

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-8N170833-24-42-G

RENEWAL OF (UB-8N170833-23-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
A Stock Company

NCCI CO CODE: 12637

1.

INSURED:

THREE RIVERS MANAGEMENT, LLC &
CAPITOL RADIO COMMUNICATIONS,
INC.
8945 COLESBURY PL
FAIRFAX, VA 22031-3240

PRODUCER:

WELCH GRAHAM AND OGDEN INS
7723 ASHTON AVE
MANASSAS, VA 20109-2879

Insured is **A LIMITED LIABILITY COMPANY**

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

2. The policy period is from 06-21-24 to 06-21-25 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:
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:	\$	1,000,000	Each Accident
Bodily Injury by Disease:	\$	1,000,000	Policy Limit
Bodily Injury by Disease:	\$	1,000,000	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: 04-26-24 SD

OFFICE: CHANTILLY/WASHDC 226

PRODUCER: WELCH GRAHAM AND OGDEN INS CRJ61

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POLICY NUMBER: UB-8N170833-24-42-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: 1731 NAICS: 238210

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	1338
PREMIUM DISCOUNT	NONE
0900-45 EXPENSE CONSTANT	215
TERRORISM	11
TOTAL ESTIMATED PREMIUM	1564
DEPOSIT AMOUNT DUE	1564MP

Minimum Premium: \$ 477

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 04-26-24 SD

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COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-8N170833-24-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED'S NAME: THREE RIVERS MANAGEMENT, LLC &

12637-VA

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 FEIN 320399109 ENTITY CD 001 00				
THREE RIVERS MANAGEMENT, LLC & CAPITOL RADIO COMMUNICATIONS, INC.				
2811 OLD LEE HWY STE A FAIRFAX , VA 22031 NAICS: 238210 FEIN 541171303 ENTITY CD 002 00				
CAPITOL RADIO COMMUNICATIONS INC				
2811 OLD LEE HWY STE A FAIRFAX , VA 22031 NAICS: 238210				
BURGLAR AND FIRE ALARM INSTALLATION OR REPAIR & DRIVERS	7605	57300.00	1.69	968
		WAIVER PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
CLASSIFICATION	CODE			
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	968	0.020	19
BALANCE TO WAIVER MINIMUM PREMIUM	0930	231		



ONE TOWER SQUARE
HARTFORD CT 06183

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

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VA MANUAL PREMIUM \$ 968

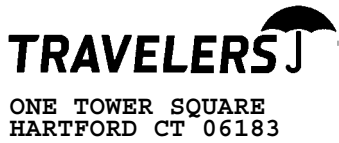
WAIVER OF SUBROGATION	\$	19
BALANCE TO WAIVER MINIMUM		231
1.10% EMPL. LIAB. INCREASED LIMITS(9812)		11
ADD FOR INCREASED LIMITS MINIMUM		109
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		1338
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1338
EXPENSE CONSTANT(0900)		215
TERRORISM(9740)		11
TOTAL ESTIMATED PREMIUM		1564
TOTAL PREMIUM		1564
DEPOSIT AMOUNT DUE		1564

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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 03 10 00 - 001	SOLE PROPRIETORS, PARTNERS, OFFICERS END
WC 00 03 13 00 - 001	WAIVER OF OUR RIGHT TO RECOVER
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 99 04 28 00 - 001	PREMIUM MANUALS AND DUE DATE ENDORSEMENT
WC 00 03 02 00 - 001	DESIGNATED WORKPLACES EXCLUSION
WC 45 06 02 00 - 001	VA AMENDATORY ENDT
WC 45 06 04 00 - 001	VIRGINIA CONTRACTING CLASS PREM. ADJUST



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ENDORSEMENT WC 00 03 10 (00) –

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**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE
ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration on such persons.

SCHEDULE

PERSONS

STATE

SOLE PROPRIETOR:

PARTNERS:

OFFICERS:

OTHERS:

TERRY ZACCARINO

VA