program to help you identify potential exposures to occupational illnesses.

**Safety Literature and Digital Media** – Our Risk Control customer website has hundreds of resources including checklists, sample programs, self-assessments, instructional videos and other safety and health related tools.

**Safety Training** – We offer face-to-face classroom courses, as well as distance learning and online training programs on a variety of safety and risk management topics in order to provide flexibility for your safety training needs.

**Return-To-Work Coordination** – We have consultants who specialize in post injury management that can assist you with developing or enhancing a return-to-work program, along with other aspects of our Corridor of Care® post injury process.

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

**The loss of a key employee due to an injury can seriously impact your business. We can help you to understand the types of accidents that may occur in your business and the steps you can take to help prevent them.**

**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  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**ALASKA**  
**Portland, OR**  
4000 SW Kruse Place, Suite 100  
Lake Oswego, OR 97035  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**ARIZONA**  
**Phoenix**  
2401 W Peoria Ave., Suite 130  
Phoenix, AZ 85029  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**ARKANSAS**  
**Kansas City, KS**  
7465 West 132nd, Suite 400  
Overland Park, KS 66213  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**Diamond Bar**  
21688 Gateway Center Drive  
P.O. Box 6512  
Diamond Bar, CA 91765-8512  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**Glendale**  
655 N. Central Avenue, Suite 1600  
Glendale, CA 91203  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**Irvine**  
3333 Michelson Dr. City Blvd. W  
Suite 1000  
Irvine, CA 92612  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**Los Angeles**  
888 South Figueroa St., Ste. 500  
Los Angeles, CA 90017  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**Sacramento**  
11070 White Rock Road, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**San Diego**  
9325 Sky Park Court, Suite 220  
San Diego, CA 92123  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CALIFORNIA**  
**Walnut Creek**  
401 Lennon Lane, Suite 100  
Walnut Creek, CA 94598  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**COLORADO**  
**Denver**  
6060 S. Willow Dr. #300  
Greenwood Village, CO 80111  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**CONNECTICUT**  
**Hartford**  
300 Windsor Street  
Hartford, CT 06120  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**DELAWARE**  
**Philadelphia, PA**  
10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**DISTRICT OF COLUMBIA**  
**Washington, DC**  
14200 Park Meadow Dr.  
Chantilly, VA 20151  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**FLORIDA**  
**Orlando**  
2420 Lakemont Dr  
Orlando, FL 32814  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**GEORGIA**  
**Atlanta**  
1000 Windward Concourse  
Alpharetta, GA 30005  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**HAWAII**  
**Irvine, CA**  
3333 Michelson Drive City Blvd. W  
Suite 1000  
Irvine, CA 92612  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**IDAHO**  
**Sacramento, CA**  
11070 White Rock Rd, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**ILLINOIS**  
**Chicago**  
161 N Clark St.  
Suite 900  
Chicago, IL 60601  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**ILLINOIS**  
**Naperville**  
215 Shuman Boulevard  
P.O. Box 3208  
Naperville, IL 60566  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**INDIANA**  
**Indianapolis**  
Suite 300  
280 East 96th Street  
Indianapolis, IN 46240  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**IOWA**  
**Des Moines**  
7101 Vista Dr.  
West Des Moines, IA 50266-9313  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**KANSAS CITY**  
7465 West 132nd, Suite 400  
Overland Park, KS 66213  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

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

**KENTUCKY**  
Louisville  
Suite 150  
303 N Hurstbourne Pkwy  
Louisville, KY 40222  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MICHIGAN**  
Troy  
1441 W. Long Lake Rd., Ste. 300  
Troy, MI 48098  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW HAMPSHIRE**  
Portland, ME  
207 Larrabee Road, Suite 3  
Westbrook, ME 04092  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**LOUISIANA**  
New Orleans  
3838 N. Causeway, Suite 2700  
Metairie, LA 70002  
P.O. Box 61479  
New Orleans, LA 70161-1479  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MINNESOTA**  
St. Paul  
385 Washington St., MC 104P  
St. Paul, MN 55102  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW JERSEY**  
Morristown  
445 South Street  
Morristown, NJ 07960  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MAINE**  
Portland, ME  
207 Larrabee Road, Suite 3  
Westbrook, ME 04092  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MISSISSIPPI**  
Jackson  
1080 River Oaks Dr  
Ste B-200  
Flowood, MS 39232  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW JERSEY**  
Marlton  
Lake Center Exec Park Building 30  
Suite 110  
Marlton, NJ 08053  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MARYLAND**  
Blue Bell, PA  
10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MISSOURI**  
St. Louis  
940 West Port Plaza, Suite 270  
St. Louis, MO 63146  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW MEXICO**  
Phoenix  
2401 W Peoria Ave., Suite 130  
Phoenix, AZ 85029  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MASSACHUSETTS**  
Boston  
100 Summer Street, Suite 201A  
Boston, MA 02110  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MISSOURI WORKERS' COMPENSATION  
PLAN (MWCP)**  
4801 Main Street, Suite 350  
Kansas City, MO 64112  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW YORK**  
Albany  
900 Watervliet-Shaker Road  
Albany, NY 12205  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MASSACHUSETTS**  
Hudson  
1 Cabot Road  
Suite 250  
Hudson, MA 01749  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MONTANA**  
Sacramento, CA  
11070 White Rock Rd, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW YORK**  
Buffalo  
60 Lakefront Blvd.  
P.O. Box 242  
Buffalo, NY 14240-0242  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MASSACHUSETTS**  
Braintree  
350 Granite Street  
Suite 1201  
Braintree, MA 02184  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEBRASKA**  
Omaha  
11516 Miracle Hills Dr., St. 400  
Omaha, NE 68154  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW YORK**  
Melville  
3 Huntington Quadrangle  
Melville, NY 11747  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**MICHIGAN**  
Grand Rapids  
625 Kenmoor Ave  
Suite 213  
Grand Rapids, MI 49546  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEVADA**  
Las Vegas  
7450 Arroyo Crossing Pkwy  
Suite 200  
Las Vegas, NV 89113  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW YORK**  
New York  
485 Lexington Ave.  
New York, NY 10017-2630  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**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  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NEW YORK**  
**Syracuse**

440 South Warren Street  
P.O. Box 4963  
Syracuse, NY 13221-4963  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NORTH CAROLINA**  
**Charlotte**

11440 Carmel Commons Blvd.  
Suite 400  
Charlotte, NC 28226  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NORTH CAROLINA**  
**Raleigh**

4504 Emperor Blvd.  
Durham, NC 27703  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**NORTH DAKOTA**  
**St. Paul, MN**

385 Washington St., MC 104P  
St. Paul, MN 55102  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**OHIO**  
**Cincinnati**

Baldwin Center, Suite 500  
625 Eden Park Drive  
Cincinnati, OH 45202  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**OHIO**  
**Cleveland**

6150 Oak Tree Blvd., Suite 400  
Independence, OH 44131  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**OKLAHOMA**  
**Tulsa**

9820 East 41st St., Suite 401  
P.O. Box 3510  
Tulsa, OK 74101  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**OREGON**  
**Portland**

4000 SW Kruse Way Place,  
Building 1, Suite 255  
Lake Oswego, OR 97035  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**PENNSYLVANIA**  
**Philadelphia**

10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**PENNSYLVANIA**  
**Pittsburgh**

112 Washington Place, Suite 910  
Pittsburgh, PA 15219  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**PENNSYLVANIA**  
**Reading**

1105 Berkshire Blvd.  
P.O. Box 13426  
Wyomissing, PA 19610  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**RHODE ISLAND**  
**Braintree**

350 Granite Street  
Suite 1201  
Braintree, MA 02184  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**SOUTH CAROLINA**  
**Charlotte**

11440 Carmel Commons Blvd.  
P.O. Box 473500  
Charlotte, NC 28247-3500  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**SOUTH DAKOTA**  
**St. Paul, MN**

385 Washington St.  
St. Paul, MN 55102  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**TENNESSEE**  
**Franklin**

6640 Carothers Pkwy, Suite 300  
Franklin, TN 37067  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**TEXAS**  
**Dallas**

1301 E Collins Blvd., Suite 300  
Richardson, TX 75081  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**TEXAS**  
**Houston**

4650 Westway Park Blvd., Suite 350  
Houston, TX 77041  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**UTAH**

Denver, CO  
6060 S. Willow Drive #300  
Greenwood Village, CO 80111  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**VERMONT**

Hartford, CT  
300 Windsor Street  
Hartford, CT 06120  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**VIRGINIA**  
**Richmond**

9954 Mayland Drive, Suite 6100  
Richmond, VA 23233  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**Washington, DC**

14200 Park Meadow Dr.  
Chantilly, VA 20151  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**WASHINGTON**  
**Seattle**

1501 4th Avenue, Suite 400  
Seattle, WA 98101  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**WEST VIRGINIA**  
**Charleston, WV**

119 Virginia St. W.  
Charleston, WV 25302  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**WISCONSIN**  
**Milwaukee**

13935 Bishops Drive, Suite 200  
Brookfield, WI 53005  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)

**WYOMING**  
**Denver, CO**

6060 S. Willow Drive #300  
Greenwood Village, CO 80111  
Risk Control: 1-800-973-9215  
Claims: 800-238-6225 or [travelers.com/claim](http://travelers.com/claim)



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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

**POLICY NUMBER: (6JUB-0W53342-3-24)**

**RENEWAL OF (6JUB-0W53342-3-23)**

**INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  
A STOCK COMPANY**

**NCCI CO CODE: 13579**

**1.**

**INSURED:**

**RIOS, SAUL  
529 BEACON PKWY W STE 211  
BIRMINGHAM AL 35209-3127**

**PRODUCER:**

**BYARS WRIGHT INC  
PO BOX 1309  
JASPER AL 35502-1309**

Insured is **AN INDIVIDUAL**

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

**2. The policy period is from 05-08-24 to 05-08-25 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:

**AL**

**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:	\$	1000000	Each Accident
Bodily Injury by Disease:	\$	1000000	Policy Limit
Bodily Injury by Disease:	\$	1000000	Each Employee

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

**COVERAGE EXCLUDED - REFER TO RESIDUAL MARKET LIMITED OTHER STATES  
INSURANCE ENDORSEMENT WC 00 03 26**

**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: 04-01-24 WC**

**ST ASSIGN: AL**

**OFFICE: RMD POOL**

**870**

**PRODUCER: BYARS WRIGHT INC**

**24GDN**



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (6JUB-0W53342-3-24)

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: 1761 NAICS: 238390

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	1490
PREMIUM DISCOUNT	NONE
0900-01 EXPENSE CONSTANT	160
TERRORISM	NONE
CAT (OTHER THAN CERT ACTS OF TERRORISM)	NONE
TOTAL ESTIMATED PREMIUM	1650
DEPOSIT AMOUNT DUE	1650MP

A/R (WCIP) #

Minimum Premium: \$ 1500

EMPLOYERS LIABILITY MINIMUM: \$ 150

ST ASSIGN: AL

DATE OF ISSUE: 04-01-24 WC

OFFICE: RMD POOL

870

PRODUCER: BYARS WRIGHT INC

24GDN



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

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

POLICY NUMBER: (6JUB-0W53342-3-24)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-AL

INSURED'S NAME: RIOS, SAUL

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 907818801 ENTITY CD 001				
RIOS, SAUL				
529 BEACON PKWY W STE 211 BIRMINGHAM, AL 35209-3127 SIC CODE: 1761 NAICS: 238390				
ROOFING - ALL KINDS & DRIVERS	5551	IF ANY	15.67	

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1.40% INCREASED LIMITS	\$	NONE
ADD FOR INCREASED LIMITS MINIMUM (9848)		150
EXPERIENCE MODIFICATION: NONE MODIFIED PREMIUM		NONE
ADD FOR POLICY MINIMUM		1340
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1490
EXPENSE CONSTANT(0900)		160
0.0100 TERRORISM (9740)		INCL
0.0100 CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		INCL
TOTAL ESTIMATED PREMIUM		1650
DEPOSIT AMOUNT DUE		1650

DATE OF ISSUE: 04-01-24 WC

ST ASSIGN: AL

SCHEDULE NO: 1 OF LAST





WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 00 01 (A )

POLICY NUMBER: (6JUB-0W53342-3-24)

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 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 00 03 26 A - 001	LIMITED OTHER STATES INSURANCE END
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 00 04 17 C - 001	ASSIGNED RISK LSRP NOTIFICATION END
WC 00 04 21 F - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 00 03 08 OO - 001	PARTNERS, OFFICERS AND OTHERS EXCL ENDT
WC 00 04 19 A - 001	PREMIUM AMENDATORY ENDORSEMENT





WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 24 (00)

POLICY NUMBER: (6JTB-0W53342-3-24)

**AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT**

Part Five – Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 – Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

**Note:**

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

**Schedule**

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
NC	ESTIMATED ANNUAL PREMIUM	UP TO THREE TIMES
AL, AR, CT, DE, DC, GA, ID, IL, IA, MI, MN, MS, NE, NM, OR, SC, SD, TN, VT, VA, WV	ESTIMATED ANNUAL PREMIUM	UP TO TWO TIMES
AZ, KS, NJ	ESTIMATED ANNUAL PREMIUM	TWO TIMES
NV, WI	ESTIMATED ANNUAL PREMIUM	UP TO ONE TIME



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 03 26 ( A )**

**POLICY NUMBER: ( 6JOB-0W53342-3-24 )**

**RESIDUAL MARKET  
LIMITED OTHER STATES INSURANCE ENDORSEMENT**

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

**PART THREE OTHER STATES INSURANCE**

**A. How This Insurance Applies**

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

**IMPORTANT NOTICE!**

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



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 04 14 ( A)**

**POLICY NUMBER: (6JUB-0W53342-3-24)**

**90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN  
OWNERSHIP ENDORSEMENT**

You must report any change in ownership to us in writing within 90 days of the date of the change. 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. 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.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.



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  
Insured

Policy No.

Endorsement No.  
Premium

Insurance Company

Countersigned by \_\_\_\_\_

DATE OF ISSUE: 04-01-24 ST ASSIGN: AL

Page 1 of 1

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

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**ASSIGNED RISK LOSS SENSITIVE RATING PLAN NOTIFICATION  
ENDORSEMENT****A. LSRP Mandatory Assigned Risk Retrospective Rating Plan**

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

**B. Eligibility**

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

**C. Deposit/Initial Premium and LSRP Contingency Deposit**

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

**D. Impact of Changes in LSRP Standard Premium**

1. For all policies except for professional employer organizations (PEOs) and temporary arrangements, LSRP may be applied to a policy, or an LSRP policy may be converted to a guaranteed cost policy:
  - a. If the LSRP standard premium decreases during the first 120 days, and falls below the LSRP eligibility threshold, your policy will be converted to a guaranteed cost policy, retroactive to policy inception, and your LSRP contingency deposit will be returned.

**ENDORSEMENT WC 00 04 17 ( C )**

**POLICY NUMBER: (6JUB-0W53342-3-24)**

## **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

- b. If the LSRP standard premium increases during the first 120 days, and meets the LSRP eligibility threshold, LSRP will be applied retroactively to policy inception and the 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.
  - c. If the LSRP standard premium decreases after the first 120 days and falls below the LSRP eligibility threshold, the LSRP continues to be applied to your policy(ies).
  - d. If the LSRP standard premium increases after the first 120 days, and meets the LSRP eligibility threshold, your policy(ies) will remain a guaranteed cost policy(ies) and the LSRP is applied at renewal, subject to meeting the eligibility requirements on the renewal policy(ies).
2. For all PEO and temporary arrangement WCIP policies, if the LSRP standard premium meets or exceeds the eligibility threshold **at any time**, LSRP is applied retroactively to policy inception. The 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

### E. Evasion of LSRP

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

**This endorsement applies in the states listed in the Schedule below.**



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 04 17 ( C )**

**POLICY NUMBER: ( 6JUB-0W53342-3-24 )**

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

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**Schedule**

<b>State</b>	<b>Premium Eligibility</b>
ALABAMA	\$250,000
ARIZONA	\$250,000
CONNECTICUT	\$250,000
DISTRICT OF COLUMBIA	\$250,000
GEORGIA	\$250,000
IDAHO	\$250,000
ILLINOIS	\$250,000
INDIANA	\$250,000
KANSAS	\$250,000
NEW HAMPSHIRE	\$250,000
NEVADA	\$250,000
OREGON	\$250,000
SOUTH CAROLINA	\$250,000
SOUTH DAKOTA	\$250,000
TENNESSEE	\$250,000
VERMONT	\$250,000
WEST VIRGINIA	\$250,000



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 04 21 ( F )**

**POLICY NUMBER: ( 6JUB-0W53342-3-24 )**

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)  
PREMIUM ENDORSEMENT**

This endorsement is notification that we are 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). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

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  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

Form WC 00 04 21 ( F )

DATE OF ISSUE: 04-01-24

ST ASSIGN: AL

Page 1 of 1

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**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 03 08 (OO) – 001**

POLICY NUMBER: (6JUB-0W53342-3-24)

**PARTNERS, OFFICERS, AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

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

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

**SCHEDULE**

**PARTNERS**

**OFFICERS**

**OTHERS**

**RIOS, SAUL**



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

**POLICY NUMBER: (6JUB-0W53342-3-24)**

**PART FIVE – PREMIUM AMENDATORY ENDORSEMENT**

This endorsement amends Part Five – Premium of the policy as follows:

Part Five – Premium, Section A. (Our Manuals) is replaced by the following provision:

**A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five – Premium, Section D. (Premium Payments) is replaced by the following provision:

**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. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.



## ATTENTION: CONTRACTORS YOU MAY BE LIABLE FOR WORKERS COMPENSATION COVERAGE FOR YOUR CONTRACTORS

Did you know that if you have Workers' Compensation Insurance and you use contractors in your business you may be liable for uninsured contractors? Without valid Workers' Compensation certificates of insurance for your contractors you may be charged an additional premium.

Your contractors may provide you with a certificate of insurance as evidence of Workers' Compensation coverage. The certificate of insurance lists the Workers' Compensation carrier, policy number and policy term. The contractor working for you is shown as the "Insured", and your company as "Certificate Holder". However, a certificate of insurance does not guarantee that coverage is valid and in force when the contractor is working for you.

Why do you need to know if a Certificate of Insurance is valid?

- You need to know this because if one of your contractor's policies cancels you may be charged an additional premium during the period contractor was uninsured.
- As the primary contractor you may not always be notified of a contractor's policy cancellation, which would then make you liable for providing Workers Compensation insurance for these uninsured contractors and premiums will be assessed to you.
- Just because you are a certificate holder does not guarantee that workers compensation coverage is valid for the contractor or that you will be notified of cancellation.

### **You now have the ability to verify and track contractor's coverage:**

Most State Board of Workers' Compensation websites have a link to verify Workers' Compensation coverage. Please take a few minutes to review the following tips and procedures to help you to verify if all of your contractors have Workers' Compensation coverage.

Go to: <https://www.ewccv.com/cvs>

- After accepting the website terms, you can select your state, date of payment and identify your subcontractor for verification.
- In addition to verifying workers compensation coverage for your subcontractor(s), you can also subscribe to track your subcontractor's policy to be notified if their policy cancels or is reinstated at any time. Please visit [www.travelers.com/audit](http://www.travelers.com/audit) for additional information on tracking your subcontractor's workers compensation policies.
- If you find coverage was cancelled or not in effect, please follow up with your contractor immediately as you may be liable for the uninsured exposure. **Remember, you as the primary contractor are liable for providing workers compensation insurance for uninsured subcontractors.**

### **-----Important Reminder to Producers on CERTIFICATES OF INSURANCE**

As stated on the NCCI Binder letter and outlined in the NCCI Assigned Risk Supplement to the Basic Manual, the producer is required to provide the assigned Carrier a copy of each Certificate of Insurance issued by the producer on behalf of the insured.

Producers are authorized to issue certificates of workers compensation insurance when all of the following conditions exist:

- The certificate is issued only on the standard ACORD form
- The certificate is issued only for operations listed in 3.A. of the Information Page
- The policy terms are unchanged
- The certificate holder is not extended any greater rights than the insured
- The assigned carrier is provided with a copy of each certificate issued



## **ATENCIÓN: CONTRATISTAS**

### **USTED PUEDE SER RESPONSABLE POR EL SEGURO DE TRABAJO DE SUS CONTRATISTAS**

¿Sabía usted que si tiene un Seguro de Compensación de Trabajadores (Worker's Compensation Insurance) y si utiliza contratistas en su empresa usted puede ser sujeto a que los contratistas no tengan seguro? Si usted **NO** tiene un Certificado de Seguro de Compensación de Trabajadores válido para sus contratistas es posible que usted sea responsable de pagar una prima adicional en su póliza.

Los contratistas pueden proporcionarle un certificado de seguro como evidencia de que tienen Seguro de Compensación de Trabajadores (Worker's Compensation Insurance). El certificado de seguro le proveerá el nombre de la compañía de seguro de trabajadores (Insurance Carrier), el número de póliza (policy number) y el período de tiempo (policy period) por el cual contratistas estuvo asegurado. El contratista que trabaje para usted se muestra como el "Asegurado" (Insured) y su negocio como "Titular del Certificado" (Certificate Holder). Sin embargo, tenga presente que un certificado de seguro **NO** le garantiza que la cobertura sea válida y activa cuando un contratista esté trabajando para usted.

¿Por qué necesita usted saber si un certificado de seguro es válido?

- Si una de las pólizas de sus contratistas se cancela una prima adicional puede ser cobrada por el período de tiempo que el contratista no fue asegurado y que trabajo para usted.
- Es posible que usted **NO** siempre sea notificado de la cancelación de la póliza de uno de sus contratistas(s) por lo cual usted sería el responsable de proporcionar seguro de compensación para estos contratistas no asegurados y además, usted puede ser responsable de pagar una prima adicional en su póliza.
- Sólo porque usted es el titular de un certificado no garantizan que la cobertura de compensación de los trabajadores sea válida para el contratista o que recibirá una notificación de cancelación.

#### **Ahora tiene la capacidad de verificar y seguir la cobertura del contratista:**

La mayoría de los Estados tiene una página de internet dedicada a los empleadores, donde se puede verificar la cobertura de seguros de contratistas. Tome unos minutos para revisar los siguientes consejos y procedimientos que le ayudarán a verificar si todos los contratistas que trabajan para usted tienen cobertura de compensación de trabajadores.

**\*VISITE:** <https://www.ewccv.com/cvs>

- Después de aceptar los términos del sitio web, puede verificar seleccionando su estado, fecha de pago e identificar a su subcontratista.
- Además de verificar la cobertura de compensación para trabajadores de su(s) subcontratista(s), también puede suscribirse para seguir la póliza de su subcontratista y recibir una notificación si la póliza se cancela o se restablece en cualquier momento. Visite [www.travelers.com/audit](http://www.travelers.com/audit) para obtener información adicional sobre el seguimiento de la póliza de trabajadores de su subcontratista.
- Si encuentra que la cobertura se canceló o no está activa, comuníquese con su contratista inmediatamente porque usted puede ser responsable de la exposición de su(s) subcontratista(s). **Recuerde, usted, como contratista principal, es responsable de proporcionar un seguro de compensación para trabajadores de subcontratistas sin seguro.**



**ATENCIÓN: CONTRATISTAS**  
**USTED PUEDE SER RESPONSABLE POR EL SEGURO DE TRABAJO**  
**DE SUS CONTRATISTAS**

**—Recordatorio importante para los Agentes sobre CERTIFICADOS DE SEGUROS—**

Como se indica en la carta de NCCI Binder y se describe en el Suplemento de Riesgo Asignado de NCCI del Manual Básico, el agente debe proporcionar a la empresa asignada una copia de cada Certificado de Seguro emitido por el agente en nombre del asegurado.

Los Agentes de Seguros están autorizados a emitir certificados de seguro de compensación para trabajadores cuando existen todas las siguientes condiciones:

- El certificado se emite solo en el formulario ACORD estándar
- El certificado se emite solo para las operaciones enumeradas en 3.a. de la página de información
- El periodo de la póliza no es cambiado
- El titular del certificado no tiene más derechos que el asegurado.
- La empresa asignada recibe una copia de cada certificado emitido.



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The insurer is responsible for the collection of any surcharge related to the policy premium in accordance with state laws or regulations. While surcharges are commonly known at the time of policy issuance, there are instances when a state amends existing, or institutes new, surcharge rates after policy issuance. The insured is responsible to reimburse the insurer when billed for the amount of any surcharge.

RECEIVED AT THE OFFICE OF THE ATTORNEY GENERAL  
JANUARY 10 1900

THE ATTORNEY GENERAL  
WASHINGTON, D. C.  
JANUARY 10 1900  
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JANUARY 10 1900



## 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.

C 1 0 0 7 8 7 0 1 1 7 0 0 1 5 1 4 3

For information about how Travelers compensates independent agents and brokers, please visit [www.travelers.com](http://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.

## STATE WCIP COMMISSION SCALES

The Residual Market Workers Compensation Insurance Plans (WCIP) allow licensed producers to receive a producer fee for services provided to the employer. The producer fee is calculated using a graduated producer fee schedule that is filed by the Plan Administrator with the state regulatory authorities. The payment of producer fees varies by state. Producer fees are typically based on the state standard premium charged and collected or total premium charged and collected.

<u>State</u>	<u>Residual Market Commission Scale</u>			
Alabama	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%	Over \$100,000 @ 2%
Alaska *	Flat 5%			
Arizona	Flat 5%			
Arkansas	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Connecticut	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Delaware	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
District of Columbia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Florida (FWCJUA)	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Georgia *	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Idaho	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Illinois *	First \$1,000 @ 8%,	Next \$4,000 @ 4%,	Next \$95,000 @ 2%,	Over \$100,000 @ 1%
Indiana	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Iowa	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Kansas	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Massachusetts	First \$1,000 @ 9%,	Next \$4,000 @ 5%,	Next \$95,000 @ 4%,	Over \$100,000 @ 3%
Michigan	First \$5,000 @ 5%,	Next \$95,000 @ 4%,	Next \$400,000 @ 3%,	Over \$500,000 @ 2%
Missouri	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Nebraska	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Nevada	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
New Hampshire	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
New Jersey	First \$1,000 @ 8%,	Next \$4,000 @ 6%,	Next \$95,000 @ 4%,	Over \$100,000 @ 2%
North Carolina *	Flat 5%			
Oregon	First \$1,000 @ 5%,	Next \$4,000 @ 3%,	Next \$95,000 @ 2%,	Over \$100,000 @ 1%
South Carolina	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
South Dakota	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Tennessee *	First \$1,000 @ 8%,	Next \$4,000 @ 6%,	Next \$95,000 @ 5%,	Over \$100,000 @ 3%
Vermont	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Virginia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
West Virginia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Wisconsin *	First \$10,000 @ 4%, Over \$10,000 @ 1%			

\* Total Premium Charged and Collected

**NOTE:** All commissions are calculated and paid based on state standard premium except where indicated. State Standard Premium generally excludes the impact of Premium Discount, Expense Constant, Terrorism, Catastrophe (other than certified acts of terrorism), and taxes and assessments in the calculation.

Total Premium Charged and Collected generally includes the impact of Premium Discount, Expense Constant, Terrorism, and Catastrophe (other than certified acts of terrorism) in the calculation.

Refer to the individual state Workers' Compensation Insurance Plan and the state's algorithm for exact definitions.