



PRESENTED BY

**WTW SOUTHEAST INC-WDBS**  
1120 S TRYON ST STE 650  
CHARLOTTE, NC 28203

PROPOSED ON 02/17/2025 FOR

**DEBORDIEU CLUB, INC.**  
908 BONNYNECK DR.  
GEORGETOWN, SC 29440

On behalf of **WTW SOUTHEAST INC-WDBS** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **DEBORDIEU CLUB, INC.** with the following policy proposal.



**Travelers Risk Control: Our Expertise is Your Advantage**

Travelers Risk Control is an innovative provider of cost-effective risk management services and products. As one of the largest Risk Control departments in the industry, our scale allows the right resource at the right time to meet customer needs. For over 110 years, our loss prevention professionals have assisted agents, brokers and customers across the country and around the world.

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**Claim Services:**

Travelers has over 11,000 highly trained Claim professionals located across the U.S. Our local field representatives are supported by teams of dedicated customer service, catastrophe response, legal, medical, investigative, engineering, and large loss experts. Claims can be complex and expensive. We'll help you manage claims to control your total risk-related costs.

<https://www.travelers.com/claims>

# Meet your Travelers team

## General

### Overall Account

John Blackshaw  
Account Executive  
JBLACKSH@travelers.com  
704-540-3116

### Policy Services

Heather Jennings  
Operations Account Specialist  
HCJENNIN@travelers.com  
704-544-3046

To report, ask a question or discuss a claim please call 1-800-238-6225. A Claim Customer Service Representative is available 24 hours a day, 7 days a week to take the first notice of loss or provide assistance on any existing claim.

# Your policies

## Commercial Package Program

Policy Number	Y-660-0Y566721-COF-25
Effective	04/01/2025 – 04/01/2026
Insuring Company	THE CHARTER OAK FIRE INSURANCE COMPANY

## Automobile

Policy Number	BA-0Y566118-25-14-G
Effective	04/01/2025 – 04/01/2026
Insuring Company	THE PHOENIX INSURANCE COMPANY

## Workers Compensation

Policy Number	UB-A8738703-25-14-G
Effective	04/01/2025 – 04/01/2026
Insuring Company	TRAVELERS CASUALTY AND SURETY COMPANY

# Locations schedule

## 660 - 0Y566721 – Commercial Package Program

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	CLUBHOUSE	908 BONNYNECK DR, GEORGETOWN, SC 29440
2/2	GOLF MAINTENANCE	98 FIREHOUSE ST, GEORGETOWN, SC 29440
3/3	GOLF MAINTENANCE	99 FIREHOUSE ST, GEORGETOWN, SC 29440
4/4	TENNIS SHOP	2400 LUVAN BLVD, GEORGETOWN, SC 29440
4/5	FENCE/LIGHTS	2400 LUVAN BLVD, GEORGETOWN, SC 29440
4/6	TENNIS COURTS	2400 LUVAN BLVD, GEORGETOWN, SC 29440
5/7	BEACH CLUB	275 DEBORDIEU BLVD, GEORGETOWN, SC 29440
6/8	PAVILLION	293 DEBORDIEU BLVD, GEORGETOWN, SC 29440
7/9	BATHHOUSE	269 DEBORDIEU BLVD, GEORGETOWN, SC 29440
7/10	BEACH POOL	269 DEBORDIEU BLVD, GEORGETOWN, SC 29440
8/11	REC CENTER POOL	293 DEBORDIEU BLVD, GEORGETOWN, SC 29440
9/12	GAZEBO	275 DEBORDIEU BLVD, GEORGETOWN, SC 29440



# General Liability coverage premium summary

**Policy Number** 660-0Y566721

## Coverage information

COVERAGE		LIMITS
<b>Aggregate Limits of Insurance</b>	General Aggregate (Other than Products-Completed Operations)	\$2,000,000
	Products-Completed Operations Aggregate	\$2,000,000
<b>Personal And Advertising Injury Limit (Subject to the General Aggregate Limit)</b>	Any One Person or Organization	\$1,000,000
<b>Each Occurrence Limit</b>	Combined Single Limit Bodily Injury & Property Damage (Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$1,000,000
<b>Damage To Premises Rented To You Limit (Subject to Each Occurrence Limit)</b>	Any One Premises	\$300,000
<b>Medical Expense Limit (Subject to the Each Occurrence Limit)</b>	Any One Person	\$5,000

## Non-composite General Liability class code schedule

STATE	LOC/BLDG	CLASS CODE	DESCRIPTION	SUBLINE	EXPOSURE	RATE	PREMIUM
SC	1/1	11039	CATERERS	Prem/Ops.	1,088,137	2.185	\$2,378
SC	1/1	11039	CATERERS	Products	1,088,137	0.257	\$280
SC	1/1	16916	RESTAURANTS - WITH SALE OF ALCOHOLIC BEVERAGES THAT ARE 30% OR MORE OF BUT LESS THAN 75% O	Prem/Ops.	4,147,477	3.494	\$14,491
SC	1/1	16916	RESTAURANTS - WITH SALE OF ALCOHOLIC BEVERAGES THAT ARE 30% OR MORE OF BUT LESS THAN 75% O	Products	4,147,477	0.216	\$896
SC	1/1	18206	SPORTING GOODS OR ATHLETIC EQUIPMENT STO	Prem/Ops.	1,102,322	1.731	\$1,908
SC	1/1	18206	SPORTING GOODS OR ATHLETIC EQUIPMENT STO	Products	1,102,322	0.417	\$460
SC	1/1	48925	SWIMMING POOLS	Prem/Ops.	3	571.429	\$1,714
SC	1/1	70412	CLUBS	Liquor	1,579,073	9.359	\$14,779
SC	1/1	79970	GOLF FACILITIES - PRIVATELY OWNED - MEMB	Prem/Ops.	23,650	0.074	\$1,750

## Optional coverage

COVERAGE	LIMIT	PREMIUM
<b>XTEND</b>		Included

Gross Premium

\$38,656

Employee Benefits Liability(Claims Made Coverage) Premium	\$300
Aggregate Limit	\$2,000,000
Each Employee Limit	\$1,000,000
Deductible	NONE
Retroactive date	4/1/2024

Liquor Liability Coverage Forms	LIMIT
Liquor Aggregate Limit:	\$2,000,000
Liquor Each Common Cause Limit:	\$1,000,000



# General Liability coverage premium summary

## **CG D3 67 – Golf Or Country Club Facilities XTEND Endorsement**



# Commercial Auto coverage premium summary

Policy Number

BA-0Y566118

## ISO Commercial Auto coverage form

COVERAGE	AUTO SYMBOL	LIMITS
<b>Liability</b>	1	\$1,000,000 any one accident
<b>UM BI &amp; PD/Underinsured Motorist</b>	2	As Elected. Named Insured will be required to complete Uninsured and Underinsured election forms (for all states that have an election form), prior to the effective date of the policy.
<b>Collision</b>	7	ACV less deductible
<b>Comprehensive</b>	7	ACV less deductible

## Commercial Auto schedule

VEHICLE #	STATE	VEHICLE YEAR	MAKE/MODEL	COMPREHENSIVE DEDUCTIBLE	COLLISION DEDUCTIBLE	SCOL DEDUCTIBLE	RENTAL REIM APPLIES
1	SC	2007	FORD F150	\$1,000	\$1,000		N
2	SC	2016	RAM 1500	\$1,000	\$1,000		N
3	SC	2022	FORD ECONOLINE	\$1,000	\$1,000		N

## Vehicle Schedule Premium

Veh #	Veh Year	VIN	Vehicle Premium
1	2007	1FTRF12247NA16659	\$1,410.00
2	2016	3C6JR6AT8GG352245	\$1,617.00
3	2022	1FDWE3FN7NDC09778	\$1,769.00

## Amendments

- HIRED NON OWNED LIABILITY

CA TO 03

ESTIMATED ANNUAL COST  
OF HIRE:

\$5,000





# Commercial Auto coverage premium summary

## Commercial Auto premium summary

COVERAGE	PREMIUM
Liability Premium	\$3,485.00
Physical Damage Premium	\$1,311.00
Miscellaneous Coverages Premium	\$5,276.00
Gross Premium	\$10,072.00
Taxes and Surcharge	\$0.00
<b>Total</b>	<b>\$10,072.00</b>

### Commercial Automobile:

- This quotation is based on our understanding that all insured drivers have satisfactory driving records. As part of our underwriting review, we may obtain Motor Vehicle Reports.
- UM/UIM – If you wish to have Uninsured/Underinsured Motorist coverage(s) limits which differ from the default limits stated in the individual state election offer forms, you will need to complete a valid election prior to policy issuance. For new business, UM/UIM will be quoted with the limit(s) you requested. At the time of policy issuance, if we have not received the individual state(s) election offer form(s), as applicable, your policy will be issued with the default limits as stated in the individual state election offer form(s). Renewals will be issued as per the expiring UM/UIM limit(s) unless a valid updated election on the state offer form is received or we notify you of a change in the law or the interpretation thereof.



# Workers Comp coverage premium summary

Policy Number UB-A8738703

## Workers Compensation

### Coverage information

#### Part One

Workers Compensation Insurance: Statutory Requirements

Part One of the policy applies to the Workers Compensation Law of the states listed here:

**SC**

#### Part Two

Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Part One.

The limits of our liability under Part Two are:

Bodily Injury by Accident	<u>\$1,000,000</u>	each accident
Bodily Injury by Disease	<u>\$1,000,000</u>	policy limit
Bodily Injury by Disease	<u>\$1,000,000</u>	each employee

#### Part Three

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,SD,TN,TX,UT,VA,VT,WI,WV**



# Workers Comp coverage premium summary

## Premium schedule

	PREMIUM
Experience Modification Factor: NCCI 1.04	
Total Estimated Annual Standard Premium including Expense Constant	\$123,285
Premium Discount	-\$5,787
Terrorism	\$236
CAT (other than Certified Acts of Terrorism)	\$472
Total Estimated Premium	\$118,206
Taxes and Surcharges	\$0
<b>Total</b>	<b>\$118,206</b>
Total Payroll	\$7,865,000

If an experience rating modification factor applies to this policy, it may change. We will apply any change in accordance with our manual rules and state law. A change in your experience rating modification may increase or decrease your premium.

**NOTE- TERRORISM PREMIUM CHARGES ARE SUBJECT TO CHANGE AT ANY TIME BASED ON STATE REGULATORY ACTION.**



## Additional coverage information

COVERAGE DESCRIPTION	DETAILS	COVERAGE PREMIUM
Waiver of Subrogation-Blanket	Blanket Waivers (s)	Included in Total

# Federal Terrorism Risk Insurance Act Disclosure

The Federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For any Workers Compensation and Employers Liability coverage provided by this policy, the charge for such Insured Losses is an additional premium, which is reflected in any Workers Compensation and Employers Liability premium schedule included in this proposal or, if this proposal does not include such premium schedule, is reflected in a Workers Compensation premium summary included with this proposal. Note: terrorism premium charges listed in any such premium schedule or summary are subject to change at any time based on state regulatory action.

For any coverage provided by this policy, other than any Workers Compensation and Employers Liability coverage, that applies to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage. The charge for such Insured Losses that has been included for any such coverage is the percentage of the premium for such coverage indicated below and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Note: terrorism premium charges shown below are subject to change at any time based on state regulatory action.

The charge for such Insured Losses (for any coverage other than any Workers Compensation and Employers Liability coverage) is:

- 7% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 3% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 4% of your total Businessowners Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 2% of your total Businessowners Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 1% of your total Commercial Inland Marine Coverage Part premium if applicable.
- 1% of your total Boiler and Machinery or Equipment Breakdown Coverage Part if applicable.
- 1% of your total premium for any Commercial Liability Coverage included in this policy that is subject to the Federal Terrorism Risk Insurance Act of 2002 as amended.
- 1% of your total premium for any Commercial Ocean Marine Coverage Part premium if applicable.

Designated Cities are:			
<b>Albuquerque, NM</b>	<b>El Paso, TX</b>	<b>Miami, FL</b>	<b>San Antonio, TX</b>
<b>Atlanta, GA</b>	<b>Fort Worth, TX</b>	<b>Milwaukee, WI</b>	<b>San Diego, CA</b>
<b>Austin, TX</b>	<b>Fresno, CA</b>	<b>Minneapolis, MN</b>	<b>San Francisco, CA</b>
<b>Baltimore, MD</b>	<b>Honolulu, HI</b>	<b>Nashville-Davidson, TN</b>	<b>San Jose, CA</b>
<b>Boston, MA</b>	<b>Houston, TX</b>	<b>New Orleans, LA</b>	<b>Seattle, WA</b>
<b>Charlotte, NC</b>	<b>Indianapolis, IN</b>	<b>New York, NY</b>	<b>St. Louis, MO</b>
<b>Chicago, IL</b>	<b>Jacksonville, FL</b>	<b>Oakland, CA</b>	<b>Tucson, AZ</b>
<b>Cleveland, OH</b>	<b>Kansas City, MO</b>	<b>Oklahoma City, OK</b>	<b>Tulsa, OK</b>
<b>Colorado Springs, CO</b>	<b>Las Vegas, NV</b>	<b>Omaha, NE</b>	<b>Virginia Beach, VA</b>
<b>Columbus, OH</b>	<b>Long Beach, CA</b>	<b>Philadelphia, PA</b>	<b>Washington, DC</b>
<b>Dallas, TX</b>	<b>Los Angeles, CA</b>	<b>Phoenix, AZ</b>	<b>Wichita, KS</b>
<b>Denver, CO</b>	<b>Memphis, TN</b>	<b>Portland, OR</b>	
<b>Detroit, MI</b>	<b>Mesa, AZ</b>	<b>Sacramento, CA</b>	

# Account summary

## Premium summary

COVERAGE	POLICY NUMBER	PREMIUM
GENERAL LIABILITY	660-0Y566721	\$38,656
EMPLOYEE BENEFITS LIABILITY	660-0Y566721	\$300
AUTO	BA-0Y566118	\$10,072
WORKERS COMPENSATION	UB-A8738703	\$118,206
Total		\$167,234

**Note:** The estimated premium shown above may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, as well as rounding.

## Payment plan

**Agency Bill - Monthly (10 Equal)**  
**Bill Payment Options can be found at:** [Travelers.com/AutoPay](https://Travelers.com/AutoPay)

**Note:** The amount of each installment will be reflected on your policy invoicing.

# Account summary

## Disclosure

Unless accepted, the offer(s) of insurance contained in this proposal expire(s) automatically thirty (30) days after the proposal date referenced on the cover page, or the proposed effective date if earlier. This proposal is not a binding contract of insurance. If you have questions regarding this proposal, please contact your Travelers Representative.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal/quote. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal/quote have not been agreed to by Travelers. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and reunderwrite this quote.

The policies will also be subject to all state-mandated endorsements.

At our discretion, we may decide to perform an interim test audit during the upcoming policy period to verify the adequacy of the exposure estimates that have been provided to us. If we decide to perform an interim test audit, a Travelers Auditor will contact the insured at the appropriate time to set up an appointment. The results of any interim test audit that we perform will be shared with you as soon as possible after the audit report has been completed.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies.





# General Liability coverage form index

**Policy Number** 660-0Y566721

## Coverage and amendments

DESCRIPTION	FORM NUMBER
LIQUOR LIABILITY COVERAGE FORM	CG 00 33 04 13
PROD/COMPL OPERATIONS HAZARD REDEFINED	CG 24 07 01 96
EXCLUSION - DISCRIMINATION	CG D1 42 02 19
ADDL INSD-USERS OF GOLFMOBILES-EX LIAB	CG D1 43 01 96
AMEND-NON CUMULATION OF EACH OCC	CG D2 03 12 97
XTEND END FOR GOLF OR COUNTRY CLUB	CG D3 67 02 19
AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS	CG D4 21 07 08
EXCL-VIOLATION OF CONSUMER FIN PROT LAWS	CG D6 18 10 11
LIQUOR LIABILTIY AMENDATORY ENDORSEMENT	CG D8 24 02 19
AMENDMENT OF INTELLECTUAL PROPERTY EXCL	CG D9 10 09 21
EXCLUSION - PFAS	CG D9 41 09 22
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 44 01 23
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 48 01 23
COMM'L GENERAL LIABILITY DEC	CG T0 01 11 03
LIQUOR LIABILITY COVERAGE PART DEC	CG T0 04 03 94
DECLARATIONS PREMIUM SCHEDULE	CG T0 07 09 87
KEY TO DECLARATIONS PREMIUM SCHEDULE	CG T0 08 11 03
EMPLOYEE BENEFITS LIAB COV PART DEC	CG T0 09 09 93
LIQUOR DEC PREMIUM SCHEDULE	CG T0 11 07 86
TABLE OF CONTENTS - COM GEN LIAB COV	CG T0 34 02 19
TABLE OF CONTENTS - LIQUOR LIABILITY	CG T0 38 02 19
EMPLOYEE BENEFITS LIAB TABLE OF CONTENTS	CG T0 43 01 16
COMMERCIAL GENERAL LIABILITY COV FORM	CG T1 00 02 19
EMPLOYEE BENEFITS LIABILITY COV FORM	CG T1 01 01 16
EXCLUSION - ABUSE OR MOLESTATION	CG T4 90 05 19

# Package common coverage form index

**Policy Number** 660-0Y566721

## 660 Common coverage and amendments

DESCRIPTION	FORM NUMBER
NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21 09 08
SC CHANGES - CANCELLATION, NONRENEWAL	IL 02 49 06 23
COMMON POLICY CONDITIONS	IL T0 01 01 07
COMMON DEC	IL T0 02 11 89
LOCATION SCHEDULE	IL T0 03 04 96
FED TERRORISM RISK INS ACT DISCLOSURE	IL T3 68 01 21
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12 03 15
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14 01 21
NOTICE INDEPENDENT AGENT AND BROKER COMP	PN T4 54 01 08



# Workers Comp coverage form index

**Policy Number**

UB-A8738703

## Coverage and amendments

DESCRIPTION	FORM NUMBER
WORKERS COMPENSATION INFORMATION - PAGE 1	WC 00 00 01 AA
INFORMATION PAGE 2	WC 00 00 01 AB
INFORMATION PAGE SCHEDULE	WC 00 00 01 AC
LISTING OF ENDORSEMENTS	WC 00 00 01 AD
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	WC 00 03 13 00
90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	WC 00 04 14 A
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT	WC 00 04 21 F
TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	WC 00 04 22 C
AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	WC 00 04 24 00
EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT	WC 00 04 25 00
SOUTH CAROLINA CANCELLATION AND NONRENEWAL ENDORSEMENT	WC 39 06 01 00
PREMIUM DISCOUNT ENDORSEMENT	WC 99 04 08 00
PREMIUM MANUALS AND DUE DATE ENDORSEMENT	WC 99 04 28 00



# Commercial Auto coverage form index

**Policy Number**

BA-0Y566118

## Coverage and amendments

DESCRIPTION	FORM NUMBER
OVERPRINT PAGE	AUNN1A16
POLICY COVER	AUNN2I16
AUTO PREMIUM SUMMARY	AUNN3C17
BUSINESS AUTO COVERAGE FORM	CA 00 01 10 13
SOUTH CAROLINA CHANGES	CA 01 50 09 23
SOUTH CAROLINA CHANGES - CANCELLATION AND NON RENEWAL	CA 02 30 12 21
SOUTH CAROLINA UNINSURED MOTORISTS COVERAGE	CA 21 19 12 13
SOUTH CAROLINA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD	CA ID SC 09 97
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 1 AND 2)	CA T0 01 02 15
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEM 3)	CA T0 02 02 15
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 4 AND 5)	CA T0 03 02 15
BUSINESS AUTO/AUTO DEALERS/MOTOR CARRIER COVERAGE PART SUPPLEMENTARY SCHEDULE - ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE	CA T0 30 02 16
TABLE OF CONTENTS BUSINESS AUTO COVERAGE FORM	CA T0 31 02 15
BUSINESS AUTO EXTENSION ENDORSEMENT	CA T3 53 02 15
SHORT TERM HIRED AUTO - ADDITIONAL INSURED AND LOSS PAYEE	CA T4 52 02 16
AMENDMENT OF EMPLOYEE DEFINITION	CA T4 59 02 15
LONG TERM LEASED AUTOS COVERED AS OWNED AUTOS	CA T6 44 07 24
COVERAGE DESCRIPTION	COVDESC
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)	IL 00 21 09 08
COMMON POLICY CONDITIONS	IL T0 01 01 07
COMMON POLICY DECLARATIONS	IL T0 02 11 89
AMENDMENT OF COMMON POLICY CONDITIONS - PROHIBITED COVERAGE - UNLICENSED INSURANCE AND TRADE OR ECONOMIC SANCTIONS	IL T4 12 03 15
FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS	IL T8 01 01 01
IMPORTANT NOTICE - RATING PLAN AVAILABILITY	PN CB 58 01 23
IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER COMPENSATION	PN T4 54 01 08
COMMERCIAL AUTO TAB PAGE	ZZ TA BS CA 01
INTERLINE ENDORSEMENTS TAB PAGE	ZZ TA BS IL 01
POLICYHOLDER NOTICES TAB PAGE	ZZ TA BS PN 01

# Commission summary

COVERAGE	POLICY NUMBER	COMMISSION
GENERAL LIABILITY	660-0Y566721	0.00 %
EMPLOYEE BENEFITS LIABILITY	660-0Y566721	0.00 %
AUTO	BA-0Y566118	0.00 %
WORKERS COMPENSATION	UB-A8738703	0.00 %

**Note:** *It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.*

\* Commission percentage displayed does not apply to any North Carolina Reinsurance Facility loss recoupment surcharge amounts included in the liability premium of the Commercial Auto Policy, if applicable.

## Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.