

Starr Indemnity & Liability Co
399 Park Avenue
New York NY 10022-0000

LOCKTON COMPANIES, LLC
444 W 47TH STREET STE 900
KANSAS CITY MO 64112



STARR INDEMNITY & LIABILITY COMPANY

A MEMBER OF STARR COMPANIES

COLORADO WORKERS' COMPENSATION DEDUCTIBLE DISCLOSURE NOTICE AND SELECTION FORM

Colorado law requires that we provide a notice outlining the available deductibles for medical expenses payable under your WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY issued by a member company of the Starr Companies. Any deductible you select will apply separately to each compensable claim.

If you select a deductible, your workers' compensation premium will be reduced based on the deductible amount selected and a credit amount determined by Starr. For multi-state workers' compensation policies, the reduction will apply to the portion of the premium attributable to your Colorado operations.

Your policy may or may not already include a deductible. If you do not wish to change your policy, you do not have to return this form. If your policy does not have a deductible and you want one, or if your policy has a deductible and you want to change it, please place an "X" next to the deductible you want and return the signed, completed form to Starr or your agent. If you select a deductible, the deductible change will be effective on the beginning of your policy period if the form is received within 30 days of the policy period effective date. In all other cases, the deductible will be effective the date we receive the form in our office.

Deductible Amount

_____	\$500
_____	\$1,000
_____	\$1,500
_____	\$2,000
_____	\$2,500
_____	\$5,000
_____	\$10,000
_____	\$13,500
_____	\$15,500

Signed:

Authorized Representative
of Named Insured

Date:

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Named Insured's Mailing Address 7200 S ALTON WAY STE A360
CENTENNIAL CO 80112

Binder/Policy Number: 100 0003868

Name and Address of Agent: LOCKTON COMPANIES, LLC
444 W 47TH STREET STE 900
KANSAS CITY MO 64112

Form WC PN CO (01-15)

STARR INDEMNITY & LIABILITY COMPANY

A MEMBER OF STARR COMPANIES

Dallas, TX 1-866-519-2522

SOUTH CAROLINA WORKERS' COMPENSATION DEDUCTIBLE DISCLOSURE NOTICE AND SELECTION FORM

South Carolina law requires that we provide a notice outlining the available deductibles for medical and/or indemnity expenses payable under your Workers Compensation and Employers Liability policy issued by Starr. Any deductible you select will apply separately to each compensable claim.

If you select a deductible, your workers' compensation premium will be reduced by the appropriate premium percentage. For multi-state workers' compensation policies, the reduction will apply to the portion of the premium attributable to your South Carolina operations.

Your policy may or may not already include a deductible. If you do not wish to change your policy, you do not have to return this form. If your policy does not have a deductible and you want one, or if your policy has a deductible and you want to change it, please place an "X" next to the deductible you want and return the signed, completed form to Starr or your agent. If you select a deductible, the deductible change will be effective on the beginning of your policy period if the form is received within 30 days of the policy period effective date. In all other cases, the deductible will be effective the date we receive the form in our office.

	Deductible Amount
_____	\$100
_____	\$200
_____	\$300
_____	\$400
_____	\$500
_____	\$1,000
_____	\$1,500
_____	\$2,000
_____	\$2,500

Signed: _____
Authorized Representative of Named Insured

Date: _____

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Named Insured's Mailing Address 7200 S ALTON WAY STE A360
CENTENNIAL CO 80112

Policy Number: 100 0003868

Name and Address of Agent: LOCKTON COMPANIES, LLC
444 W 47TH STREET STE 900
KANSAS CITY MO 64112

STARR INDEMNITY & LIABILITY COMPANY

A MEMBER OF STARR COMPANIES

Dallas, TX 1-866-519-2522

TEXAS COMPLAINT NOTICE

Should any dispute arise about your premiums or about a claim that you have filed, contact the agent or write to the company that issued the policy. If the problem is not resolved, you may also write the State Board of Insurance, Department C, 1110 San Jacinto, Austin, Texas 78786. This notice of complaint procedure is for information only and does not become a part or condition of this policy.

**TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION
NOTICE REGARDING CERTAIN WORK-RELATED COMMUNICABLE
DISEASES AND ELIGIBILITY FOR WORKERS'
COMPENSATION BENEFITS**

TO: Law Enforcement Officers, Fire Fighters, Emergency Medical Service Employees, Paramedics, and Correctional Officers -

IN ORDER TO QUALIFY FOR WORKERS' COMPENSATION BENEFITS, AN EMPLOYEE WHO CLAIMS A POSSIBLE WORK-RELATED EXPOSURE TO A REPORTABLE DISEASE, INCLUDING HIV INFECTION, MUST BE TESTED FOR THE DISEASE NOT LATER THAN THE 10TH DAY AFTER THE EXPOSURE AND MUST PROVIDE THEIR EMPLOYER WITH DOCUMENTATION OF THE TEST AND A SWORN AFFIDAVIT OF THE DATE AND CIRCUMSTANCES OF THE EXPOSURE. THE TEST RESULT MUST INDICATE THE ABSENCE OF THE DISEASE. THE EMPLOYEE IS NOT REQUIRED TO PAY FOR THE TEST.

Reportable diseases are those communicable diseases and health conditions required to be reported to the Texas Department of Health. Exposure criteria and testing protocol must conform to Texas Department of Health requirements.

TO: All State Employees -

IN ORDER TO QUALIFY FOR WORKERS' COMPENSATION BENEFITS, A STATE EMPLOYEE WHO CLAIMS A POSSIBLE WORK-RELATED EXPOSURE TO HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION, MUST BE TESTED FOR HIV WITHIN 10 DAYS AFTER THE EXPOSURE AND MUST PROVIDE THEIR EMPLOYER WITH DOCUMENTATION OF THE TEST AND A WRITTEN STATEMENT OF THE DATE AND CIRCUMSTANCES OF THE EXPOSURE. THE TEST RESULT MUST INDICATE THE ABSENCE OF HIV INFECTION. THE EMPLOYEE IS NOT REQUIRED TO PAY FOR THE TEST.

FOR ADDITIONAL INFORMATION: TALK TO YOUR EMPLOYER OR CALL THE TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION AT 1-800-372-7713. ALSO, CONTACT THE TEXAS DEPARTMENT OF HEALTH (TDH) TO ENSURE FULL COMPLIANCE WITH THE HEALTH AND SAFETY CODE AND TDH RULES.

DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

☐ Yes, I want a deductible of (select only one):

1. \$ 0 per accident

2. \$ 0 per claim

3. \$ _____ medical-only

applied to benefits payable under the Texas Workers Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement _____ .
(monthly, quarterly or other)

☐ No, I do not want a deductible applied to benefits payable under the Texas Workers Compensation Law.

☐ Yes, I do want a deductible policy, but am unable to obtain one for the following reason: _____

The deductible plans have been explained to me.

Signature and Title

Date

Employer Name (print or type)

Address

Insurance Company

Policy No.

Effective Date

POLICYHOLDER NOTICE**YOUR RIGHT TO RATING AND DIVIDEND INFORMATION****I. Information Available to You****A. Information Available from Us - Starr Indemnity & Liability Company**

- (1) General questions regarding your policy should be directed to:

Starr Indemnity & Liability Company
One International Place, 13th Floor
Boston, MA, 02110

- (2) **Dividend Calculation.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.
- (3) **Claims Information.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

For claims covered under this policy, we will estimate the ultimate cost of unsettled claims for statistical purposes eighteen months after the policy becomes effective and will report those estimates to the Workers' Compensation Insurance Rating Bureau of California (WCIRB) no later than twenty months after the policy becomes effective. The cost of any settled claims will also be reported at that time. At twelve-month intervals thereafter, we will update and report to the WCIRB the estimated cost of any unsettled claims and the actual final cost of any claims settled in the interim. The amounts we report will be used by the WCIRB to compute your experience modification if you are eligible for experience rating.

B. Information Available from the Workers' Compensation Insurance Rating Bureau of California

- (1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the *California Workers' Compensation Uniform Statistical Reporting Plan-1995* (USRP) and the *California Workers' Compensation Experience Rating Plan-1995* (ERP). WCIRB contact information is: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Customer Service; 888.229.2472 (phone); 415.778.7272 (fax); and customerservice@wcirb.com (email). The regulations contained in the USRP and ERP are available for public viewing through the WCIRB's website at wcirb.com.
- (2) **Policyholder Information.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Custodian of Records. The Custodian of Records can be reached at 415.777.0777 (phone) and 415.778.7272 (fax).
- (3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form/Worksheet free of charge by completing a Policyholder Experience Rating Worksheet Request Form on the WCIRB's website at wcirb.com/ratesheet. The Experience Rating Form/Worksheet will include a Loss-Free Rating, which is the experience modification that would have been calculated if \$0 (zero) actual losses were incurred during the experience period. This hypothetical rating calculation is provided for informational purposes only.

II. Dispute Process

You may dispute our actions or the actions of the WCIRB pursuant to CIC Sections 11737 and 11753.1.

A. Our Dispute Resolution Process.

If you are aggrieved by our decision adopting a change in a classification assignment that results in increased premium, or by the application of our rating system to your workers' compensation insurance, you may dispute these matters with us. If you are dissatisfied with the outcome of the initial dispute with us, you may send us a written Complaint and Request for Action as outlined below.

You may send us a written Complaint and Request for Action requesting that we reconsider a change in a classification assignment that results in an increased premium and/or requesting that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written Complaints and Requests for Action should be forwarded to:

Starr Indemnity & Liability Company, One International Place, 13th Floor, Boston, MA, 02110.

After you send your Complaint and Request for Action, we have 30 days to send you a written notice indicating whether or not your written request will be reviewed. If we agree to review your request, we must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If we decline to review your request, if you are dissatisfied with the decision upon review, or if we fail to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner as described in paragraph II.C., below.

- B. Disputing the Actions of the WCIRB.** If you have been aggrieved by any decision, action, or omission to act of the WCIRB, you may request, in writing, that the WCIRB reconsider its decision, action, or omission to act. You may also request, in writing, that the WCIRB review the manner in which its rating system has been applied in connection with the insurance afforded or offered you. For requests related to classification disputes, the reporting of experience, or coverage issues, your initial request for review must be received by the WCIRB within 12 months after the expiration date of the policy to which the request for review pertains, except if the request involves the application of the Revision of Losses rule. For requests related to your experience modification, your initial request for review must be received by the WCIRB within 6 months after the issuance, or 12 months after the expiration date, of the experience modification to which the request for review pertains, whichever is later, except if the request for review involves the application of the Revision of Losses rule. If the request involves the Revision of Losses rule, the time to state your appeal may be longer. (See Section VI, Rule 7 of the ERP).

You may commence the review process by sending the WCIRB a written Inquiry. Written Inquiries should be sent to: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Customer Service. Customer Service can be reached at 888.229.2472 (phone), 415.778.7272 (fax) and customerservice@wcirb.com (email).

If you are dissatisfied with the WCIRB's decision upon an Inquiry, or if the WCIRB fails to respond within 90 days after receipt of the Inquiry, you may pursue the subject of the Inquiry by sending the WCIRB a written Complaint and Request for Action. After you send your Complaint and Request for Action, the WCIRB has 30 days to send you written notice indicating whether or not your written request will be reviewed. If the WCIRB agrees to review your request, it must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If the WCIRB declines to review your request, if you are dissatisfied with the decision upon review, or if the WCIRB fails to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner as described in paragraph II.C., below. Written Complaints and Requests for Action should be forwarded to: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Complaints and Reconsideration. The WCIRB's contact information is 888.229.2472 (phone), 415.371.5204 (fax) and customerservice@wcirb.com (email).

- C. California Department of Insurance – Appeals to the Insurance Commissioner.** After you follow the appropriate dispute resolution process described above, if (1) we or the WCIRB decline to review your request, (2) you are dissatisfied with the decision upon review, or (3) we or the WCIRB fail to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner pursuant to CIC Sections 11737, 11752.6, 11753.1 and Title 10, California Code of Regulations, Section 2509.40 et seq. You must file your appeal within 30 days after we or the WCIRB send you the notice rejecting review of your Complaint and Request for Action or the decision upon your Complaint and Request for Action. If no written decision regarding your Complaint and Request for Action is sent, your appeal must be filed within 120 days after you sent your Complaint and Request for Action to us or to the WCIRB. The filing address for all appeals to the Insurance Commissioner is:

Administrative Hearing Bureau
California Department of Insurance
1901 Harrison Street, 3rd Floor
Oakland, CA 94612
415.538.4243

You have the right to a hearing before the Insurance Commissioner, and our action, or the action of the WCIRB, may be affirmed, modified or reversed.

III. Resources Available to You in Obtaining Information and Pursuing Disputes

- A. Policyholder Ombudsman.** Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the Insurance Commissioner pursuant to Section 11737 of the Insurance Code. The address of the policyholder ombudsman is WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Policyholder Ombudsman. The policyholder ombudsman can be reached at 415.778.7159 (phone), 415.371.5288 (fax) and ombudsman@wcirb.com (email).
- B. California Department of Insurance - Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 800.927.HELP (4357) or insurance.ca.gov. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

This notice does not change the policy to which it is attached.

POLICYHOLDER NOTICE

PAYROLL RECORD AND AUDIT REQUIREMENTS FOR DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS

Your policy includes one or more construction or erection classifications. Dual wage classifications are pairs of classifications that describe the same construction or erection operation yet are assigned based upon whether the employee's hourly wage is above or below a specified threshold. Each pair of dual wage classifications contains one "high wage" classification that is assignable to payrolls earned by employees whose regular hourly wage equals or exceeds a specified wage threshold and one "low wage" classification that is assignable to payrolls earned by employees whose regular hourly wage is less than the specified threshold.

Payroll Record Requirements

The assignment of a high wage classification is contingent on verifying that the employee's hourly wage equals or exceeds the specified wage threshold. The determination of the regular hourly wage for any non-salaried employee must be supported by one of the following sources:

- Original time cards or time book entries for each employee. Original records must include the operations performed, the total hours worked each day and the times the employee started and ended each work period throughout the workday. At job locations where all of the employer's operations cease for a uniform unpaid meal period, recording the start and stop times of the uniform break period is not required.
- A valid collective bargaining agreement that shows the regular hourly wage rate by job classification of a worker. If using a collective bargaining agreement, the records must include an employee roster by job classification that permits the reconciliation of individual employees to the job classifications set forth in the collective bargaining agreement.

The non-salaried employee's regular hourly wage shall be determined by dividing that employee's total remuneration by the hours worked during the pay period, irrespective of whether the employee is paid on an hourly, piecework, production or commission basis.

The payroll earned by any non-salaried employees for whom the records specified above are not maintained and/or made available will be assigned to the low wage classification that describes the operations performed.

The regular hourly wage of salaried employees is determined by dividing the total annual remuneration by 2000 hours. If an employee is salaried for less than 12 months, the regular hourly wage for the salaried period is calculated on a prorated basis.

Audit Requirements

If your policy has an effective date on or after January 1, 2020 and produces a final premium of \$10,500 or more, a physical audit is required at least once a year; if it produces a final premium of less than \$10,500 and develops payroll in a high wage classification, a physical audit of the policy is required unless the policy is a renewal and a physical audit was completed for one of the two immediately preceding policy periods. A "physical audit" is defined as an audit of payroll, whether conducted at the policyholder's location or at a remote site, that is based upon an auditor's examination of the policyholder's books of accounts and original payroll records (in either electronic or hard copy form) as necessary to determine and verify the exposure amounts by classification.

If you hold a C-39 Roofing Contractor license from the California Contractors State License Board, a physical audit is required on the complete policy period of each policy regardless of the amount of final premium. See California Insurance Code Section 11665(a) for additional requirements regarding the audit of C-39 license holders.

STARR INDEMNITY & LIABILITY CO
399 PARK AVENUE
NEW YORK, NEW YORK 10022

Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period From To
100 0003868	09/23/2021 09/23/2022 12:01 A.M. Standard Time at the mailing address of the Insured as stated herein
Renewal Of	Transaction
100 0003868	Renewal Business

1. Named Insured and Mailing Address			Agent	
HOSPITAL COURIERS HOLDINGS, LLC 7200 S ALTON WAY STE A360 CENTENNIAL CO 80112			LOCKTON COMPANIES, LLC 444 W 47TH STREET STE 900 KANSAS CITY MO 64112	
UNEMPLOYMENT ID #	CARRIER # 11193	FEIN # 474929823	Risk ID # 911656256	Entity of Insured LIMITED LIABILITY CO

Other Workplaces Not Shown Above: See attached Location Schedule

2. The Policy Period is from 09/23/2021 to 09/23/2022 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CA, CO, CT, KS, LA, MN, MO, NV, OR, SC, SD, TX, UT, VA

- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee

- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming, Puerto Rico and states designated in item 3. A. above. .

AL AK AZ AR DE GA HI ID IL IN IA KY LA ME MD MA MI MS MO MT NE NV NH NJ NM NY NC OK PA RI
TN VT WV WI

- D. This policy includes these endorsements and schedules: See attached Endorsement Schedule

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

Assessments and Taxes SEE EXTENSION OF INFORMATION PAGE

Minimum Premium \$ 1,000

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Total Estimated Annual Premium	\$	1,233,788
Expense Constant	\$	260
Premium Discount	\$	- 147,068
Deposit Premium	\$	1,233,788

Countersigned this Day of ,

Issued Date: 09/23/2021

Issuing Office

Steve Blahney

AUTHORIZED REPRESENTATIVE

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
CALIFORNIA				
UNIT: 00002 ADDRESS: 3363 PEGASUS DR PERIOD: 09/23/2021 TO 09/23/2022				
7198	PARCEL DELIVERY AND MESSENGER SERVICE COMPANIES - INCLUDING TERMINAL EMPLOYEES AND MECHANICS - NO HANDLING OF BULK MERCHANDISE OR FREIGHT	4,302,339	15.940000 \$	685,793.00
7232	MAIL DELIVERY SERVICE COMPANIES	408,048	18.610000 \$	75,938.00
8742	SALESPERSONS - OUTSIDE	* IF ANY *	0.710000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES	310,056	0.450000 \$	1,395.00
	MANUAL PREMIUM		\$	763,126.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	763,126	0.028000 \$	21,368.00
0930	WAIVER OF SUBROGATION	763,126	1.020000 \$	15,263.00
9898	EXPERIENCE MODIFICATION	799,757	1.660000 \$	527,840.00
9887	SCHEDULED CREDIT	1,327,597	0.280000 \$	-371,727.00
0063	PREMIUM DISCOUNT	955,870	0.109000 \$	-104,190.00
CI GAS	CALIFORNIA INSURANCE GUARANTEE ASSOCIATION SURCHARGE	854,943	1.000000 \$	0.00
CA AST	CALIFORNIA WORKERS COMPENSATION FRAUD ASSESSMENT FACTOR	854,943	1.004734 \$	4,047.00
CA LEC	CA LABOR ENFORCEMENT & COMPLIANCE FUND	854,943	1.002272 \$	1,942.00
CA OSH	CA OCCUPATIONAL SAFETY & HEALTH FUND	854,943	1.002584 \$	2,209.00
CA SIB	CALIFORNIA SUBSEQUENT INJURIES BENEFIT TRUST FUND ASSESSMENT	854,943	1.006579 \$	5,625.00
CA SRG	CALIFORNIA USER FUNDING SURCHARGE	854,943	1.022646 \$	19,361.00
CA UEB	CALIFORNIA UNINSURED EMPLOYERS BENEFIT TRUST FUND ASSESSMENT	854,943	1.000775 \$	663.00
9740	TERRORISM	5,020,443	0.043000 \$	2,159.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	5,020,443	0.022000 \$	1,104.00
	STATE TOTAL		\$	888,790.00

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

**EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS**

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
COLORADO				
UNIT: 00001 ADDRESS: 7200 S ALTON WAY STE A360 PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	1,436,972	7.120000 \$	102,312.00
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	* IF ANY *	0.220000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	353,734	0.120000 \$	424.00
	MANUAL PREMIUM		\$	102,736.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	102,736	0.011000 \$	1,130.00
0930	WAIVER OF SUBROGATION	102,736	1.020000 \$	2,055.00
9898	EXPERIENCE MODIFICATION	105,921	1.110000 \$	11,651.00
9887	SCHEDULED CREDIT	117,572	0.250000 \$	-29,393.00
0063	PREMIUM DISCOUNT	88,179	0.109000 \$	-9,612.00
9740	TERRORISM	1,790,706	0.007000 \$	125.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	1,790,706	0.015000 \$	269.00
	STATE TOTAL		\$	78,961.00

Policy Number:	100 0003868	
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC	
Agent:	LOCKTON COMPANIES, LLC	0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
CONNECTICUT				
UNIT: 00017 ADDRESS: NO FIXED LOCATION PERIOD: 09/23/2021 TO 09/23/2022				
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	117,000	0.370000 \$	433.00
	MANUAL PREMIUM		\$	433.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	433	0.011000 \$	5.00
0930	WAIVER OF SUBROGATION	433	1.020000 \$	250.00
9898	EXPERIENCE MODIFICATION	688	1.110000 \$	76.00
0063	PREMIUM DISCOUNT	764	0.109000 \$	-83.00
CM FSM	CT W/C FUND ASSMNT FEDERAL	0	1.037000 \$	0.00
CM SSM	CT W/C FUND ASSMNT STATE	764	1.020000 \$	15.00
2ND IN	2ND INJURY FUND PREMIUM SURCHARGE	740	1.022500 \$	17.00
9740	TERRORISM	117,000	0.040000 \$	47.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	117,000	0.010000 \$	12.00
	STATE TOTAL		\$	772.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
KANSAS				
UNIT: 00003 ADDRESS: 10421 W. 79TH STREET PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	466,698	6.500000 \$	30,335.00
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	* IF ANY *	0.240000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	83,836	0.110000 \$	92.00
	MANUAL PREMIUM		\$	30,427.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	30,427	0.011000 \$	335.00
0930	WAIVER OF SUBROGATION	30,427	1.020000 \$	609.00
9898	EXPERIENCE MODIFICATION	31,371	1.110000 \$	3,451.00
9887	SCHEDULED CREDIT	34,822	0.250000 \$	-8,706.00
0063	PREMIUM DISCOUNT	26,116	0.109000 \$	-2,847.00
9740	TERRORISM	550,534	0.008000 \$	44.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	550,534	0.015000 \$	83.00
	STATE TOTAL		\$	23,396.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
LOUISIANA				

UNIT: 00004 ADDRESS: 129 NEW CAMELIA BLVD.

PERIOD: 09/23/2021 TO 09/23/2022

7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	* IF ANY *	13.770000 \$	0.00
	MANUAL PREMIUM		\$	0.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	0	0.014000 \$	0.00
9898	EXPERIENCE MODIFICATION	0	1.110000 \$	0.00
9887	SCHEDULED CREDIT	0	0.250000 \$	0.00
9118	LA WAIVER OF SUBROGATION	0	1.020000 \$	250.00
9740	TERRORISM	0	0.009000 \$	0.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	0	0.017000 \$	0.00
	STATE TOTAL		\$	250.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
MINNESOTA				
UNIT: 00010 ADDRESS: NO FIXED LOCATION PERIOD: 09/23/2021 TO 09/23/2022				
8742	MOBILE HOME-SALES	* IF ANY *	0.340000 \$	0.00
	MANUAL PREMIUM		\$	0.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	0	0.011000 \$	0.00
0174	MINNESOTA SPECIAL COMPENSATION FUND ASSESSMENT	278	1.058700 \$	16.00
0988	REINSURANCE ASSOCIATION DEFICIENCY ASSESSMENT	278	1.000000 \$	0.00
0930	WAIVER OF SUBROGATION	0	1.020000 \$	250.00
9898	EXPERIENCE MODIFICATION	250	1.110000 \$	28.00
9887	SCHEDULED CREDIT	278	0.280000 \$	-78.00
0063	PREMIUM DISCOUNT	200	0.109000 \$	-22.00
9740	TERRORISM	0	0.020000 \$	0.00
	STATE TOTAL		\$	194.00

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

**EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS**

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
MISSOURI				
UNIT: 00005 ADDRESS: 2316 E. MEYER BLVD. PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	544,222	10.510000 \$	57,198.00
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	* IF ANY *	0.380000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	157,950	0.170000 \$	269.00
	MANUAL PREMIUM		\$	57,467.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	57,467	0.011000 \$	632.00
0930	WAIVER OF SUBROGATION	57,467	1.020000 \$	1,149.00
9898	EXPERIENCE MODIFICATION	59,248	1.110000 \$	6,517.00
9887	SCHEDULED CREDIT	65,765	0.250000 \$	-16,441.00
0063	PREMIUM DISCOUNT	49,324	0.109000 \$	-5,376.00
MO SRG	MISSOURI WORKERS COMPENSATION PREMIUM SURCHARGE	44,004	1.030000 \$	1,320.00
MO SSS	MO SIF SUPPLEMENTAL SCHG	44,004	1.020000 \$	880.00
9740	TERRORISM	702,172	0.008000 \$	56.00
	STATE TOTAL		\$	46,204.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
NEVADA				
UNIT: 00006 ADDRESS: 6283 S. VALLEY VIEW BLVD. PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	75,600	10.720000 \$	8,104.00
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	* IF ANY *	0.810000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	* IF ANY *	0.280000 \$	0.00
	MANUAL PREMIUM		\$	8,104.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	8,104	0.011000 \$	89.00
0930	WAIVER OF SUBROGATION	8,104	1.020000 \$	250.00
9898	EXPERIENCE MODIFICATION	8,443	1.110000 \$	929.00
9887	SCHEDULED CREDIT	9,372	0.250000 \$	-2,343.00
0063	PREMIUM DISCOUNT	7,029	0.109000 \$	-766.00
9740	TERRORISM	75,600	0.061000 \$	46.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	75,600	0.015000 \$	11.00
	STATE TOTAL		\$	6,320.00

Policy Number:	100 0003868		
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724	

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
NORTH DAKOTA				
UNIT: 00013 ADDRESS: NO FIXED LOCATION				
PERIOD: 09/23/2021 TO 09/23/2022				
9139	STOP GAP EMPLOYERS LIABILITY	0	FLAT \$	62.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	62	0.028000 \$	2.00
STATE TOTAL			\$	64.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
OHIO				
UNIT: 00014 ADDRESS: NO FIXED LOCATION				
PERIOD: 09/23/2021 TO 09/23/2022				
9139	STOP GAP EMPLOYERS LIABILITY	0	FLAT \$	62.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	62	0.028000 \$	2.00
STATE TOTAL			\$	64.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
OREGON				
UNIT: 00009 ADDRESS: NO FIXED LOCATION PERIOD: 09/23/2021 TO 09/23/2022				
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	* IF ANY *	0.220000 \$	0.00
	MANUAL PREMIUM		\$	0.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	0	0.004000 \$	0.00
0930	WAIVER OF SUBROGATION	0	1.020000 \$	250.00
9898	EXPERIENCE MODIFICATION	250	1.110000 \$	28.00
0063	PREMIUM DISCOUNT	278	0.109000 \$	-30.00
OR IGA	OREGON INSURANCE GUARANTEE ASSOCIATION SURCHARGE	248	1.000000 \$	0.00
OR SRG	OREGON WORKERS COMPENSATION SURCHARGE	0	1.090000 \$	0.00
9740	TERRORISM	0	0.008000 \$	0.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	0	0.017000 \$	0.00
	STATE TOTAL		\$	248.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
SOUTH CAROLINA				
UNIT: 00030 ADDRESS: 105 CENTRAL AVENUE PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	350,042	10.320000 \$	36,124.00
	MANUAL PREMIUM		\$	36,124.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	36,124	0.011000 \$	397.00
0930	WAIVER OF SUBROGATION	36,124	1.020000 \$	722.00
9898	EXPERIENCE MODIFICATION	37,243	1.110000 \$	4,097.00
9887	SCHEDULED CREDIT	41,340	0.250000 \$	-10,335.00
0063	PREMIUM DISCOUNT	31,005	0.109000 \$	-3,380.00
9740	TERRORISM	350,042	0.008000 \$	28.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	350,042	0.015000 \$	53.00
	STATE TOTAL		\$	27,706.00

Policy Number:	100 0003868	
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC	
Agent:	LOCKTON COMPANIES, LLC	0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
SOUTH DAKOTA				
UNIT: 00012 ADDRESS: NO FIXED LOCATION PERIOD: 09/23/2021 TO 09/23/2022				
8810	CLERICAL OFFICE EMPLOYEES NOC	* IF ANY *	0.170000 \$	0.00
	MANUAL PREMIUM		\$	0.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	0	0.011000 \$	0.00
0930	WAIVER OF SUBROGATION	0	1.020000 \$	250.00
9898	EXPERIENCE MODIFICATION	250	1.110000 \$	28.00
0063	PREMIUM DISCOUNT	278	0.109000 \$	-30.00
SDWCPF	SD WC INSURANCE POLICY FEE	0	1.000000 \$	14.00
9740	TERRORISM	0	0.009000 \$	0.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	0	0.017000 \$	0.00
	STATE TOTAL		\$	262.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
TEXAS				
UNIT: 00007 ADDRESS: 6448 HWY 290 EAST PERIOD: 09/23/2021 TO 09/23/2022				
7230	TRUCKING: PARCEL OR PACKAGE DELIVERY-ALL EMPLOYEES & DRIVERS	2,038,706	6.270000 \$	127,827.00
8742	SALESPERSONS, COLLECTORS, OR MESSENGERS - OUTSIDE	* IF ANY *	0.170000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	1,071,298	0.080000 \$	857.00
	MANUAL PREMIUM		\$	128,684.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	128,684	0.014000 \$	1,802.00
0930	WAIVER OF SUBROGATION	128,684	1.020000 \$	2,574.00
9898	EXPERIENCE MODIFICATION	133,060	1.110000 \$	14,637.00
9887	SCHEDULED CREDIT	147,697	0.290000 \$	-42,832.00
0063	PREMIUM DISCOUNT	104,865	0.120000 \$	-12,584.00
9740	TERRORISM	3,110,004	0.024000 \$	746.00
	STATE TOTAL		\$	93,027.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
UTAH				
UNIT: 00008 ADDRESS: 1120 SPORTS PLEX DRIVE PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	320,782	5.670000 \$	18,188.00
8742	SALESPERSONS OR COLLECTORS - OUTSIDE	* IF ANY *	0.210000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	89,530	0.090000 \$	81.00
	MANUAL PREMIUM		\$	18,269.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	18,269	0.011000 \$	201.00
0930	WAIVER OF SUBROGATION	18,269	1.020000 \$	365.00
9898	EXPERIENCE MODIFICATION	18,835	1.110000 \$	2,072.00
9887	SCHEDULED CREDIT	20,907	0.250000 \$	-5,227.00
0063	PREMIUM DISCOUNT	15,680	0.109000 \$	-1,709.00
9740	TERRORISM	410,312	0.007000 \$	29.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)	410,312	0.015000 \$	62.00
	STATE TOTAL		\$	14,062.00

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
VIRGINIA				
UNIT: 00011 ADDRESS: 9327 MIDLOTHIAN TURNPIKE PERIOD: 09/23/2021 TO 09/23/2022				
7231	MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES -- ALL EMPLOYEES & DRIVERS	642,304	8.000000 \$	51,384.00
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	* IF ANY *	0.200000 \$	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	232,896	0.100000 \$	233.00
	MANUAL PREMIUM		\$	51,617.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	51,617	0.011000 \$	568.00
0930	WAIVER OF SUBROGATION	51,617	1.020000 \$	1,032.00
9898	EXPERIENCE MODIFICATION	53,217	1.110000 \$	5,854.00
0063	PREMIUM DISCOUNT	59,071	0.109000 \$	-6,439.00
0900	EXPENSE CONSTANT		\$	260.00
9740	TERRORISM	875,200	0.051000 \$	446.00
	STATE TOTAL		\$	53,338.00

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number:	100 0003868		
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724	

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
WASHINGTON				
UNIT: 00015 ADDRESS: NO FIXED LOCATION PERIOD: 09/23/2021 TO 09/23/2022				
9139	STOP GAP EMPLOYERS LIABILITY	0	FLAT \$	63.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	63	0.028000 \$	2.00
STATE TOTAL			\$	65.00

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number:	100 0003868		
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724	

EXTENSION OF INFORMATION PAGE
CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per 100 of Remuneration	Estimated Annual Premium
WYOMING				
UNIT: 00016 ADDRESS: 308 SOUTHWEST DRIVE				
PERIOD: 09/23/2021 TO 09/23/2022				
9139	STOP GAP EMPLOYERS LIABILITY	0	FLAT	\$ 63.00
9812	INCREASED LIMITS OF EMPLOYERS LIABILITY	63	0.028000	\$ 2.00
STATE TOTAL				\$ 65.00
POLICY TOTAL				\$ 1,233,788.00

Policy Number:	100 0003868
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC
Agent:	LOCKTON COMPANIES, LLC 0002724

NAMED INSURED SCHEDULE

Loc
Nbr

00001
NAMED INSURED
HOSPITAL COURIERS CORPORATION
7200 S ALTON WAY STE A360
CENTENNIAL CO 80112
FEIN: 203935156
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00002
NAMED INSURED
HOSPITAL COURIERS NEVADA, LLC
3363 PEGASUS DR
BAKERSFIELD CA 93308
FEIN: 364783266
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00004
NAMED INSURED
HOSPITAL COURIERS KANSAS CITY, LLC
129 NEW CAMELIA BLVD.
COVINGTON LA 70433
FEIN: 263512654
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00006
NAMED INSURED
HOSPITAL COURIERS NEVADA, LLC
6283 S. VALLEY VIEW BLVD.
LAS VEGAS NV 86118
FEIN: 364783266
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00008
NAMED INSURED
HOSPITAL COURIERS SALT LAKE CITY, LLC
1120 SPORTS PLEX DRIVE
KAYSVILLE UT 84037
FEIN: 204902565
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

Loc
Nbr

00001
NAMED INSURED
HOSPITAL COURIERS, LLC
7200 S ALTON WAY STE A360
CENTENNIAL CO 80112
FEIN: 474929823
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00003
NAMED INSURED
HOSPITAL COURIERS KANSAS CITY, LLC
10421 W. 79TH STREET
SHAWNEE KS 66209
FEIN: 263512654
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00005
NAMED INSURED
HOSPITAL COURIERS KANSAS CITY, LLC
2316 E. MEYER BLVD.
KANSAS CITY MO 64132
FEIN: 263512654
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00007
NAMED INSURED
HOSPITAL COURIERS AUSTIN, LLC
6448 HWY 290 EAST
AUSTIN TX 78723
FEIN: 262525858
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00011
NAMED INSURED
HOSPITAL COURIERS VIRGINIA, LLC
9327 MIDLOTHIAN TURNPIKE
RICHMOND VA 23235
FEIN: 821177404
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

Policy Number:	100 0003868
Named Insured:	HOSPITAL COURIERS HOLDINGS, LLC
Agent:	LOCKTON COMPANIES, LLC 0002724

NAMED INSURED SCHEDULE

Loc
Nbr

00018
NAMED INSURED
HOSPITAL COURIERS NEVADA, LLC
1401 MARINA WAY SOUTH
RICHMOND CA 94804
FEIN: 364783266
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00020
NAMED INSURED
HOSPITAL COURIERS NEVADA, LLC
4025 N. FRESNO ST
FRESNO CA 93726
FEIN: 364783266
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00022
NAMED INSURED
HOSPITAL COURIERS DENVER, LLC
3105 N. CASCADE AVENUE
COLORADO SPRINGS CO 80907
FEIN: 263512717
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00024
NAMED INSURED
HOSPITAL COURIERS HOUSTON, LLC
12620 WEST AIRPORT BOULEVARD
SUGARLAND TX 77478
FEIN: 263512574
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00026
NAMED INSURED
HOSPITAL COURIERS SAN ANTONIO, LLC
5919 W. CAMPUS DR.
SAN ANTONIO TX 78247
FEIN: 800854815
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

Loc
Nbr

00019
NAMED INSURED
HOSPITAL COURIERS NEVADA, LLC
2500 MARCONI AVENUE
SACRAMENTO CA 95821
FEIN: 364783266
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00021
NAMED INSURED
HOSPITAL COURIERS DENVER, LLC
3825 E. MULLBERRY STREET
FORT COLLINS CO 80524
FEIN: 263512717
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00023
NAMED INSURED
HOSPITAL COURIERS DENVER, LLC
3251 REVERE STREET
AURORA CO 80011
FEIN: 263512717
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00025
NAMED INSURED
HOSPITAL COURIERS DALLAS, LLC
631 SOUTHWESTERN BLVD
CORPELL TX 75019
FEIN: 204163048
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

00027
NAMED INSURED
HOSPITAL COURIERS HOUSTON, LLC
13725 NORTHWEST BLVD
CORPUS CHRISTI TX 78410
FEIN: 263512574
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

**Workers Compensation and Employers Liability
 Insurance Policy**

Policy Number: 100 0003868		
Named Insured: HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724

NAMED INSURED SCHEDULE

Loc
 Nbr

Loc
 Nbr

00028
NAMED INSURED
 HOSPITAL COURIERS DENVER, LLC
 4520 FLORENCE ST.
 DENVER CO 80238
FEIN: 263512717
UNEMPLOYMENT ID#
EFFECTIVE: 09/23/2021
EXPIRATION: 09/23/2022

Policy Number: 100 0003868		
Named Insured: HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724

ADDITIONAL LOCATION SCHEDULE

Loc Nbr	Name & Address
00002	HOSPITAL COURIERS HOLDINGS, LLC 3363 PEGASUS DR BAKERSFIELD CA 93308
00019	HOSPITAL COURIERS HOLDINGS, LLC 2500 MARCONI AVENUE SACRAMENTO CA 95821
00001	HOSPITAL COURIERS HOLDINGS, LLC 7200 S ALTON WAY STE A360 CENTENNIAL CO 80112
00022	HOSPITAL COURIERS HOLDINGS, LLC 3105 N. CASCADE AVENUE COLORADO SPRINGS CO 80907
00028	HOSPITAL COURIERS HOLDINGS, LLC 4520 FLORENCE ST. DENVER CO 80238
00017	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION NO FIXED CITY CT 99999
00004	HOSPITAL COURIERS HOLDINGS, LLC 129 NEW CAMELIA BLVD. COVINGTON LA 70433

Loc Nbr	Name & Address
00018	HOSPITAL COURIERS HOLDINGS, LLC 1401 MARINA WAY SOUTH RICHMOND CA 94804
00020	HOSPITAL COURIERS HOLDINGS, LLC 4025 N. FRESNO ST FRESNO CA 93726
00021	HOSPITAL COURIERS HOLDINGS, LLC 3825 E. MULLBERRY STREET FORT COLLINS CO 80524
00023	HOSPITAL COURIERS HOLDINGS, LLC 3251 REVERE STREET AURORA CO 80011
00029	HOSPITAL COURIERS HOLDINGS, LLC 107 W. 29TH STREET LOVELAND CO 80538
00003	HOSPITAL COURIERS HOLDINGS, LLC 10421 W. 79TH STREET SHAWNEE KS 66209
00010	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION NO FIXED CITY MN 99999

Policy Number: 100 0003868		
Named Insured: HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724

ADDITIONAL LOCATION SCHEDULE

Loc Nbr	Name & Address
00005	HOSPITAL COURIERS HOLDINGS, LLC 2316 E. MEYER BLVD. KANSAS CITY MO 64132
00013	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION NO FIXED CITY ND 99999
00009	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION NO FIXED CITY OR 99999
00012	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION BOX ELDER SD 57701
00024	HOSPITAL COURIERS HOLDINGS, LLC 12620 WEST AIRPORT BOULEVARD SUGARLAND TX 77478
00026	HOSPITAL COURIERS HOLDINGS, LLC 5919 W. CAMPUS DR. SAN ANTONIO TX 78247
00031	HOSPITAL COURIERS, LLC 10125 GATEWAY WEST BOULEVARD EL PASO TX 79925

Loc Nbr	Name & Address
00006	HOSPITAL COURIERS HOLDINGS, LLC 6283 S. VALLEY VIEW BLVD. LAS VEGAS NV 86118
00014	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION NO FIXED CITY OH 99999
00030	HOSPITAL COURIERS, LLC 105 CENTRAL AVENUE GOOSE CREEK SC 29445
00007	HOSPITAL COURIERS HOLDINGS, LLC 6448 HWY 290 EAST AUSTIN TX 78723
00025	HOSPITAL COURIERS HOLDINGS, LLC 631 SOUTHWESTERN BLVD COPELL TX 75019
00027	HOSPITAL COURIERS HOLDINGS, LLC 13725 NORTHWEST BLVD CORPUS CHRISTI TX 78410
00008	HOSPITAL COURIERS HOLDINGS, LLC 1120 SPORTS PLEX DRIVE KAYSVILLE UT 84037

Policy Number: 100 0003868		
Named Insured: HOSPITAL COURIERS HOLDINGS, LLC		
Agent:	LOCKTON COMPANIES, LLC	0002724

ADDITIONAL LOCATION SCHEDULE

Loc Nbr	Name & Address
00011	HOSPITAL COURIERS HOLDINGS, LLC 9327 MIDLOTHIAN TURNPIKE RICHMOND VA 23235
00016	HOSPITAL COURIERS HOLDINGS, LLC 308 SOUTHWEST DRIVE CHEYEBNNE WY 82007

Loc Nbr	Name & Address
00015	HOSPITAL COURIERS HOLDINGS, LLC NO FIXED LOCATION NO FIXED CITY WA 99999

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
US	WC000000C	1/15	WC & EL POLICY
CA	WC000115	1/20	NT EN PNDG LAW CHG TRIPRA 2015
CA	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
CA	WC000404	4/84	PENDING RATE CHANGE ENDT
CA	WC000406A	7/95	PREMIUM DISCOUNT ENDT
CA	WC000419	1/01	PREMIUM DUE DATE ENDT
CA	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
CA	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
CA	WC040301D	2/18	POLICY AMENDATORY ENDORSEMENT
CA	WC040304	1/85	CA SOLE PROPRIETOR ENDT
CA	WC040305	1/85	CA VOLUNTARY COMPENSATION
CA	WC040306	4/84	CA WAIVER OF OUR RIGHT TO REC
CA	WC040310	1/95	CA DUTY TO DEFEND
CA	WC040421	1/08	CA OPTIONAL PREMIUM INCREASE
CA	WC040422	1/12	CA SHORT-RATE CANCELATION ENDT
CA	WC040601A	12/93	CA CANCELLATION ENDT
CA	WC040604	9/20	COVID-19 REPORTING REQ EN - CA
CA	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
CA	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
CO	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
CO	WC000310	4/84	SOLE PROPRIETORS PARTNERS
CO	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
CO	WC000313	4/84	WAIVER OF OUR RIGHT TO RECOVER
CO	WC000404	4/84	PENDING RATE CHANGE ENDT
CO	WC000406	8/84	PREMIUM DISCOUNT ENDT
CO	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
CO	WC000419	1/01	PREMIUM DUE DATE ENDT
CO	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
CO	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
CO	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
CO	WC000425	5/17	EXPER RATING MOD FACTOR REV
CO	WC050402	11/90	CLASSIFICATION ENDT
CO	WC050403	3/93	PREM CREDIT FOR CERTIFIED RISK
CO	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
CO	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
CT	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
CT	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
CT	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
CT	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
CT	WC000404	4/84	PENDING RATE CHANGE ENDT
CT	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
CT	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
CT	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
CT	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
CT	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
CT	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END
CT	WC000425	5/17	EXPER RATING MOD FACTOR REV
CT	WC060301	4/84	CT APP OF WC INSURANCE ENDT
CT	WC060303C	7/11	CT WC FUNDS COVERAGE ENDT
CT	WC060601A	10/17	CT NONRENEWAL & RENEWAL ENDT
KS	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
KS	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
KS	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
KS	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
KS	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
KS	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
KS	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
KS	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
KS	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
KS	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
KS	WC000425	5/17	EXPER RATING MOD FACTOR REV
KS	WC150401A	1/10	KS FINAL PREMIUM ENDT
KS	WC150601A	1/87	KS CANC/NON-RNL ENDT
KS	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
KS	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
LA	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
LA	WC000310	4/84	SOLE PROPRIETORS PARTNERS
LA	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
LA	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
LA	WC000404	4/84	PENDING RATE CHANGE ENDT
LA	WC000406	8/84	PREMIUM DISCOUNT ENDT
LA	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
LA	WC000419	1/01	PREMIUM DUE DATE ENDT
LA	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
LA	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
LA	WC000425	5/17	EXPER RATING MOD FACTOR REV
LA	WC170303	12/00	DUTY TO DEFEND ENDT
LA	WC170601J	8/18	LA AMENDATORY ENDT
LA	WC170602A	2/96	COST CONTAINMENT ACT
LA	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
LA	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
MN	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
MN	WC000310	4/84	SOLE PROPRIETORS PARTNERS
MN	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
MN	WC000313	4/84	WAIVER OF OUR RIGHT TO RECOVER
MN	WC000406A	7/95	PREMIUM DISCOUNT ENDT
MN	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
MN	WC000419	1/01	PREMIUM DUE DATE ENDT
MN	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
MN	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
MN	WC000425	5/17	EXPER RATING MOD FACTOR REV
MN	WC220000A	11/03	AMENDATORY ENDT
MN	WC220601D	8/06	MN CANCELLATION & NONRENEWL EN
MN	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
MN	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
MO	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
MO	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
MO	WC000311A	8/91	VOLUNTARY COMP ENDT
MO	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
MO	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
MO	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
MO	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
MO	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
MO	WC000425	5/17	EXPER RATING MOD FACTOR REV
MO	WC240302	1/14	MO NOTIF OF ADDNL M B ENDT.
MO	WC240601B	1/96	MO CANC/NRN ENDT
MO	WC240602B	7/06	MO PROP & CAS GUARANTY ASSOC
MO	WC240604C	9/19	MO AMENDATORY ENDORSEMENT
MO	WC990605MO	7/12	MO ADVANCED NOTICE OF CANCELLA
MO	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
NV	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
NV	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
NV	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
NV	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
NV	WC000406A	7/95	PREMIUM DISCOUNT ENDORSEMENT
NV	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
NV	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
NV	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
NV	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
NV	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
NV	WC000425	5/17	EXPER RATING MOD FACTOR REV
NV	WC270601C	10/08	NV CANCELTION/NONRENEWAL ENDT
NV	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
NV	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
ND	WC000303C	10/04	STOP GAP EMPLOYER'S LIABILITY
ND	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
ND	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
ND	WC990636	2/18	ND AMEND END EMP LIABILITY COV
OH	WC340301C	3/10	STOP GAP EMPLOYER'S LIABILITY
OH	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
OH	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
OR	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
OR	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
OR	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
OR	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
OR	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
OR	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
OR	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
OR	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
OR	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END
OR	WC000425	5/17	EXPER RATING MOD FACTOR REV
OR	WC360406	10/01	OR PREMIUM DUE DATE ENDMNT
OR	WC360601E	1/08	OR CANCELTATION ENDMNT
OR	WC360604	1/17	Oregon Amendatory Endorsement
OR	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
OR	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
SC	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
SC	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
SC	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
SC	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
SC	WC000404	4/84	PENDING RATE CHANGE ENDT
SC	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
SC	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
SC	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
SC	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
SC	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
SC	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END
SC	WC000425	5/17	EXPER RATING MOD FACTOR REV
SC	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
SC	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
SD	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
SD	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
SD	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
SD	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
SD	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
SD	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
SD	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
SD	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
SD	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
SD	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END
SD	WC000425	5/17	EXPER RATING MOD FACTOR REV
SD	WC400601A	7/11	SD DIRECT ACTION STATUTE
SD	WC400603	1/94	SD MANAGED CARE ENDMNT
SD	WC400605B	4/06	SD CANCELLATION AND NONRENEW
SD	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
SD	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
TX	WC000301	4/84	ALTERNATE EMPLOYER ENDT
TX	WC000311A	8/91	VOL COMP & EL COV END
TX	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
TX	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
TX	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
TX	WC000425	5/17	EXPER RATING MOD FACTOR REV
TX	WC420301J	6/20	TX AMENDATORY ENDORSEMENT
TX	WC420304B	6/14	TX WAIVER OF RIGHT TO RECOVER
TX	WC420310	1/97	TX SOLE PROP PARTNERS ENDT
TX	WC990626	9/17	ADVANCED NOTICE OF CANCELLATIO
UT	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
UT	WC000310	4/84	SOLE PROPRIETORS, PARTNERS
UT	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
UT	WC000404	4/84	PENDING RATE CHANGE ENDT
UT	WC000406	8/84	PREMIUM DISCOUNT ENDORSEMENT
UT	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
UT	WC000419	1/01	PREMIUM DUE DATE ENDORSEMENT
UT	WC000421E	1/21	CATASTROPHE (O/T C.A.T.)PRM EN
UT	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END
UT	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END
UT	WC000425	5/17	EXPER RATING MOD FACTOR REV
UT	WC430305	7/00	UT WAIVER OF SUBROGATION
UT	WC430602	7/02	UT CANCELLATION ENDORSEMENT
UT	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
UT	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
VA	WC000301A	2/89	ALTERNATE EMPLOYER ENDT
VA	WC000310	4/84	SOLE PROPRIETORS PARTNERS
VA	WC000311A	8/91	VOLUNTARY COMP & EL ENDT
VA	WC000313	4/84	WAIVER OF RIGHTS TO RECOVER
VA	WC000404	4/84	PENDING RATE CHANGE ENDT
VA	WC000406	8/84	PREMIUM DISCOUNT ENDT
VA	WC000414A	1/19	NOTIFICATION OF CHG IN OWNER
VA	WC000419	1/01	PREMIUM DUE DATE ENDT
VA	WC000422C	1/21	TERR RISK INS REAUTHZ DISC END

Policy Number: 100 0003868

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

Agent: LOCKTON COMPANIES, LLC 0002724

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
VA	WC000424	1/17	AUDIT NONCOMPLIANCE CHARGE END
VA	WC000425	5/17	EXPER RATING MOD FACTOR REV
VA	WC450602	7/93	AMENDATORY ENDT
VA	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
VA	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
WA	WC000303C	10/04	STOP GAP EMPLOYER'S LIABILITY
WA	WC000404	4/84	PENDING RATE CHANGE ENDT
WA	WC990605WA	5/12	WA ADVANCED NOTICE OF CANCELLA
WA	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT
WY	WC000303C	10/04	STOP GAP EMPLOYER'S LIABILITY
WY	WC000404	4/84	PENDING RATE CHANGE ENDT
WY	WC990605	5/12	ADVANCED NOTICE OF CANCELLATIO
WY	WC990606	5/12	KNOWLEDGE OF OCCURRENCE ENDT

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 1-15)

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments

to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury claim,

- proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
 5. Do nothing after an injury occurs that would interfere with our right to recover from others.
 6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

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.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

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

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect

(Ed. 1-15)

your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or

deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

**NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2015**

This endorsement is being attached to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA), as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA 2015, in whole or in part, TRIPRA 2015 is scheduled to expire on December 31, 2020.

Since the timetable for any further Congressional action regarding TRIPRA 2015 is presently unknown, and exposure to acts of terrorism remains, we are providing policyholders with relevant information concerning their workers compensation policies in the event of the TRIPRA 2015's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism, including workers compensation benefit obligations dictated by state law, except in Pennsylvania, where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage that your policy provides for terrorism losses is shown in Item 4 of the policy Information Page or the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B) Schedule that is attached to your policy. This amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2020, in the event of TRIPRA 2015's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.

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: _____

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. 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. 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.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to 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:
Insured:

Policy No.:

Endorsement No.
Premium:

Insurance Company:

Countersigned by: _____

Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 C), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (Other Than Certified Acts of Terrorism):** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of the Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that 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.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule		
State	Rate	Premium
CALIFORNIA	0.022000	\$1,104.00
COLORADO	0.015000	\$269.00
CONNECTICUT	0.010000	\$12.00
KANSAS	0.015000	\$83.00
LOUISIANA	0.017000	\$0.00
NEVADA	0.015000	\$11.00
OREGON	0.017000	\$0.00
SOUTH CAROLINA	0.015000	\$53.00
SOUTH DAKOTA	0.017000	\$0.00
UTAH	0.015000	\$62.00

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 _____

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 2019. 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 2019.

“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, 2021, and ending on December 31, 2027, 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 occurring in any calendar year exceed \$200,000,000, 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.

(Ed. 01-2021)

Schedule		
State	Rate	Premium
CALIFORNIA	0.043000	\$2,159.00
COLORADO	0.007000	\$125.00
CONNECTICUT	0.040000	\$47.00
KANSAS	0.008000	\$44.00
LOUISIANA	0.009000	\$0.00
MINNESOTA	0.020000	\$0.00
MISSOURI	0.008000	\$56.00
NEVADA	0.061000	\$46.00
OREGON	0.008000	\$0.00
SOUTH CAROLINA	0.008000	\$28.00
SOUTH DAKOTA	0.009000	\$0.00
TEXAS	0.024000	\$746.00
UTAH	0.007000	\$29.00
VIRGINIA	0.051000	\$446.00

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 _____

WC 00 04 22 C
(Ed. 01-2021)

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five—Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

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 requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, 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 result in the cancellation of your insurance coverage, as specified under the policy.

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

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
COLORADO	Estimated Annual Premium	2.00
CONNECTICUT	Estimated Annual Premium	2.00
KANSAS	Estimated Annual Premium	2.00
MINNESOTA	Estimated Annual Premium	2.00
NEVADA	Estimated Annual Premium	1.00
OREGON	Estimated Annual Premium	2.00
SOUTH CAROLINA	Estimated Annual Premium	2.00
SOUTH DAKOTA	Estimated Annual Premium	2.00
UTAH	Estimated Annual Premium	2.00
VIRGINIA	Estimated Annual Premium	2.00

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: _____

WC 00 04 24

(Ed. 1-17)

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:
Insured:

Policy No.:

Endorsement No.
Premium:

Insurance Company:

Countersigned by: _____

POLICY AMENDATORY ENDORSEMENT—CALIFORNIA

It is agreed that, anything in the policy to the contrary notwithstanding, such insurance as is afforded by this policy by reason of the designation of California in Item 3 of the Information Page is subject to the following provisions:

- 1. Minors Illegally Employed – Not Insured.** This policy does not cover liability for additional compensation imposed on you under Section 4557, Division IV, Labor Code of the State of California, by reason of injury to an employee under sixteen years of age and illegally employed at the time of injury.
- 2. Punitive or Exemplary Damages – Uninsurable.** This policy does not cover punitive or exemplary damages where insurance of liability therefor is prohibited by law or contrary to public policy.
- 3. Increase in Indemnity Payment – Reimbursement.** You are obligated to reimburse us for the amount of increase in indemnity payments made pursuant to Subdivision (d) of Section 4650 of the California Labor Code, if the late indemnity payment which gives rise to the increase in the amount of payment is due less than seven (7) days after we receive the completed claim form from you. You are obligated to reimburse us for any increase in indemnity payments not covered under this policy and will reimburse us for any increase in indemnity payment not covered under the policy when the aggregate total amount of the reimbursement payments paid in a policy year exceeds one hundred dollars (\$100).

If we notify you in writing, within 30 days of the payment, that you are obligated to reimburse us, we will bill you for the amount of increase in indemnity payment and collect it no later than the final audit. You will have 60 days, following notice of the obligation to reimburse, to appeal the decision of the insurer to the Department of Insurance.

- 4. Application of Policy.** Part One, "Workers Compensation Insurance", A, "How This Insurance Applies", is amended to read as follows:

This workers compensation insurance applies to bodily injury by accident or disease, including death resulting therefrom. Bodily injury by accident must occur during the policy period. Bodily injury by disease must be caused or aggravated by the conditions of your employment. Your employee's exposure to those conditions causing or aggravating such bodily injury by disease must occur during the policy period.

- 5. Rate Changes.** The premium and rates with respect to the insurance provided by this policy by reason of the designation of California in Item 3 of the Information Page are subject to change if ordered by the Insurance Commissioner of the State of California pursuant to Section 11737 of the California Insurance Code.
- 6. Long Term Policy.** If this policy is written for a period longer than one year, all the provisions of this policy shall apply separately to each consecutive twelve-month period or, if the first or last consecutive period is less than twelve months, to such period of less than twelve months, in the same manner as if a separate policy had been written for each consecutive period.
- 7. Statutory Provision.** Your employee has a first lien upon any amount which becomes owing to you by us on account of this policy, and in the case of your legal incapacity or inability to receive the money and pay it to the claimant, we will pay it directly to the claimant.
- 8.** Part Five, "Premium", E, "Final Premium", is amended to read as follows:

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

- a. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
- b. If you cancel, final premium may be more than pro rata; it will be based on the time this policy was in force, and may be increased by our short-rate cancellation table and procedure. Final premium will not be less than the pro rata share of the minimum premium.

It is further agreed that this policy, including all endorsements forming a part thereof, constitutes the entire contract of insurance. No condition, provision, agreement, or understanding not set forth in this policy or such endorsements shall affect such contract or any rights, duties, or privileges arising therefrom.

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:

Insurance Company:

Countersigned by: _____

OPTIONAL PREMIUM INCREASE ENDORSEMENT - CALIFORNIA

You must provide us, or our authorized representative, access to records necessary to perform a payroll verification audit. If you fail to provide access within 90 days after expiration of the policy, you are liable to pay a total premium equal to 3 times our current estimate of the annual premium for your policy. In addition, if you fail to provide access after our third request within a 90 day or longer period, you are also liable for our costs in attempting to perform the audit unless you provide a compelling business reason for your failure.

We will contact you to schedule appointments during normal business hours.

We will notify you of your failure to provide access by mailing a certified, return-receipt document stating the increased premium and the total amount of our costs incurred in our attempt(s) to perform an audit. In addition to any other obligations under this contract, 30 days after you receive the notification, you will be obligated to pay the total premium and costs referenced above. If, thereafter, you provide access to your records within three years after the policy expires, or within another mutually agreed upon time, and we succeed in performing the audit to our satisfaction, we will revise your total premium and the costs due to reflect the results of the audit.

Note:

1. This endorsement is pursuant to California Insurance Code section 11760.1, effective January 1, 2008.
2. This endorsement applies only to audits conducted, or attempted, on or after January 1, 2008.

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: _____

COVID-19 REPORTING REQUIREMENT ENDORSEMENT – CALIFORNIA

In addition to the requirements under Part 4, "Your Duties if Injury Occurs" of your policy, if you have five or more employees and an employee that is not described in California Labor Code section 3212.87 tests positive for COVID-19, you are required to report the following information as provided below.

Reporting COVID-19 Positive Tests from July 6, 2020 to September 17, 2020

Pursuant to California Labor Code Section 3212.88(k)(2), if you are aware of an employee testing positive for COVID-19 on or after July 6, 2020 and prior to September 17, 2020, you must report to your claims administrator in writing via electronic mail or facsimile within 30 business days of September 17, 2020, all of the following:

- (1) An employee has tested positive. For purposes of this reporting, do not provide any personally identifiable information regarding the employee who tested positive for COVID-19 unless the employee asserts the infection is work related or has filed a claim form pursuant to California Labor Code Section 5401.
- (2) The date that the employee tests positive, which is the date the specimen was collected for testing.
- (3) The specific address or addresses of the employee's specific place of employment during the 14-day period preceding the date of the employee's positive test.
- (4) The highest number of employees who reported to work at each of the employee's specific places of employment on any given work day between July 6, 2020 and September 17, 2020.

Reporting COVID-19 Positive Tests from September 17, 2020 to January 1, 2023

Pursuant to California Labor Code Section 3212.88(i), when you know, or reasonably should know, that an employee has tested positive for COVID-19 between September 17, 2020 and January 1, 2023, you must report to your claims administrator in writing via electronic mail or facsimile within 3 business days all of the following:

- (1) An employee has tested positive. For purposes of this reporting, do not provide any personally identifiable information regarding the employee who tested positive for COVID-19 unless the employee asserts the infection is work related or has filed a claim form pursuant to California Labor Code Section 5401.
- (2) The date that the employee tests positive, which is the date the specimen was collected for testing.
- (3) The specific address or addresses of the employee's specific place of employment during the 14-day period preceding the date of the employee's positive test.
- (4) The highest number of employees who reported to work at the employee's specific place of employment in the 45-day period preceding the last day the employee worked at each specific place of employment.

Labor Code Section 3212.88(j) states that the intentional submission of false or misleading information or the failure to report the above information as required may subject you to a civil penalty in the amount of up to \$10,000 to be assessed by the Labor Commissioner.

For the purposes of these reporting requirements, California Labor Code Section 3212.88(m) provides the following:

- (1) "COVID-19" means the 2019 novel coronavirus disease.
- (2) "Test" or "testing" means a PCR (Polymerase Chain Reaction) test approved for use or approved for emergency use by the United States Food and Drug Administration to detect the presence of viral RNA. "Test" or "testing" does not include serologic testing, also known as antibody testing. "Test" or "testing" may include any other viral culture test approved for use or approved for emergency use by the United States Food and Drug Administration to detect the presence of viral RNA which has the same or higher sensitivity and specificity as the PCR Test.

(Ed. 09-20)

- (3) "A specific place of employment" means the building, store, facility, or agricultural field where an employee performs work at the employer's direction. "A specific place of employment" does not include the employee's home or residence, unless the employee provides home health care services to another individual at the employee's home or residence.

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.
Insurance Company

Endorsement No.

Countersigned
By _____

CONNECTICUT NONRENEWAL AND RENEWAL ENDORSEMENT

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

Part Six—Conditions, of the policy is revised by adding the following:

F. Nonrenewal

We may elect not to renew the policy. Unless otherwise provided by Connecticut General Statutes Annotated Section 38a-323, we will provide you at least 60 days' advance notice of our intention not to renew. Advance notice will be provided to you by one of the following methods:

1. Registered mail
2. Certified mail
3. Mail evidenced by a certificate of mailing
4. Delivered to the named insured at the address shown in the policy

Mailing such notice to you at your address, shown in Item 1., of the Information Page, will be deemed sufficient notice under this section.

The notice of intent not to renew will state or be accompanied by a statement specifying the reason for such nonrenewal.

G. Renewal

We may elect to renew the policy. In accordance with Connecticut General Statutes Annotated Section 38a-323, we will provide you at least 60 days' advance notice of our intent to renew if, compared to this policy, the terms or conditions of the renewal policy include any reduction in coverage limits, coverage provisions added or revised that reduce coverage or increases in deductibles.

This conditional renewal notice will be provided to you by one of the following methods:

1. Registered mail
2. Certified mail
3. Mail evidenced by a certificate of mailing
4. Delivered to the named insured at the address shown in the policy

Mailing such notice to you at your address, shown in Item 1., of the Information Page, will be deemed sufficient notice under this section.

This conditional renewal notice will include or be accompanied by a statement clearly identifying any reduction in coverage limits, coverage provisions added or revised that reduce coverage or increases in deductibles, under the renewal 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: _____

LOUISIANA AMENDATORY ENDORSEMENT

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

Part Two—Employers Liability Insurance, Section I. (Actions Against Us) of the policy is replaced by the following:

I. Actions Against Us

You may not bring an action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

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

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way, unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be calculated using one of the following methods as listed in the Schedule of this endorsement:
 - a. Pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium, or
 - b. More than pro rata; it will be based on the time that this policy was in force, and increased by our short-rate cancellation procedure that has been filed with and approved by the commissioner. Final premium will not be less than the minimum premium.

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

G. Audit

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 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, and the maximum dollar amount, is shown in the Schedule of this endorsement.

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 Five—Premium, Section E. (Final Premium) of this policy.

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

Part Six—Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation

[For Home and Community-Based Services (HCBS) providers, refer to Section G. in lieu of Section D. for cancellation provisions.]*

1. If coverage has not been in effect for 60 days and the policy is not a renewal, cancellation will be effected by mailing or delivering a written or electronic (in accordance with the Louisiana Uniform Electronic Transactions Act) notice to you at the mailing address shown on the policy or your last address of record at least 60 days before the cancellation effective date, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium will be mailed or delivered at least 10 days before the effective date of cancellation.

After coverage has been in effect for more than 60 days or after the effective date of a renewal policy, we will not cancel the policy unless the cancellation is based on at least one of the following reasons:

- a. Nonpayment of premium
 - b. Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or in presenting a claim under the policy
 - c. Activities or omissions on your part which change or increase any hazard insured against, including a failure to comply with loss control recommendations
 - d. Change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision
 - e. Determination by the commissioner of insurance that continuing the policy would jeopardize your solvency or would place us in violation of the insurance laws of this state or any other state
 - f. Violation or breach by the insured of any policy terms or conditions
 - g. Such other reasons that are approved by the commissioner of insurance
2. The insurer is required to provide notification of cancellation as follows:
- a. A notice of cancellation of insurance coverage by us will be in writing or by electronic means and will be mailed or delivered to you at the mailing address shown on the policy or your last address of record. Notices of cancellation based on conditions 1.b. through 1.g. of Section D-1 will be mailed or delivered at least 30 days before the effective date of the cancellation; notices of cancellations based on condition 1.a of Section D-1 will be mailed or delivered at least 10 days before the effective date of cancellation. The notice will state the effective date of the cancellation.
 - b. We will provide you with a written or electronic statement specifying the reason for the cancellation when you request such a statement in writing. Your written or electronic request must state that you hold us harmless from liability for any communication:
 - (1) Giving notice of or specifying the reasons for a cancellation, or
 - (2) For any statement made in connection with an attempt to discover or verify the existence of conditions that would be a reason for cancellation under this endorsement
3. We will provide a notice of cancellation or a statement of reasons for cancellation where cancellation for nonpayment of premium is effected by a premium finance company or other entity pursuant to a power of attorney or other agreement executed by or on behalf of you.
4. We may decide not to renew your policy. If we decide not to renew your policy, we will mail or deliver written or electronic notice to you at the mailing address shown on the policy or the last address of record. Such notice of nonrenewal will be mailed or delivered at least 60 days before the policy expiration date. Such notice to you will include your loss run information for the period the policy has been in force within, but not to exceed, the last three years of coverage. If the notice is mailed or delivered less than 60 days before expiration, coverage will remain in effect under the same terms and conditions until 60 days after notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the expiration date will be considered pro rata based on the previous year's rate. For purposes of this endorsement, the transfer of a policyholder between companies within the same insurance group will not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage will not be refusals to renew.
5. Notice of nonrenewal will not be required if we or a company within the same insurance group has offered to issue a renewal policy, or where you have obtained replacement coverage or have agreed in writing to obtain replacement coverage.
6. If we provide the notice described in paragraph 4 above and thereafter we extend the policy for 90 days or less, an additional notice of nonrenewal is not required with respect to the extension.
7. We must mail or deliver to you at the mailing address shown on the policy or your last address of record, written or electronic notice of any rate increase, change in deductible, or reduction in limits or coverage at least 30 days before the expiration date of the policy. If we fail to provide such 30-day notice, the coverage provided to you at the expiring policy's rate, terms, and conditions will remain in effect until notice is given or until the effective date of replacement coverage obtained by you, whichever occurs first.

For the purposes of this paragraph, notice is considered given 30 days following the date of mailing or delivery of the notice. If you elect not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower of the current or previous year's rate. If you accept the renewal, the premium increase, if any, and other changes will be effective the day following the prior policy's expiration date.

8. Paragraph 7 does not apply to changes:

- a. In a rate or plan filed with the commissioner of insurance and applicable to an entire class of business
- b. Based on the altered nature or extent of the risk insured
- c. In policy forms filed and approved with the commissioner and applicable to an entire class of business
- d. Requested by the insured

9. Proof of mailing of notice of cancellation, or of nonrenewal or of premium or coverage changes, to the named insured at the address shown in the policy, will be sufficient proof of notice.

Part Six—Conditions of the policy is revised by adding the following provision:

F. Your Right to Remove Agent

We will not change or remove the agent of record who wrote this policy prior to the termination or renewal of this policy unless you request the change or removal. If you request the change or removal of the agent, we will notify the agent in writing 10 calendar days in advance of the change or removal.

Schedule

1. If you cancel, final premium for this policy will be calculated: _____ pro rata, or X more than pro rata

2. Basis of Audit

Noncompliance Charge \$250.00

Maximum Audit

Noncompliance Charge
Multiplier 2.00

Maximum Audit

Noncompliance Charge
\$ Amount \$500.00

[Part Six—Conditions, Section D. (Cancellation) of the policy is replaced for Home and Community-Based Services (HCBS) providers by adding Part Six—Conditions, Section G. The following cancellation provisions are to be used when the policy provides coverage to an HCBS provider and are intended to comply with Chapter 50 of the Louisiana Administrative Code, Title 48, Part I, Sections 5007, 5014, and 5015:

G. Cancellation—Home and Community-Based Services (HCBS) Providers

1. If coverage has not been in effect for 60 days and the policy is not a renewal, cancellation will be effected by mailing or delivering a written or electronic (in accordance with the Louisiana Uniform Electronic Transactions Act) notice to you and the certificate holder (LDH Health Standards Section) at the mailing address shown on the policy or your last address of record 60 days before any cancellation or change of coverage, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium will be mailed or delivered 30 days before the effective date of cancellation. After coverage has been in effect for more than 60 days or after the effective date of a renewal policy, we will not cancel the policy unless the cancellation is based on at least one of the following reasons:

- a. Nonpayment of premium
 - b. Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or in presenting a claim under the policy
 - c. Activities or omissions on your part that change or increase any hazard insured against, including a failure to comply with loss control recommendations
 - d. Change in the risk that increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision
 - e. Determination by the commissioner of insurance that continuing the policy would jeopardize your solvency or would place us in violation of the insurance laws of this state or any other state
 - f. Violation or breach by the insured of any policy terms or conditions
 - g. Such other reasons that are approved by the commissioner of insurance
2. The insurer is required to provide notification of cancellation as follows:
- a. A notice of cancellation of insurance coverage by us will be in writing or by electronic means and will be mailed or delivered to you and the certificate holder (LDH Health Standards Section) at the mailing address shown on the policy or your last address of record. Notices of cancellation based on conditions 1.a. through 1.g. of Section G-1 will be mailed or delivered 30 days before the effective date of the cancellation. The notice will state the effective date of the cancellation.
 - b. We will provide you and the certificate holder (LDH Health Standards Section) with a written or electronic statement specifying the reason for the cancellation when you request such a statement in writing. Your written or electronic request must state that you hold us harmless from liability for any communication:
 - (1) Giving notice of or specifying the reasons for a cancellation, or
 - (2) For any statement made in connection with an attempt to discover or verify the existence of conditions that would be a reason for cancellation under this endorsement
3. We will provide a notice of cancellation or a statement of reasons for cancellation to you and the certificate holder (LDH Health Standards Section) where cancellation for nonpayment of premium is effected by a premium finance company or other entity pursuant to a power of attorney or other agreement executed by or on behalf of you.
4. We may decide not to renew your policy. If we decide not to renew your policy, we will mail or deliver written or electronic notice to you at the mailing address shown on the policy or your last address of record. Such notice of nonrenewal will be mailed or delivered at least 60 days before the policy expiration date. Such notice to you will include your loss-run information for the period the policy has been in force within, but not to exceed, the last three years of coverage. If the notice is mailed or delivered less than 60 days before expiration, coverage will remain in effect under the same terms and conditions until 60 days after the notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the policy expiration date will be considered pro rata based on the previous year's rate. For purposes of this endorsement, the transfer of a policyholder between companies within the same insurance group will not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage will not be refusals to renew.
5. Notice of nonrenewal will not be required if we or a company within the same insurance group has offered to issue a renewal policy, or where you have obtained replacement coverage or have agreed in writing to obtain replacement coverage.
6. If we provide the notice described in paragraph 4 above, and thereafter we extend the policy for 90 days or less, an additional notice of nonrenewal is not required with respect to the extension.
7. We must mail or deliver to you and the certificate holder (LDH Health Standards Section) at the mailing address shown on the policy or the last address of record, written or electronic notice of any rate increase, change in deductible, or reduction in limits or coverage 30 days before the expiration date of the policy. If we fail to provide such 30-day notice, the coverage provided to you at the expiring policy's rate, terms, and conditions will remain in effect until notice is given or until the effective date of replacement coverage obtained by you, whichever occurs first. For the purposes of this paragraph, notice is considered given 30 days following the date of mailing or delivery of the notice. If you elect not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower of the current or previous year's rate. If you accept the renewal, the premium increase, if any, and other changes will be effective the day following the prior policy's expiration date.

8. Paragraph 7 does not apply to changes:
- a. In a rate or plan filed with the commissioner of insurance and applicable to an entire class of business
 - b. Based on the altered nature or extent of the risk insured
 - c. In policy forms filed and approved with the commissioner and applicable to an entire class of business
 - d. Requested by the insured
9. Proof of mailing or delivery of notice of cancellation, or of nonrenewal, or of premium or coverage changes to the named insured and the certificate holder (LDH Health Standards Section) where applicable at the mailing address shown in the policy or at the last address of record, will be sufficient proof of notice.]*
- * Use of bracketed [] provisions above indicates language only applicable to specified policies, and such bracketed language only needs to appear for the applicable policies.

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: _____

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:

Policy No.:

Endorsement No.:

Insured:

Premium:

Insurance Company:

Countersigned by: _____

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 of your records relating to this policy during regular business hours throughout and after the policy period. 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 that we have under this provision.

Audits must be completed and billed, and any premiums will be returned, within 120 days of policy expiration or cancellation unless:

1. Delay is caused by your failure to respond to reasonable audit requests, provided that the requests are timely and adequately documented; or
2. A written agreement between you and us provides a longer time frame.

If you or we have any objection to the results of any audit, you or we may send a written notice demanding a reconsideration of the audit within three years from the date of expiration or cancellation of this policy. The written notice must 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 relating 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
Noncompliance Charge

Maximum Audit
Noncompliance Charge Multiplier

Estimated Annual Premium

2.00

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: _____

OREGON AMENDATORY ENDORSEMENT

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

Part Two—Employers Liability Insurance, Section C. (Exclusions), Item 5. of the policy is replaced by the following:

5. Any bodily injury intentionally caused or aggravated by you, or that is the result of your engaging in conduct equivalent to an intentional tort, however defined, including as described by ORS 656.156, or other tortious conduct, or conduct or activity as described by ORS 656.018(3), such that you lose your immunity from civil liability under the workers compensation laws of Oregon;

Part Two—Employers Liability Insurance, Section C. (Exclusions) of the policy is revised by adding the following:

13. Any cause of action or remedy arising out of or under ORS 656.019 or ORS 654.305 through ORS 654.336.

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: _____

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(Ed. 01-17)

Texas Amendatory Endorsement

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

GENERAL SECTION**B. Who Is Insured** is amended to read:

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership or joint venture, and if you are one of its partners or members, you are insured, but only in your capacity as an employer of the partnership's or joint venture's employees.

D. State is amended to read:

State means any state or territory of the United States of America, and the District of Columbia.

PART ONE - WORKERS COMPENSATION INSURANCE**E. Other Insurance** is amended by adding this sentence:

This Section only applies if you have other insurance or are self-insured for the same loss.

F. Payments You Must Make

This Section is amended by deleting the words "workers compensation" from number 4.

H. Statutory Provisions

This Section is amended by deleting the words "after an injury occurs" from number 2.

PART TWO - EMPLOYERS LIABILITY INSURANCE**C. Exclusions**

Sections 2 and 3 are amended to add:

This exclusion does not apply unless the violation of law caused or contributed to the bodily injury.

Section 6 is amended to read:

6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada.

This exclusion does not apply to bodily injury to a citizen or resident of the United States of America, Mexico or Canada who is temporarily outside these countries.

D. We Will Defend

This Section is amended by deleting the last sentence.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Number 6 of this part is amended to read:

6. Texas law allows you to make weekly payments to an injured employee in certain instances. Unless authorized by law, do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM**A. Our Manuals** is amended by adding this sentence:

In this part, "our manuals" means manuals approved or prescribed by the Texas Department of Insurance.

C. Remuneration

Number 2 is amended to read:

2. All other persons engaged in work that would make us liable under Part One (Workers Compensation Insurance) of this policy. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured workers compensation insurance.

E. Final Premium

Number 2 is amended to read:

2. If you cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.

PART SIX - CONDITIONS

A. Inspection is amended by adding this sentence:

Your failure to comply with the safety recommendations made as a result of an inspection may cause the policy to be canceled by us.

C. Transfer of Your Rights and Duties is amended to read:

Your rights and duties under this policy may not be transferred without our written consent. If you die, coverage will be provided for your surviving spouse or your legal representative. This applies only with respect to their acting in the capacity as an employer and only for the workplaces listed in Items 1 and 4 on the Information Page.

D. Cancellation is amended to read:

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We may also decline to renew it. We must give you written notice of cancellation or nonrenewal. That notice will be sent certified mail or delivered to you in person. A copy of the written notice will be sent to the Texas Department of Insurance—Division of Workers' Compensation.
3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of:
 - a. Fraud in obtaining coverage;
 - b. Misrepresentation of the amount of payroll for purposes of premium calculation;
 - c. Failure to pay a premium when payment was due;
 - d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;
 - e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.
4. If another insurance company notifies the Texas Department of Insurance-Division of Workers' Compensation that it is insuring you as an employer, such notice must be a cancellation of this policy effective when the other policy starts.

Add the following to the policy:

PART SEVEN - OUR DUTY TO YOU FOR CLAIM NOTIFICATION

A. Claims Notification

We are required to notify you of any claim that is filed against your policy. Thereafter we must notify you of any proposal to settle a claim or, on receipt of a written request from you, of any administrative or judicial proceeding relating to the resolution of a claim, including a benefit review conference conducted by the Texas Department of Insurance-Division of Workers' Compensation. You may, in writing, elect to waive this notification requirement.

We must, on the written request from you, provide you with a list of claims charged against your policy, payments made and reserves established on each claim, and a statement explaining the effect of claims on your premium rates. We must furnish the requested information to you in writing no later than the 30th day after the date we receive your request. The information is considered to be provided on the date the information is received by the United States Postal Service or is personally delivered.

COMPLAINT NOTICE:**DISPUTE RESOLUTION SERVICES****NCCI'S DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS.**

For workers compensation claim disputes, see "CLAIM COMPLAINT" below. For issues related to a violation of law related to your policy, see "VIOLATIONS OF LAW" below.

Important Note: The dispute resolution services provided through the Dispute Resolution Process (Process) of the National Council on Compensation Insurance (NCCI) are **voluntary**. The Process is not an administrative remedy that must be exhausted before you pursue relief in court. Using the Process does not prevent you or the carrier that issued the policy from pursuing any available legal remedies at any time.

NCCI can assist in the resolution of a dispute regarding your policy that is related to any of the following matters:

- The application or interpretation of rules contained in the various NCCI manuals (including, but not limited to, classification codes and experience rating modifications)
- Rating programs
- Endorsements
- Forms

Contact the carrier that issued the policy and attempt to resolve the dispute directly. If you and the carrier cannot agree, then contact NCCI to ask for assistance. NCCI's **Basic Manual** addresses dispute resolution in Appendix G. You may obtain dispute resolution services only after you have made a reasonable attempt to first resolve the dispute directly with the carrier and after you have paid any undisputed premium due to the carrier.

Send your request for assistance by mail to NCCI, Dispute Resolution Services, 901 Peninsula Corporate Circle, Boca Raton, FL 33487-1362; or by fax to 561-893-5043; or by email to regulatoryoperations@ncci.com.

THIS NOTICE OF THE DISPUTE RESOLUTION PROCESS IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.

VIOLATIONS OF LAW:

If you believe there has been a violation of law related to your policy, file a complaint with the Texas Department of Insurance:

Phone: 1-800-252-3439

Online: tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, PO Box 149091, Austin, TX 78714

CLAIM COMPLAINT:

If there is a workers compensation claim complaint involving one of your employees, then contact the Texas Department of Insurance-Division of Workers' Compensation, Compliance and Investigations by mail to 7551 Metro Center Drive, Suite 100, MS-8, Austin, TX 78744; or by fax to 512-490-1030; or by email to DWC-ComplianceReview@tdi.texas.gov.

THIS NOTICE IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF 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:
Insured:

Policy No.:

Endorsement No.:
Premium:

Insurance Company:

Countersigned by: _____

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ☐ Specific Waiver
Name of person or organization

- ☒ Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: All Texas Operations

3. Premium

The premium charge for this endorsement shall be 2.0% of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: See Extension Page

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: _____

STARR INDEMNITY & LIABILITY COMPANY

A MEMBER OF STARR COMPANIES

Dallas, TX 1-866-519-2522

NORTH DAKOTA AMENDATORY ENDORSEMENT EMPLOYERS LIABILITY COVERAGE

Policy Number: 100 0003868

Effective Date: 09/23/2021

Named Insured: HOSPITAL COURIERS HOLDINGS, LLC

This endorsement changes such insurance as is afforded by provision of the policy relating to the following:

Workers Compensation and Employers Liability Policy

We agree that **PART FIVE - PREMIUM, Item G. Audit** is amended as follows:

1. Except as provided in 2. below, we may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.
2. Any audit conducted to determine the premium due or to be refunded must be completed within 180 days after:
 - a. The expiration date of the policy; or
 - b. The anniversary date, if this is a continuous policy or a policy written for a term longer than one year;unless you agree in writing to extend the audit period.

It is also agreed that **PART SIX - CONDITIONS, D. Cancellation** item number 2 is amended as follows:

We may cancel this policy by mailing or delivering to you at the address shown on the Information Page written notice stating when A) not less than ten days thereafter in the case of Non-Payment of premium, or B) not less than 30 days thereafter, in all other cases, such cancellation shall be effective.

We may only cancel during the term of the policy for one or more of the following reasons:

- a. Nonpayment of premiums;
- b. Misrepresentation or fraud made by or with the knowledge of insured obtaining the policy or in pursuing a claim under the policy;
- c. Actions by the insured that has substantially increased or substantially changed the risk insured;
- d. Refusal of the insured to eliminate known conditions that increase the potential for loss after notification by the insurer that the condition must be removed;

STARR INDEMNITY & LIABILITY COMPANY

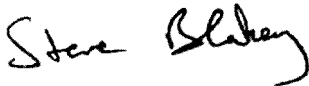
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Dallas, TX 1-866-519-2522

- e. Substantial change in the risk assumed, except to the extent that the insurer should reasonably have foreseen the change or contemplated the risk in writing the contract;
- f. Loss of reinsurance by the insurer which provided coverage to the insurer for a significant amount of the underlying risk insured. Any notice of cancellation pursuant to this subsection must advise the policyholder that the policyholder has ten days from the date of receipt of the notice to appeal the cancellation to the insurance commissioner and that the commissioner will render a decision as to whether the cancellation is justified because of the loss of reinsurance within five business days after receipt of the appeal;
- g. A determination by the insurance commissioner that the continuation of the policy could place the insurer in violation of the insurance laws of this state;
- h. Nonpayment of dues to an association or organization, other than an insurance association or organization, when payment of dues is a prerequisite to obtaining or continuing such insurance; except this provision for cancellation for failure to pay dues
- i. does not apply to persons who are retired at sixty-two years of age or older or to any person who is disabled according to social security standards; or
- j. A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property

All other terms, conditions and exclusions of the policy shall remain unchanged.

Signed for by:



**Steve Blakey, President and
Chief Executive Officer**



**Nehemiah E. Ginsburg, General Counsel and
Secretary**