

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-1N473847-21-42-G

RENEWAL OF (UB-1N473847-20-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
A Stock Company

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 02-17-21 to 02-17-22 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: 12-24-20 SD  
OFFICE: CHANTILLY/WASHDC 226  
PRODUCER: WELCH GRAHAM & OGDEN INS CRJ61

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**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 \$	9474
PREMIUM DISCOUNT	NONE
0900-45 EXPENSE CONSTANT	215
TERRORISM	306
TOTAL ESTIMATED PREMIUM	9995
DEPOSIT AMOUNT DUE	9995

Minimum Premium: \$ 386

EMPLOYERS LIABILITY MINIMUM: \$75

DATE OF ISSUE: 12-24-20 SD

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COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-1N473847-21-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: LEESBURG VETERINARY SERVICES

13439-VA

RATE BUREAU ID: 450883611

EXP. MOD. EFFECTIVE DATE: 02-17-21

CLASSIFICATION	CODE	PREMIUM BASIS		RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION			
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		0.07	2
HOSPITAL-VETERINARY-& DRIVERS	8831	1017000.00		1.10	11187

VA MANUAL PREMIUM \$ 11189

0.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	90
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		11279
EXPERIENCE MODIFICATION:0.84 MODIFIED PREMIUM		9474
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		9474
EXPENSE CONSTANT(0900)		215
TERRORISM(9740)		306
TOTAL ESTIMATED PREMIUM		9995
TOTAL PREMIUM		9995
DEPOSIT AMOUNT DUE		9995

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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 C - 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 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 45 06 02 00 - 001	VA AMENDATORY ENDT