

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7S023677-23-42-G

RENEWAL OF (UB-7S023677-22-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:

GREATER PRINCE WILLIAM AREA
COMMUNITY HEALTH CENTER, INC.
4379 RIDGEWOOD CENTER DRIVE
SUITE 102
WOODBIDGE, VA 22192

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 09-09-23 to 09-09-24 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: 07-14-23 SD

OFFICE: CHANTILLY/WASHDC 226

PRODUCER: WELCH GRAHAM & OGDEN INS CRJ61

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7S023677-23-42-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: 8011 NAICS: 621111

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	16169
PREMIUM DISCOUNT	307
0900-45 EXPENSE CONSTANT	215
TERRORISM	1178
TOTAL ESTIMATED PREMIUM	17255
DEPOSIT AMOUNT DUE	17255

Minimum Premium: \$ 621

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 07-14-23 SD

OFFICE: CHANTILLY/WASHDC 226

PRODUCER: WELCH GRAHAM & OGDEN INS CRJ61

COUNTERSIGNED-AGENT

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

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

POLICY NUMBER: UB-7S023677-23-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: GREATER PRINCE WILLIAM AREA

13439-VA

RATE BUREAU ID: 450861073

EXP. MOD. EFFECTIVE DATE: 09-09-23

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 830435134 ENTITY CD 001 00				
GREATER PRINCE WILLIAM AREA COMMUNITY HEALTH CENTER, INC.				
4379 RIDGEWOOD CENTER DR STE 102 WOODBIDGE , VA 22192 NAICS: 621111				
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	275000.00	2.62	7205
PHYSICIAN & CLERICAL	8832	11500000.00	0.12	13800

VA MANUAL PREMIUM \$ 21005

1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$ 231
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	21236
EXPERIENCE MODIFICATION:0.81 MODIFIED PREMIUM	17201
-6.00% SCHEDULE CREDIT(9887)	-1032
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	16169
-1.90% PREMIUM DISCOUNT(0064)	-307
EXPENSE CONSTANT(0900)	215
TERRORISM(9740)	1178
TOTAL ESTIMATED PREMIUM	17255
TOTAL PREMIUM	17255
DEPOSIT AMOUNT DUE	17255

POLICY NUMBER: UB-7S023677-23-42-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 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 28 00 - 001	PREMIUM MANUALS AND DUE DATE ENDORSEMENT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 45 06 02 00 - 001	VA AMENDATORY ENDT