

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-3K864401-24-14-V

NJ TAX IDENTIFICATION NO.: 593087637000

RENEWAL OF (UB-3K864401-23-14-V)

INSURER: THE TRAVELERS INDEMNITY COMPANY
A Stock Company

NCCI CO CODE: 11347

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:
NJ

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 GA HI IA ID IL IN KS LA MA MD ME MI MN MO MS
MT NC NE NH NM NV NY OK OR PA RI SC SD TN 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: 04-15-24 NM
OFFICE: ATLANTA GA 005
PRODUCER: CATON-HOSEY INS 16044

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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: 3679 NAICS: 333415

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	14486
PREMIUM DISCOUNT	406
0900-29 EXPENSE CONSTANT	160
TERRORISM	95
CAT (OTHER THAN CERT ACTS OF TERRORISM)	32
TOTAL ESTIMATED PREMIUM	14367
TAXES AND SURCHARGES	486
DEPOSIT AMOUNT DUE	14853MP

Minimum Premium: \$ 1100

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 04-15-24 NM

OFFICE: ATLANTA GA 005

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COUNTERSIGNED-AGENT

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

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INSURER: THE TRAVELERS INDEMNITY COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

11347-NJ

DIVIDEND TABLE A

RATE BUREAU ID: 000132039

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				
TAX IDENTIFIER NUMBER 593087637000				
METRA ELECTRONICS CORPORATION				
265 WILLOW BROOK RD UNITS 7,8,9				
FREEHOLD , NJ 07728				
NAICS: 333415				
STORE: TELEVISION PARTS AND ACCESSORIES	8010	227826.00	4.39	10002
SALESPERSONS-OUTSIDE	8742	88426.00	0.38	336



ONE TOWER SQUARE
HARTFORD CT 06183

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NJ MANUAL PREMIUM \$ 10338

1.40% EMPL. LIAB. INCREASED LIMITS(6199)	\$	145
ADD FOR INCREASED LIMITS MINIMUM		5
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		10488
EXPERIENCE MODIFICATION:1.105 MODIFIED PREMIUM		11589
25.00% SCHEDULE DEBIT(9889)		2897
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		14486
-2.80% PREMIUM DISCOUNT(0063)		-406
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		95
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		32
TOTAL ESTIMATED PREMIUM		14367
4.19% SECOND INJURY FUND SURCHARGE		486
TOTAL PREMIUM		14853
DEPOSIT AMOUNT DUE		14853

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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 29 06 03 00 - 001	NEW JERSEY PARTICIPATING PROVISION ENDT
WC 00 04 06 A - 001	PREMIUM DISCOUNT ENDORSEMENT
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 00 04 21 E - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 29 03 06 B - 001	NJ PART TWO EMPLOYERS LIABILITY ENDT.