

CHUBB®

CHUBB GROUP
CENTRALIZED OPERATIONS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

BEAUMONT CHEMICAL PLANT
HYDROCHEM, LLC
900 GEORGIA AVENUE
DEER PARK TX 77536

DWP

OFFICE 61760 244260 DWP 20210420 SO.TYP C6539778A

BEGINNING OF POLICY

OFFICE 61760 244260 DWP 20210420 SO.TYP C6539778A



Workers' Compensation and Employers' Liability Policy

Named Insured HYDROCHEM, LLC 900 GEORGIA AVENUE DEER PARK TX 77536	Endorsement Number Policy Number Symbol: WLR Number: C6539778A
Policy Period 01-01-2020 TO 01-01-2021	Effective Date of Endorsement 01-01-2020
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.	

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|--|--|
| 1. <input type="checkbox"/> Insured's Name
2. <input type="checkbox"/> Policy Number
3. <input type="checkbox"/> Effective Date
4. <input type="checkbox"/> Expiration Date
5. <input type="checkbox"/> Insured's Mailing Address
6. <input checked="" type="checkbox"/> Experience Modification
7. <input type="checkbox"/> Producer's Name
8. <input type="checkbox"/> Change in Workplace(s) of Insured
9. <input type="checkbox"/> Insured's Legal Status
10. <input type="checkbox"/> Item 3.A. States | 11. <input type="checkbox"/> Item 3.B. Limits
12. <input type="checkbox"/> Item 3.C. States
13. <input checked="" type="checkbox"/> Item 3.D. Endorsement Numbers
14. <input checked="" type="checkbox"/> Item 4. *Class, Rate, Other
15. <input type="checkbox"/> Interim Adjustment of Premium
16. <input type="checkbox"/> Carrier Servicing Office
17. <input type="checkbox"/> Interstate/Intrastate Risk ID Number
18. <input type="checkbox"/> Carrier Number
19. <input type="checkbox"/> Issuing Agency/Producer Office Address |
|--|--|

is changed to read:

IN CONSIDERATION OF PREMIUM TO BE ADJUSTED BY AUDIT
 YOUR POLICY IS AMENDED AS PER ATTACHED SCHEDULE
 (DELETES ARE DENOTED BY A " (D) ")

INTERSTATE EXPERIENCE MODIFICATION FACTOR IS CHANGED AS FOLLOWS:

MOD FACTOR	MOD TYPE	EFFECTIVE FROM	EFFECTIVE TO	ACTION
.7900	FINAL	01-01-2020	03-01-2020	ADDED

THE FOLLOWING ENDORSEMENT(S) HAVE BEEN ADDED/REVISED TO THE POLICY:
 WC 000425 EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

***ITEM 4 CHANGED TO:**

Classification	State	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FROM: 01-01-2020 TO: 03-01-2020					
PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	TX				150.
EXPERIENCE RATED-INTERSTATE		9898			
PREMIUM ADJUSTED BY EXPERIENCE MODIFICATION .790					119.
\$10,000,000 INDEMNITY AND/OR MEDICAL DEDUCTIBLE COVERAGE - NOT SUBJECT TO EXPERIENCE RATING (PREMIUM CREDIT FACTOR .88820000) (D)	TX	9663			133.
\$10,000,000 INDEMNITY AND/OR MEDICAL DEDUCTIBLE COVERAGE - NOT SUBJECT TO EXPERIENCE RATING (PREMIUM CREDIT FACTOR .88820000)	TX	9663			106.CR
ESTIMATED STANDARD PREMIUM (D)	TX				150.CR
ESTIMATED STANDARD PREMIUM	TX				119.

MINIMUM PREMIUM COLLECTED IN TX

Total Estimated Annual Premium \$ SUBJECT TO AUDITMinimum Premium \$ 250.

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.



Authorized Representative

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Effective Date of Endorsement 01-01-2020	
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EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

This endorsement is added to Part Five—Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated..



Authorized Representative