

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

**POLICY NUMBER:** UB-8N170833-22-42-G

**RENEWAL OF** (UB-8N170833-21-42-G)

**INSURER:** THE PHOENIX INSURANCE COMPANY  
A Stock Company

**NCCI CO CODE:** 12610

1.

**INSURED:**

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

**PRODUCER:**

WELCH GRAHAM & OGDEN INS  
7723 ASHTON AVE  
MANASSAS, VA 20109

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 06-21-22 to 06-21-23 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:** 04-27-22 SD

**OFFICE:** CHANTILLY/WASHDC 226

**PRODUCER:** WELCH GRAHAM & OGDEN INS CRJ61

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POLICY NUMBER: UB-8N170833-22-42-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 \$	1464
PREMIUM DISCOUNT	NONE
0900-45 EXPENSE CONSTANT	215
TERRORISM	34
TOTAL ESTIMATED PREMIUM	1713
DEPOSIT AMOUNT DUE	1713MP

Minimum Premium: \$ 511

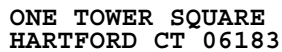
EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 04-27-22 SD

OFFICE: CHANTILLY/WASHDC 226

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COUNTERSIGNED-AGENT



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

INSURER: THE PHOENIX INSURANCE COMPANY

INSURED'S NAME: THREE RIVERS MANAGEMENT, LLC &

12610-VA

DATE OF ISSUE: 04-27-22 SD

SCHEDULE NO: 1      OF 2



ONE TOWER SQUARE  
HARTFORD CT 06183

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

POLICY NUMBER: UB-8N170833-22-42-G

VA MANUAL PREMIUM \$ 1094

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WAIVER OF SUBROGATION	\$	22
BALANCE TO WAIVER MINIMUM		228
1.10% EMPL. LIAB. INCREASED LIMITS(9812)		12
ADD FOR INCREASED LIMITS MINIMUM		108
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		1464
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1464
EXPENSE CONSTANT(0900)		215
TERRORISM(9740)		34
TOTAL ESTIMATED PREMIUM		1713
TOTAL PREMIUM		1713
DEPOSIT AMOUNT DUE		1713

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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 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
WC 00 03 02 00 - 001	DESIGNATED WORKPLACES EXCLUSION
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 45 06 02 00 - 001	VA AMENDATORY ENDT
WC 45 06 04 00 - 001	VIRGINIA CONTRACTING CLASS PREM. ADJUST

**ENDORSEMENT WC 00 03 10 (00) –**

POLICY NUMBER: **UB-8N170833-22-42-G**

**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**