



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A )

POLICY NUMBER: (6JUB-1K10278-5-18)

NEW-18

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1.

NCCI CO CODE: 13579

INSURED:

EMPLOYEE SCREENING SERVICES OF  
MISSOURI LLC DBA TOMO DRUG  
2055 S STEWART STE A  
SPRINGFIELD MO 65804

PRODUCER:

BARKER PHILLIPS AND  
PO BOX 4207  
SPRINGFIELD MO 65804

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 01-01-18 to 01-01-19 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:

MO

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: \$ 1000000 Each Accident  
Bodily Injury by Disease: \$ 1000000 Policy Limit  
Bodily Injury by Disease: \$ 1000000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

COVERAGE EXCLUDED - REFER TO MO LIMITED  
OTHER STATES BENEFIT ENDORSEMENT WC 99 03 87 A

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: 01-03-18 TZ

ST ASSIGN: MO

OFFICE: ST LOUIS/MO 714

PRODUCER: BARKER PHILLIPS AND

2B2XJ



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A )

POLICY NUMBER: (6JUB-1K10278-5-18)

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: 8999 NAICS: 541620

		STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$ 10479	
PREMIUM DISCOUNT	NONE	
0900-24 EXPENSE CONSTANT	250	
TERRORISM	296	
TOTAL ESTIMATED PREMIUM	11025	
TAXES AND SURCHARGES	662	
DEPOSIT AMOUNT DUE	11687MP	

A/R (WCIP) #

Minimum Premium: \$ 485

EMPLOYERS LIABILITY MINIMUM: \$ 120

ST ASSIGN: MD

DATE OF ISSUE: 01-03-18 TZ

OFFICE: ST LOUIS/MO 714

PRODUCER: BARKER PHILLIPS AND 2B2XJ



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

POLICY NUMBER: (6JUB-1K10278-5-18)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MO

INSURED'S NAME: EMPLOYEE SCREENING SERVICES OF  
MISSOURI LLC DBA TOMO DRUG

RATE BUREAU ID: 913995775

EXP. MOD. EFFECTIVE DATE: 01-05-17

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 205960955 ENTITY CD 001				
EMPLOYEE SCREENING SERVICES OF MISSOURI LLC DBA TOMO DRUG TESTING				
2055 S STEWART STE A SPRINGFIELD, MO 65804 SIC CODE: 8999 NAICS: 541620				
ANALYTICAL LABORATORIES OR ASSAYING-INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, & DRIVERS	4511	565277	.67	3787
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	163846	.63	1032





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

POLICY NUMBER: (6JUB-1K10278-5-18)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D)				
CLERICAL OFFICE EMPLOYEES NOC.	8810	751858	.29	2180

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1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	77
ADD FOR INCREASED LIMITS MINIMUM (9848)		43
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		7119
EXPERIENCE MODIFICATION: 1.28 MODIFIED PREMIUM		9112
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		10479
15.00% ARAP MODIFICATION PROGRAM (0277)		1367
EXPENSE CONSTANT(0900)		250
0.0200 TERRORISM (9740)		296
6.00% MO SECOND INJURY FUND SURCHARGE		662
TOTAL ESTIMATED PREMIUM		11687
DEPOSIT AMOUNT DUE		11687



WORKERS COMPENSATION  
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EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 00 01 (A )

POLICY NUMBER: (6JUB-1K10278-5-18)

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 24 04 06 D - 001	MISSOURI EMPLOYER PAID MEDICAL ENDT
WC 24 06 04 B - 001	MISSOURI AMENDATORY ENDORSEMENT
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 15 00 - 001	ASSIGNED RISK ADJUSTMENT PROGRAM ENDT.
WC 00 04 22 B - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
WC 99 03 87 A - 001	MISSOURI OTHER STATES INSURANCE
WC 99 03 88 B - 001	LOSS SENSITIVE RATING PLAN NOTIFICATION
WC 99 04 19 D - 001	MO INJURY MANAGEMENT PROGRAM ENDORSEMENT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 24 03 02 00 - 001	MO NOTIFIC OF ADD MESOTHELIOMA BEN ENDT
WC 24 06 01 B - 001	MO CANCELATION AND NON-RENEWAL ENDT.
WC 24 06 02 B - 001	MO PROPERTY & CASUALTY GUARANTY ASSOC.





WORKERS COMPENSATION  
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POLICY NUMBER: (6JUB-1K10278-5-18)

## ESTIMATED BILLING SCHEDULE

INSTALLMENT DUE DATE	AMOUNT
01-18	\$ 3506.10
02-18	\$ 908.98
03-18	\$ 908.98
04-18	\$ 908.98
05-18	\$ 908.98
06-18	\$ 908.98
07-18	\$ 908.98
08-18	\$ 908.98
09-18	\$ 908.98
10-18	\$ 908.98



**PLEASE NOTE:**

- THE AMOUNTS REFLECTED IN THE SCHEDULE ABOVE ARE BASED ON THE CURRENT ESTIMATED ANNUAL PREMIUM AND ARE AN ESTIMATE.
- SEE ATTACHED FOR YOUR STATE'S PAYMENT OPTIONS AND SPECIFIC REQUIREMENTS.
- THE ACTUAL BILLED AMOUNT IS SUBJECT TO CHANGE BASED ON CHANGES TO THE ESTIMATED ANNUAL PREMIUM, ENDORSEMENTS, PARTIAL PAYMENTS OR ACCOUNT CREDITS.
- ANY BILLING RECEIVED SUPERCEDES THIS INSTALLMENT SCHEDULE.
- THE ACTUAL INSTALLMENTS WILL BE BILLED SEPARATELY.

WIAN6G16

DATE OF ISSUE: 01-03-18

ST ASSIGN: MO

CHANGE NO.: 0000

Page 1 of 2

004788

## STATE MANDATED WCIP PAYMENT OPTIONS

State of Assignment	Type	Estimated Annual Premium	Deposit required	Number of Instalments	State of Assignment	Type	Estimated Annual Premium	Deposit required	Number of Instalments	Note State Specific Info:
Alabama	Annual	Under \$5,000	100%	0	Massachusetts	Annual	Under \$5,000	100%	0	
	Semi-annual	At least \$5,000	75%	1		Semi-annual	At least \$5,000	75%	1	
	Quarterly	At least \$10,000	50%	3		Quarterly	At least \$10,000	50%	3	
	Monthly	At least \$50,000	25%	9		Monthly	At least \$25,000	25%	9	
Alaska	Annual	Under \$2,000	100%	0	Michigan	Annual	Under \$1,000	100%	0	
	Semi-annual	At least \$2,000	50%	1		At least \$1,000	50%	1	1 or 3 or 11	
	Quarterly	At least \$5,000	30%	2		At least \$2,500	25%	1	1 or 3 or 11	
	Monthly	At least \$5,000	30%	7	Missouri	Annual	Under \$2,500	100%	0	
Arizona	Annual	At least \$5,000	30%	11	ARM	Quarterly	At least \$2,500	40%	3*	* Missouri has a \$10 Service Fee for each installment
	Semi-annual	Under \$2,500	100%	0		Monthly	At least \$10,001	30%	9*	
	Quarterly	At least \$2,500	75%	1	Nebraska	Annual	Under \$10,001	100%	0	
	Monthly	At least \$10,000	50%	3		Semi-annual	Under \$10,001	75%	1	
Arkansas	Annual	At least \$25,000	25%	11		Quarterly	Under \$10,001	40%	3	
	Semi-annual	Under \$2,500	100%	0		Monthly	At least \$10,001	25%	11	
	Quarterly	At least \$2,500	50%	1	Nevada	Annual	Under \$1,000	100%	0	
	Monthly	At least \$10,000	50%	3		Semi-annual	At least \$1,000	65%	1	
Connecticut	Annual	At least \$50,000	25%	8		Quarterly	At least \$5,000	40%	3	
	Semi-annual	Under \$5,000	100%	0		Monthly	At least \$10,000	20%	9	
	Quarterly	At least \$5,000	75%	1	New Hampshire	Annual	Under \$1,000	100%	0	
	Monthly	At least \$10,000	50%	3		Quarterly	At least \$1,000	50%	2*	
Delaware	Annual	At least \$50,000	25%	9		Monthly	At least \$5,001	30%	8*	
	Semi-annual	Under \$1,000	100%	0	New Jersey	Annual	Under \$5,000	100%	0	
	Quarterly	At least \$1,000	75%	1		Semi-annual	\$5,000 - \$9,999	75%	1	
	Monthly	At least \$25,000	50%	3		Quarterly	\$10,000 - \$24,999	50%	3	
District of Columbia	Annual	Under \$5,000	100%	0	North Carolina	Annual	Under \$5,000	100%	0	
	Semi-annual	At least \$5,000	75%	1		Semi-annual	At least \$5,000	75%	1	
	Quarterly	At least \$10,000	50%	3		Quarterly	At least \$10,000	50%	3	
Florida	Annual	Under \$1,000	150%	0	Oregon	Annual	Under \$1,000	100%	0	
JVA	Quarterly	At least \$1,000	100%	3		Semi-annual	At least \$1,000	66.67%	1*	
Georgia	Annual	At least \$3,501	50%	3		Quarterly	At least \$7,500	41.67%	3*	
	Semi-annual	Under \$5,000	100%	0		Monthly	At least \$25,000	25%	11*	
	Quarterly	At least \$5,000	75%	1	South Carolina	Annual	Under \$5,000	100%	0	
Idaho	Annual	At least \$10,000	50%	3		Semi-annual	At least \$5,000	75%	1	
	Semi-annual	Under \$2,000	100%	0		Quarterly	At least \$10,000	50%	3	
	Quarterly	At least \$2,000	75%	1	Tennessee	Annual	\$1,000 or less	100%	0	
	Monthly	At least \$5,000	50%	3		Quarterly	\$1,000 to 10,000	40%	3	
Illinois	Annual	At least \$25,000	25%	11		Monthly	At least \$10,001	25%	10	
	Semi-annual	Under \$1,001	100%	0	Vermont	Annual	Under \$1,000	100%	0	
	Quarterly	At least \$1,001	40%	3		Quarterly	At least \$1,000	50%	2*	
	Monthly	At least \$10,000	25%	11		Monthly	At least \$5,001	30%	8*	
Indiana	Annual	Under \$2,500	100%	0	Virginia	Semi-annual	Under \$5,000	50%	1*	
	Semi-annual	At least \$2,500	75%	1		Quarterly	At least \$5,000	50%	2**	
	Quarterly	At least \$5,000	50%	3		Quarterly	At least \$10,000	50%	3	
	Monthly	At least \$25,000	25%	8		Monthly	At least \$25,000	25%	9	
Iowa	Annual	Under \$2,500	100%	0	West Virginia	Annual	Under \$5,000	100%	0	
	Semi-annual	At least \$2,500	75%	1		Semi-annual	At least \$5,000	75%	1	
	Quarterly	At least \$5,000	50%	3		Quarterly	At least \$10,000	50%	3	
	Monthly	At least \$25,000	25%	8	Wisconsin	Annual	Under \$2,000	100%	0	
Kansas	Annual	Under \$1,001	100%	0		Semi-annual	At least \$2,001	50%	1*	
	Quarterly	At least \$1,001	40%	3		Quarterly	At least \$5,001	50%	2	
	Monthly	At least \$10,000	25%	8		Monthly	At least \$10,001	25%	9	



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 24 04 06 (D)

POLICY NUMBER: (6JUB-1K10278-5-18)

## MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical cost, there is no lost time from the employment, other than the first three days or less of disability and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid "out-of-pocket" due to a particular injury should ever exceed \$1,000 in the aggregate, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

### Schedule

20% of the Current Primary and Excess Loss Split Point Amount \$3,300



This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by \_\_\_\_\_



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 24 06 04 (B )

POLICY NUMBER: (6JUB-1K10278-5-18)

## MISSOURI AMENDATORY ENDORSEMENT

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

Part Five—Premium, Section G. (Audit) of the policy is replaced by the following:

### G. Audit

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as timely and reasonably requested, we may apply an Audit Noncompliance Charge equal to a maximum of up to two times the estimated annual premium. The method for determining the Audit Noncompliance Charge is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5—Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

**Note:** For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

### SCHEDULE

Basis of Audit	Maximum Audit
Noncompliance Charge	Noncompliance Charge Multiplier
Estimated annual premium	Up to two times



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 04 14 (00)**

POLICY NUMBER: (6JUB-1K10278-5-18)

## NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.



DATE OF ISSUE: 01-03-18

ST ASSIGN: MO

004790



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 15 (00)

POLICY NUMBER: (6JUB-1K10278-5-18)

## ASSIGNED RISK ADJUSTMENT PROGRAM ENDORSEMENT

This endorsement is added to Part Five (Premium) because one or more of the states shown in the Item 3.A of the Information Page have approved the Assigned Risk Adjustment Program. The program adds a surcharge to the premium of insureds who are eligible for an experience rating modification, are assigned risks, and meet the other requirements of the Program.

### A. Eligibility

1. You are eligible for the Assigned Risk Adjustment Program if you are eligible for an experience rating modification. The application of this program is mandatory for all eligible insureds and shall apply to all assigned risk policies written for such insureds.
2. The adjustment program period is the one year period beginning with the effective date of the policy. If during the adjustment program period your experience rated modification changes, the Assigned Risk Adjustment Program surcharge factor may also change.

### B. Surcharge Application

You must pay a surcharge if your actual losses exceed your modified expected losses, as determined using values from the experience rating modification calculation. The surcharge factor will be applied to your manual premium multiplied by the experience rating modification.

### C. Interstate Risks

Experience rated risks with multi-state operations shall be subject to the Assigned Risk Adjustment Program in states that have approved it. See the Schedule below.

### D. Cancellation

1. If you cancel, the standard premium for the adjustment plan period will be based on our short rate table and procedure. This short rate premium will be used to determine the Assigned Risk Adjustment Program surcharge.
2. Section D. 1. will not apply if you cancel because:
  - a. all work covered by the insurance is completed;
  - b. all interest in the business covered by the insurance is sold;
  - c. you retire from all business covered by the insurance; or
  - d. coverage is obtained through the voluntary market.

### SCHEDULE

#### STATE

Alabama, Connecticut, Iowa, Kansas, Missouri, North Carolina, Oregon, South Carolina, Vermont, Virginia



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (B)

POLICY NUMBER: (6JUB-1K10278-5-18)

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

### Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means 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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

### Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

### Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.



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ENDORSEMENT WC 00 04 22 (B)

POLICY NUMBER: (6JUB-1K10278-5-18)

- b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

State	Rate	Premium
-------	------	---------

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**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 25 (00)

POLICY NUMBER: (6JUB-1K10278-5-18)

## 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.



This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

DATE OF ISSUE: 01-03-18

ST ASSIGN: MO

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WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 03.87 (A)

POLICY NUMBER: (6JUB-1K10278-5-18)

## MISSOURI LIMITED OTHER STATES BENEFIT ENDORSEMENT

### THIS ENDORSEMENT REPLACES PART THREE OF THE POLICY: OTHER STATES INSURANCE

#### A. How This Endorsement Applies

1. We do not provide other states insurance coverage as described in Part Three of the Policy.

Furthermore, the Missouri Limited Other States Benefit Endorsement does not satisfy the requirements of another state's workers compensation law. However, pursuant to this endorsement, we will pay promptly, when required by the workers compensation law of a state other than Missouri, the benefits due to employees pursuant to such other state's law, if the claim for such benefits involves work performed by a Missouri employee and the conditions of this Endorsement are met. For purposes of this Endorsement, a Missouri employee is someone whose contract of hire was made in Missouri or whose work for you, as of the date of injury, has primarily been conducted in Missouri. Also, for the purposes of this Endorsement, an employee's work is primarily conducted in Missouri if he/she spends more time working in Missouri than any other state. Other state's benefits will **not** be paid if:

- a. The employee is claiming benefits in a state where, at the time of injury, you have self-insurance or you have other workers compensation insurance coverage that would cover the injured employee, or
  - b. You were, by virtue of the nature of your work or operations in that state, required by that state's law to either have self-insurance or have obtained a policy that provides workers compensation insurance coverage in that state that would cover the injured employee.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1 above, we will reimburse you for the benefits required to be paid.
  3. If you hire any employees to work outside Missouri or begin work or operations in any state other than Missouri, you must obtain any insurance coverage required by that state's laws, as this Limited Other States Benefit Endorsement does not satisfy the requirements of that state's workers compensation insurance law.
  4. If Federal coverage(s) has been written as adjunct to the Missouri Workers Compensation Act coverage provided by this policy, and a Missouri employee seeks Federal benefits in a state other than Missouri, this policy will respond to the claim if the conditions of this Endorsement have been met.
  5. This endorsement does not affect the payment of Missouri benefits under this Policy.



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 03 88 (B)

POLICY NUMBER: (6JUB-1K10278-5-18)

## RESIDUAL MARKET LOSS SENSITIVE RATING PLAN NOTIFICATION ENDORSEMENT

This endorsement is issued because you may qualify to have the cost of your insurance subject to the assigned risk mandatory Loss Sensitive Rating Plan (LSRP).

### Eligibility

1. Your insurance is written under the Missouri Residual Market Plan that has adopted the Loss Sensitive Rating Plan (LSRP).
2. The LSRP shall apply to an individual assigned risk policy if the total annual estimated Standard Premium or preliminary physical audit premium equals or exceeds \$250,000.
3. A decrease in premium during the first 120 days of coverage that results in the premium falling below the LSRP premium eligibility threshold shall result in the conversion of the policy to a guaranteed cost policy, retroactive to policy inception.
4. An increase in premium during the first 120 days of coverage that qualifies an employer for LSRP shall result in the retroactive application of the LSRP to policy inception.
5. After the first 120 days of the coverage term, if it is determined that an employer qualifies for LSRP, the policy shall not be changed until renewal.
6. Notwithstanding anything above to the contrary, any attempt to avoid the application of the LSRP arising from a misrepresentation or omission by you, your agent, employees, officers or directors shall result in the pro rata application of LSRP from the date upon which it would have applied had such misrepresentation or omission not had been made.
7. The LSRP will apply on an intrastate Missouri only basis when the estimated standard premium meets the premium eligibility requirement for the LSRP.

This plan will adjust your premium for this insurance based upon the losses incurred during the policy period covered by this insurance.





**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 04 19 (D)**

POLICY NUMBER: (6JUB-1K10278-5-18)

**MISSOURI INJURY MANAGEMENT PROGRAM  
Notification & Certification Endorsement  
Effective July 1, 2012**

### ***Policy Holder Responsibility***

**NOTICE: THIS ENDORSEMENT CONTAINS INFORMATION IN WHICH YOU, THE  
EMPLOYER ARE RESPONSIBLE. IF YOU DO NOT READ THIS ENDORSEMENT,  
FOLLOW ALL INSTRUCTIONS AND MEET ALL OF THE REQUIREMENTS YOU WILL NOT  
QUALIFY FOR THE 5% CREDIT.**

This endorsement is attached to all policies written through the Missouri Workers' Compensation Plan (MWCP). Your policy is notification that you may qualify for the Missouri Injury Management Program (MIMP). The Missouri Injury Management Program assists employers in controlling their losses through the implementation of comprehensive injury management. These practices give the employer the necessary tools to manage claims when they occur. For additional information please call us at 1-800-842-9346.

**Qualifying Employers:** – experience rated with a manual premium greater than \$3,500 or  
– non-experience rated with a manual premium greater than \$5,000.

Employers who are eligible for the Program at policy inception will remain eligible regardless of any premium changes throughout the duration of the policy term. However, if a policyholder has an increase in premium within 120 days of policy inception that results in the premium qualifying for MIMP, this shall result in eligibility for the program.

Employers who enroll and become certified in the Program are eligible for three annual policy credits of 5% each year. The second and third year application of the credit is contingent upon the re-enrollment in the Program and renewal of the policy. The credit is calculated at the time of final audit and is applied to the premium after application of experience modifier and ARAP factors but before the expense constant.

## Credit Guidelines

Employers who obtain coverage in the MWCP and who are eligible for MIMP will have their credit applied at final audit, provided that certification occurs within 90 days of the policy effective date.

If you were not eligible for MIMP at the inception date of your policy and you become eligible for the Program within 120 days of policy inception because of a premium increase, then you will have 30 days from the date of the premium change notification to enroll and become certified. The credit start date for employers with premium changes that affect MIMP eligibility will be the same as the date that the premium change is effective provided they enroll within 30 days of the notification.

In the event that your participation in the Program terminates for any reason, including early policy cancellation, your policy will no longer qualify for the MIMP and no credit will be applied to your audited premium. Premium credit eligibility resulting from subsequent program enrollment after termination is at the sole discretion of the MWCP.

This endorsement does not apply for policies written under the Loss Sensitive Retrospective Rating Plan.



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 04 19 (D)

POLICY NUMBER: (6JUB-1K10278-5-18)

STANDARDS FOR CERTIFICATION

In order to qualify for the 5% premium credit employers must achieve and maintain all of the program requirements listed below throughout the full policy year.

1. Employers must appoint an "Injury Coordinator" who is responsible for proper implementation and documentation of the injury management program.
2. Employers must review with the Injury Coordinator the MIMP training package within 90 days of the policy effective date. A trained Injury Coordinator must be on staff at all times.
3. Employers must read and review all claim reporting documents sent with the policy contract.
4. Employers must train all supervisors in the basic safety and injury management procedures including:
  - how to respond to injured employees
  - communication with the Injury Coordinator concerning lost-time injuries
  - the philosophy and methodology of modified-duty
  - how to conduct accident investigations and assign corrective action.
5. Employers must comply with all requirements of the policy contract, including proper representation of underwriting factors, (e.g., ownership, location, manual classifications, and payroll), timely payment of premiums, adherence to reasonable safety recommendations and provision of reasonable access to the workplace by Travelers, or its representatives, for premium audit, safety inspections and compliance with the terms of the endorsement.
6. Employers must maintain a safe workplace. As evidence of compliance, the employer's incurred loss ratio (incurred losses divided by premium) for the applicable term may not exceed 100% as calculated at policy expiration.

The MIMP Certification form must be received within 90 days of the policy effective date for an employer to be eligible for MIMP credit. At time of final audit the 5% credit will be applied if the employer has satisfied all of the above criteria.





WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 19 (00)

POLICY NUMBER: (6JUB-1K10278-5-18)

**PREMIUM DUE DATE ENDORSEMENT**

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE**

**PREMIUM**

**D. Premium is amended to read:**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 24 03 02 (00)

POLICY NUMBER: (6JUB-1K10278-5-18)

## MISSOURI NOTIFICATION OF ADDITIONAL MESOTHELIOMA BENEFITS ENDORSEMENT

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.



This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium

Insurance Company

Countersigned by \_\_\_\_\_

DATE OF ISSUE: 01-03-18

ST ASSIGN: MO

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WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 24 06 01 ( B )

POLICY NUMBER: (6JUB-1K10278-5-18)

## MISSOURI CANCELATION AND NONRENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Missouri is shown in item 3.A of the Information Page.

The **Cancelation** Condition of the policy is replaced by the following:

### Cancelation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancelation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancelation is to take effect and our reason for cancelation. Proof of mailing of this notice to you at your mailing address shown in item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancelation is based on one or more of the following reasons:
  - a. nonpayment of premium
  - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
  - c. a violation of policy terms;
  - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
  - e. our insolvency;
  - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancelation notice

### Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. you fail to pay all premiums when due; or
  - c. you obtain other insurance as a replacement of the policy.



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY INSURANCE POLICY

ENDORSEMENT WC 24 06 02 (B)

POLICY NUMBER: (6JUB-1K10278-5-18)

**MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION  
NOTIFICATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
  - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.



This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

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DATE OF ISSUE: 01-03-18 ST ASSIGN: MO

# WORKERS' COMPENSATION TELEPHONE REPORTING 1-800-832-7839

## **TO REPORT A WORKERS' COMPENSATION CLAIM**

When an employee is injured, the most important thing is to secure appropriate medical treatment. Once this has been done, the claim should be called into The Travelers.

### Suggested Steps:

### 1. Gather the facts.

Use the GUIDE FOR REPORTING WORKERS' COMPENSATION CLAIMS as a reference. It is not necessary to write answers to questions you know, it is a tool to help reduce the amount of time you are on the telephone.

Remember, the objective is to report the claim quickly. We need the employee's name, social security number and a description of the accident. Try to gather as much information as possible, but don't worry if you do not have the answers to each and every question.

## 2. Call the Customer Service Unit.

We have a single telephone number and the call will automatically be routed to the proper regional Customer Service Unit. You will be greeted on the telephone by a Customer Service Representative, who will complete the state specific notice of injury on the system by asking you the necessary questions. The order of the questions will be the same every time you call.

The questions are grouped into three sections:

- General Questions

This section contains questions specific to you, your employee and the accident. Once you have reported a claim, the system will prefill your employer specific information, such as your policy number on all future claims.

- State Specific Questions

If the jurisdiction requires data not covered in the general section, it will be covered here.

● Additional Comments and Information

If you would like to provide additional information not covered elsewhere, the Customer Service Representative will be able to record this in a free form area.

### 3. Let Your Employee Know.

Before you hang up, the Customer Service Representative will give you a claim number.

Referencing the claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence, such as wage statements or medical bills. Please be sure to give this number to your employee.



## **IMPORTANT NOTICE – NEW, UNCOLLECTED OR UNCONTEMPLATED SURCHARGES**

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The insurer is responsible for the collection of any surcharge related to the policy premium in accordance with state laws or regulations. While surcharges are commonly known at the time of policy issuance, there are instances when a state amends existing, or institutes new, surcharge rates after policy issuance. The insured is responsible to reimburse the insurer when billed for the amount of any surcharge.





## PRIVACY NOTICE

THE TRAVELERS INSURANCE COMPANIES

### PRIVACY POLICY

Thank you for selecting THE TRAVELERS INSURANCE COMPANIES compensation insurer. At THE TRAVELERS INSURANCE COMPANIES Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through the adoption of the following privacy principles:

#### Collection Of Information

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, from the following sources:

- information we receive from you or through your agent or broker on applications or other forms;
- information we receive from or about you in the process of adjusting claims;
- information about your other transactions, including risk control and other consulting services, with us, our affiliates or other third parties;
- information about your coverages and loss activity with other carriers; and
- information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

#### Disclosure Of Information

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

- our affiliated property and casualty insurance companies;
- state insurance departments, for their regulation of our business;
- other government authorities;
- our agents and brokers as necessary to conduct our business;
- organizations that perform underwriting and claims investigations;
- another insurance company to which you have applied for a policy or submitted a claim;
- insurance support agencies, law enforcement agencies and our reinsurers; and
- any other third party, as permitted or required by law.

**Most importantly, THE TRAVELERS INSURANCE COMPANIES does not and will not disclose or sell nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to anyone for marketing purposes.**

### **Confidentiality And Security**

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

### **Disclosure and Protection of Former Customers' Information**

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

### **Changes In Privacy Policy**

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.

## **IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION**

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit [www.travelers.com](http://www.travelers.com), call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.



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## **IMPORTANT NOTICE – CONTACT INFORMATION – MISSOURI**

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

Questions regarding your policy or coverage should be directed to your agent or us at:

Travelers Indemnity Company  
940 West Port Plaza, Suite 450  
St. Louis, MO 63146

1-800-842-9621

Questions regarding policies written through the Missouri Alternate Residual Market Plan should be directed to:

Travelers Property Casualty Company of America  
940 Westport Plaza, Suite 270  
St. Louis, MO 63146

1-800-842-9346



## STATE WCIP COMMISSION SCALES

The Residual Market Workers Compensation Insurance Plans (WCIP) allow licensed producers to receive a producer fee for services provided to the employer. The producer fee is calculated using a graduated producer fee schedule that is filed by the Plan Administrator with the state regulatory authorities. The payment of producer fees varies by state. Producer fees are typically based on the state standard premium charged and collected or total premium charged and collected.

<u>State</u>	<u>Residual Market Commission Scale</u>			
Alabama	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%	Over \$100,000 @ 2%
Alaska *	Flat 5%			
Arizona	Flat 5%			
Arkansas	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Connecticut	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Delaware	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
District of Columbia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Florida (FWCJUA)	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Georgia *	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Idaho	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Illinois *	First \$1,000 @ 8%,	Next \$4,000 @ 4%,	Next \$95,000 @ 2%,	Over \$100,000 @ 1%
Indiana	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Iowa	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Kansas	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Massachusetts	First \$1,000 @ 9%,	Next \$4,000 @ 5%,	Next \$95,000 @ 4%,	Over \$100,000 @ 3%
Michigan	First \$5,000 @ 5%,	Next \$95,000 @ 4%,	Next \$400,000 @ 3%,	Over \$500,000 @ 2%
Missouri	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Nebraska	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Nevada	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
New Hampshire	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
New Jersey	First \$1,000 @ 8%,	Next \$4,000 @ 6%,	Next \$95,000 @ 4%,	Over \$100,000 @ 2%
North Carolina *	Flat 5%			
Oregon	First \$1,000 @ 5%,	Next \$4,000 @ 3%,	Next \$95,000 @ 2%,	Over \$100,000 @ 1%
South Carolina	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
South Dakota	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Tennessee *	First \$1,000 @ 8%,	Next \$4,000 @ 6%,	Next \$95,000 @ 5%,	Over \$100,000 @ 3%
Vermont	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Virginia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
West Virginia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Wisconsin *	First \$10,000 @ 4%, Over \$10,000 @ 1%			

\* Total Premium Charged and Collected

NOTE: All commissions are calculated and paid based on state standard premium except where indicated. State Standard Premium generally excludes the impact of Premium Discount, Expense Constant, Terrorism, Catastrophe (other than certified acts of terrorism), and taxes and assessments in the calculation.

Total Premium Charged and Collected generally includes the impact of Premium Discount, Expense Constant, Terrorism, and Catastrophe (other than certified acts of terrorism) in the calculation.

Refer to the individual state Workers' Compensation Insurance Plan and the state's algorithm for exact definitions.

## SAFETY SERVICES

**Notice to policy recipient:** If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

### SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control department has the experience, resources and capabilities to provide a range of safety services, including site surveys, phone consultations, as well as provide access to numerous safety-related materials.

We have experience in a variety of industries, some of which include manufacturing, wholesale and retail businesses, service organizations, technology-related business, oil and gas-based business, and the public sector.

Following are some examples of available safety services:

**Accident Prevention** – Our staff can help you identify present and potential hazards in your operations, premises and equipment, and recommend measures for reducing or eliminating these hazards.

**Analysis of Accident Causes** – Although you investigate and keep records of accidents, we are available to assist if needed.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

### SAFETY IS YOUR CONCERN

At Travelers, we are committed to doing all we can to help protect your business. As our customer, you have access to hundreds of safety materials specific to industry, size and complexity to help control hazards and reduce risks of illness or injury – with more than 700 focusing on workers' compensation issues.

Take advantage of the Risk Control website at [travelers.com/riskcontrol](http://travelers.com/riskcontrol).

Examples of what you will find include:

- Safety checklists, sample programs.
- You will find hundreds of resources in our Education Center including schedules of live classroom sessions and online webinars – more than 90 training options for workers' compensation alone.
- Alerts and newsletters that can be sent directly to you, to stay informed of the latest safety trends and regulatory topics.

The loss of a key employee due to an injury can seriously impact your business. We can help you to understand the types of accidents that may occur in your business and the steps you can take to help prevent them.

These resources can help you improve your workplace safety practices. We like to think of it as protection beyond the policy.

#### Contact Us

For more information, please visit [travelers.com/riskcontrol](http://travelers.com/riskcontrol).

**Please call these numbers**  
**FOR SAFETY SERVICES ONLY**

**For all other inquiries please contact your agent, underwriter or claim representative**

**ALABAMA**  
**Birmingham**  
 3000 Riverchase Galleria  
 Ste. 600  
 Birmingham, AL 35244  
 (615) 660-6036  
 Claims: 1-800-238-6214

**ALASKA**  
**Portland, OR**  
 4000 SW Kruse Place, Suite 100  
 Lake Oswego, OR 97035  
 (916) 852-5245

**ARIZONA**  
**Phoenix**  
 2401 W Peoria Ave., Suite 130  
 Phoenix, AZ 85029  
 Risk Control: (720) 200-8355

**ARKANSAS**  
**St. Louis, MO**  
 940 West Port Plaza, Suite 270  
 St. Louis, MO 63146  
 Risk Control: (314) 579-8282

**CALIFORNIA**  
**Diamond Bar**  
 21688 Gateway Center Drive  
 P.O. Box 6512  
 Diamond Bar, CA 91765-8512  
 Risk Control: (949) 224-5789  
 Claims: (909) 612-3000

**CALIFORNIA**  
**Glendale**  
 655 N. Central Avenue, #1600  
 Glendale, CA 91203  
 Risk Control: (949) 224-5789  
 Claims: (909) 612-3000

**CALIFORNIA**  
**Irvine**  
 3333 Michelson Dr. City Blvd. W  
 Suite 1000  
 Irvine, CA 92612  
 Risk Control: (949) 224-5789

**CALIFORNIA**  
**Los Angeles**  
 888 South Figueroa St., Ste. 500  
 Los Angeles, CA 90017  
 Risk Control: (949) 224-5789  
 Claims: (909) 612-3000

**CALIFORNIA**  
**Sacramento**  
 11070 White Rock Road, Suite 130  
 Rancho Cordova, CA 95670  
 Risk Control: (916) 852-5245  
 Claims: (800) 727-3995

**CALIFORNIA**  
**San Diego**  
 9325 Sky Park Court, Ste. 220  
 San Diego, CA 92123  
 Risk Control: (949) 224-5789

**CALIFORNIA**  
**Walnut Creek**  
 225 Lennon Lane, Ste. 105  
 P.O. Box 8090  
 Walnut Creek, CA 94596-8090  
 Risk Control: (925) 945-4193  
 Claims: (800) 842-7354

**COLORADO**  
**Denver**  
 6060 S. Willow Dr. #300  
 Greenwood Village, CO 80111  
 (720) 200-8355  
 Claims: 720-200-8100

**CONNECTICUT**  
**Hartford**  
 300 Windsor Street  
 Hartford, CT 06120  
 (860) 277-5748  
 Claims: 1 (877) 828-4110

**DELAWARE**  
**Philadelphia, PA**  
 10 Sentry Parkway, Suite 300.  
 Blue Bell, PA 19422  
 (215) 274-1610  
 Claims: 1-800-368-3562

**DISTRICT OF COLUMBIA**  
**Washington, DC**  
 14200 Park Meadow Dr.  
 Chantilly, VA 20151  
 (571) 287-6285  
 Claims: 1-800-368-3562

**FLORIDA**  
**Orlando**  
 2420 Lakemont Dr  
 Orlando, FL 32814  
 (678) 317-8210  
 Claims: 407-388-2400

**GEORGIA**  
**Atlanta**  
 1000 Windward Concourse  
 Alpharetta, GA 30005  
 (678) 317-8210  
 Claims: 800-238-6214

**HAWAII**  
**Irvine, CA**  
 3333 Michelson Drive City Blvd. W  
 Suite 1000  
 Irvine, CA 92612  
 (949) 224-5789

**IDAHO**  
**Sacramento, CA**  
 11070 White Rock Rd, Suite 130  
 Rancho Cordova, CA 95670  
 Risk Control: (916) 852-5245  
 Claim: (800) 727-3995

**ILLINOIS**  
**Chicago**  
 200 North LaSalle Street  
 Suite 2200  
 Chicago, IL 60601  
 (630) 961-8074  
 Claims: 800-842-6172

**ILLINOIS**  
**Naperville**  
 215 Shuman Boulevard  
 P.O. Box 3208  
 Naperville, IL 60566  
 (630) 961-8074  
 Claims: 800-842-6172

**INDIANA**  
**Indianapolis**  
 Suite 300  
 280 East 96th Street  
 Indianapolis, IN 46240  
 (317) 818-0174  
 Claims: 800-238-6210

**IOWA**  
**Des Moines**  
 7101 Vista Dr.  
 West Des Moines, IA 50266-9313  
 (651)-310-7834  
 Claims: 800-255-5072

**KANSAS**  
**Kansas City**  
 7465 West 132nd  
 Overland Park, KS 66213  
 (314) 579-8282

**KENTUCKY**  
**Louisville**  
 Suite 150  
 303 N Hurstbourne Pkwy  
 Louisville, KY 40222  
 (248) 312-7301  
 Claims: 800-238-6210

**LOUISIANA**  
**New Orleans**  
 3838 N. Causeway, Suite 2700  
 Metairie, LA 70002  
 P.O. Box 61479  
 New Orleans, LA 70161-1479  
 (504) 832-7562  
 Claims: 800-842-2556

**MAINE**  
**Portland, ME**  
 207 Larrabee Road, Suite 3  
 Westbrook, ME 04092  
 (207) 857-2021

**Please call these numbers  
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**For all other inquiries please contact your agent, underwriter or claim representative**

**MARYLAND**

**Blue Bell, PA**

10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
(215) 274-1610  
Claims: 1-800-368-3562

**MASSACHUSETTS**

**Boston**

100 Summer Street, Suite 201A  
Boston, MA 02110  
(781) 817-8370  
Claims: 800-832-7839

**MASSACHUSETTS**

**Hudson**

1 Cabot Road  
Suite 250  
Hudson, MA 01749  
(978) 568-4411  
Claims: 800-832-7839

**MASSACHUSETTS**

**Braintree**

350 Granite Street  
Suite 1201  
Braintree, MA 02184  
(781) 817-8373  
Claims: 800-832-7839

**MICHIGAN**

**Grand Rapids**

625 Kenmoor Ave  
Suite 213  
Grand Rapids, MI 49546  
(248) 312-7301  
Claims: 800-238-6210

**MICHIGAN**

**Troy**

1301 W. Long Lake Rd., Ste. 300  
Troy, MI 48098  
(248) 312-7301  
Claims: 800-238-6210

**MINNESOTA**

**St. Paul**

385 Washington St., MC 104P  
St. Paul, MN 55102  
(651) 310-7834  
Claims: 800-842-3073

**MISSISSIPPI**

**Jackson**

1080 River Oaks Dr  
Ste B-200  
Flowood, MS 39232  
(615) 660-6036  
Claims: 1-800-342-4064

**MISSOURI**

**St. Louis**

940 West Port Plaza, Suite 270  
St. Louis, MO 63146  
(314) 579-8282  
Claims: 800-842-9621

**Kansas City**

**St. Louis**

940 West Port Plaza, Suite 270  
St. Louis, MO 63146  
(314) 579-8282  
Claims: 800-255-5072

**Missouri Workers'  
Compensation Plan (MWCP)**

1000 Walnut Street  
Kansas City, MO 64199  
(816) 391-1123

**MONTANA**

**Sacramento, CA**

11070 White Rock Rd, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: (916) 852-5245  
Claims: (800) 727-3995

**NEBRASKA**

**Omaha**

11516 Miracle Hills Dr., St. 400  
Omaha, NE 68154  
(651) 310-7834  
Claims: 800-255-5072

**NEVADA**

**Las Vegas**

7450 Arroyo Crossing Pkwy  
Suite 200  
Las Vegas, NV 89113  
Risk Control: (720) 200-8355  
Claims: 702-479-4200

**NEW HAMPSHIRE**

**Portland, ME**

207 Larrabee Road, Suite 3  
Westbrook, ME 04092  
(207) 857-2021

**NEW JERSEY**

**Morristown**

445 South Street  
Morristown, NJ 07960  
(973) 631-7015  
Claims: 1-800-842-2475

**NEW JERSEY**

**Marlton**

Lake Center Exec Park Building 30  
Suite 110  
Marlton, NJ 08053  
(856) 703-2323  
Claims: 800-842-2475

**NEW MEXICO**

**Phoenix**

2401 W Peoria Ave., Suite 130  
Phoenix, AZ 85029  
(720) 200-8355  
Claims: 602-861-8600

**NEW YORK**

**Albany**

900 Watervliet-Shaker Road  
Albany, NY 12205  
(315) 424-7231  
Claims: 800-842-2475

**NEW YORK**

**Buffalo**

60 Lakefront Blvd.  
P.O. Box 242  
Buffalo, NY 14240-0242  
(315) 424-7231  
Claims: 800-842-2475

**NEW YORK**

**Melville**

3 Huntington Quadrangle  
Melville, NY 11747  
(631) 501-8146  
Claims: 800-842-2475

**NEW YORK**

**New York**

485 Lexington Ave.  
New York, NY 10017-2630  
(516) 933-3932  
Claims: 1-800-842-2475

**NEW YORK**

**Rochester**

75 Town Centre Drive  
P.O. Box 23235  
Rochester, NY 14692-3235  
(315) 424-7231  
Claims: 1-800-842-2475

**NEW YORK**

**Syracuse**

440 South Warren Street  
P.O. Box 4963  
Syracuse, NY 13221-4963  
(315) 424-7231  
Claims: 800-842-2475

**NORTH CAROLINA**

**Charlotte**

11440 Carmel Commons Blvd.  
P.O. Box 473500  
Charlotte, NC 28247-3500  
(704) 540-3209  
Claims: (704) 544-3500

**NORTH CAROLINA**

**Raleigh**

4504 Emperor Blvd.  
Durham, NC 27703  
(704) 540-3209  
Claims: (704) 544-3500

**NORTH DAKOTA**

**St. Paul, MN**

385 Washington St., MC 104P  
St. Paul, MN 55102  
(651) 310-7834  
Claims: 800-842-3073

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FOR SAFETY SERVICES ONLY**

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<b>OHIO</b> <b>Cincinnati</b> Baldwin Center, Suite 500 625 Eden Park Drive Cincinnati, OH 45202 (412) 338-3069 Claims: 800-238-6210	<b>RHODE ISLAND</b> <b>Braintree</b> 350 Granite Street Suite 1201 Braintree, MA 02184 (781) 817-8370 Claims: 800-832-7839	<b>VERMONT</b> <b>Hartford, CT</b> 300 Windsor Street Hartford, CT 06120 (860) 954-5190 Claims: (800) 422-3340
<b>OHIO</b> <b>Cleveland</b> 6150 Oak Tree Blvd., Suite 400 Independence, OH 44131 (412) 338-3069 Claims: 800-238-6210	<b>SOUTH CAROLINA</b> <b>Charlotte</b> 11440 Carmel Commons Blvd. P.O. Box 473500 Charlotte, NC 28247-3500 (704) 540-3209 Claims: 704-544-3500	<b>VIRGINIA</b> <b>Richmond</b> 9954 Mayland Drive, Suite 6100 Richmond, VA 23233 (571) 287-6285 Claims: (804) 330-6000
<b>OKLAHOMA</b> <b>Tulsa</b> 9820 East 41st St., Suite 401 P.O. Box 3510 Tulsa, OK 74101 (314) 579-8282	<b>SOUTH DAKOTA</b> <b>St. Paul, MN</b> 385 Washington St. St. Paul, MN 55102 (651) 310-7834 Claims: 800-842-3073	<b>Washington, DC</b> 14200 Park Meadow Dr. Chantilly, VA 20151 (571) 287-6285 Claims: 800-368-3562
<b>OREGON</b> <b>Portland</b> 4000 SW Kruse Place, Suite 100 Lake Oswego, OR 97035 Risk Control: (916) 852-5245 Claims: 800-698-6883	<b>TENNESSEE</b> <b>Franklin</b> 6640 Carothers Pkwy, Suite 300 Franklin, TN 37067 (615) 660-6036 Claims: (615) 660-6000	<b>WASHINGTON</b> <b>Seattle</b> 1501 4th Avenue, Suite 400 Seattle, WA 98101 Risk Control: (916) 852-5245
<b>PENNSYLVANIA</b> <b>Philadelphia</b> 10 Sentry Parkway, Suite 300 Blue Bell, PA 19422 (215) 274-1610 Claims: 800-832-0606	<b>TEXAS</b> <b>Dallas</b> 1301 E Collins Blvd., Suite 300 Richardson, TX 75081 (214) 570-6627 Claims: 214-570-6000	<b>WEST VIRGINIA</b> <b>Charleston, WV</b> 119 Virginia St. W. Charleston, WV 25302 (412) 338-3069 Claims: (443) 353-1000
<b>PENNSYLVANIA</b> <b>Pittsburgh</b> 800 Two Chatham Center Pittsburgh, PA 15219-2505 (412) 338-3069 Claims: (412) 338-3000	<b>TEXAS</b> <b>Houston</b> 4650 Westway Park Blvd., Suite 350 Houston, TX 77041 (281) 606-8534 Claims: 800-235-3610	<b>WISCONSIN</b> <b>Milwaukee</b> 13935 Bishops Drive, Suite 200 Brookfield, WI 53005 (262) 825-9203 Claims: 800-842-6172
<b>PENNSYLVANIA</b> <b>Reading</b> 1105 Berkshire Blvd. P.O. Box 13426 Wyomissing, PA 19612-3426 (215) 274-1610 Claims: 800-832-0606	<b>UTAH</b> <b>Denver, CO</b> 6060 S. Willow Drive #300 Greenwood Village, CO 80111 (720) 200-8355 Claims: 800-453-3025	<b>WYOMING</b> <b>Denver, CO</b> 6060 S. Willow Drive #300 Greenwood Village, CO 80111 Risk Control: (720) 200-8355