

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-3K814680-24-14-G

RENEWAL OF (UB-3K814680-23-14-G)

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY  
A Stock Company

NCCI CO CODE: 11223

1.

**INSURED:**

METRA ELECTRONICS CORPORATION  
460 WALKER STREET  
HOLLY HILL, FL 32117

**PRODUCER:**

CATON-HOSEY INS  
3731 S NOVA RD  
PORT ORANGE, FL 32129-4233

Insured is A CORPORATION

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

2. The policy period is from 04-04-24 to 04-04-25 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:  
GA IN KY LA NC SC TX

**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 CO CT DC DE FL HI IA ID IL KS MA MD ME MI MN MO MS MT NE  
NH NJ NM NV NY OK OR PA RI SD TN 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: 04-15-24 NM  
OFFICE: ATLANTA GA 005  
PRODUCER: CATON-HOSEY INS 16044

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-3K814680-24-14-G

**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: 3679 NAICS: 333415

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	11764
PREMIUM DISCOUNT	353
0900-42 EXPENSE CONSTANT	160
TERRORISM	133
CAT (OTHER THAN CERT ACTS OF TERRORISM)	212
TOTAL ESTIMATED PREMIUM	11916
TAXES AND SURCHARGES	266
DEPOSIT AMOUNT DUE	12182

Minimum Premium: \$ 749

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 04-15-24 NM

OFFICE: ATLANTA GA 005

PRODUCER: CATON-HOSEY INS 16044

COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

11223-GA

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				
METRA ELECTRONICS CORPORATION				
1070 CHELSEY WAY ROSWELL , GA 30075 NAICS: 333415				
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	IF ANY	0.46	0

GA MANUAL PREMIUM \$ 0

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	0
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		0
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
-0.80% PREMIUM DISCOUNT(0064)		0
TOTAL ESTIMATED PREMIUM		0
TOTAL PREMIUM		0
DEPOSIT AMOUNT DUE		0

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

15318-IN

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				
METRA ELECTRONICS CORPORATION				
7020 IRA CT INDIANAPOLIS , IN 46217 NAICS: 333415				
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	53893.00	0.24	129

IN MANUAL PREMIUM \$ 129

1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	1
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		130
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		101
50.00% SCHEDULE DEBIT(9889)		51
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		152
-0.80% PREMIUM DISCOUNT(0064)		-1
TERRORISM(9740)		6
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		13
TOTAL ESTIMATED PREMIUM		170
1.0071 SECOND INJURY FUND SURCHARGE(0935)		1
TOTAL PREMIUM		171
DEPOSIT AMOUNT DUE		171



ONE TOWER SQUARE  
HARTFORD CT 06183

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: THE STANDARD FIRE INSURANCE COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

15245-KY

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				
METRA ELECTRONICS CORPORATION				
206 STEPHENS DR NICHOLSVILLE , KY 40356 NAICS: 333415				
STORE- WHOLESALE-NOC	8018	124576.00	2.74	3413
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.18	0

KY MANUAL PREMIUM \$ 3413

1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	38
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		3451
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		2692
50.00% SCHEDULE DEBIT(9889)		1346
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		4038
-0.80% PREMIUM DISCOUNT(0064)		-32
TERRORISM(9740)		16
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		32
TOTAL ESTIMATED PREMIUM		4054
6.53% KY SPECIAL FUND ASSESSMENT		265
TOTAL PREMIUM		4319
DEPOSIT AMOUNT DUE		4319

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

11223-LA

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				

METRA ELECTRONICS  
CORPORATION

4605 CLEVELAND PL  
METAIRIE , LA 70003  
NAICS: 333415

SALESPERSONS OR COLLECTORS - OUTSIDE (COUNTY/TOWN CODE 9999)	8742	104217.00	0.66	688
--	------	-----------	------	-----

LA MANUAL PREMIUM \$ 688

1.40% EMPL. LIAB. INCREASED LIMITS(9812)	\$	10
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		698
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		544
25.00% SCHEDULE DEBIT(9889)		136
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		680
-0.80% PREMIUM DISCOUNT(0064)		-5
TERRORISM(9740)		15
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		30
TOTAL ESTIMATED PREMIUM		720
TOTAL PREMIUM		720
DEPOSIT AMOUNT DUE		720



ONE TOWER SQUARE  
HARTFORD CT 06183

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: METRA ELECTRONICS CORPORATION

13439-NC

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				
METRA ELECTRONICS CORPORATION				
1000 AVENTINE DR # 428 ARDEN , NC 28704 NAICS: 333415				
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	375433.00	0.30	1126
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.12	0

NC MANUAL PREMIUM \$ 1126

1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	12
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		1138
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		888
45.00% SCHEDULE DEBIT(9889)		400
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1288
-0.80% PREMIUM DISCOUNT(0064)		-10
TERRORISM(9740)		45
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		94
TOTAL ESTIMATED PREMIUM		1417
TOTAL PREMIUM		1417
DEPOSIT AMOUNT DUE		1417

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

INSURED'S NAME: METRA ELECTRONICS CORPORATION

13579-SC

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				
METRA ELECTRONICS CORPORATION				
1012 PROVIDENCE WAY SUMMERVILLE , SC 29483 NAICS: 333415				

CLERICAL OFFICE EMPLOYEES NOC	8810	37000.00	0.22	81
-------------------------------	------	----------	------	----

SC MANUAL PREMIUM \$ 81

1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	1
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		82
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		64
25.00% SCHEDULE DEBIT(9889)		16
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		80
-0.80% PREMIUM DISCOUNT(0064)		-1
TERRORISM(9740)		4
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		7
TOTAL ESTIMATED PREMIUM		90
TOTAL PREMIUM		90
DEPOSIT AMOUNT DUE		90



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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

POLICY NUMBER: UB-3K814680-24-14-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

11223-TX

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637 ENTITY CD 001 00				
METRA ELECTRONICS CORPORATION				
10515-10537 MILLER ROAD DALLAS , TX 75238 NAICS: 333415				
STORE: WHOLESALE NOC & D	8018	215301.00	2.49	5361
SALESPERSONS, COLLECTORS, MESSENGERS - OUTSIDE	8742	143893.00	0.21	302

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

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

POLICY NUMBER: UB-3K814680-24-14-G

TX MANUAL PREMIUM \$ 5663

---

1.40% EMPL. LIAB. INCREASED LIMITS(9812)	\$	79
ADD FOR INCREASED LIMITS MINIMUM		9
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		5751
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		4486
40.00% SCHEDULE DEBIT(9889)		1794
-12.00% MANAGED CARE CREDIT PROGRAM(9874)		-754
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		5526
-5.50% PREMIUM DISCOUNT(0063)		-304
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		47
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		36
TOTAL ESTIMATED PREMIUM		5465
TOTAL PREMIUM		5465
DEPOSIT AMOUNT DUE		5465

POLICY NUMBER: UB-3K814680-24-14-G

**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 06 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
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 32 03 01 D - 001	NORTH CAROLINA AMENDED COVERAGE ENDT
WC 99 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 99 04 28 00 - 001	PREMIUM MANUALS AND DUE DATE ENDORSEMENT
WC 00 04 21 F - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 10 06 01 C - 001	GA CANC NONRENEWAL AND CHANGE ENDT
WC 16 03 05 00 - 001	KY PART ONE WC INSURANCE ENDORSEMENT
WC 16 06 01 00 - 001	KY CANCELATION AND NONRENEWAL ENDT.
WC 16 06 02 00 - 001	KY NOTICE OF APPEAL RIGHTS ENDORSEMENT
WC 17 06 01 J - 001	LOUISIANA AMENDATORY ENDORSEMENT
WC 17 06 02 A - 001	LA COST CONTAINMENT ACT ENDORSEMENT
WC 39 06 01 00 - 001	SC CANCELLATION AND NONRENEWAL ENDT
WC 42 03 01 L - 001	TEXAS AMENDATORY ENDORSEMENT
WC 42 04 08 A - 001	TEXAS HEALTH CARE NETWORK ENDORSEMENT
WC 17 03 03 00 - 001	LOUISIANA DUTY TO DEFEND

POLICY NUMBER: UB-3K814680-24-14-G

## **GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT**

This endorsement applies because Georgia is shown in Item 3.A. of the policy Information Page.

Part Six—Conditions, Section D. (Cancellation) of the policy is replaced by the following:

### **D. Cancellation, Nonrenewal, and Change**

1. You may cancel this policy. You must mail or deliver advance notice to us in writing, or deliver advance notice orally or electronically, stating when the cancellation is to take effect. We may require that you provide written, electronic, or other recorded verification of the request before the cancellation takes effect. The cancellation is subject to the following:
  - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
  - b. If by statute, regulation, or contract this policy may not be cancelled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days' notice to you and the third party as soon as practical after receiving your request for cancellation.  
Our notice will state the effective date of cancellation, which will be the later of the following:
    - 1) 10 days from the date of mailing or delivering our notice, or
    - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium, or if we nonrenew this policy, we must send a notice of cancellation or nonrenewal by certified mail, return receipt requested, to you at your last address of record at least 75 days before the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase in premium due to change in risk or exposure, including a change in experience rating modification or resulting from an audit of auditable coverages), we must deliver a notice of our action (including dollar amount of the increase in renewal premium more than 15%) to you, by first class mail, at your last address of record at least 45 days before the expiration date of this policy.
4. If we reduce the policy coverage, we must provide you with written notice at least 45 days before the effective date of the reduction in coverage. The notice will be delivered to you in person or by first class mail to your last address of record. A reduction in coverage made by us includes elimination of coverage, a decrease in scope or less coverage, or the addition of an exclusion. Requests made by you to change, reduce, or eliminate coverage are not considered reductions in coverage.
5. If you fail to submit to, or allow an audit for, the current or most recently expired policy term, we may, after two documented efforts to notify you and your agent of potential cancellation, send via certified mail or statutory overnight delivery, return receipt requested, written notice to you at least 10 days before the effective date of cancellation in lieu of the number of days' notice otherwise required by state law. However, we must not mail a cancellation notice within 20 days of the first documented effort to notify you of potential cancellation.