

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

**POLICY NUMBER:** UB-3K866222-24-14-G

**RENEWAL OF** (UB-3K866222-23-14-G)

**INSURER:** TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  
A Stock Company

**NCCI CO CODE:** 13579

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:  
**AZ CA**

**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 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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POLICY NUMBER: UB-3K866222-24-14-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: 3679 NAICS: 333415

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	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	22495
PREMIUM DISCOUNT	785
0900-04 EXPENSE CONSTANT	160
TERRORISM	105
CAT (OTHER THAN CERT ACTS OF TERRORISM)	62
TOTAL ESTIMATED PREMIUM	22037
TAXES AND SURCHARGES	939
DEPOSIT AMOUNT DUE	22976MP

Minimum Premium: \$ 984

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 04-15-24 NM

OFFICE: ATLANTA GA 005

PRODUCER: CATON-HOSEY INS 16044

COUNTERSIGNED-AGENT



ONE TOWER SQUARE  
HARTFORD CT 06183

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

POLICY NUMBER: UB-3K866222-24-14-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

INSURED'S NAME: METRA ELECTRONICS CORPORATION

13579-AZ

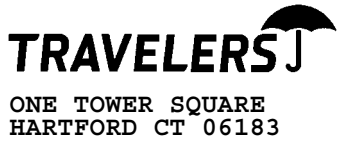
RATE BUREAU ID: 917823928

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				
7230 N GLEN HARBOR BLVD STE 120-140 GLENDALE , AZ 85307 NAICS: 333415				
STORE- WHOLESALE-NOC	8018	367889.00	1.53	5629
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	IF ANY	0.16	0
CLERICAL OFFICE EMPLOYEES NOC	8810	48606.00	0.08	39

AZ MANUAL PREMIUM \$ 5668

50.00% COMPANY DEVIATION DEBIT(9039)	\$	2834
1.10% EMPL. LIAB. INCREASED LIMITS(9812)		94
ADD FOR INCREASED LIMITS MINIMUM		26
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		8622
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM		6725
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		6725
-5.10% PREMIUM DISCOUNT(0063)		-343
TERRORISM(9740)		62
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		62
TOTAL ESTIMATED PREMIUM		6506
TOTAL PREMIUM		6506
DEPOSIT AMOUNT DUE		6506



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

POLICY NUMBER: UB-3K866222-24-14-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA 102 002

INSURED'S NAME: METRA ELECTRONICS CORPORATION

13579-CA

RATE BUREAU ID: 003196353

EXP. MOD. EFFECTIVE DATE: 04-04-23

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				
4333 S MINNEWAWA FRESNO , CA 93725 NAICS: 333415				
STORES: STORES-WHOLESALE- N.O.C.	8018	141792.00	9.366	13280



ONE TOWER SQUARE  
HARTFORD CT 06183

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CA MANUAL PREMIUM \$ 13280

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TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	13280
EXPERIENCE MODIFICATION:0.95 MODIFIED PREMIUM		12616
25.00% SCHEDULE DEBIT(9889)		3154
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		15770
-2.80% PREMIUM DISCOUNT(0064)		-442
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		43
TOTAL ESTIMATED PREMIUM		15531
2.4604% WC ADMIN REVOLVING FUND ASSESSMENT		382
0.4122% STATE FRAUD SURCHARGE		64
0.1505% UNINSURED EMPLOYERS BENEFIT TRUST FUND ASST		23
1.5891% SUBSEQUENT INJURY BENEFIT TRUST FUND ASST		247
0.7266% OCCUPATIONAL SAFETY & HEALTH FUND ASSESSMENT		113
0.7109% LABOR ENFORCEMENT & COMPLIANCE FUND ASSESSMENT		110
TOTAL PREMIUM		16470
DEPOSIT AMOUNT DUE		16470

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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 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 04 03 01 B - 001	POLICY AMENDATORY ENDORSEMENT-CALIFORNIA
WC 99 03 99 00 - 001	CA WORKERS' COMP NOTICE OF NON-RENEWAL
WC 99 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 99 03 F3 00 - 001	CA LIMITS OF LIABILITY 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 02 04 01 C - 001	AZ ALCOHOL & DRUG FREE WK PLACE PREM END
WC 02 06 01 C - 001	AZ CANCELLATION AND NONRENEWAL ENDT
WC 02 06 03 A - 001	AZ AMENDATORY ENDORSEMENT
WC 04 03 17 B - 001	EMPLOYEE INSD BY GENERL EMPLOYER EXCLUDED
WC 04 03 45 A - 001	COMPREHENSIVE PERSONAL LIAB POL EXCL
WC 04 03 60 B - 001	EMPLOYERS' LIAB COV AMENDATORY ENDT-CA
WC 04 04 01 A - 001	RATING EFFECTIVE DATE ENDORSEMENT
WC 04 04 21 00 - 001	OPTIONAL PREMIUM INCREASE ENDORSEMENT - CALIFORNIA
WC 04 04 22 00 - 001	CALIFORNIA SHORT-RATE CANCELATION ENDT
WC 04 06 01 B - 001	CA CANCELLATION ENDT
WC 04 06 04 A - 001	COVID-19 REPORTING REQUIREMENT ENDT-CA