



190 South LaSalle Street
Chicago, IL 60603
USA
sandra.clarke@xlcatlin.com
www.xlcatlin.com/insurance

March 13, 2018

Michael J. Loukota
Lockton Companies, LLC
444 W. 47th Street
Suite 900
Kansas City, MO 64112-1906

Re: Employbridge Holding Company - RWD9435435-05

Dear Michael J.,

We are pleased to present the following policy for your client. XL Catlin promotes an integrated approach to risk management through insurance, specialized risk control and claims management.

This policy is strictly limited to the terms and conditions outlined below and any other coverage extensions, deletions or changes requested in the submission may not have been granted. Any request to amend, add, or modify terms and conditions or coverage as set forth below will not serve to alter the terms and conditions or coverage until written acknowledgment and approval to such request is provided by the Company.

We appreciate the opportunity to support your insurance needs.

Please feel free to call with any questions you may have.

Sincerely,

Sandra Clarke
Senior Underwriter
GRM
XL Catlin

Edition (12/15)

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Policy



XL Group
Insurance
Reinsurance

02-20-2018

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

RE: Loss Control Services
Policy Number: RWD9435435-05

The State of Arkansas requires that XL Insurance America, Inc. provide accident prevention and health services at no additional charge.

Our loss control and accident prevention services are provided to assist you in reducing employee injuries and illnesses as well as providing technical assistance to your safety staff. Our loss control department has specialists in construction, fleet safety, industrial hygiene, training, research, and other areas. We also have a safety video lending library, sample programs, and regulations for your use.

Please contact me at 1-800-858-0853 if you would like to request any of these services or if you have any questions regarding this information.

We look forward to working together to reduce your losses.

Sincerely,

Risk Control Department
XL Insurance

cc: Michael J. Loukota
Lockton Companies, LLC
444 W. 47th Street Suite 900
Kansas City, MO 64112



02-20-2018

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

RE: Workers' Compensation Insurance - Loss Control Services
Policy Number: RWD9435435-05

As part of the Oregon Safe Employment Act (ORS 654.001 - 654.295 and 654.991), it is the responsibility of employers to provide a safe and healthful workplace. In an effort to assist you in providing a safe and healthful workplace, XL Insurance America, Inc. is required to offer you loss control services to assist you in controlling workplace hazards and reducing your losses.

Loss control services available include the following:

- Evaluation of your loss control needs;
- Assistance in evaluating injury and illness records;
- Explanation of the Oregon Safe Employment Act;
- On-site health and safety surveys to identify health and safety hazards;
- Assistance with industrial hygiene and safety evaluations to detect physical and chemical hazards in the workplace, and implementation of engineering or administrative controls;
- Assistance in evaluating, obtaining, and maintaining personal protective equipment;
- Evaluation of work practices, workplace design, and assistance with job site modifications;
- Assistance in evaluating management practices with regard to safety; and
- Assistance in identifying health and safety training needs and available resources.

Please distribute this notice to any additional locations within Oregon in which you have employees permanently assigned.

If, at any time, you feel that XL Insurance America, Inc. is not responding to your request for loss control services, you may contact the Oregon Occupational Safety and Health Administration to file a complaint. Please contact me at 1-800-858-0853 if you would like to request any of these services or if you have any questions regarding this information.

We look forward to working together to reduce your company's losses and protecting the health and well-being of your employees.

Sincerely,

Risk Control Department
XL Insurance

cc: Michael J. Loukota
Lockton Companies, LLC
444 W. 47th Street Suite 900
Kansas City, MO 64112



XL Group
Insurance
Reinsurance

02-20-2018

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

RE: Loss Control Services
Policy Number: RWD9435435-05

The State of Texas requires that XL Insurance America, Inc. provide accident prevention and health services at no additional charge.

Our loss control and accident prevention services are provided to assist you in reducing employee injuries and illnesses as well as providing technical assistance to your safety staff. Our loss control department has specialists in construction, fleet safety, industrial hygiene, training, research, and other areas. We also have a safety video lending library, sample programs, and regulations for your use. In addition, we have return-to-work coordination services available.

Please contact me at 1-800-858-0853 if you would like to request any of these services or if you have any questions regarding this information.

We look forward to working together to reduce your losses.

Sincerely,

Risk Control Department
XL Insurance

cc: Michael J. Loukota
Lockton Companies, LLC
444 W. 47th Street Suite 900
Kansas City, MO 64112

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM
CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

For all applications except Hawaii:

NCCI
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362

For Hawaii applications only:

NCCI
Hawaii Service Center
American Savings Bank Building
1001 Bishop Street, Suite 1550
Honolulu, HI 96813

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your policy effective date.

Note #1: If you did not engage in contracting operations during the third calendar quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application): CT

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: **POSITION:** **DATE:**

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM
CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

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Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application): MT

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: **POSITION:** **DATE:**

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

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For each applicable classification (both contracting and noncontracting) covering your company's operations in the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your policy effective date.

Note #1: If you did not engage in contracting operations during the third calendar quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application): NE

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: **POSITION:** **DATE:**

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM
CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

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Honolulu, HI 96813

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If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your policy effective date.

Note #1: If you did not engage in contracting operations during the third calendar quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application): NM

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: **POSITION:** **DATE:**

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM
CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

For all applications except Hawaii:

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Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362

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Hawaii Service Center
American Savings Bank Building
1001 Bishop Street, Suite 1550
Honolulu, HI 96813

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your policy effective date.

Note #1: If you did not engage in contracting operations during the third calendar quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application): **OK**

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: **POSITION:** **DATE:**

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM
CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

For all applications except Hawaii:

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Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362

For Hawaii applications only:

NCCI
Hawaii Service Center
American Savings Bank Building
1001 Bishop Street, Suite 1550
Honolulu, HI 96813

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your policy effective date.

Note #1: If you did not engage in contracting operations during the third calendar quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application): **OR** _____

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: **POSITION:** **DATE:**

**FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

The Florida Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to the:

National Council on Compensation Insurance, Inc.
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362

They will advise us of any premium credit applicable.

If NCCI does not receive this application during the policy period or within three (3) years after the policy period ends, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state of Florida, report the *total* Florida payroll (excluding overtime premium pay, pay in excess of the maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and the corresponding *total* number of hours worked, *for the third calendar quarter (July, August, September) of the prior calendar year as reported to taxing authorities*.

- Note #1. If you did not engage in contracting operations during the third quarter of the prior calendar year, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your workers compensation policy.
- Note #2. If you are a new business submit the requested information, *for the first complete calendar quarter following the effective date of your workers compensation policy*, when available.
- Note #3. In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records that formed the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

TURN PAGE OVER FOR PREMIUM CREDIT APPLICATION

WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION

INSURED: Employbridge Holding Company

POLICY NO.: RWD9435435-05 **EFFECTIVE DATE:** _____

CARRIER NAME: XL Insurance America, Inc.

Notice: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. **Contact your agent** if assistance is desired.

Is this a new business? No Yes

If no, submit information for the **THIRD** calendar quarter (July, August, September) of the prior calendar year as reported to taxing authorities.

If yes, submit information for the **FIRST** complete calendar quarter following the effective date of your workers compensation policy.

The following is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending _____.

“Contracting classifications” are those classifications subject to the following code numbers:

0042	5057	5222	5478	5610	6206	6306
0050	5059	5223	5479	5613	6213	6319
1322	5069	5348	5480	5645	6214	6325
2799	5102	5402	5491	5651	6216	6400
3365	5146	5403	5506	5703	6217	7538
3719	5160	5437	5507	5705	6229	7605
3724	5183	5443	5508	6004	6233	7855
3726	5188	5445	5509	6006F	6235	8227
5020	5190	5462	5535	6017	6236	9534
5022	5213	5472	5537	6018	6237	9554
5037	5215	5473	5551	6045	6251	
5040	5221	5474	5606	6204	6252	

CLASSIFICATION	CODE	TOTAL FLORIDA WAGES PAID ¹	TOTAL HOURS WORKED ²
Example: Electrical Wiring	5190	\$8,000	520
Contracting Classifications:			
Noncontracting Classifications:			

¹These figures are to exclude overtime premium pay (e.g., employee makes \$16/hour and is paid time and one-half, only report the payroll based upon the \$16/hour), pay in excess of the maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, and the entire pay for any exempt sole proprietor, partner, or officer. For each classification code, combine all wages for that code in a single entry. Employee names are not required.

² Including overtime hours.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement or claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

SIGNATURE: _____ **POSITION:** _____ **DATE:** _____

ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (ILCCPAP)

CONFIDENTIAL WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The Illinois Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations and is applicable to policies with effective dates on or after April 1, 1994. In order to qualify for the program, **your policy must have more than 50% of manual premium attributable to one or more contracting classifications (as designated by the program) for Illinois operations only and have a calculated experience modification of less than or equal to 1.00.**

A special premium calculation, which may result in a premium credit for you, will be based on an average hourly wage scale for each classification of contracting operations in Illinois. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of these instructions, to:

National Council on Compensation Insurance, Inc.
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487
ATTN: EXPERIENCE RATING—IL

NCCI will advise us of any premium credit applicable. **If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit. In addition, this application will be returned unprocessed if not completed in its entirety.** The information supplied on this application will be confidential.

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state of Illinois, report the total Illinois payroll (excluding overtime premium pay, vacation pay, unanticipated bonuses, pay for any exempt sole proprietor, partner, or officer, Davis Bacon fringe benefits you pay into any ERISA qualified third party pension plan and other Illinois exclusions) and the corresponding total number of hours worked, for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the year preceding your policy effective date as reported to taxing authorities.

Note #1: If you did not engage in contracting operations during the third quarter, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your workers compensation policy. Do not include payroll from any state other than Illinois.

Note #2: If you have just begun operations in Illinois (no prior operations), and have a calculated experience modification equal to 1.00 or less, submit the requested information for the first complete calendar quarter

following the effective date of your workers compensation policy when available, excluding any payroll from any state other than Illinois.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week. Payroll for non-exempt partners, sole proprietors and officers subject to contracting classifications will be subject to appropriate **Basic Manual** minimums and maximums or limitations. Do not include payroll for persons not covered by the policy, such as exempt partners, sole proprietors and officers.

Note #4: If you do not have a calculated experience modification equal to 1.00 or less and do not have more than 50% of IL manual premium attributable to one or more qualifying contracting classifications, do not complete and submit this application as you are not qualified for this credit program.

You must preserve your payroll records that formed the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

**ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
CONFIDENTIAL WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

SECTION ONE

INSURED: Employbridge Holding Company

CARRIER: XL Insurance America, Inc.

POLICY NUMBER: RWD9435435-05

PERIOD: FROM

TO:

1. Is this business experience rated 1.00 or less? Yes No
- If yes, provide NCCI risk ID#: _____
 - If no, please do not complete and submit the application.
2. Did you have operations in Illinois during the third quarter of the prior calendar year? Yes No
- If yes, in Section Two below, submit information for the **THIRD** calendar quarter (July, August, September) of the year **PRECEDING** the policy effective date as reported to taxing authorities.
 - If no, in Section Two below, submit information for the last complete quarter prior to the effective date of your workers compensation policy. (**Note:** If you have just begun operations in Illinois, submit information for the first complete calendar quarter following the effective date of your workers compensation policy.)

Notice: Unless Code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, the application will be returned unprocessed. Contact your agent or carrier if assistance is desired.

SECTION TWO

CLASSIFICATIONS	CODE	TOTAL ILLINOIS WAGES PAID*	TOTAL ILLINOIS HOURS WORKED**
Eligible Contracting Classifications			
Non-Contracting Classifications:			

* Excluding overtime premium pay—if an employee makes \$20/hour and is paid time and one-half (\$30), only report the payroll based upon the \$20/hour. Also, excluding the salaries and hours worked of any exempt sole proprietor, partner, or officer.

** Including overtime hours.

SECTION THREE

The above is based on actual wages (excluding overtime premium pay, pay for any exempt sole proprietor, partner, or officer, Davis Bacon fringe benefits, and other Illinois exclusions) and hours worked as reflected in our payroll records for the complete calendar quarter ending _____.

SIGNATURE: _____

POSITION: _____

DATE: _____

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**MARYLAND CONSTRUCTION CLASSIFICATION PREMIUM REDUCTION PROGRAM (CCPRP)
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

The Maryland Construction Classification Premium Reduction Program (Program) is applicable to qualifying employers engaged in contracting operations. In order to qualify for the Program, a policy must have more than 50% of manual premium attributable to one or more contracting classifications (as designated by the Program) and be experience rated.

A special premium calculation, which may result in a premium credit for you, will be based on hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

NCCI
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362
ATTN: EXPERIENCE RATING—MD

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception or receipt of notification, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state of Maryland, report the total Maryland payroll. (Exclude overtime premium pay, vacation pay, unanticipated bonuses, and Davis Bacon fringe benefits you pay into any ERISA qualified third party pension plan, as well as the entire pay for any exempt sole proprietor, partner, or officer.) Also report the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your policy effective date as reported to taxing authorities.

Note #1: If you did not engage in contracting operations during the third calendar quarter, provide the requested information for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours per week. Payroll for partners, sole proprietors, and corporate officers subject to contracting classifications will be allocated according to appropriate **Basic Manual** minimum and maximum payroll limitations.

You must preserve your payroll records, which formed the basis for this declaration, because we are required to verify the reported information before applying for any premium credit.

Thank you for your cooperation.

Sincerely,

TURN PAGE OVER FOR PREMIUM CREDIT APPLICATION

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

INSURED: Employbridge Holding Company

STATE CREDIT BEING APPLIED FOR
(NOTE: one state per application):

Maryland

POLICY NUMBER: RWD9435435-05 **POLICY EFFECTIVE DATE:** _____

CARRIER: XL Insurance America, Inc.

NOTE: Unless code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

CLASSIFICATION	CODE	TOTAL WAGES PAID	TOTAL HOURS WORKED
Example: Electrical Wiring	5190	\$8,000	520
Noncontracting Classifications:			

The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state loss costs pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) **and hours worked as reflected in our payroll records for the complete calendar quarter.**

COMPLETE CALENDAR QUARTER (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

CALENDAR YEAR: _____

SIGNATURE: _____ **POSITION:** _____ **DATE:** _____

This application must be completed and signed or it will not be processed.

“Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

NEW YORK WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

INSURED Employbridge Holding Company COVERAGE ID NO. _____
(DO NOT LEAVE POLICY # BLANK) (DO NOT LEAVE CARRIER BLANK)
POLICY NO. RWD9435435-05 COMPLETE CARRIER XL Insurance America, Inc.
EFFECTIVE DATE

NOTICE: This application will not be processed unless it is signed and completed in its entirety. Contact your agent, broker, or insurance company if assistance is needed. If the application is not sent to the Rating Board three (3) months prior to renewal, a letter, on the insured's letterhead, addressed to the Rating Board, must be attached to the application, indicating why it was not sent in on time. If there is no letter with the application, it will not be processed.

1. Qualifications – An insured must be experience rated for the policy period applied for and must have an average hourly wage of \$23.25 or higher per hour under an eligible classification code, for policies effective 10/1/13 and later. For policies effective prior to 10/1/13, the average hourly wage must be \$15.50 or higher. Include all eligible and non-eligible codes on the application.
 2. Classification(s), Code(s), Total Wages Paid for residential work only or Limited Payroll for commercial work applicable to the Payroll Limitation Law, Total Hours Worked and calendar quarter reported must be indicated. Once completed, keep a copy for yourself.

NOTE: Limited Payroll for commercial work means the weekly maximum (see attached) for work on structures other than one or two family dwellings in accordance with the Payroll Limitation Law. If you perform commercial work under any eligible code(s) enter each employee for the weekly maximum only and their total hours worked (ex. 13 weeks X Limited Payroll (see attached) = total wages).

- 3.** Construction and non-construction wages must be included. DO NOT include the payrolls for subcontractors and independent contractors. Include wrap-up payroll.
 - 4.** Each executive officer's wage and title is to be separately shown under the appropriate classification code. Hours worked for each executive officer are to be stated as 520 per quarter (if the executive officer(s) are excluded from coverage, then no entry is required).

- * EXCLUDING OVERTIME PREMIUM PAY. Overtime premium pay is the wage paid above the straight time hourly pay. Ex: If an employee earns \$20/hr. but earns overtime pay at an hourly rate of \$30, exclude the additional \$10. Include the total hours worked at straight time wage not time and one half.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME _____ TITLE _____

SIGNATURE _____ TELEPHONE NUMBER _____ DATE _____

EMAIL ADDRESS

**NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
APPLICATION INSTRUCTIONS**

- 1) Determine the classification code applicable to **all employees** of the business. This includes clerical workers, salespersons and executive officers (unless they are excluded from coverage) but does **not** include subcontractors and independent contractors. Eligible classification codes are shown below.
- 2) List each classification code on the application (unless the insurance carrier has already done so). **This includes** both **eligible** and **non-eligible** classification codes. Any information that is not filled out or left blank, the application will not get processed and not get credited as sent to the Rating Board.
- 3) Determine the limited payroll (excluding premium overtime pay, bonuses, commissions) and hours worked for each employee performing commercial work in accordance with the Payroll Limitation Law. For employees performing work on one or two-family residential housing, report the total gross wages and hours worked. The program uses the third quarter (July, August, and September) payrolls as shown below:

Policy Effective Date	Third Quarter Payroll	LIMITED PAYROLL
April 1, 2012 thru March 31, 2013	2011	\$1159.44
April 1, 2013 thru March 31, 2014	2012	\$1188.10
April 1, 2014 thru March 31, 2015	2013	\$1204.81
April 1, 2015 thru March 31, 2016	2014	*
April 1, 2016 thru March 31, 2017	2015	*
April 1, 2017 thru March 31, 2018	2016	*

*To Be Determined

NOTES ON ITEM #3

(Premium overtime pay is the amount paid over and above straight time. As an example, if someone worked 40 hours @ \$6 an hour and 2 hours @ \$9 an hour, the employee should be included on the application for 42 hours @ \$6 per hour (\$252). The additional \$3 paid for the 2 hours of overtime is excluded as long as the payroll records are properly maintained.) (Overtime is included as straight time not time and half.)

Total the payrolls and hours worked by classification code as well as by the type of work performed (residential or commercial). List each applicable classification code on the application showing the residential total payroll and the limited commercial payroll on separate lines. This means that the same classification code could appear twice on the same application. Hours worked for non-eligible classification codes are not required. The payrolls of all employees are to be included, even those earning an hourly wage that is less than the minimum hourly wage for eligibility under the program (\$23.25 per hour for policies effective 10/1/13 and later or \$15.50 per hour for policies with effective dates prior to 10/1/13).

The program grants credits based on the **average** hourly wage for those classification codes eligible for the program. If an employer has more than one policy which can be combined for experience rating purposes, include the total wages and hours worked for all policies on the application. An example of this would be wrap-up policies.

- 4) List **each executive officer** on a **separate** line showing the applicable classification code for each executive officer if they are included. Also indicate each executive officer's title (if the executive officer(s) are excluded from coverage, then no entry is required).
- 5) List the actual quarterly wages for each executive officer (if the executive officer(s) are excluded from coverage, then no entry is required). If the officer is included under a classification code that is eligible under the Payroll Limitation Law, use the limited payroll for that executive officer for the required 520 hours per quarter.
- 6) Sign, date and mail the application to: **New York Compensation Insurance Rating Board**

Or email to:
CPAP@NYCIRB.org

733 Third Avenue
New York, NY 10017
Attention: Terry Gerics, Executive Assistant

Applications can also be entered using
our online system starting 3 months
(not before) prior to renewal at:
<http://cpap.nycirb.org/>

ELIGIBLE CLASSIFICATION CODES

0042	5000	5059	5184	5221	5403	5462	5491	5538	5645	5709	6045	6233	6306	7536	9526	9549
3365	5022	5069	5188	5222	5428	5473	5506	5545	5648	6003	6204	6235	6319	7538	9527	9553
3724	5037	5102	5190	5223	5429	5474	5507	5547	5651	6005	6216	6251	6325	7601	9534	
3726	5040	5160	5193	5348	5443	5479	5508	5606	5701	6017	6217	6252	6400	7855	9539	
3737	5057	5183	5213	5402	5445	5480	5536	5610	5703	6018	6229	6260	6701	8227	9545	

NOTE: This application must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the policy effective and expiration date, however, it must be accompanied by a letter stating the reason for the delay. The submission of a revised application must be received no later than one (1) year after the expiration date of the policy to which the credit applies.

Under no circumstances will an original application be accepted for any policy if it is received after the expiration date of the policy, nor will a revised application be accepted if it is received later than one (1) year from the expiration date of the policy to which the credit applies. For short-term policies, the application must be received prior to the expiration date of the short-term policy.

A credit will not be calculated if any application is received beyond the required dates of receipt.

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (CCPAP) WORKERS
COMPENSATION PREMIUM CREDIT APPLICATION**

The Virginia Contracting Classification Premium Adjustment program is applicable to qualifying employers engaged in contracting operations and is applicable to policies with effective dates on or after January 1, 1997. In order to qualify for the program, more than 50% of your manual premium must be attributable to one or more contracting classifications (as designated in the program) and you must be experience rated.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each contracting classification. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to:

NCCI
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362

NCCI will advise of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception or receipt of notification, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the Commonwealth of Virginia, report the total Virginia payroll reported to the Virginia Employment Commission and the corresponding total number of hours worked, for the third calendar quarter (July, August, September) of the year preceding your policy effective date as reported to taxing authorities.

Note #1: If you did not engage in contracting operations during the third calendar quarter, provide the requested information for the last complete calendar quarter prior to the policy effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the policy effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked 40 hours a week. Payroll for partners, sole proprietors, and corporate officers subject to contracting classifications will be allocated according to appropriate **Basic Manual** minimum and maximum payroll limitations.

You must preserve your payroll records that formed the basis for this declaration because we are required to verify the reported information in order to apply any premium credit.

Thank you for your cooperation.

Sincerely,

WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION

INSURED Employbridge Holding Company

POLICY NO. RWD9435435-05 **POLICY**
EFFECTIVE DATE _____

CARRIER NAME: XL Insurance America, Inc.

Note: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.

Is this a new business? No Yes

If no, submit information for the third calendar quarter (July, August, September) of the year preceding the policy effective date as reported to taxing authorities.

If yes, submit information for the first complete calendar quarter following the effective date of your workers compensation policy.

The following is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending

“Contracting classifications” are those classifications subject to the following code numbers:

0042	5037	5190	5445	5508	6005	6233	7538
0050	5040	5213	5462	5535	6017	6235	7601
1322	5057	5215	5472	5537	6018	6236	7605
1605	5059	5221	5473	5551	6045	6237	7611
2799	5067	5222	5474	5606	6204	6251	7612
3365	5069	5223	5478	5610	6206	6252	7613
3719	5102	5348	5479	5645	6213	6260	7855
3724	5146	5402	5480	5651	6214	6306	8227
3726	5160	5403	5491	5703	6216	6319	9534
5020	5183	5437	5506	5705	6217	6325	9554
5022	5188	5443	5507	6003	6229	6400	

* For each classification code, combine all wages for that code in a single entry. Employee names are not required.

For each applicable classification (both contracting and noncontracting) covering your employer's operations in the Commonwealth of Virginia, report the total Virginia payroll reported to the Virginia Employment Commission, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked, for the third calendar quarter (July, August, September) of the year preceding your policy effective date as reported to taxing authorities.

SIGNATURE: _____ **POSITION:** _____ **DATE:** _____

This applic.

NOTICE TO POLICYHOLDERS

FRAUD NOTICE

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO POLICYHOLDERS

New York	<p>General: All applications for commercial insurance, other than automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.</p> <p>The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	<p>All Commercial Insurance, Except As Provided for Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p>Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO POLICYHOLDERS

Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	All Commercial Insurance, Except As Provided for Workers' Compensation It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
Utah	Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO POLICYHOLDERS

PRIVACY POLICY

The XL Catlin insurance group (the "Companies"), believes personal information that we collect about our customers, potential customers, and proposed insureds (referred to collectively in this Privacy Policy as "customers") must be treated with the highest degree of confidentiality. For this reason and in compliance with the Title V of the Gramm-Leach-Bliley Act ("GLBA"), we have developed a Privacy Policy that applies to all of our companies. For purposes of our Privacy Policy, the term "personal information" includes all information we obtain about a customer and maintain in a personally identifiable way. In order to assure the confidentiality of the personal information we collect and in order to comply with applicable laws, all individuals with access to personal information about our customers are required to follow this policy.

Our Privacy Promise

Your privacy and the confidentiality of your business records are important to us. Information and the analysis of information is essential to the business of insurance and critical to our ability to provide to you excellent, cost-effective service and products. We understand that gaining and keeping your trust depends upon the security and integrity of our records concerning you. Accordingly, we promise that:

1. We will follow strict standards of security and confidentiality to protect any information you share with us or information that we receive about you;
2. We will verify and exchange information regarding your credit and financial status only for the purposes of underwriting, policy administration, or risk management and only with reputable references and clearinghouse services;
3. We will not collect and use information about you and your business other than the minimum amount of information necessary to advise you about and deliver to you excellent service and products and to administer our business;
4. We will train our employees to handle information about you or your business in a secure and confidential manner and only permit employees authorized to use such information to have access to such information;
5. We will not disclose information about you or your business to any organization outside the XL Catlin insurance group of Companies or to third party service providers unless we disclose to you our intent to do so or we are required to do so by law;
6. We will not disclose medical information about you, your employees, or any claimants under any policy of insurance, unless you provide us with written authorization to do so, or unless the disclosure is for any specific business exception provided in the law;
7. We will attempt, with your help, to keep our records regarding you and your business complete and accurate, and will advise you how and where to access your account information (unless prohibited by law), and will advise you how to correct errors or make changes to that information; and
8. We will audit and assess our operations, personnel and third party service providers to assure that your privacy is respected.

Collection and Sources of Information

We collect from a customer or potential customer only the personal information that is necessary for (a) determining eligibility for the product or service sought by the customer, (b) administering the product or service obtained, and (c) advising the customer about our products and services. The information we collect generally comes from the following sources:

- Submission – During the submission process, you provide us with information about you and your business, such as your name, address, phone number, e-mail address, and other types of personal identification information;
- Quotes – We collect information to enable us to determine your eligibility for the particular insurance product and to determine the cost of such insurance to you. The information we collect will vary with the type of insurance you seek;

NOTICE TO POLICYHOLDERS

- Transactions – We will maintain records of all transactions with us, our affiliates, and our third party service providers, including your insurance coverage selections, premiums, billing and payment information, claims history, and other information related to your account;
- Claims – If you obtain insurance from us, we will maintain records related to any claims that may be made under your policies. The investigation of a claim necessarily involves collection of a broad range of information about many issues, some of which does not directly involve you. We will share with you any facts that we collect about your claim unless we are prohibited by law from doing so. The process of claim investigation, evaluation, and settlement also involves, however, the collection of advice, opinions, and comments from many people, including attorneys and experts, to aid the claim specialist in determining how best to handle your claim. In order to protect the legal and transactional confidentiality and privileges associated with such opinions, comments and advice, we will not disclose this information to you; and
- Credit and Financial Reports – We may receive information about you and your business regarding your credit. We use this information to verify information you provide during the submission and quote processes and to help underwrite and provide to you the most accurate and cost-effective insurance quote we can provide.

Retention and Correction of Personal Information

We retain personal information only as long as required by our business practices and applicable law. If we become aware that an item of personal information may be materially inaccurate, we will make reasonable effort to re-verify its accuracy and correct any error as appropriate.

Storage of Personal Information

We have in place safeguards to protect data and paper files containing personal information.

Sharing/Disclosing of Personal Information

We maintain procedures to assure that we do not share personal information with an unaffiliated third party for marketing purposes unless such sharing is permitted by law. Personal information may be disclosed to an unaffiliated third party for necessary servicing of the product or service or for other normal business transactions as permitted by law.

We do not disclose personal information to an unaffiliated third party for servicing purposes or joint marketing purposes unless a contract containing a confidentiality/non-disclosure provision has been signed by us and the third party. Unless a consumer consents, we do not disclose “consumer credit report” type information obtained from an application or a credit report regarding a customer who applies for a financial product to any unaffiliated third party for the purpose of serving as a factor in establishing a consumer’s eligibility for credit, insurance or employment. “Consumer credit report type information” means such things as net worth, credit worthiness, lifestyle information (piloting, skydiving, etc.) solvency, etc. We also do not disclose to any unaffiliated third party a policy or account number for use in marketing. We may share with our affiliated companies information that relates to our experience and transactions with the customer.

Policy for Personal Information Relating to Nonpublic Personal Health Information

We do not disclose nonpublic personal health information about a customer unless an authorization is obtained from the customer whose nonpublic personal information is sought to be disclosed. However, an authorization shall not be prohibited, restricted or required for the disclosure of certain insurance functions, including, but not limited to, claims administration, claims adjustment and management, detection, investigation or reporting of actual or potential fraud, misrepresentation or criminal activity, underwriting, policy placement or issuance, loss control and/or auditing.

NOTICE TO POLICYHOLDERS

Access to Your Information

Our employees, employees of our affiliated companies, and third party service providers will have access to information we collect about you and your business as is necessary to effect transactions with you. We may also disclose information about you to the following categories of person or entities:

- Your independent insurance agent or broker;
- An independent claim adjuster or investigator, or an attorney or expert involved in the claim;
- Persons or organizations that conduct scientific studies, including actuaries and accountants;
- An insurance support organization;
- Another insurer if to prevent fraud or to properly underwrite a risk;
- A state insurance department or other governmental agency, if required by federal, state or local laws; or
- Any persons entitled to receive information as ordered by a summons, court order, search warrant, or subpoena.

Violation of the Privacy Policy

Any person violating the Privacy Policy will be subject to discipline, up to and including termination.

For more information or to address questions regarding this privacy statement, please contact your broker.

NOTICE TO POLICYHOLDERS

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to the impact of U.S. Trade Sanctions¹. Please read this Policyholder Notice carefully.

In accordance with the U.S. Department of the Treasury's Office of Foreign Assets Control ("OFAC") regulations, or any other U.S. Trade Sanctions applied by any regulatory body, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law, is a Specially Designated National and Blocked Person ("SDN"), or is owned or controlled by an SDN, this insurance will be considered a blocked or frozen contract. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

¹ "U.S Trade Sanctions" may be promulgated by Executive Order, act of Congress, regulations from the U.S. Departments of State, Treasury, or Commerce, regulations from the State Insurance Departments, etc.

NOTICE TO POLICYHOLDERS

ARKANSAS – WORKERS COMPENSATION

XL Catlin and affiliated companies are required by law to provide its policyholders with certain accident prevention services as required by Arkansas code 11-9-409 at no additional cost. If you would like more information call the Loss Control Department at 1-800-858-0853. If you have any questions about this requirement call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

XL Catlin
Loss Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

All other terms and conditions remain unchanged.

IMPORTANT POLICYHOLDER INFORMATION (Arkansas)

Inquiries concerning your policy should be directed to your insurance agent or to our Underwriting Office. The name, address and telephone number of your agent, if one is involved, and the address and phone number of our Underwriting Office are shown below.

Name of Agent: Lockton Companies, LLC
Address: 444 W. 47th Street Suite 900, Kansas City, MO 64112

Telephone Number:

Underwriting Office: XL Insurance Company
Address: 505 Eagleview Blvd., Suite 100, Exton, PA 19341

Telephone Number: 1-800-327-1414

If you require additional information, you may contact the Arkansas Insurance Department at either the following address or phone number:

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1-800-852-5494

POLICYHOLDER NOTICE
YOUR RIGHT TO RATING AND DIVIDEND INFORMATION

I. Information Available to You

A. Information Available from Us - XL Insurance America, Inc.

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

Joseph Binkowski
Vice President
XL Catlin
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

- (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* (USR) and the *California Workers' Compensation Experience Rating Plan—1995* (ERP). Contact information for the WCIRB is: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attention: Customer Service. You may also contact WCIRB Customer Service at 1-888-229-2472, by fax at 415-778-7272, or via the Internet at the WCIRB's website: <http://www.wcirb.com>. The regulations contained in the USR and the ERP are available for public viewing through the WCIRB's website.
- (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, Attention: Custodian of Records. The Custodian of Records can be reached by telephone at 415-777-0777 and by fax at 415-778-7272.

- (3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form free of charge by completing a Policyholder Rate Sheet Request Form on the WCIRB's website at <https://wcirb.com/ratesheet>. The Experience Rating Form 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:

Karen Clausi
Office and Legal Associate
XL Catlin
Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040
Phone: 203-964-5466
Fax: 203-964-9822

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 14 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, Attention: Customer Service. Customer Service can be reached by telephone at 1-888-229-2472, and by fax at 415-778-7272.

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, Attention: Complaints and Reconsiderations. The WCIRB's telephone number is 1-888-229-2472, and the fax number is 415-371-5204.

- C. California Department of Insurance – Appeals to the Insurance Commissioner.** If, after you follow the appropriate dispute resolution process described above, we or the WCIRB decline to review your request, if you are dissatisfied with the decision upon review, or if 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
45 Fremont Street, 22nd Floor
San Francisco, California 94105

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, Attention: Policyholder Ombudsman. The policyholder ombudsman can be reached by telephone at 415-778-7159 and by fax at 415-371-5288.
- B. California Department of Insurance – Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 1-800-927-HELP (4357) or <http://www.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

California Workers' Compensation Insurance Rating Laws

Pursuant to Section 11752.8 of the California Insurance Code, we are providing you with an explanation of the California workers' compensation rating laws.

1. We establish our own rates for workers' compensation. Our rates, rating plans, and related information are filed with the insurance commissioner and are open for public inspection.
2. The insurance commissioner can disapprove our rates, rating plans, or classifications only if he or she has determined after public hearing that our rates might jeopardize our ability to pay claims or might create a monopoly in the market. A monopoly is defined by law as a market where one insurer writes 20% or more of that part of the California workers' compensation insurance that is not written by the State Compensation Insurance Fund. If the insurance commissioner disapproves our rates, rating plans, or classifications, he or she may order an increase in the rates applicable to outstanding policies.
3. Rating organizations may develop pure premium rates that are subject to the insurance commissioner's approval. A pure premium rate reflects the anticipated cost and expenses of claims per \$100 of payroll for a given classification. Pure premium rates are advisory only, as we are not required to use the pure premium rates developed by any rating organization in establishing our own rates.
4. We must adhere to a single, uniform experience rating plan. If you are eligible for experience rating under the plan, we will be required to adjust your premium to reflect your claim history. A better claim history generally results in a lower experience rating modification; more claims, or more expensive claims, generally result in a higher experience rating modification. The uniform experience rating plan, which is developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner.
5. A standard classification system, developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner. The standard classification system is a method of recognizing and separating policyholders into industry or occupational groups according to their similarities and/or differences. We can adopt and apply the standard classification system or develop and apply our own classification system, provided we can report the payroll, expenses, and other costs of claims in a way that is consistent with the uniform statistical plan or the standard classification system.
6. Our rates and classifications may not violate the Unruh Civil Rights Act or be unfairly discriminatory.
7. We will provide an appeal process for you to appeal the way we rate your insurance policy. The process requires us to respond to your written appeal within 30 days. If you are not satisfied with the result of your appeal, you may appeal our decision to the insurance commissioner.

CALIFORNIA WORKERS' COMPENSATION INSURANCE NOTICE OF NONRENEWAL

Section 11664 of the California Insurance Code requires us, in most instances, to provide you with a notice of nonrenewal. Except as specified in paragraphs 1 through 6 below, if we elect to nonrenew your policy, we are required to deliver or mail to you a written notice stating the reason or reasons for the nonrenewal of the policy. The notice is required to be sent to you no earlier than 120 days before the end of the policy period and no later than 30 days before the end of the policy period. If we fail to provide you the required notice, we are required to continue the coverage under the policy with no change in the premium rate until 60 days after we provide you with the required notice.

We are not required to provide you with a notice of nonrenewal in any of the following situations:

1. Your policy was transferred or renewed without a change in its terms or conditions or the rate on which the premium is based to another insurer or other insurers who are members of the same insurance group as us.
2. The policy was extended for 90 days or less and the required notice was given prior to the extension.
3. You obtained replacement coverage or agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
4. The policy is for a period of no more than 60 days and you were notified at the time of issuance that it may not be renewed.
5. You requested a change in the terms or conditions or risks covered by the policy within 60 days prior to the end of the policy period.
6. We made a written offer to you to renew the policy at a premium rate increase of less than 25 percent.

(A) If the premium rate in your governing classification is to be increased 25 percent or greater and we intend to renew the policy, we shall provide a written notice of a renewal offer not less than 30 days prior to the policy renewal date. The governing classification shall be determined by the rules and regulations established in accordance with California Insurance Code Section 11750.3(c).

(B) For purposes of this Notice, "premium rate" means the cost of insurance per unit of exposure prior to the application of individual risk variations based on loss or expense considerations such as scheduled rating and experience rating.

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

POLICYHOLDER NOTICE

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION (CIGA) SURCHARGE

Companies writing property and casualty insurance business in California are required to participate in the California Insurance Guarantee Association. If a company becomes insolvent, the California Insurance Guarantee Association settles unpaid claims and assesses each insurance company for its fair share.

California law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged, "CA Surcharge" or "CA Surcharge (CIGA Surcharge)" with an amount will be displayed on your premium notice.

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

Note:

The words "CA Surcharge (CIGA Surcharge)" have been added to the last line of this policyholder notice because some insurers may prefer to identify this type of surcharge as a "CIGA Surcharge" rather than merely a "CA Surcharge." However, even though "CIGA Surcharge" accurately describes the type of surcharge contemplated in this notice, California Insurance Code Section 1063.145 specifies that the term "CA Surcharge" shall be used.

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 to any non-salaried employee is contingent on verifying that the employee's hourly wage equals or exceeds the specified wage threshold. The determination of the regular hourly wage 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 produces a final premium of \$13,000 or more, a physical audit is required at least once a year. If your policy produces a final premium of less than \$13,000 and payroll is developed under 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.

POLICYHOLDER NOTICE

JANUARY 1, 2015 AUDIT REQUIREMENTS FOR POLICIES WITH FINAL PREMIUM OF LESS THAN \$13,000 THAT DEVELOP PAYROLL IN HIGH WAGE DUAL WAGE 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.

If your policy effective on or after January 1, 2015 produces a final premium of less than \$13,000 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. If your policy produces a final premium of \$13,000 or more, a physical audit is required at least once a year.

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.

NOTICE TO POLICYHOLDERS

IMPORTANT INFORMATION TO POLICYHOLDERS - CALIFORNIA

In the event you need to contact someone about this Policy for any reason please contact your agent. If you have additional questions, you may contact the insurance company issuing this Policy at the following address and telephone number:

**XL Catlin
Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040
1-800-622-7311**

If you have a problem with your insurance company, its agent or representative that has not been resolved to your satisfaction, please call or write to the Department of Insurance.

**Department of Consumer Affairs
Consumer Information Division
1625 North Market Blvd., Suite N 112
Sacramento, CA 95834**

Internet Website: www.dca.ca.gov

**1-800-952-5210
1-800-326-2297 (TDD Number)
916-445-1254 (If calling from within the Sacramento area)
916-928-1227 (TDD Number if calling from within the Sacramento area)**

Written correspondence is preferable so that a record of your inquiry can be maintained. When contacting your agent, company or the Bureau of Insurance, have your Policy Number available.

NOTICE TO POLICYHOLDERS

CALIFORNIA – WORKERS COMPENSATION

XL Catlin is a group of affiliated national property/casualty insurance carriers licensed in the State of California.

As a service to policyholders in California, you may be entitled to Loss Control Consultation Services at no additional cost beyond your premium.

The services may include:

- 1) A workplace survey, which includes discussions with your management and if appropriate and with your permission, non-management personnel.
- 2) Analysis of injury records.
- 3) Development of a plan to improve your health and safety loss control expertise. We may recommend modifications to your injury and illness prevention programs, if appropriate.

There are some exceptions to this depending on your particular workplace hazards.

For additional information on these services or to request a consultation, please contact our Loss Control Department at:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

Workers' Compensation insurance policyholders may register comments about the insurer's loss control consultation services by writing to:

State of California
Department of Industrial Relations
Division of Occupational Safety & Health
P. O. Box 420603
San Francisco, CA 94142

All other terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

COLORADO DISCLOSURE FORM WORKERS' COMPENSATION INSURANCE

1. NOTICE OF CHANGE IN RATE BY CLASSIFICATION

If you desire information whenever there is a change in your workers' compensation insurance rate by classification, you must request such information from your insurer. This request for information must be in writing.

2. NOTICE OF POLICYHOLDER'S RIGHT TO APPEAL CLASSIFICATION

Your insurer can change and collect any additional amount of money not included in the initial premium charged as a result of job misclassification.

If you have any questions regarding the employee classification assigned to calculate your workers' compensation insurance premium, you need to direct your questions to your insurer or the insurer's authorized representative within either thirty (30) days after the anniversary date of the policy or the date of receipt by you of notice of a change in job classification. Within thirty (30) days after your request for information, your insurer or the insurer's authorized representative must explain to you why a particular employee classification was used.

If you still disagree with your insurer or the insurer's authorized representative on the employee classification assignment, you may appeal to the Workers' Compensation Classification Appeal Board by filing written notice with said board within thirty (30) days after you have exhausted all appeal review procedures provided by the insurer. Your request should be sent to the Secretary of the Colorado Workers' Compensation Classification and Appeals Board, Tim Hughes, c/o, National Council on Compensation Insurance, 10920 W. Glennon Drive, Lakewood, CO 80226. Written instruction for your appearance before the Colorado Workers' Compensation Classification Appeals Board will be furnished by the Secretary of the board. The board will render a decision as to whether a misclassification has occurred.

A decision by the board is final and not subject to appeal unless you, the insurer or Pinnacol Assurance provides written notice of appeal within thirty (30) days after the board's decision to the office of the Commissioner of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202. The Commissioner shall review any decision of the board properly appealed.

3. NOTICE OF AVAILABILITY OF MEDICAL CASE MANAGEMENT SERVICES

Because there are different types of case management services available and prescribed by insurers, it is suggested that each insurer include the type of case management services available by the individual insurer.

NOTICE TO POLICYHOLDERS

FLORIDA

**FOR INFORMATION, OR
TO MAKE A COMPLAINT, CALL:
1-800-622-7311
XL CATLIN
SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040**

NOTICE TO POLICYHOLDERS

FLORIDA – WORKERS COMPENSATION

As required by the state of Florida, we provide safety consultations to all Workers' Compensation policyholders requesting them. Should you want additional information or wish to request a consultation, please contact the *Worker's Compensation Coordinator*, 1-800-858-0853. Consultations *will be provided within thirty (30) days of receiving your request.*

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

All other terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

IDAHO

This notice is to advise you if you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

FOR INFORMATION OR TO MAKE A COMPLAINT CALL:

1-800-622-7311
XL CATLIN
SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040

You also may contact the Department of Insurance at the following address:

Idaho Department of Insurance
Consumer Affairs
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

NOTICE TO POLICYHOLDERS

ILLINOIS INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE

Your policy has been surcharged as a result of the Illinois Industrial Commission Operations Fund Surcharge effective July 1, 2004. The establishment of this Fund provides that every insurance company, authorized or licensed by the Illinois Insurance Department and insuring employer's liabilities arising under the Workers' Compensation Act or the Workers' Occupational Disease Act, must remit a surcharge equal to 1.01% of the direct written premium for insuring employers' liability under the Worker's Compensation Act or Workers' Occupational Diseases Act.

The portion of your annual premium that is attributable to this surcharge is \$68,475.

Illinois Industrial Commission Operations Fund Surcharge

NOTICE TO POLICYHOLDERS

ILLINOIS

This notice is to advise you if you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL:

1-800-622-7311
XL CATLIN
SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, you may also take your matter up with the Illinois Department of Insurance at the following addresses:

Illinois Department of Insurance
Consumer Division
122 S. Michigan Ave., 19th Floor
Chicago, Illinois 60603

Illinois Department of Insurance
Consumer Division
320 West Washington Street
Springfield, Illinois 62767

<http://insurance.illinois.gov/> 312-814-2420 or 217-782-4515

NOTICE TO POLICYHOLDERS

INDIANA - NOTICE

Questions regarding your policy or coverage should be directed to:

XL CATLIN
SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040
800-622-7311

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at www.in.gov/idoi

NOTICE TO POLICYHOLDERS

KANSAS – WORKERS COMPENSATION

As required by Section 10 of Kansas code SB 307 of 1993, XL Catlin must make accident prevention services available to our Workers' Compensation policyholders at no additional charge. If you would like additional information, please contact our Risk Control Department at 1-800-858-0853. If you have any questions about this requirement call the Division of Labor Management Relations and Employment Standards, Kansas Department of Human Resources at 1-913-296-4386.

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

All other terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

KENTUCKY NOTICE OF INSURED'S RIGHTS

If you are insured under a workers' compensation insurance policy and believe that the rates or the rating system have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to the insurance company or advisory organization. The insurance company or advisory organization has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, the insurance company or advisory organization shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of the review. Your appeal is to be sent to:

Legal and Enforcement Division
Department of Insurance
P. O. Box 517
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from the insurance company or advisory organization. If your appeal shows good cause, the Commissioner shall hold a hearing. The Commissioner may after the hearing issue a final order affirming, modifying, or reversing the action of the insurance company or advisory organization.

NOTICE TO POLICYHOLDERS

MAINE – WORKERS COMPENSATION

As required by Section 2385-C of the Maine rating law, XL Catlin offers workplace health and safety consultation services available to our Workers' compensation policyholders. If you would like additional information of the type of workplace health and safety consolation services available, please contact:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

All other terms and conditions remain unchanged.

Workers Compensation Policyholder Notice
Maryland Minor Employee Law

Maryland law requires that we notify our workers compensation policyholders that every Maryland employee, with few exceptions, hired under the age of 18 (a "minor employee") must have a work permit. Should you fail to obtain a work permit for a minor employee, the Maryland Workers Compensation Commission may award twice the compensation and death benefits otherwise allowed under Maryland law in a claim by that minor employee or the minor employee's dependent for workers compensation benefits. In the event of any increase in compensation or death benefits, you will be responsible for such increased amounts since this policy does not provide coverage for these additional benefits.

NOTICE TO POLICYHOLDERS

NOTICE TO MICHIGAN EXEMPT COMMERCIAL POLICYHOLDERS:

This policy is exempt from the filing requirements of section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236.

NOTICE TO POLICYHOLDERS

MINNESOTA – WORKERS COMPENSATION

XL Catlin will provide safety consultation services to each Minnesota policyholder requesting these services in writing as required by Minnesota Insurance Code 79.085. For further information or to request a consultation, please contact:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

All other terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

**Minnesota Insurance Guaranty Association
7600 Parklawn Avenue, Suite 460
Edina, MN 55435**

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to workers' compensation insurance. Protection by the guaranty association is subject to other substantial limitations and exclusions. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell property and casualty or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.

NOTICE TO POLICYHOLDERS

MISSISSIPPI – WORKERS COMPENSATION

For our Workers' Compensation policyholders, we provide safety program services in compliance with § 71-3-121 Miss. Code (1972) for the health and benefit of your employees. Under this program, materials are available which explain the rights of workers under the Workers' Compensation Law, as well as how to implement and maintain a voluntary drug and alcohol testing policy in the workplace.

If you would like to obtain these materials and additional information on our services, please contact:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

All terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

MISSOURI

For information or to make a complaint call:

1-800-622-7311

**XL CATLIN
SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040**

NOTICE TO POLICYHOLDERS

MISSOURI – WORKERS COMPENSATION

XL Catlin will make available Safety Engineering and Management consultation services to each Missouri policyholder requesting these services. For further information or to request a consultation, please contact:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

All other terms and conditions remain unchanged.



MISSOURI REJECTION/ELECTION OF LIABILITY FOR MESOTHELIOMA LIABILITY

On January 1, 2014 Missouri Senate Bill 1 takes effect. Included in SB 1 are revisions which add additional benefits for workers compensation occupational disease liability due to toxic exposures under your workers compensation insurance policy. The law is effective for all occupational disease claims **filed on or after January 1, 2014**. All workers compensation insurance policies in force on January 1, 2014 are subject to the new law and will automatically include coverage for the additional workers compensation occupational disease liability at no additional cost. Senate Bill 1 allows Missouri employers to reject liability for occupational disease claim caused by Mesothelioma which is an occupational disease claim typically caused by exposure to asbestos. Rejection of this Mesothelioma liability will remove the workers compensation exclusive remedy provisions to such liability.

Please select and check an option below and return a copy of this Notice to the Company as soon as possible.

- I elect coverage for Mesothelioma liability.
- I reject coverage for Mesothelioma liability.

If you fail to respond it will be construed to mean that you elect coverage for Mesothelioma liability.

If you have any questions, please contact your agent or broker.

Signature of Insured: _____

Title: _____

Printed Name: Employbridge Holding Company

Policy Number: RWD9435435-05

Date: _____

NOTICE TO POLICYHOLDERS

MONTANA – WORKERS COMPENSATION

Upon request, we will provide our Montana policyholders safety consultation services which at our discretion include:

- On-Site Consultations
- Safety Program Assessments
- Accident Analysis
- Safety Training
- Industrial Hygiene Services

Additional information or requests for these services should be directed to:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120
1-800-858-0853

All other terms and conditions remain unchanged.

NOTICE TO POLICYHOLDER

Nevada – Employer Responsibilities

According to Nevada law, employers of injured workers have several responsibilities including but not limited to:

- 1) Employers may offer temporary, light duty employment to injured employees at the time of the employee's accident. If such an offer is made, the employer must confirm in writing within 10 days after making the offer. (NRS 616C.475(8))
- 2) Within 6 working days after notification of a claim for compensation, the employer shall complete and file with the Third Party Administrator an Employer's Report of Industrial Injury or Occupational Disease. (NRS 616C.045(1))

For questions, please contact your broker or Third Party Administrator.

NOTICE TO POLICYHOLDERS

NEW YORK

Companies writing workers' compensation insurance business in New York are required to participate in the New York Workers' Compensation Security Fund. If a company becomes insolvent, the security fund settles unpaid claims and assesses each insurance company for its fair share.

New York law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged "NY surcharge", an amount will be displayed on your premium notice.

NEW YORK WORKERS COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL

Policyholder Disputes

Policyholders are entitled to inquire, challenge and dispute issues relating to classification, ownership, premium auditing, and/or other New York Compensation Insurance Rating Board (NYCIRB) rulings or decisions pertaining to this policy. Please refer to the Employer's Appeal Process noted below.

Inquiries may also be directed to the New York State Department of Financial Services (DFS) at:

<http://www.dfs.ny.gov/about/contactus.htm#consumer>

or by calling the Consumer Hotline at 800- 342 – 3736 (Monday through Friday, 8:30 AM to 4:30 PM).

Policyholder Right to Appeal

An insured, or its representative, (hereafter referred to as "insured"), may appeal the application of a rule or procedure contained in the NY Workers Compensation & Employers Liability Manual. Rules or procedures are defined as those determinations, either by a carrier or the Rating Board, which define the variables which makeup the policy conditions. Examples include: classification codes, ownership information, premium audits, and any other determination which may affect the policy.

To be considered for review, a written request explaining the reason(s) for the appeal must be submitted to the Rating Board. Upon receipt of the request for review, the following actions will be taken:

1. A staff member will review the request and respond to the insured within sixty (60) days, in writing, acknowledging receipt of the request, granting the insured its request or sustaining its original ruling.
2. The insured, if not satisfied with the outcome in 1. above, may then request, in writing, a conference with members of the Rating Board staff. The request must state the nature of the complaint and contain any supporting documents. The appropriate Department Vice President or his or her designated representative, if appropriate, will preside at the conference.
3. If the dispute is not resolved at the conference, the insured may then appeal to the Underwriting Committee of the Rating Board for a hearing to consider the staff ruling. This appeal must be in writing and must specify the reason(s) for the appeal and the nature of the complaint.

Following, receipt of the appeal, the insured will be notified regarding the time and place for the hearing. The appeal will be heard at the next Underwriting Committee meeting for which appropriate time can be given for this matter. Subsequent to the hearing, the insured will be advised, in writing, of the Underwriting Committee decision regarding its complaint.

4. If the Underwriting Committee ruling is not satisfactory to the insured, the insured may then request a hearing at the New York State Department of Financial Services to consider the decision of the Rating Board's Underwriting Committee.
5. The New York State Department of Financial Services decision may be appealed to a higher court, by either the insured or the Rating Board.

NOTICE TO POLICYHOLDERS

NEW YORK WORKERS COMPENSATION

OCTOBER 1, 2017 LOSS COST REVISION

An overall loss cost decrease of 4.5%, which includes a decrease of 4.6% in the average manual loss cost level and no change in the loss cost provision for terrorism, natural disasters and catastrophic industrial accidents, has been approved by the New York State Department of Financial Services to become effective on October 1, 2017.

The following is a description of the various components of the approved change:

Loss Experience – The latest two policy years of experience produced a 7.5% decrease in the overall loss cost level.

Legislative and Regulatory Changes – This revision includes an estimate of the cost impact of the latest increases in the maximum weekly benefits that were set forth in the 2007 workers compensation reform legislation. This component contributed an increase of 0.7% to the overall change. Legislative changes enacted in 2017 contributed a decrease of 1.7% to the overall change.

Loss Adjustment Expenses – A review of the latest data available resulted in a 0.6% increase in the Loss Adjustment Expense provision.

Future Trends – The latest analysis of New York claim severity and claim frequency indicates a continuing small decrease in claim frequency and an upward trend in both indemnity and medical claim costs. Combined with a projected wage trend, the final selected net trend factor is 3.6%.

Catastrophe Provision – This revision contains no changes in the loss cost provisions for terrorism and for natural disasters and catastrophic industrial accidents.

Classification Loss Costs – Although the average manual loss cost level is decreasing by 4.6%, individual classification loss cost changes are based on the most recently available loss experience for each classification. Both increases and decreases from the current loss costs have been actuarially calculated for each class. This process ensures that each classification loss cost reflects the appropriate level relative to the experience of the other classifications.

NOTICE TO POLICYHOLDERS

New York Workers Compensation LOSS COST COMPARISON - OCTOBER 1, 2016 TO OCTOBER 1, 2017

Class Code	Oct. 2017	Oct. 2016	% Change	Class Code	Oct. 2017	Oct. 2016	% Change
0005	3.34	3.26	2.5%	2081	14.62	15.85	-7.8%
0006	4.05	4.56	-11.2%	2089	14.86	15.01	-1.0%
0007	3.09	3.84	-19.5%	2095	10.96	11.58	-5.4%
0031	3.13	3.77	-17.0%	2101	5.32	5.88	-9.5%
0034	3.88	4.55	-14.7%	2105	9.40	9.78	-3.9%
0035	3.18	3.51	-9.4%	2111	4.67	5.90	-20.8%
0042	7.13	7.76	-8.1%	2112	12.55	12.13	3.5%
0050	6.29	7.01	-10.3%	2114	8.09	8.36	-3.2%
0106	11.48	11.97	-4.1%	2121	7.07	7.56	-6.5%
0251	15.57	12.75	22.1%	2143	5.59	6.34	-11.8%
0771	6.63	6.11	8.5%	2150	15.45	15.66	-1.3%
0908	176.47	147.80	19.4%	2157	14.59	16.43	-11.2%
0909	264.66	292.95	-9.7%	2172	3.74	3.15	18.7%
0912	1089.99	1285.23	-15.2%	2288	10.85	11.87	-8.6%
0913	400.77	428.63	-6.5%	2302	4.03	4.79	-15.9%
0917	6.11	6.21	-1.6%	2362	2.79	2.75	1.5%
1170	5.64	6.84	-17.5%	2380	13.56	15.36	-11.7%
1320	7.30	8.27	-11.7%	2387	4.59	5.04	-8.9%
1430	5.45	6.77	-19.5%	2388	4.22	4.44	-5.0%
1438	8.26	6.85	20.6%	2402	3.21	3.41	-5.9%
1439	6.94	7.63	-9.0%	2413	5.40	5.91	-8.6%
1452	7.77	8.07	-3.7%	2416	2.88	2.95	-2.4%
1463	8.73	9.27	-5.8%	2417	4.75	5.67	-16.2%
1470	14.42	15.40	-6.4%	2501	0.93	1.00	-7.0%
1624	5.43	5.42	0.2%	2503	1.22	1.35	-9.6%
1701	7.36	7.39	-0.4%	2534	6.31	6.50	-2.9%
1710	6.56	7.17	-8.5%	2553	3.48	3.55	-2.0%
1741	7.32	8.55	-14.4%	2570	6.36	6.82	-6.7%
1747	25.76	28.72	-10.3%	2571	4.67	5.32	-12.2%
1748	11.07	11.41	-3.0%	2576	4.90	5.80	-15.5%
1809	13.66	14.71	-7.1%	2578	3.75	4.27	-12.2%
1810	12.19	13.10	-6.9%	2590	3.07	3.00	2.3%
1853	5.96	6.08	-2.0%	2591	6.43	6.19	3.9%
1860	15.87	16.23	-2.2%	2593	6.96	6.81	2.2%
1924	7.05	6.88	2.5%	2594	7.67	7.77	-1.3%
1925	9.84	8.87	10.9%	2600	8.29	8.68	-4.5%
2001	7.43	9.47	-21.5%	2623	5.45	6.38	-14.6%
2002	7.87	8.59	-8.4%	2640	20.88	20.98	-0.5%
2003	6.47	7.24	-10.6%	2660	3.76	4.34	-13.4%
2014	6.69	8.34	-19.8%	2670	4.29	4.97	-13.7%
2021	5.53	6.27	-11.8%	2683	6.65	6.70	-0.7%
2039	7.23	7.32	-1.2%	2688	2.00	2.22	-9.9%
2041	6.88	6.79	1.3%	2689	1.26	1.29	-2.3%
2065	6.05	7.63	-20.7%	2702	24.92	34.57	-27.9%
2070	7.79	8.03	-3.0%	2710	8.84	9.69	-8.8%

NOTICE TO POLICYHOLDERS

Class Code	Oct. 2017	Oct. 2016	% Change	Class Code	Oct. 2017	Oct. 2016	% Change
2714	12.52	14.24	-12.1%	3179	3.28	3.22	1.9%
2731	6.65	7.13	-6.7%	3188	4.15	4.65	-10.8%
2737	7.59	8.97	-15.4%	3190	4.11	4.18	-1.7%
2759	15.96	16.77	-4.8%	3191	5.76	4.78	20.5%
2790	2.74	3.56	-23.0%	3200	3.99	4.24	-5.9%
2802	7.97	7.89	1.0%	3220	3.71	4.25	-12.7%
2816	5.03	5.83	-13.7%	3227	36.30	44.50	-18.4%
2817	4.90	4.99	-1.8%	3241	6.47	6.67	-3.0%
2818	5.47	5.39	1.5%	3257	4.85	5.39	-10.0%
2835	3.46	3.84	-9.9%	3270	2.85	2.96	-3.7%
2841	5.92	6.20	-4.5%	3307	5.72	6.20	-7.7%
2881	4.02	4.68	-14.1%	3315	9.20	7.63	20.6%
2883	4.79	4.79	0.0%	3336	2.64	2.72	-2.9%
2913	4.48	3.87	15.8%	3365	11.83	14.28	-17.2%
2916	5.86	6.73	-12.9%	3372	4.22	5.39	-21.7%
2923	2.48	2.83	-12.4%	3381	3.20	3.67	-12.8%
2942	3.25	3.16	2.8%	3383	0.79	1.02	-22.5%
3004	7.33	7.42	-1.2%	3384	0.38	0.46	-17.4%
3018	11.51	12.43	-7.4%	3385	1.49	1.58	-5.7%
3022	11.12	12.53	-11.3%	3400	9.80	8.13	20.5%
3027	2.90	2.41	20.3%	3507	4.03	4.47	-9.8%
3028	16.56	13.73	20.6%	3515	4.25	4.72	-10.0%
3030	13.11	11.33	15.7%	3548	3.55	4.43	-19.9%
3040	12.99	13.86	-6.3%	3559	3.83	3.67	4.4%
3041	7.37	7.90	-6.7%	3561	3.32	3.46	-4.0%
3042	6.18	7.47	-17.3%	3574	1.06	1.20	-11.7%
3060	18.29	21.55	-15.1%	3581	2.29	2.34	-2.1%
3064	9.17	10.33	-11.2%	3612	3.33	3.45	-3.5%
3066	4.39	4.56	-3.7%	3620	6.95	7.12	-2.4%
3067	4.51	5.34	-15.5%	3629	2.11	2.22	-5.0%
3076	3.94	4.08	-3.4%	3632	4.22	4.30	-1.9%
3081	10.38	13.01	-20.2%	3634	2.78	2.90	-4.1%
3085	7.77	9.27	-16.2%	3635	4.07	4.16	-2.2%
3110	17.32	17.44	-0.7%	3638	4.42	4.39	0.7%
3111	7.65	7.83	-2.3%	3642	3.24	3.35	-3.3%
3113	2.64	2.97	-11.1%	3643	3.25	4.60	-29.3%
3114	3.50	3.26	7.4%	3647	6.58	7.58	-13.2%
3118	3.50	4.00	-12.5%	3648	2.90	3.37	-13.9%
3122	5.99	6.86	-12.7%	3681	2.00	2.12	-5.7%
3126	18.03	18.90	-4.6%	3685	1.66	1.67	-0.6%
3129	4.75	5.44	-12.7%	3686	2.64	2.67	-1.1%
3132	3.29	3.89	-15.4%	3724	6.28	6.20	1.3%
3145	2.71	3.07	-11.7%	3726	15.88	18.16	-12.6%
3146	2.44	2.72	-10.3%	3737	5.51	5.44	1.3%
3169	4.64	3.99	16.3%	3807	7.15	7.21	-0.8%

NOTICE TO POLICYHOLDERS

Class Code	Oct. 2017	Oct. 2016	% Change	Class Code	Oct. 2017	Oct. 2016	% Change
3808	5.14	5.28	-2.7%	4360	0.39	0.43	-9.3%
3821	12.83	13.75	-6.7%	4361	0.97	1.00	-3.0%
3823	8.68	11.03	-21.3%	4362	0.64	0.68	-5.9%
3824	7.64	6.53	17.0%	4410	6.28	6.74	-6.8%
3826	2.23	2.73	-18.3%	4420	14.62	14.94	-2.1%
3827	8.08	9.26	-12.7%	4431	6.15	6.42	-4.2%
3830	3.77	4.20	-10.2%	4432	2.66	2.66	0.0%
3832	4.13	3.91	5.6%	4439	3.08	2.72	13.2%
3865	3.34	3.35	-0.3%	4452	5.00	5.18	-3.5%
3881	(a)	(a)	0.0%	4459	4.29	5.20	-17.5%
4000	7.27	7.05	3.1%	4470	4.44	4.47	-0.7%
4024	6.25	7.13	-12.3%	4475	3.75	3.87	-3.1%
4034	13.05	13.25	-1.5%	4476	2.74	2.97	-7.7%
4038	4.73	5.67	-16.6%	4479	3.42	3.69	-7.3%
4053	7.53	9.62	-21.7%	4493	6.47	7.37	-12.2%
4061	6.26	7.98	-21.6%	4511	0.80	0.77	3.9%
4062	7.44	8.08	-7.9%	4557	2.41	3.06	-21.2%
4101	4.06	4.54	-10.6%	4558	4.92	4.93	-0.2%
4111	4.57	4.97	-8.0%	4568	3.97	4.49	-11.6%
4112	2.76	3.46	-20.2%	4583	11.29	12.25	-7.8%
4114	3.44	3.47	-0.9%	4597	3.62	4.36	-17.0%
4130	9.05	8.81	2.7%	4611	2.92	2.99	-2.3%
4131	5.28	5.78	-8.7%	4628	2.11	2.54	-16.9%
4133	2.34	2.37	-1.3%	4635	6.44	6.33	1.7%
4150	2.20	2.30	-4.3%	4653	3.35	4.09	-18.1%
4207	1.65	1.93	-14.5%	4665	18.53	17.34	6.9%
4239	4.44	5.49	-19.1%	4692	1.11	0.94	18.1%
4240	6.09	6.23	-2.2%	4693	3.18	3.74	-15.0%
4243	4.70	4.90	-4.1%	4710	4.62	5.07	-8.9%
4244	3.38	3.78	-10.6%	4712	3.79	4.94	-23.3%
4250	3.57	3.73	-4.3%	4720	5.97	6.43	-7.2%
4251	3.99	4.77	-16.4%	4751	3.97	4.17	-4.8%
4263	6.85	5.68	20.6%	4771	5.72	7.12	-19.7%
4273	3.80	3.30	15.2%	4825	1.02	1.22	-16.4%
4279	5.04	4.79	5.2%	4828	1.90	1.71	11.1%
4282	0.65	0.77	-15.6%	4829	3.32	3.51	-5.4%
4298	2.99	3.19	-6.3%	4902	4.78	5.03	-5.0%
4299	3.15	3.46	-9.0%	4923	1.89	2.23	-15.2%
4301	9.19	7.97	15.3%	5000	30.09	40.69	-26.1%
4304	10.04	9.66	3.9%	5022	21.54	20.91	3.0%
4307	4.37	4.37	0.0%	5037	26.92	32.78	-17.9%
4310	4.00	4.54	-11.9%	5040	30.18	32.29	-6.5%
4312	3.17	3.08	2.9%	5057	20.42	22.73	-10.2%
4351	2.54	2.67	-4.9%	5059	39.71	38.22	3.9%
4352	0.89	0.94	-5.3%	5069	38.26	50.09	-23.6%

NOTICE TO POLICYHOLDERS

Class Code	<u>Oct. 2017</u>	<u>Oct. 2016</u>	<u>% Change</u>	Class Code	<u>Oct. 2017</u>	<u>Oct. 2016</u>	<u>% Change</u>
5102	15.31	17.37	-11.9%	6017	3.59	3.90	-7.9%
5160	5.84	6.35	-8.0%	6018	17.55	22.51	-22.0%
5183	8.16	8.63	-5.4%	6045	5.85	6.14	-4.7%
5184	9.63	10.40	-7.4%	6204	10.18	10.64	-4.3%
5188	7.69	7.84	-1.9%	6216	10.22	10.68	-4.3%
5190	6.57	6.63	-0.9%	6217	9.37	9.08	3.2%
5191	1.68	1.96	-14.3%	6229	6.58	7.22	-8.9%
5192	4.96	5.74	-13.6%	6233	6.31	6.71	-6.0%
5193	11.73	14.20	-17.4%	6235	10.54	10.29	2.4%
5213	20.13	19.07	5.6%	6251	18.54	17.87	3.7%
5221	15.17	15.35	-1.2%	6252	4.64	5.53	-16.1%
5222	10.93	13.03	-16.1%	6260	(a)	(a)	0.0%
5223	11.37	12.33	-7.8%	6306	11.06	13.55	-18.4%
5348	9.66	9.53	1.4%	6319	9.87	9.65	2.3%
5402	11.43	13.31	-14.1%	6325	8.84	9.09	-2.8%
5403	17.27	16.89	2.2%	6400	8.86	10.71	-17.3%
5428	7.35	10.10	-27.2%	6504	5.46	6.07	-10.0%
5429	9.25	9.43	-1.9%	6701	19.79	21.04	-5.9%
5443	10.74	11.21	-4.2%	6801	35.90	35.34	1.6%
5445	10.46	10.51	-0.5%	6811	7.46	8.60	-13.3%
5462	11.38	12.76	-10.8%	6824	15.67	16.53	-5.2%
5473	30.26	30.07	0.6%	6826	5.29	4.49	17.8%
5474	11.60	12.15	-4.5%	6834	5.62	5.64	-0.4%
5479	8.39	8.01	4.7%	6836	4.28	4.66	-8.2%
5480	11.95	9.73	22.8%	6843	7.61	6.46	17.8%
5491	4.49	4.86	-7.6%	6854	3.50	3.50	0.0%
5506	16.51	19.51	-15.4%	6872	23.82	27.39	-13.0%
5507	9.35	9.71	-3.7%	6874	64.41	73.39	-12.2%
5508	7.85	8.70	-9.8%	6875	105.08	106.19	-1.0%
5536	9.00	9.19	-2.1%	6882	5.27	5.52	-4.5%
5538	10.55	11.90	-11.3%	6884	52.66	53.71	-2.0%
5545	25.76	27.79	-7.3%	6885	75.15	77.15	-2.6%
5547	15.28	14.90	2.6%	7016	7.86	8.82	-10.9%
5606	4.91	4.47	9.8%	7024	8.73	9.80	-10.9%
5610	10.28	11.56	-11.1%	7038	3.73	3.17	17.7%
5645	13.57	13.39	1.3%	7046	4.35	4.61	-5.6%
5648	23.56	23.27	1.2%	7047	14.07	14.71	-4.4%
5651	8.41	9.59	-12.3%	7050	6.19	5.25	17.9%
5701	23.63	21.86	8.1%	7090	4.15	3.52	17.9%
5703	33.27	27.09	22.8%	7098	4.83	5.12	-5.7%
5709	27.45	23.62	16.2%	7099	7.79	7.61	2.4%
5951	1.24	1.33	-6.8%	7133	5.56	5.75	-3.3%
5954	6.37	5.84	9.1%	7197	10.57	8.85	19.4%
6003	14.17	16.36	-13.4%	7201	5.69	6.80	-16.3%
6005	7.44	8.41	-11.5%	7207	4.81	5.00	-3.8%

NOTICE TO POLICYHOLDERS

Class Code	Oct. 2017	Oct. 2016	% Change	Class Code	Oct. 2017	Oct. 2016	% Change
7219	13.36	14.02	-4.7%	7855	6.59	7.56	-12.8%
7231	10.90	12.97	-16.0%	7998	3.86	4.81	-19.8%
7242	27.87	27.99	-0.4%	7999	2.43	2.49	-2.4%
7309	6.74	8.55	-21.2%	8001	3.49	3.56	-2.0%
7313	2.72	2.85	-4.6%	8006	2.32	2.29	1.3%
7317	27.96	29.37	-4.8%	8008	1.15	1.24	-7.3%
7327	29.99	31.44	-4.6%	8012	1.74	1.88	-7.4%
7333	8.00	9.16	-12.7%	8013	0.47	0.55	-14.5%
7335	8.89	10.17	-12.6%	8016	0.58	0.55	5.5%
7337	14.33	15.14	-5.4%	8017	1.80	1.73	4.0%
7364	3.29	4.73	-30.4%	8018	4.50	4.68	-3.8%
7366	11.32	13.89	-18.5%	8021	6.69	6.53	2.5%
7367	9.72	10.81	-10.1%	8025	2.35	2.86	-17.8%
7368	10.42	11.17	-6.7%	8031	3.47	3.67	-5.4%
7370	(c)	(c)	2.3%	8032	1.11	1.14	-2.6%
7377	11.15	11.24	-0.8%	8033	4.32	4.40	-1.8%
7380	10.30	10.92	-5.7%	8034	6.77	7.13	-5.0%
7390	17.75	14.62	21.4%	8039	2.58	3.10	-16.8%
7394	6.03	5.77	4.5%	8043	1.20	1.53	-21.6%
7395	6.70	6.39	4.9%	8044	3.92	4.33	-9.5%
7398	10.78	9.49	13.6%	8046	4.42	4.68	-5.6%
7403	6.53	7.11	-8.2%	8047	2.13	2.57	-17.1%
7405	1.92	2.24	-14.3%	8048	6.24	7.09	-12.0%
7421	1.18	1.53	-22.9%	8068	0.53	0.73	-27.4%
7422	3.86	3.80	1.6%	8069	0.99	1.31	-24.4%
7431	0.84	1.16	-27.6%	8072	1.14	1.34	-14.9%
7445	0.45	0.48	-6.2%	8090	1.24	1.49	-16.8%
7453	0.43	0.46	-6.5%	8102	10.39	10.57	-1.7%
7502	2.55	2.56	-0.4%	8103	6.26	5.74	9.1%
7515	2.40	2.12	13.2%	8105	3.70	4.01	-7.7%
7520	7.88	8.09	-2.6%	8106	7.31	8.62	-15.2%
7536	9.28	10.55	-12.0%	8107	4.54	5.07	-10.5%
7538	6.31	8.66	-27.1%	8111	5.23	5.65	-7.4%
7539	2.11	1.95	8.2%	8116	3.10	3.73	-16.9%
7542	7.53	8.24	-8.6%	8199	4.42	4.88	-9.4%
7580	6.28	5.67	10.8%	8209	9.65	10.03	-3.8%
7590	5.57	6.55	-15.0%	8215	9.76	12.91	-24.4%
7600	8.03	7.83	2.6%	8227	13.81	15.04	-8.2%
7601	7.00	8.42	-16.9%	8232	7.79	8.71	-10.6%
7610	0.31	0.32	-3.1%	8235	6.00	6.37	-5.8%
7710	5.14	5.74	-10.5%	8263	10.34	11.31	-8.6%
7711	(e)	(e)	10.5%	8264	8.25	8.58	-3.8%
7716	(e)	(e)	10.5%	8265	11.70	12.18	-3.9%
7720	2.47	2.30	7.4%	8280	21.33	19.04	12.0%
7723	2.23	2.29	-2.6%	8288	5.36	6.27	-14.5%

NOTICE TO POLICYHOLDERS

Class Code	Oct. 2017	Oct. 2016	% Change	Class Code	Oct. 2017	Oct. 2016	% Change
8291	9.16	9.59	-4.50%	9014	5.93	6	-1.20%
8292	5.98	6.9	-13.30%	9015	2.18	2.61	-16.50%
8293	12.68	14.32	-11.50%	9016	7.26	9.62	-24.50%
8350	11.88	11.35	4.70%	9019	3.91	3.56	9.80%
8353	7.09	8.62	-17.70%	9025	23.48	26.28	-10.70%
8381	3.47	4.12	-15.80%	9026	5.15	5.36	-3.90%
8382	2.46	2.68	-8.20%	9027	17.93	23.89	-24.90%
8385	9.7	10.33	-6.10%	9028	3.83	4.07	-5.90%
8391	4.31	4.53	-4.90%	9029	6.35	5.86	8.40%
8392	3.2	3.26	-1.80%	9030	6.35	6.15	3.30%
8394	6.36	7.09	-10.30%	9040	5.48	6.23	-12.00%
8500	8.6	8.94	-3.80%	9044	7.09	7.42	-4.40%
8601	0.57	0.63	-9.50%	9048	3.17	3.61	-12.20%
8709	28.11	27.54	2.10%	9051	5.15	5.69	-9.50%
8719	3.24	3.35	-3.30%	9052	3.99	4.4	-9.30%
8720	2.6	2.99	-13.00%	9055	1.49	1.49	0.061
8726	4.6	4.59	0.20%	9058	3.92	3.3	8.80%
8731	3.24	3.33	-2.70%	9059	10.55	10.36	1.80%
8742	0.36	0.36	0.00%	9060	2.02	2.03	-0.50%
8745	7.65	8.75	-12.60%	9061	2.16	2.06	4.90%
8747	0.23	0.31	-25.80%	9063	1.34	1.49	-10.10%
8748	1.57	1.52	3.30%	9065	1.33	1.28	3.90%
8751	4.46	4.72	-5.50%	9071	2.25	2.29	-1.70%
8755	0.84	0.9	-6.70%	9072	2.62	2.54	3.10%
8800	2.38	2.48	-4.00%	9074	1.4	1.56	-10.30%
8802	1.63	1.56	4.50%	9088	14	14.51	-3.50%
8803	0.07	0.07	0.00%	9089	0.54	0.61	-11.50%
8809	0.25	0.23	8.70%	9093	2.39	2.46	-2.80%
8810	0.16	0.18	-11.10%	9101	3.9	4.31	-9.50%
8820	0.16	0.18	-11.10%	9102	4.58	3.75	22.10%
8829	4.38	4.62	-5.20%	9149	2.25	2.47	-8.90%
8831	1.64	1.73	-5.20%	9157	5.47	5.52	-0.90%
8832	0.55	0.61	-9.80%	9158	2.24	2.11	6.20%
8833	1.78	1.9	-6.30%	9159	1.7	1.62	4.90%
8838	0.59	0.58	1.70%	9160	1.85	2.19	-15.50%
8840	0.59	0.63	-6.30%	9178	3.26	3.21	1.60%
8854	5.31	5.04	5.40%	9179	8.3	8.36	-0.70%
8857	3.4	3.03	12.20%	9180	2.91	2.97	-2.00%
8864	3.84	4.01	-4.20%	9182	2.05	2.37	-13.50%
8865	3.86	4.24	-9.00%	9186	10.54	13.98	-24.60%
8866	3.75	4.23	-11.30%	9220	9.96	10.79	-7.70%
8868	0.57	0.62	-8.10%	9402	8.2	7.89	3.90%
8869	1.08	0.96	12.50%	9403	14.96	16.05	-6.80%
8871	0.36	0.49	-26.50%	9410	8.5	7.7	10.40%
8901	0.16	0.23	-30.40%	9501	2.28	2.5	-8.80%

NOTICE TO POLICYHOLDERS

Legend:

- (a) - Loss cost for each individual risk shall be obtained from the Rating Board.
- (c) - Refer to Miscellaneous Values in the manual for loss costs.
- (e) - Refer to Volunteer Firefighters schedule for loss costs. Loss cost change is the same for all population groups in this class.

NOTICE TO POLICYHOLDERS

OKLAHOMA – WORKERS COMPENSATION

As required by Section 11 of Oklahoma H.B. 1002, we make accident prevention services available to our Workers' Compensation policyholders. If you would like additional information on these services, please contact:

XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120

1-800-858-0853

All terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

OREGON – WORKERS COMPENSATION

As part of the Oregon Safe Employment Act (ORS 654.001 - 654.295 and 654.991), it is the responsibility of employers to provide a safe and healthful workplace. In an effort to assist you in providing a safe and healthful workplace, XL Catlin is required to offer you loss control services to assist you in controlling workplace hazards and reducing your losses free of charge.

Loss control services available include the following:

- **Evaluation of your loss control needs;**
- **Assistance in evaluating injury and illness records;**
- **Explanation of the Oregon Safe Employment Act;**
- **On-site health and safety surveys to identify health and safety hazards;**
- **Assistance with industrial hygiene and safety evaluations to detect physical and chemical hazards in the workplace, and implementation of engineering or administrative controls;**
- **Assistance in evaluating, obtaining, and maintaining personal protective equipment;**
- **Evaluation of work practices, workplace design, and assistance with job site modifications;**
- **Assistance in evaluating management practices with regard to safety; and**
- **Assistance in identifying health and safety training needs and available resources.**

Please distribute the above listed materials to any additional locations within Oregon in which you have employees permanently assigned.

If, at any time, you feel that XL Catlin is not responding to your request for loss control services, you may contact the Oregon Occupational Safety and Health Administration to file a complaint.

Please contact XL Catlin at 1-800-858-0853 if you would like to request any of these services or if you have any questions regarding this information or write to the address below:

**XL Catlin
Risk Control Department
Workers Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120**

1-800-858-0853

We look forward to working together to reduce your company's losses and protecting the health and well-being of your employees.

NOTICE TO POLICYHOLDER

OREGON – WORKERS COMPENSATION

Under OAR 436-060-0055, we are required to notify you of the option to reimburse us for payment of medical services on non-disabling claims up to \$2,000 per claim incurred under your Oregon Workers' Compensation policy. If you choose this reimbursement option you must sign and return this notice to us and the following procedures will then apply:

- Within 30 days following each three month period after your policy inception, or a period mutually agreed upon by you and us, we will provide you with a list of all accepted non-disabling claims for which payments were made during that period and the respective cost of each claim.
- No later than 30 days after receipt of the list, or a period mutually agreed upon by you and us in excess of 30 days, you must identify and notify us of those claims and the dollar amount you wish to pay for that period and reimburse us accordingly.
- Failure by you to reimburse us within 30 days, or within a period in excess of 30 days as established by a mutual agreement between you and us, shall be deemed notice to us that you do not wish to make a reimbursement for that period.
- We shall continue to bill you for any payments made on the claims within 27 months of the inception of the policy period. Any further billing and reimbursement will be made only by mutual agreement between you and us.

Any reimbursement to us by you for medical services on non-disabling claims shall not be used to affect your experience rating modification.

Your written election to participate in the reimbursement program will remain in effect, without further notice from you, until you advise us otherwise in writing or you are no longer insured by us.

If you do not respond in writing within 30 days of receipt of this notice, it will be construed to mean you have not elected to participate in the reimbursement program; however, you may choose to participate later in the policy period upon written request. The earliest reimbursement period shall be the first completed period, established under procedures listed above, following receipt of your request.

If you would like to request the reimbursement option, please sign and return this notice to the following address:

Regulatory Office
XL Catlin
505 Eagleview Blvd., Suite 100
Dept. Regulatory
Exton, PA 19341-1120

Signature of Insured

Date

RWD9435435-05
Policy Number

Employbridge Holding Company
Named Insured

NOTICE TO POLICYHOLDERS

PENNSYLVANIA – WORKERS COMPENSATION

As required by Pennsylvania Workers' Compensation Act 44, XL Catlin maintains and provides accident and illness prevention services as required by the nature of the policyholder's business or its operation, in accordance with the Pennsylvania Workers' Compensation Act. For more information about these services contact:

**XL Catlin
Risk Control Department
Workers' Compensation Coordinator
505 Eagleview Boulevard
Suite 100
Exton, PA 19341-1120**

1-800-858-0853

An Employer who establishes a workplace safety committee which is certified by the Pennsylvania Department of Labor and Industry will receive a reduction in premium of 5%. Should you have any questions please contact:

**Department of Labor and Industry
Bureau of Workers Compensation
Health and Safety Section Certification Unit
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501**

1-717-772-1635

NOTICE TO POLICYHOLDERS

SOUTH DAKOTA – WORKERS COMPENSATION

As required by South Dakota SB 310, we offer our Workers' Compensation policyholders annual workplace safety reviews which include reports with written recommendations for improved safety procedures. To arrange for a review or to obtain additional information, please contact the Risk Control Department at 800-858-0853.

All other terms and conditions remain unchanged.

NOTICE TO POLICYHOLDERS

WORKERS COMPENSATION

SOUTH DAKOTA – PREMIUM CHARGES FOR INDEPENDENT CONTRACTORS

As required by South Dakota Department of Labor and Regulation Bulletin 14-05 we are advising all South Dakota policyholders of the law concerning the use of independent contractors. Pursuant to SDCL § 62-1-2 and 62-1-3 independent contractors are not required to carry workers compensation insurance. At policy issuance and/or policy audit, we will verify the independent contractor status of any contractor doing work associated with coverage under this policy. If a contractor does not submit documentation required and/or requested by us which is necessary to allow us to verify its or its subcontractor's independent contractor status, the workers compensation premium charges for that contractor will be included in your premium charges.

NOTICE TO POLICYHOLDERS

TENNESSEE

**FOR INFORMATION, OR
TO MAKE A COMPLAINT, CALL:
1-800-622-7311
XL CATLIN
SEAVIEW HOUSE
70 SEAVIEW AVENUE
STAMFORD, CT 06902-6040**

NOTICE TO POLICYHOLDERS

WORKERS COMPENSATION TENNESSEE – RATING APPEALS

Tennessee Insurance Division Rule 0780-01-82.-05 requires that we provide you with a process whereby you can request a review of the application of our rating system to your Tennessee Workers Compensation coverage.

1. To request a review of the application of our rating system to your Tennessee Workers Compensation coverage, a written request must be sent to:

XL Catlin
Regulatory Office
505 Eagleview Blvd.
Suite 100
Exton, PA 19341-1120

(800) 688-1840

2. We will provide a written response to the requesting party within thirty (30) days of receipt of your request. Our written response will contain the specific reasons for our decisions.
3. If you disagree with our decision or if we do not respond back within forty-five (45) days of receipt of your request, you have the right to appeal to the Commissioner.
4. All appeals to the Commissioner must meet the following requirements:
 - a. The appeal must be filed with the Commissioner within thirty (30) days of either:
 - i. The receipt of our decision, **or**
 - ii. Expiration of the forty-five (45) day period
 - b. The appeal must contain a short and plain statement as to what portion of the decision is being appealed.
 - c. The appeal must be accompanied by our written decision, or if applicable, a written statement from you that your request for review was made over forty-five (45) days ago and no response was received.
 - d. The appeal must specify the date in which you would like to have the hearing. Hearing dates can be found on the Tennessee Administrative Procedures Division web-site.
 - e. The appeal must be accompanied by a certification by you or your attorney that a copy of any materials filed with the Commissioner has also been sent to the Administrative Procedures Division of the Secretary of State and all parties to the dispute.
 - f. Any form of mailing may be used and material should be sent to:

Department of Commerce and Insurance
Davy Crockett Tower
Actuarial Services Section 4th Floor
500 James Robertson Parkway
Nashville, TN 37243

NOTICE TO POLICYHOLDERS

TEXAS

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact your agent.

You may call XL Catlin's toll-free telephone number for information or to make a complaint at:

1-800-622-7311

You may also write to XL Catlin at:

Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/Office of Public Insurance Counsel Website:

www.helpinsure.com

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede comunicarse con su agente.

Usted puede llamar al número de teléfono gratuito de XL Catlin's para obtener información o para presentar una queja al:

1-800-622-7311

Usted también puede escribir a XL Catlin:

Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov

Para obtener formas para la comparación de precios y pólizas y para obtener otra información sobre el seguro de propiedad residencial y de seguro de automóvil personal, visite el sitio web del Departamento de Seguros de Texas/Oficina del Asesor Público de Seguros:

www.helpinsure.com

DISPUTAS POR PRIMAS DE SEGUROS O

RECLAMACIONES: Si tiene una disputa relacionada con su prima de seguro o con una reclamación usted debe comunicarse con (el agente) (la compañía) primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA: Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

NOTICE TO POLICYHOLDERS

TEXAS – WORKERS COMPENSATION – LOSS PREVENTION NOTICE

Pursuant to Texas Labor Code §411.066, XL Catlin is required to notify its policyholders that accident prevention services are available from XL Catlin at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene and industrial health services. XL Catlin is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022.

If you would like more information, contact XL Catlin at 1-800-858-0853 and accidentpreventionservices@xlcattlin.com for accident prevention services or 1-800-858-0853 and accidentpreventionservices@xlcattlin.com for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at (512) 804-5000. If XL Catlin fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, MS-8, at 7551 Metro Center Drive, Austin, Texas 78744-1645.

NOTICE TO POLICYHOLDERS

VIRGINIA IMPORTANT INFORMATION

In the event you need to contact someone about this Policy for any reason please contact your agent. If you have additional questions, you may contact the insurance company issuing this Policy at the following address and telephone number:

XL Catlin
Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040
1-800-622-7311

If you are unable to obtain satisfaction from the company or agency, you may contact the Virginia Bureau of Insurance at:

Property and Casualty Division
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209

Written correspondence is preferable so that a record of your inquiry can be maintained. When contacting your agent, company or the Bureau of Insurance, have your Policy Number available.

INFORMATION PAGE

Insurer: **XL Insurance America, Inc.**
505 Eagleview Boulevard, Suite 100
Exton, PA 19341
A Stock Insurance Company

POLICY NO. RWD9435435-05

1. Name and Address of Insured: Renewal of: RWD9435435-04
Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338 NCCI Carrier Code: 10480
Legal Entity: Corporation

NCCI Risk ID#: 911088703

Other workplaces not shown above: See SCHEDULE OF NAMED INSUREDS AND LOCATIONS

2. The policy period is from 01-31-2018 to 01-31-2019 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: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia
 - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT: Ohio, North Dakota, Puerto Rico, Washington & Wyoming AND ALL STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE

- D. This policy includes these endorsements and schedules:

See SCHEDULE OF ENDORSEMENTS

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See EXTENSION OF INFORMATION PAGE



Deposit Premium: \$5,215,222.00

Total Estimated Annual Premium \$5,215,222.00

Minimum Premium:

Premium Adjustment Period: Annual

Countersigned by



Servicing Office:
190 South LaSalle Street,
Chicago, IL 60603

Producer Name and Code No: 04420
Lockton Companies, LLC
444 W. 47th Street Suite 900
Kansas City, MO 64112

Date of Issue: 02-09-2018

XL INSURANCE

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Southeast, LLC
 2323 W. Main Street, Suite 227
 Dothan, AL 36301

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 452324439

Of Employees: 175

Insured/State/Location No: Alabama

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
TOBACCO PRODUCTS MFG. NOC	2172	938,143	1.17	\$10,976
CARPENTRY--SHOP ONLY AND DRIVERS	2802	324,160	4.98	\$16,143
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	29,255	3.07	\$898
ELECTRICAL APPARATUS MFG. NOC	3179	386,276	1.74	\$6,721
METAL STAMPED GOODS MFG. NOC	3400	412,017	2.91	\$11,990
MACHINE SHOP NOC	3632	261,836	3.18	\$8,326
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	538,071	1.31	\$7,049
INSTRUMENT MFG. NOC	3685	297,057	0.93	\$2,763
AUTOMOBILE--MFG. OR ASSEMBLY	3808	17,072	4.13	\$705
MOTORCYCLE MFG. OR ASSEMBLY	3851	66,546	2.76	\$1,837
BRICK MFG.--FIRE OR ENAMELED-- AND DRIVERS	4024	56,619	2.60	\$1,472
RUBBER GOODS MFG NOC	4410	64,616	4.74	\$3,063
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	344,774	0.82	\$2,827
FOOD SUNDRIES MFG. NOC	6504	30,020	2.27	\$681
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	822,197	4.60	\$37,821
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	18,524	1.36	\$252
WHOLESALE STORE NOC	8018	2,564,580	2.44	\$62,576
COLD STORAGE LOCKER FROZEN FOODS	8031	70,002	2.13	\$1,491
FEED, FERTILIZER, HAY, OR GRAIN DEALER AND LOCAL MANAGERS,	8215	5,475	2.69	\$147



DRIVERS--NO MFG.

LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	2,280	4.66	\$106
STORAGE WAREHOUSE NOC	8292	144,912	2.93	\$4,246
AUTOMOBILE--SERVICE OR REPAIR CENTER AND DRIVERS	8380	5,115	3.61	\$185
ARCHITECTURAL OR ENGINEERING FIRM--INCLUDING SALESPERSONS AND DRIVERS	8601	21,387	0.48	\$103
CLERICAL OFFICE EMPLOYEES NOC	8810	1,117,192	0.17	\$1,899
BUILDINGS-OPERATION BY CONTRACTORS	9014	26,072	3.21	\$837
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT FIRM: ALL OTHER	9015	2,550	3.59	\$92
RESTAURANT NOC	9082	6,492	1.65	\$107
COLLEGE: ALL OTHER EMPLOYEES	9101	33,704	2.72	\$917

	Stat	Rate	Premium
Manual Premium:			\$186,230
Waiver of Subrogation Charge:	0930	.0200	\$3,725
Employer Liability Increased Limits:	9812	1.4%	\$2,607
Subject Premium:			\$192,562
Experience Modification:	9898	1.16	\$30,810
Modified Premium:			\$223,372
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$223,622
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.92529	-\$206,915
Terrorism:	9740	.0100	\$861
Catastrophe:	9741	.0100	\$861
Estimated Annual Premium:			\$18,429
Total State Premium:			\$18,429.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employbridge Midwest 1, Inc.
100 Hino Way
Marion, AR 72364

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 463766552

Of Employees: 124

Insured/State/Location No: Arkansas

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
NUT OR BOLT MFG.	3132	187	1.29	\$2
CHAIN MFG.--FORMED OR WELDED	3257	18,890	1.47	\$278
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	47,194	1.82	\$859
MACHINE SHOP NOC	3632	23,083	1.55	\$358
RUBBER GOODS MFG. NOC	4410	57,941	1.52	\$881
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	1,702,579	1.52	\$25,879
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	31,368	1.22	\$383
FOOD SUNDRIES MFG. NOC	6504	422,255	0.94	\$3,969
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	406	3.00	\$12
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	445,062	2.17	\$9,658
WHOLESALE STORE NOC	8018	27,243	1.05	\$286
CLERICAL OFFICE EMPLOYEES NOC	8810	119,341	0.09	\$107
Manual Premium:		Stat	Rate	Premium
Waiver of Subrogation Charge:		0930	.0200	\$853
Employer Liability Increased Limits:		9812	1.1%	\$469
Subject Premium:		9898	1.16	\$43,994
Experience Modification:				\$7,039
Modified Premium:				\$51,033
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$51,283
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.91200	-\$46,770
Terrorism:		9740	.0100	\$290



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Catastrophe:	9741	.0100	\$290
Estimated Annual Premium:			\$5,093
Total State Premium:			\$5,093.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a stylized, blocky font followed by the word "INSURANCE" in a smaller, sans-serif font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Staffing Solutions Southwest, Inc.
 2949 East Grant Road
 Tucson, AZ 85716

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 582575343 # Of Employees: 1628

Insured/State/Location No: Arizona

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	110,020	4.38	\$4,819
CREAMERY OR DAIRY AND ROUTE SUPERVISORS, DRIVERS	2070	2,375	3.73	\$89
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	529,145	2.65	\$14,022
MATTRESS OR BOX SPRING MFG.	2570	7,382	5.18	\$382
CARPET CLEANING AND DRIVERS	2585	60,185	3.47	\$2,088
CARPENTRY--SHOP ONLY AND DRIVERS	2802	3,707	6.64	\$246
FURNITURE MFG.--WOOD--NOC	2883	36,309	4.87	\$1,768
IRON OR STEEL--FABRICATION--IRONWORKS OR STEELWORKS--SHOP--STRUCTURAL AND DRIVERS	3030	163,642	8.81	\$14,417
SHEET METAL PRODUCTS MFG.	3076	1,108,936	3.31	\$36,706
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	3,973	2.08	\$83
NUT OR BOLT MFG.	3132	131,276	3.33	\$4,371
ELECTRICAL APPARATUS MFG. NOC	3179	160,627	1.88	\$3,020
PLUMBERS' SUPPLIES MFG. NOC	3188	60,204	1.66	\$999
WELDING OR CUTTING NOC AND DRIVERS	3365	5,325	4.76	\$253
METAL STAMPED GOODS MFG. NOC	3400	117,678	3.21	\$3,777
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	37,113	0.89	\$330
FUEL INJECTION DEVICE MFG.	3581	1,332,042	0.83	\$11,056
MACHINED PARTS MFG. NOC	3629	3,930	1.17	\$46
MACHINE SHOP NOC	3632	141,700	2.20	\$3,117



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

VALVE MFG.	3634	1,095,679	1.43	\$15,668
AUTOMOTIVE--LIGHTING, IGNITION, OR STARTING APPARATUS MFG. NOC	3648	10,925	1.43	\$156
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	418,816	0.57	\$2,387
INSTRUMENT MFG. NOC	3685	191,181	0.85	\$1,625
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	38,117	3.94	\$1,502
AUTOMOBILE--MFG. OR ASSEMBLY	3808	14,149	2.42	\$342
GLASS MERCHANT	4130	600	5.30	\$32
BOX MFG.--FOLDING PAPER--NOC	4243	3,791	2.13	\$81
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	18,219	3.76	\$685
BAG MFG.--PLASTIC OR PAPER	4273	11,360	3.48	\$395
PAPER GOODS MFG. NOC	4279	156,230	3.47	\$5,421
PRINTING	4299	44,918	1.66	\$746
RUBBER GOODS MFG. NOC	4410	45,421	4.64	\$2,108
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	10,132	2.45	\$248
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	1,442,497	2.68	\$38,659
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	1,020,688	2.60	\$26,538
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	38,968	1.14	\$444
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION MFG. AND INCLUDES MFG. OF INGREDIENTS	4825	143,153	1.37	\$1,961
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	51,781	1.91	\$989
PHOTOGRAPHIC SUPPLIES MFG.	4923	12,461	1.16	\$145
FURNITURE OR FIXTURES INSTALLATION--PORTABLE--NOC	5146	3,015	4.30	\$130
ELECTRICAL WIRING--WITHIN BUILDINGS AND DRIVERS	5190	9,863	3.45	\$340
CLEANER--DEBRIS REMOVAL--CONSTRUCTION	5610	5,536	5.60	\$310
FOOD SUNDRIES MFG. NOC	6504	204,759	3.24	\$6,634
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7228	2,355,095	5.85	\$137,773
AUTOMOBILE--HAULAWAY OR DRIVEAWAY--LONG DISTANCE HAULING--ALL EMPLOYEES AND DRIVERS	7229	350,461	8.57	\$30,035
TRUCKING--PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7230	3,460	7.64	\$264



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

TRUCK: RENTAL: ALL OTHER EMPLOYEES AND COUNTER PERSONNEL, DRIVERS	8002	293,093	2.02	\$5,920
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	26,067	1.21	\$315
STORE--HARDWARE	8010	59,209	1.58	\$936
STORE--RETAIL NOC	8017	957,184	1.45	\$13,879
WHOLESALE STORE NOC	8018	19,468,337	2.85	\$554,848
STORE--FISH, MEAT OR POULTRY DEALER--WHOLESALE	8021	12,142	3.86	\$469
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	32,955	2.51	\$827
STORE--DRUG--RETAIL	8045	527	0.46	\$2
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	26,586	2.15	\$572
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	72,757	2.86	\$2,081
IRON OR STEEL--MERCHANT AND DRIVERS	8106	522,887	5.43	\$28,393
BOTTLE DEALER--USED--AND DRIVERS	8264	1,018	6.99	\$71
STORAGE WAREHOUSE NOC	8292	768,498	3.74	\$28,742
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	695,091	0.32	\$2,224
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	14,627	1.63	\$238
CLERICAL OFFICE EMPLOYEES NOC	8810	32,022,270	0.20	\$64,045
RETIREMENT LIVING CENTERS: FOOD SERVICE EMPLOYEES	8825	445,318	1.88	\$8,372
RETIREMENT LIVING CENTERS: ALL OTHER EMPLOYEES, SALESPERSONS AND DRIVERS	8826	1,328	2.99	\$40
HOSPITAL--ALL OTHER EMPLOYEES	9040	104,565	3.84	\$4,015
HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	124,228	2.21	\$2,745
RESTAURANT NOC	9082	27,625	1.40	\$387
RESTAURANT: FAST FOOD	9083	4,901	1.39	\$68
COLLEGE: ALL OTHER EMPLOYEES	9101	78,657	4.12	\$3,241
		Stat	Rate	Premium
Manual Premium:				\$1,099,637
Waiver of Subrogation Charge:		0930	.0200	\$21,993
Employer Liability Increased Limits:		9812	1.1%	\$12,096
Subject Premium:				\$1,133,726
Experience Modification:		9898	1.16	\$181,396
Modified Premium:				\$1,315,122
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$1,315,372
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.93755	-\$1,233,227
Terrorism:		9740	.0100	\$6,748
Catastrophe:		9741	.0100	\$6,748
Estimated Annual Premium:				\$95,641



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

Total State Premium:

\$95,641.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Southwest, LLC
 1707 North Main, Suites 400 / 401
 Longmont, CO 80501

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 452339681

Of Employees: 1082

Insured/State/Location No: Colorado

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BREAKFAST FOOD MFG	2016	740,239	3.59	\$26,575
ICE CREAM MFG. AND DRIVERS	2039	153,795	3.40	\$5,229
CONFECTION MFG	2041	2,721	4.46	\$121
CREAMERY OR DAIRY AND ROUTE SUPERVISORS, DRIVERS	2070	2,006	3.69	\$74
CLOTH PRINTING	2417	13,071	1.35	\$176
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	19,223	2.83	\$544
PLANING OR MOLDING MILL	2731	79,587	4.34	\$3,454
PATTERN MAKING NOC	2790	12,093	2.11	\$255
DOOR MFG.--WOOD--AND DRIVERS	2802	110	6.64	\$7
FURNITURE ASSEMBLY--WOOD-- FROM MANUFACTURED PARTS	2881	51,700	2.33	\$1,205
FURNITURE MFG.--WOOD--NOC	2883	137,060	3.49	\$4,783
PIPE OR TUBE MFG. NOC AND DRIVERS	3022	1,935	3.48	\$67
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	20,258	3.62	\$733
IRON OR STEEL--FABRICATION-- IRONWORKS OR STEELWORKS-- SHOP--STRUCTURAL AND DRIVERS	3030	44,514	6.92	\$3,080
IRON OR STEEL--FABRICATION-- IRONWORKS--SHOP--ORNAMENTAL AND DRIVERS	3040	1,832	6.48	\$119
SIGN MANUFACTURING--METAL	3064	1,881	4.20	\$79
SHEET METAL PRODUCTS MFG.	3076	153,981	4.21	\$6,483
TOOL MFG.--DROP OR MACHINE FORGED--NOC: MACHINING OR	3114	296,710	2.13	\$6,320



FINISHING OF TOOLS OR DIE
MAKING OPERATIONS

ELECTRICAL APPARATUS MFG. NOC	3179	1,915,381	1.62	\$31,029
ELECTRIC OR GAS LIGHTING FIXTURES MFG.	3180	78,391	2.77	\$2,171
HEAT TREATING--METAL	3307	16,229	3.07	\$498
WELDING OR CUTTING NOC AND DRIVERS	3365	13,944	6.63	\$924
METAL STAMPED GOODS MFG. NOC	3400	96,658	3.25	\$3,141
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	27,814	3.44	\$957
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	2,892,533	0.79	\$22,851
PUMP MFG.	3612	121,277	2.13	\$2,583
MACHINED PARTS MFG. NOC	3629	54,356	1.40	\$761
MACHINE SHOP NOC	3632	688,446	3.21	\$22,099
VALVE MFG.	3634	330,358	1.68	\$5,550
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	43,034	2.46	\$1,059
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	205,161	0.94	\$1,929
INSTRUMENT MFG. NOC	3685	212,945	1.01	\$2,151
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	22,706	3.25	\$738
AUTOMOBILE--RADIATOR MFG.	3807	881,052	2.20	\$19,383
AUTOMOBILE--MFG. OR ASSEMBLY	3808	1,799	3.58	\$64
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	675	6.07	\$41
INTEGRATED CIRCUIT MFG.	4109	15,671	0.44	\$69
GLASSWARE MFG. NOC	4114	109,730	2.40	\$2,634
BOX MFG.--FOLDING PAPER--NOC	4243	1,664	2.20	\$37
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	161,971	2.17	\$3,515
PAPER COATING	4250	4,805	1.97	\$95
FIBER GOODS MFG.	4263	11,448	2.35	\$269
BAG MFG.--PLASTIC OR PAPER	4273	20,372	3.80	\$774
PAPER GOODS MFG. NOC	4279	64,732	2.14	\$1,385
PRINTING	4299	642,389	2.25	\$14,454
RUBBER GOODS MFG. NOC	4410	37,387	3.50	\$1,309
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	38,065	3.38	\$1,287
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	4,192,743	3.14	\$131,652
BUFFING OR POLISHING COMPOUNDS MFG.	4557	47,273	2.01	\$950
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	6,652	1.03	\$69
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION	4825	40,345	0.72	\$290



MFG. AND INCLUDES MFG. OF
INGREDIENTS

CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	8,762	1.42	\$124
ACID MFG.	4829	4,231	1.21	\$51
CONTRACTOR--PROJECT MANAGER, CONSTRUCTION EXECUTIVE, CONSTRUCTION MANAGER OR CONSTRUCTION SUPERINTENDENT	5606	32,516	0.96	\$312
POTATO CHIP, POPCORN AND SNACK CHIP MFG. NOC	6503	1,648	1.89	\$31
FOOD PRODUCTS MFG. NOC	6504	199,818	3.07	\$6,134
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	144	6.02	\$9
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	8,718,801	5.20	\$453,378
GASOLINE STATION--SELF-SERVICE AND CONVENIENCE/GROCERY-- RETAIL	8006	146,949	2.15	\$3,159
BICYCLES--RETAIL SALE OR RENTAL--INCLUDES REPAIR	8010	17,787	2.33	\$414
QUICK PRINTING--COPYING OR DUPLICATION SERVICE--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	8015	4,211	0.93	\$39
STORE--RETAIL NOC	8017	79,701	1.64	\$1,307
WHOLESALE STORE NOC	8018	10,802,247	2.57	\$277,618
STORE--MEAT, GROCERY AND PROVISION--COMBINED--RETAIL NOC	8033	7,632	2.59	\$198
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	3,624	3.80	\$138
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	2,619	2.68	\$70
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	5,856	3.28	\$192
SEED MERCHANT	8102	143,421	3.85	\$5,522
MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	26,245	2.42	\$635
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	1,066	5.47	\$58
STORAGE WAREHOUSE NOC	8292	32,276	3.98	\$1,285
INSURANCE COMPANIES-- INCLUDING CLERICAL AND SALESPERSONS	8723	95	0.22	0
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	662,916	0.28	\$1,856
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	924	1.63	\$15



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

CLERICAL OFFICE EMPLOYEES NOC	8810	9,483,753	0.15	\$14,226
BUILDINGS-OPERATION BY CONTRACTORS	9014	32,811	4.30	\$1,411
HOTEL--RESTAURANT EMPLOYEES	9058	233	1.69	\$4
CLUB--COUNTRY, GOLF, FISHING OR YACHT--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	9060	512	2.03	\$10
RESTAURANT: FAST FOOD	9083	633,162	1.75	\$11,080
			Stat	Rate
Manual Premium:				\$1,115,298
Waiver of Subrogation Charge:	0930	.0200		\$22,306
Employer Liability Increased Limits:	9812	1.1%		\$12,268
Subject Premium:				\$1,149,872
Experience Modification:	9898	1.16		\$183,980
Modified Premium:				\$1,333,852
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$1,334,102
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.95565		-\$1,274,935
Terrorism:	9740	.0010		\$458
Catastrophe:	9741	.0010		\$458
Estimated Annual Premium:				\$60,083
Total State Premium:				\$60,083.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Westaff Workforce Solutions, LLC
 144 Main Street
 East Hartford, CT 06118

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 472383487

Of Employees: 270

Insured/State/Location No: Connecticut

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	26,871	10.02	\$2,692
ABRASIVE WHEEL MFG. AND DRIVERS	1748	20,459	6.71	\$1,373
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	5,120	5.71	\$292
ICE CREAM MFG. AND DRIVERS	2039	6,458	4.71	\$304
CONFECTION MFG.	2041	33,617	4.97	\$1,671
MILK PRODUCTS MFG. NOC	2065	1,099,318	2.93	\$32,210
FRUIT EVAPORATING OR PRESERVING	2112	81,360	5.69	\$4,629
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	17,265	12.22	\$2,110
BUTTON OR FASTENER MFG.--METAL	3131	150,182	3.48	\$5,226
ELECTRICAL APPARATUS MFG. NOC	3179	230,219	3.36	\$7,735
JEWELRY MFG.	3383	3,102	2.32	\$72
METAL STAMPED GOODS MFG. NOC	3400	334,663	6.15	\$20,582
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	4,414	4.62	\$204
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	1,393,798	3.38	\$47,110
MACHINE SHOP NOC	3632	192,972	3.54	\$6,831
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	237,079	1.83	\$4,339
AIRPLANE MFG.	3830	3,049	1.89	\$58
PLASTERBOARD OR PLASTER BLOCK MFG. & DRIVERS	4036	516,477	3.07	\$15,856



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

PRINTING	4299	2,242	3.32	\$74
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	370,301	3.47	\$12,849
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	80,571	4.95	\$3,988
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	26,567	0.92	\$244
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	339,626	1.26	\$4,279
CONCRETE OR CEMENT WORK--FLOORS, DRIVEWAYS, YARDS OR SIDEWALKS--AND DRIVERS	5221	343,714	8.14	\$27,978
FOOD SUNDRIES MFG	6504	394,927	5.51	\$21,760
GASOLINE STATION--SELF-SERVICE AND CONVENIENCE/GROCERY--RETAIL	8006	10,686	3.84	\$410
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	1,039,011	1.44	\$14,962
STORE--HARDWARE	8010	40,775	2.19	\$893
STORE--RETAIL NOC	8017	1,257,899	2.05	\$25,787
WHOLESALE STORE NOC	8018	1,234,503	4.54	\$56,046
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	174,106	3.65	\$6,355
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE AND DRIVERS	8232	68,453	5.72	\$3,916
STORAGE WAREHOUSE--COLD	8291	430,508	9.17	\$39,478
STORAGE WAREHOUSE NOC	8292	149,678	3.55	\$5,314
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	22,595	0.39	\$88
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	475,376	2.02	\$9,603
CLERICAL OFFICE EMPLOYEES NOC	8810	1,368,781	0.15	\$2,053
CLUB--COUNTRY, GOLF, FISHING OR YACHT--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	9060	175	1.96	\$3
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG.: UPHOLSTERING	9522	747	2.80	\$21
Manual Premium:		Stat	Rate	Premium
Waiver of Subrogation Charge:	0930	.0200	\$7,788	
Employer Liability Increased Limits:	9812	1.1%	\$4,283	
Subject Premium:	9898	1.16	\$401,466	
Experience Modification:			\$64,235	
Modified Premium:			\$465,701	
Foreign Voluntary Compensation:			\$250	
Total Standard Premium:			\$465,951	
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.91214	-\$425,013	
Terrorism:	9740	.0100	\$1,219	



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Catastrophe:	9741	.0100	\$1,219
Estimated Annual Premium:			\$43,376
Second Injury Fund:		.0275	\$1,193.00
Administrative Assessment:	SUR2	0.018	\$8,387.00
Total State Premium:			\$52,956.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a bold, stylized font followed by the word "INSURANCE" in a smaller, standard font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Southeast, LLC
 110 Irving St NW
 Washington, DC 20010

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 452324439

Of Employees: 8

Insured/State/Location No: District of Columbia

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
WHOLESALE STORE NOC	8018	25,003	6.74	\$1,685
CLERICAL OFFICE EMPLOYEES NOC	8810	24,738	0.09	\$22
HOSPITAL--ALL OTHER EMPLOYEES	9040	155,049	2.79	\$4,326
		Stat	Rate	Premium
Manual Premium:				\$6,033
Waiver of Subrogation Charge:		0930	Minimum	\$250
Employer Liability Increased Limits:		9812	1.1%	\$66
Subject Premium:				\$6,349
Experience Modification:		9898	1.16	\$1,016
Modified Premium:				\$7,365
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$7,615
Premium Credit for the Reporting of Deductibles - Not		9663	.80801	-\$6,153
Subject to Experience Rating:				
Terrorism:		9740	.0010	\$2
Catastrophe:		9741	.0010	\$2
Estimated Annual Premium:				\$1,466
Premium Surcharge:			.0206	\$157.00
Total State Premium:				\$1,623.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Real Time Staffing Services, LLC
 92 Reads Way, Suite 101
 New Castle, DE 19720

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 770528189

Of Employees: 7

Insured/State/Location No: Delaware

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
CLERICAL OFFICE EMPLOYEES NOC	953	269,186	0.25	\$673
Manual Premium:		Stat	Rate	Premium
Waiver of Subrogation Charge:		0930	Minimum	\$250
Employer Liability Increased Limits:		9812	1.1%	\$7
Subject Premium:				\$930
Experience Modification:		9898	1.516	\$480
Modified Premium:				\$1,410
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$1,660
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.91928	-\$1,526
Terrorism:		9740	.0010	\$3
Catastrophe:		9741	.0010	\$3
Estimated Annual Premium:				\$140
Total State Premium:				\$140.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Southeast, LLC
 4400 118th Avenue North #101
 Clearwater, FL 33762

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 452324439

Of Employees: 3621

Insured/State/Location No: Florida

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	65,962	9.82	\$6,477
CHRISTMAS TREE HARVESTING EXCLUSIVELY--AND DRIVERS	0106	318,163	16.65	\$52,974
CEMENT MFG.	1701	3,216	5.67	\$182
ABRASIVE WHEEL MFG. AND DRIVERS	1748	724,011	7.34	\$53,142
DIE CASTING MFG.	1925	842,235	7.87	\$66,284
BAKERY SALESPERSONS AND DRIVERS	2003	651,654	5.96	\$38,839
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	583,794	4.97	\$29,015
MEAT PRODUCTS MFG	2095	2,510	8.50	\$213
FRUIT PACKING	2105	2,427,768	6.30	\$152,949
CANNERY NOC	2111	166,704	4.09	\$6,818
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	31,846	5.03	\$1,602
CARPET OR RUG MFG.--JUTE OR HEMP	2220	47,308	2.95	\$1,396
TEXTILE FIBER MFG.-SYNTHETIC	2305	236,627	2.04	\$4,827
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	6,582,656	3.35	\$220,519
CARPET CLEANING AND DRIVERS	2585	17,433	5.64	\$983
CLEANING OR DYEING AND ROUTE SUPERVISORS, DRIVERS	2586	3,677	5.36	\$197
TOWEL OR TOILET SUPPLY CO. AND ROUTE SUPERVISORS, DRIVERS	2587	73	4.39	\$3
LUGGAGE MFG.	2683	123,260	1.82	\$2,243
BOX MFG.--BOX SHOOK OR PALLET-	2759	20,399	8.87	\$1,809



-WOODEN

PATTERN MAKING NOC.	2790	177,072	2.84	\$5,029
FURNITURE ASSEMBLY - WOOD FROM MANUFACTURED PARTS	2881	48,638	4.58	\$2,228
FURNITURE MFG - WOOD - NOC	2883	1,160	7.09	\$82
PIPE OR TUBE MFG. NOC AND DRIVERS	3022	193,225	5.56	\$10,743
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	1,195,871	3.51	\$41,975
IRON OR STEEL--FABRICATION--IRONWORKS OR STEELWORKS--SHOP--STRUCTURAL AND DRIVERS	3030	56,611	10.49	\$5,938
SIGN MANUFACTURING--METAL	3064	11,453	8.90	\$1,019
SHEET METAL PRODUCTS MFG.	3076	382,610	5.93	\$22,689
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	163,153	3.57	\$5,825
TOOL MFG.--DROP OR MACHINE FORGED--NOC: MACHINING OR FINISHING OF TOOLS OR DIE MAKING OPERATIONS	3114	224,416	4.53	\$10,166
CUTLERY MFG. NOC	3122	3,158	2.12	\$67
HARDWARE MFG. NOC	3146	15,165	3.76	\$570
ELECTRICAL APPARATUS MFG. NOC	3179	33,296,576	2.57	\$855,722
ELECTRIC OR GAS LIGHTING FIXTURES MFG.	3180	152,755	5.33	\$8,142
ALUMINUM WARE MFG.	3227	133,890	5.63	\$7,538
CABLE OR WIRE ROPE MFG.--IRON OR STEEL	3240	6,331	3.95	\$250
WIRE DRAWING--IRON OR STEEL	3241	15,738	3.28	\$516
WIRE GOODS MFG. NOC	3257	6,317	3.87	\$244
EYELET MFG.	3270	240,643	3.12	\$7,508
WELDING OR CUTTING NOC AND DRIVERS	3365	2,171	12.08	\$262
METAL GOODS MFG NOC	3400	1,875,432	4.72	\$88,520
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	17,061	5.58	\$952
PRINTING OR BOOKBINDING MACHINE MFG	3548	54	2.34	\$1
COMPUTER MFG	3574	139,335	2.01	\$2,801
MACHINED PARTS MFG. NOC	3629	303,151	2.41	\$7,306
MACHINE SHOP NOC	3632	251,629	5.44	\$13,689
VALVE MFG	3643	14,294	2.68	\$383
BATTERY MFG.--STORAGE	3647	41,355	2.84	\$1,174
AUTOMOTIVE--LIGHTING, IGNITION, OR STARTING APPARATUS MFG. NOC	3648	65,137	2.73	\$1,778
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	3,568,574	1.02	\$36,399



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

INSTRUMENT MFG. NOC	3685	1,202,131	1.33	\$15,988
ELECTRICAL APPARATUS	3724	63,541	4.74	\$3,012
INSTALLATION AND DRIVERS				
AUTOMOBILE--RADIATOR MFG.	3807	372,722	3.56	\$13,269
AUTOMOBILE--MFG. OR ASSEMBLY	3808	271,734	3.48	\$9,456
AIRCRAFT ENGINE MFG.	3826	1,484,505	1.14	\$16,923
CONCRETE PRODUCTS MFG. AND				
DRIVERS	4034	3,514	11.68	\$410
OPTICAL GOODS MFG. NOC	4149	198,864	0.92	\$1,830
PAPER MFG.	4239	6,121	2.65	\$162
BOX MFG.—SETUP PAPER	4240	109,812	5.71	\$6,270
BOX MFG.—FOLDING PAPER—NOC	4243	1,003,347	3.35	\$33,612
CORRUGATED OR FIBERBOARD				
CONTAINER MFG.	4244	141,396	3.68	\$5,203
PAPER COATING	4250	53,620	2.73	\$1,464
PAPER GOOD MFG. NOC	4279	106,203	5.25	\$5,576
PRINTING	4299	503,445	2.56	\$12,888
ELECTROTYPING	4351	3,516	1.91	\$67
FOUNTAIN PEN MFG.	4352	1,686,030	3.14	\$52,941
RUBBER GOODS MFG. NOC	4410	130	7.13	\$9
RUBBER TIRE MFG.	4420	11,581	5.52	\$639
PHONOGRAPH RECORD MFG.	4431	1,882	1.90	\$36
FOUNTAIN PEN MFG.	4432	694,290	1.87	\$12,983
PLASTICS MFG.--SHEETS, RODS OR				
TUBES	4459	1,534,811	4.91	\$75,359
PLASTICS MFG.--MOLDED				
PRODUCTS NOC	4484	690,218	5.28	\$36,444
ANALYTICAL LABORATORIES OR				
ASSAYING--INCLUDING				
LABORATORY, OUTSIDE				
EMPLOYEES, COLLECTORS OF				
SAMPLES, AND DRIVERS				
BRAKE FLUID MFG.	4557	5,167	3.28	\$169
PAINT MFG.	4558	105,969	3.40	\$3,603
DRUG, MEDICINE OR				
PHARMACEUTICAL PREPARATION--				
NO MFG. OF INGREDIENTS				
OXYGEN OR HYDROGEN MFG.	4635	360	4.61	\$17
AND DRIVERS				
PHARMACEUTICAL OR SURGICAL				
GOODS MFG. NOC	4693	1,369,757	1.49	\$20,409
SOAP OR SYNTHETIC DETERGENT				
MFG.	4720	6,936	3.67	\$255
DRUG, MEDICINE OR				
PHARMACEUTICAL PREPARATION				
MFG. AND INCLUDES MFG. OF				
INGREDIENTS				
CHEMICAL BLENDING OR MIXING				
NOC--ALL OPERATIONS AND				
DRIVERS	4828	9,263	5.17	\$479



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
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 Edition 1/08
 \$1,093

ACID MFG.	4829	36,067	3.03	
AWNNG MFG. AND ERECTION-- METAL: ERECTION BY AN INSURED ENGAGED IN THE ERECTION OF CANVAS PRODUCTS	5102	140,391	10.24	\$14,376
FURNITURE OR FIXTURES INSTALLATION--PORTABLE--NOC	5146	38,586	8.59	\$3,315
AIR-CONDITIONING SYSTEMS: NON- PORTABLE: PLUMBING & DRIVERS	5183	479,084	5.86	\$28,074
ELECTRICAL WIRING--WITHIN BUILDINGS AND DRIVERS	5190	1,667	6.02	\$100
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	69,410	1.17	\$812
CERAMIC TILE, INDOOR STONE, MARBLE, OR MOSAIC WORK	5348	23,618	7.02	\$1,658
CARPENTRY NOC	5403	254,615	11.11	\$28,288
CONTRACTOR--PROJECT MANAGER, CONSTRUCTION EXECUTIVE, CONSTRUCTION MANAGER OR CONSTRUCTION SUPERINTENDENT	5606	356,855	2.12	\$7,565
CLEANER--DEBRIS REMOVAL-- TEMPORARY LABOR SERVICE	5613	115,306	19.62	\$22,623
ALUMINUM SIDING INSTALLATION- DETACHED ONE- OR TWO-FAMILY DWELLINGS	5645	64,018	19.40	\$12,419
LAND PILE DRIVING	6004	13,450	16.66	\$2,241
FENCE INSTALLATION AND REPAIR-- METAL, VINYL, WOOD OR PREFABRICATED CONCRETE PANEL FENCE INSTALLED BY HAND	6400	10,680	12.74	\$1,361
FOOD SUNDRIES MFG. NOC	6504	482,266	4.58	\$22,088
TRUCKING: MAIL PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7231	10,080	7.73	\$779
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	3,685,766	6.99	\$257,635
BEER OR ALE DEALER-- WHOLESALE--AND DRIVERS	7390	11,419	6.53	\$746
GARBAGE WORKS	7590	159,631	6.93	\$11,062
ELECTRONIC EQUIPMENT--INSTALLATION, SERVICE, OR REPAIR--SHOP AND OUTSIDE AND DRIVERS	7600	3,194	5.93	\$189
STORE--FLORIST AND DRIVERS	8001	4,337,347	6.15	\$266,747
GASOLINE STATION: SELF-SERVICE AND GROCERY--RETAIL	8006	2,658	3.79	\$101
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	761,984	2.07	\$15,773



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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STORE - HARDWARE	8010	114,330	2.39	\$2,732
STORE--RETAIL NOC	8017	7,660,408	2.29	\$175,423
WHOLESALE STORE NOC	8018	34,717,211	4.20	\$1,458,123
STORE—FISH, MEAT OR POULTRY	8021	34,005	5.68	\$1,931
DEALER--WHOLESALE				
STORE—CLOTHING, WEARING APPAREL OR DRY GOODS-- WHOLESALE	8032	34,467	3.77	\$1,299
STORE—MEAT, GROCERY AND PROVISION STORES COMBINED-- RETAIL NOC	8033	459,184	2.80	\$12,857
STORE—DEPARTMENT—RETAIL	8039	1,223,475	3.24	\$39,641
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	45,918	4.05	\$1,860
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	361,182	4.06	\$14,664
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	29,978	3.77	\$1,130
STORE—AUDIO OR VIDEO CASSETTE, BOOK, RECORD, COMPACT DISC, SOFTWARE-- RETAIL	8072	33,787	1.42	\$480
IRON OR STEEL--MERCHANT AND DRIVERS	8106	2,526	7.38	\$186
MACHINERY DEALER NOC AND DRIVERS	8107	187,521	4.70	\$8,813
PLUMBERS' SUPPLIES DEALER AND DRIVERS	8111	10,894	3.15	\$343
CONSTRUCTION OR ERECTION PERMANENT YARD	8227	2,440	8.47	\$207
STORAGE WAREHOUSE--COLD	8291	149,736	5.71	\$8,550
STORAGE WAREHOUSE NOC	8292	637,743	6.32	\$40,305
STORAGE WAREHOUSE - FURNITURE -& DRIVERS	8293	64,906	14.18	\$9,204
GASOLINE DEALER AND DRIVERS	8350	55,492	7.22	\$4,007
AUTOMOBILE: SERVICE OR REPAIR CENTER & DRIVERS.	8380	10,857	4.09	\$444
AMBULANCE SERVICE COMPANIES-- GARAGE EMPLOYEES	8385	58,071	3.73	\$2,166
BOILER INSPECTION	8720	178,712	2.38	\$4,253
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	604,231	0.51	\$3,082
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	2,007,038	1.86	\$37,331
ACCOUNTANT-TRAVELING	8803	53,276	0.12	\$64
CLERICAL OFFICE EMPLOYEES NOC	8810	24,566,317	0.26	\$63,872
RETIREMENT LIVING CENTERS: HEALTH CARE EMPLOYEES	8824	19,156	5.30	\$1,015
RETIREMENT LIVING CENTERS:	8825	10,538	2.86	\$301



FOOD SERVICE EMPLOYEES				
HOME FOR AGED-ALL EMPLOYEES	8829	17,469	3.07	\$536
PHYSICIAN & CLERICAL	8832	20,261	0.48	\$97
HOSPITAL--PROFESSIONAL EMPLOYEES	8833	773,391	1.56	\$12,065
BANKS AND TRUST COMPANIES-- ALL EMPLOYEES, SALESPERSONS, DRIVERS AND	8855	38,403	0.26	\$100
CLERICAL				
COLLEGE OR SCHOOL-- PROFESSIONAL EMPLOYEES AND CLERICAL	8868	91,076	0.59	\$537
TELECOMMUNICATIONS CO.-- OFFICE OR EXCHANGE EMPLOYEES AND CLERICAL	8901	19,002	0.39	\$74
BUILDING OR PROPERTY MANAGEMENT--PROPERTY MANAGERS AND LEASING AGENTS AND CLERICAL, SALESPERSONS	9012	2,333	1.82	\$42
BUILDINGS-OPERATION BY CONTRACTORS	9014	218,694	5.46	\$11,941
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE	9015	15,744	5.53	\$871
MANAGEMENT FIRM: ALL OTHER HOSPITALS-NON PROFESSIONAL EMPLOYEES	9040	26,096	5.14	\$1,341
HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	11,043	3.98	\$440
RESTAURANT NOC	9082	48,842	2.54	\$1,241
DOUGHNUT SHOP—RETAIL	9083	45,447	2.60	\$1,182
COLLEGE OR SCHOOL--ALL OTHER EMPLOYEES	9101	47,238	5.25	\$2,480
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	71,329	9.77	\$6,969
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	272,848	2.63	\$7,176
		Stat	Rate	Premium
Manual Premium:				\$4,878,028
Waiver of Subrogation Charge:	0930	.0200		\$97,561
Employer Liability Increased Limits:	9812	1.4%		\$68,292
Subject Premium:				\$5,043,881
Experience Modification:	9898	1.16		\$807,021
Modified Premium:				\$5,850,902
Total Standard Premium:				\$5,850,902
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.93832		-\$5,490,018
Terrorism:	9740	.0200		\$31,938
Estimated Annual Premium:				\$392,822
Total State Premium:				\$392,822.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employbridge Solutions
 Management, Inc.
 1040 Crown Pointe Pkwy # 1040
 Atlanta, GA 30338

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 582575336

Of Employees: 4286

Insured/State/Location No: Georgia

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	19,443	9.62	\$1,870
WIRE DRAWING OR CABLE MFG.-- NOT IRON OR STEEL	1924	46,795	1.96	\$917
DIE CASTING MFG.	1925	14,071	3.44	\$484
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	14,109	4.53	\$639
GRAIN OR FEED MILLING	2014	45,876	5.24	\$2,404
BREAKFAST FOOD MFG	2016	2,385,220	2.67	\$63,685
ICE CREAM MFG. AND DRIVERS	2039	60,543	2.84	\$1,719
PACKING HOUSE--ALL OPERATIONS	2089	569,386	4.17	\$23,743
BOTTLING--ALL OPERATIONS & ROUTE SUPERVISORS, DRIVERS	2157	126,033	6.66	\$8,394
TOBACCO PRODUCTS MFG. NOC	2172	3,694	1.78	\$66
CARPET OR RUG MFG.--JUTE OR HEMP	2220	21,894	1.99	\$436
SILK THREAD OR YARN MFG.	2302	1,220,909	2.22	\$27,104
CARPET OR RUG MFG. NOC	2402	522,995	3.10	\$16,213
THREAD DYEING OR FINISHING	2416	5,229	3.25	\$170
AWNING OR TENT MFG.--SHOP	2501	54,439	3.61	\$1,965
MATTRESS OR BOX SPRING MFG.	2570	77,557	3.64	\$2,823
BOX MFG.--BOX SHOOK OR PALLET-WOODEN	2759	167,142	9.64	\$16,112
CARPENTRY--SHOP ONLY AND DRIVERS	2802	4,003	5.83	\$233
FURNITURE ASSEMBLY--WOOD-- FROM MANUFACTURED PARTS	2881	11,518	2.95	\$340
FURNITURE MFG.--WOOD--NOC	2883	14,760	5.10	\$753



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

PIPE OR TUBE MFG. NOC AND DRIVERS	3022	1,793	4.80	\$86
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	239,958	4.44	\$10,654
SHEET METAL PRODUCTS MFG.	3076	2,218,205	4.49	\$99,597
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	10,180	2.21	\$225
ELECTRICAL APPARATUS MFG. NOC	3179	9,216,522	2.98	\$274,652
ELECTRIC OR GAS LIGHTING FIXTURES MFG.	3180	693	3.35	\$23
ALUMINUM WARE MFG.	3227	93,261	3.44	\$3,208
WELDING OR CUTTING NOC AND DRIVERS	3365	23,654	5.55	\$1,313
METAL STAMPED GOODS MFG. NOC	3400	839,810	4.16	\$34,936
BOOKBINDING OR PRINTING MACHINE MFG.	3548	5,572	1.23	\$69
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	51,943	1.78	\$925
PUMP MFG	3612	18,037	4.53	\$817
MACHINED PARTS MFG. NOC	3629	1,313,875	2.02	\$26,540
MACHINE SHOP NOC	3632	827,497	3.87	\$32,024
BALL OR ROLLER BEARING MFG.	3638	72,097	1.73	\$1,247
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	10,034	2.39	\$240
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	2,422,079	1.03	\$24,947
INSTRUMENT MFG. NOC	3685	312	1.23	\$4
AUTOMOBILE--RADIATOR MFG.	3807	5,040,556	2.54	\$128,030
AUTOMOBILE--MFG. OR ASSEMBLY	3808	181,397	2.18	\$3,954
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	178,879	7.62	\$13,631
PAPER MFG.	4239	10,331	2.11	\$218
BOX MFG.--SET-UP PAPER	4240	922	4.30	\$40
STATIONERY MFG.	4251	68	5.24	\$4
FIBER GOODS MFG.	4263	3,040	3.37	\$102
PAPER GOOD MFG. NOC	4279	1,015,869	2.49	\$25,295
PRINTING	4299	288,738	2.59	\$7,478
RUBBER GOODS MFG NOC	4410	2,100,541	3.58	\$75,199
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	249,340	3.44	\$8,577
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	1,525,773	3.57	\$54,470
CABLE MFG.--INSULATED ELECTRICAL	4470	1,561,333	2.39	\$37,316
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	8,799,621	3.45	\$303,587
BUFFING OR POLISHING COMPOUNDS MFG.	4557	241,514	2.45	\$5,917
PAINT MFG.	4558	45,790	1.96	\$897



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	406,796	1.13	\$4,597
OXYGEN OR HYDROGEN MFG. AND DRIVERS	4635	229,175	4.87	\$11,161
SOAP OR SYNTHETIC DETERGENT MFG.	4720	1,596,490	2.51	\$40,072
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION MFG. & INCIDENTAL MFG. OF INGREDIENTS	4825	3,923,683	1.00	\$39,237
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	6,603,581	2.24	\$147,920
ACID MFG.	4829	209	2.38	\$5
PHOTOGRAPHIC SUPPLIES MFG.	4923	12,893	1.33	\$171
CERAMIC TILE, INDOOR STONE, MARBLE, OR MOSAIC WORK	5348	555,309	6.53	\$36,262
GREENHOUSE ERECTION--ALL OPERATIONS	5402	6,188	6.16	\$381
CARPENTRY NOC	5403	2,364	10.09	\$239
FOOD SUNDRIES MFG. NOC	6504	3,661,466	3.14	\$114,970
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7228	9,771	7.32	\$715
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	5,433,098	6.22	\$337,939
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	576,547	2.08	\$11,992
STORE--HARDWARE	8010	194,513	2.91	\$5,660
QUICK PRINTING--COPYING OR DUPLICATION SERVICE--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	8015	5,494	1.06	\$58
STORE--RETAIL NOC	8017	4,206,816	1.93	\$81,192
WHOLESALE STORE NOC	8018	62,143,022	3.84	\$2,386,292
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--WHOLESALE	8032	9,263	3.60	\$333
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	7,497	4.43	\$332
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	25,221	3.32	\$837
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	164,142	3.41	\$5,597
CONTRACTORS' MACHINERY DEALER--STORE OR YARD--AND DRIVERS	8107	56,446	3.21	\$1,812
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	53,876	6.33	\$3,410
IRON OR STEEL--SCRAP DEALER AND DRIVERS	8265	10,163	7.01	\$712



STORAGE WAREHOUSE--COLD	8291	305,689	4.96	\$15,162
STORAGE WAREHOUSE NOC	8292	1,260,011	5.82	\$73,333
FURNITURE MOVING & STORAGE, DRIVERS	8293	217,013	12.58	\$27,300
GASOLINE DEALER AND DRIVERS	8350	1,347	7.62	\$103
AUTOMOBILE--SERVICE OR REPAIR CENTER AND DRIVERS	8380	12,179	3.44	\$419
GASOLINE STATION - SELF-SERVICE ONLY - RETAIL	8381	5,937	2.54	\$151
AIR CONDITIONING SYSTEMS: NON- PORTABLE: AIRFLOW TESTING AND BALANCING EXCLUSIVELY	8601	70,502	0.50	\$353
BOILER INSPECTION	8720	286,691	1.56	\$4,472
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	934,158	0.34	\$3,176
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	1,006,567	2.02	\$20,333
CLERICAL OFFICE EMPLOYEES NOC	8810	22,732,647	0.17	\$38,645
CLERICAL OFFICE EMPLOYEES NOC--PROGRAM II--USL ACT	8815	10,783	0.30	\$32
ATTORNEY--ALL EMPLOYEES AND CLERICAL, MESSENGERS, DRIVERS	8820	3,132	0.16	\$5
BANKS AND TRUST COMPANIES-- ALL EMPLOYEES, SALESPERSONS, DRIVERS AND CLERICAL	8855	220	0.16	0
BUILDINGS-OPERATION BY CONTRACTORS	9014	95,177	5.42	\$5,159
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT FIRM: ALL OTHER	9015	36,673	4.27	\$1,566
RESTAURANT NOC	9082	392,802	2.05	\$8,052
RESTAURANT: FAST FOOD	9083	1,156,108	1.98	\$22,891
COLLEGE: ALL OTHER EMPLOYEES	9101	212	4.76	\$10
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	3,886	10.00	\$389
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	86,954	4.54	\$3,948
PAINTING--SHOP ONLY AND DRIVERS	9501	25,848	3.44	\$889

	Stat	Rate	Premium
Manual Premium:			\$4,804,576
Waiver of Subrogation Charge:	0930	.0200	\$96,092
Employer Liability Increased Limits:	9812	1.1%	\$52,850
Subject Premium:			\$4,953,518
Experience Modification:	9898	1.16	\$792,563
Modified Premium:			\$5,746,081
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$5,746,331
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.88977	-\$5,112,913



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Terrorism:	9740	.0200	\$32,507
Catastrophe:	9741	.0200	\$32,507
Estimated Annual Premium:			\$698,432
Total State Premium:			\$698,432.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a bold, stylized font followed by the word "INSURANCE" in a smaller, standard font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Remedy Intelligent Staffing, LLC
 1003 Bishop Street, Suite 1477
 Honolulu, HI 96813

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 330880963

Of Employees: 78

Insured/State/Location No: Hawaii

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	11,231	1.17	\$131
REAL ESTATE AGENCY--OUTSIDE EMPLOYEES AND COLLECTORS	8721	23,995	0.49	\$118
CLERICAL OFFICE EMPLOYEES NOC	8810	3,087,248	0.23	\$7,101
DANCE STUDIO--ALL OTHER EMPLOYEES	9101	2,560	5.09	\$130
Manual Premium:		Stat	Rate	Premium
Waiver of Subrogation Charge:		0930	Minimum	\$7,480
Employer Liability Increased Limits:		9812	1.1%	\$250
Subject Premium:		9898	1.16	\$82
Experience Modification:				\$7,812
Modified Premium:				\$1,250
Foreign Voluntary Compensation:				\$9,062
Total Standard Premium:				\$250
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.93449	\$9,312
Terrorism:		9740	.0100	-\$8,702
Catastrophe:		9741	.0100	\$313
Estimated Annual Premium:				\$313
Total State Premium:				\$1,236
				\$1,236.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employbridge Midwest 1, Inc.
2152 Whitetail Drive
Cedar Falls, IA 50613

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 463766552

Of Employees: 364

Insured/State/Location No: Iowa

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	57,035	7.04	\$4,015
GRAIN OR FEED MILLING	2014	38,753	8.30	\$3,216
BREAKFAST FOOD MFG	2016	2,832,438	4.91	\$139,073
MEAT PRODUCTS MFG	2095	10,470	4.23	\$443
CLOTH PRINTING	2417	255	2.11	\$5
AWNING OR TENT MFG.--SHOP	2501	15,229	4.21	\$641
PATTERN MAKING NOC	2790	571,581	2.47	\$14,118
BRUSH OR BROOM MFG. NOC	2836	720,908	3.52	\$25,376
FURNITURE ASSEMBLY--WOOD--	2881	750,542	5.31	\$39,854
FROM MANUFACTURED PARTS				
FURNITURE MFG.--WOOD--NOC	2883	1,925	4.18	\$80
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	59,525	2.87	\$1,708
ELECTRICAL APPARATUS MFG. NOC	3179	86,108	3.87	\$3,332
GALVANIZING OR TINNING	3372	72,144	5.29	\$3,816
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	8,516	6.02	\$513
PUMP MFG	3612	60,839	3.03	\$1,843
MACHINE SHOP NOC	3632	125,482	5.23	\$6,563
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	77,488	3.16	\$2,449
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	28,592	1.61	\$460
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	70,556	6.64	\$4,685
BOX MFG.--FOLDING PAPER--NOC	4243	19,467	3.12	\$607
CORRUGATED OR FIBERBOARD	4244	12,899	3.83	\$494



CONTAINER MFG.				
PAPER COATING	4250	41,033	3.74	\$1,535
FIBER GOODS MFG.	4263	1,048	3.70	\$39
PRINTING	4299	568,127	2.96	\$16,817
RUBBER GOODS MFG NOC	4410	2,030	3.53	\$72
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	3,066	4.24	\$130
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	2,508,977	4.24	\$106,381
ANALYTICAL LABORATORIES OR ASSAYING--INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, AND DRIVERS	4511	31,567	0.96	\$303
BUFFING OR POLISHING COMPOUNDS MFG.	4557	30,740	3.43	\$1,054
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	463,074	1.90	\$8,798
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	249,753	2.81	\$7,018
CERAMIC TILE, INDOOR STONE, MARBLE, OR MOSAIC WORK	5348	1,722	9.23	\$159
FOOD SUNDRIES MFG. NOC	6504	150,329	3.13	\$4,705
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	40,399	6.00	\$2,424
BEER OR ALE DEALER--WHOLESALE--AND DRIVERS	7390	28,134	5.92	\$1,666
STORE--FLORIST AND DRIVERS	8001	1,058	2.51	\$27
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	26,336	1.66	\$437
STORE--HARDWARE	8010	32,660	2.38	\$777
STORE--RETAIL NOC	8017	450,785	2.15	\$9,692
WHOLESALE STORE NOC	8018	202,023	3.92	\$7,919
STORE--DEPARTMENT--RETAIL	8039	11,616	1.75	\$203
STORE--DRUG--RETAIL	8045	49,517	0.63	\$312
FEED, FERTILIZER, HAY, OR GRAIN DEALER AND LOCAL MANAGERS, DRIVERS--NO MFG.	8215	80,400	4.16	\$3,345
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	8,976	7.70	\$691
STORAGE WAREHOUSE NOC	8292	1,871,221	4.72	\$88,322
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	122,526	1.91	\$2,340
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	437	0.52	\$2
CLERICAL OFFICE EMPLOYEES NOC	8810	1,850,446	0.28	\$5,181
HOSPITAL--PROFESSIONAL EMPLOYEES	8833	6,644	1.11	\$74



RESTAURANT NOC	9082	3,300	1.66	\$55
COLLEGE: ALL OTHER EMPLOYEES	9101	94,876	7.07	\$6,708
LAWN MAINTENANCE--COMMERCIAL OR DOMESTIC AND DRIVERS	9102	10,100	4.82	\$487
			Stat	Rate
Manual Premium:				\$530,964
Waiver of Subrogation Charge:	0930	.0200		\$10,619
Employer Liability Increased Limits:	9812	1.1%		\$5,841
Subject Premium:				\$547,424
Experience Modification:	9898	1.16		\$87,588
Modified Premium:				\$635,012
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$635,262
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.95400		-\$606,040
Terrorism:	9740	.0200		\$2,913
Catastrophe:	9741	.0100		\$1,456
Estimated Annual Premium:				\$33,591
Total State Premium:				\$33,591.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employbridge of Dallas, Inc.

No Fixed Address

Boise, ID 83701

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 562305296

Of Employees: 93

Insured/State/Location No: Idaho

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
MEAT PRODUCTS MFG	2095	3,773	7.81	\$295
CARPET CLEANING AND DRIVERS	2585	2,631	6.89	\$181
CARPENTRY--SHOP ONLY	2802	2,305	8.75	\$202
FURNITURE MFG.--WOOD--NOC	2883	4,865	7.24	\$352
ELECTRICAL APPARATUS MFG. NOC	3179	103,019	2.75	\$2,833
MACHINERY OR EQUIPMENT ERECTION	3724	223	5.43	\$12
OR REPAIR NOC AND DRIVERS				
AUTOMOBILE--MFG. OR ASSEMBLY	3808	58,928	4.38	\$2,581
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	7,069	3.76	\$266
CARPENTRY NOC	5403	6,864	12.42	\$853
FOOD SUNDRIES MFG. NOC	6504	46,679	4.29	\$2,003
STORE--RETAIL NOC	8017	125,762	2.09	\$2,628
WHOLESALE STORE NOC	8018	794,266	3.44	\$27,323
COLD STORAGE LOCKER FROZEN FOODS	8031	25,994	3.96	\$1,029
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	96	3.89	\$4
BOTTLE DEALER--USED--AND DRIVERS	8264	40,607	6.61	\$2,684
STORAGE WAREHOUSE NOC	8292	78,029	4.68	\$3,652
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	36,255	0.52	\$189
CLERICAL OFFICE EMPLOYEES NOC	8810	2,378,144	0.28	\$6,659
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	2,778	5.01	\$139
FIRM: ALL OTHER		Stat	Rate	Premium
Manual Premium:				\$53,885
Waiver of Subrogation Charge:		0930	.0200	\$1,078



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Employer Liability Increased Limits:	9812	1.1%	\$593
Subject Premium:			\$55,556
Experience Modification:	9898	1.16	\$8,889
Modified Premium:			\$64,445
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$64,695
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.95687	-\$61,905
Terrorism:	9740	.0200	\$744
Catastrophe:	9741	.0100	\$372
Estimated Annual Premium:			\$3,906
Total State Premium:			\$3,906.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Midwest 1, Inc.
 999 Remington Blvd, Suite "E"
 Bolingbrook, IL 60440

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 463766552

Of Employees: 1867

Insured/State/Location No: Illinois

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FARM--GARDENING--MARKET OR TRUCK--AND DRIVERS	0008	15,197	2.87	\$436
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	227,155	6.10	\$13,856
SUGAR MANUFACTURING OR REFINING FROM SUGAR CANE OR SUGAR BEETS	2021	1,296,308	3.23	\$41,871
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	12,618	4.39	\$554
MEAT PRODUCTS MFG	2095	115,825	5.42	\$6,278
CANNERY NOC	2111	39,025	3.21	\$1,253
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	68,294	9.30	\$6,351
CLOTH PRINTING	2417	93,702	2.13	\$1,996
CLOTH, CANVAS, RELATED PROD MFG NOC 2501		6,694	3.09	\$207
CARPET CLEANING AND DRIVERS	2585	9,563	5.56	\$532
BOX MFG.--BOX SHOOK OR PALLET-WOODEN	2759	27,271	9.52	\$2,596
ROLLING MILL NOC AND DRIVERS	3027	45,924	5.46	\$2,507
FIREPROOF EQUIPMENT MFG.	3076	26,411	4.26	\$1,125
BUTTON OR FASTENER MFG.--METAL	3131	3,901	2.44	\$95
HARDWARE MFG. NOC	3146	74,711	3.15	\$2,353
ELECTRICAL APPARATUS MFG. NOC	3179	1,375,111	2.68	\$36,853
BED SPRING OR WIRE MATTRESS MFG.	3300	36,507	4.99	\$1,822
WELDING OR CUTTING NOC AND DRIVERS	3365	49,579	6.89	\$3,416



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

METAL GOODS MFG	3400	790,217	4.51	\$35,639
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	95,568	4.09	\$3,909
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	1,121	1.57	\$18
PUMP MFG	3612	13,842	3.41	\$472
BOILERMAKING	3620	8,412	5.14	\$432
MACHINED PARTS MFG. NOC	3629	30,465	2.58	\$786
MACHINE SHOP NOC	3632	1,761,934	3.93	\$69,244
VALVE MFG	3634	152,684	2.50	\$3,817
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	13,299	3.03	\$403
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	877,447	1.44	\$12,635
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	829,360	3.97	\$32,926
PAPER GOOD MFG. NOC	4279	32,651	4.17	\$1,362
PRINTING	4299	2,181,560	2.93	\$63,920
FILM PRINT SHOPS--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	4361	81,232	1.16	\$942
RUBBER GOODS MFG NOC	4410	13,603	4.03	\$548
PLASTICS MFG.: FABRICATED PRODUCTS	4452	1,370,627	4.01	\$54,962
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	49,801	4.17	\$2,077
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	1,558,998	3.71	\$57,839
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	930,076	1.81	\$16,834
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	705	1.05	\$7
FOOD SUNDRIES MFG. NOC	6504	12,515	4.06	\$508
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	160	8.89	\$14
AUTOMOBILE--HAULAWAY OR DRIVEAWAY--LONG DISTANCE HAULING--ALL EMPLOYEES AND DRIVERS	7229	6,128	10.12	\$620
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	6,429,953	7.81	\$502,179
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	552,301	1.20	\$6,628
STORE--HARDWARE	8010	75,246	2.06	\$1,550
STORE--RETAIL NOC	8017	2,281,564	1.97	\$44,947
WHOLESALE STORE NOC	8018	34,207,672	3.82	\$1,306,733
COLD STORAGE LOCKER FROZEN FOODS	8031	10,915	2.45	\$267
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	476,239	2.82	\$13,430
STORE--DRUG--WHOLESALE	8047	1,425	1.97	\$28



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	2,531	3.83	\$97
BEAN SORTING OR HANDLING	8102	14,354	2.64	\$379
PLUMBERS' SUPPLIES DEALER AND DRIVERS	8111	2,925	3.25	\$95
BOTTLE DEALER--USED--AND DRIVERS	8264	571,886	6.77	\$38,717
IRON OR STEEL--SCRAP DEALER AND DRIVERS	8265	62,199	6.22	\$3,869
STORAGE WAREHOUSE--COLD	8291	157,449	5.04	\$7,935
STORAGE WAREHOUSE NOC	8292	591,459	5.20	\$30,756
AUTOMOBILE--SERVICE OR REPAIR CENTER AND DRIVERS	8380	3,444	3.75	\$129
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	512,115	0.28	\$1,434
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	148,542	2.68	\$3,981
CLERICAL OFFICE EMPLOYEES NOC	8810	5,585,621	0.15	\$8,378
PHYSICIAN & CLERICAL	8832	2,678	0.39	\$10
BANKS AND TRUST COMPANIES--ALL EMPLOYEES, SALESPERSONS, DRIVERS AND CLERICAL	8855	360	0.15	\$1
BUILDINGS-OPERATION BY CONTRACTORS	9014	1,060,309	4.07	\$43,155
RESTAURANT NOC	9082	19,908	1.66	\$330
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	23,087	4.41	\$1,018

	Stat	Rate	Premium
Manual Premium:			\$2,500,061
Waiver of Subrogation Charge:	0930	.0200	\$50,001
Employer Liability Increased Limits:	9812	1.4%	\$35,001
Subject Premium:			\$2,585,063
Experience Modification:	9898	1.16	\$413,610
Modified Premium:			\$2,998,673
Scheduled Modification:	9887	.25	-\$2,249,005
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$749,918
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.91048	-\$682,785
Terrorism:	9740	.0010	\$671
Catastrophe:	9741	.0010	\$671
Estimated Annual Premium:			\$68,475
Industrial Commission Operations Fund	SUR1	0.0101	\$692.00
Total State Premium:			\$69,167.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Midwest 1, Inc.
 1801 S. Liberty Dr. Suite 300
 Bloomington, IN 47403

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 463766552

Of Employees: 2137

Insured/State/Location No: Indiana

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	22,164	3.63	\$805
CEMENT MFG.	1701	106,167	1.93	\$2,049
DIE CASTING MFG.	1925	1,685,370	1.89	\$31,853
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	63,904	2.26	\$1,444
BREAKFAST FOOD MFG	2016	43	2.11	\$1
ICE CREAM MFG. AND DRIVERS	2039	67,423	0.89	\$600
CREAMERY OR DAIRY AND ROUTE SUPERVISORS, DRIVERS	2070	2,500	2.86	\$72
MEAT PRODUCTS MFG	2095	54,965	1.76	\$967
FRUIT JUICE MFG. AND DRIVERS	2143	37,662	1.11	\$418
YARN OR THREAD MFG.--COTTON	2220	217,721	1.17	\$2,547
CLOTH, CANVAS, RELATED PROD	2501	308,070	1.50	\$4,621
MFG NOC				
CARPET CLEANING AND DRIVERS	2585	6,024	1.82	\$110
BOX MFG.--BOX SHOOK OR PALLET--WOODEN	2759	48,655	4.61	\$2,243
MANUFACTURED, MODULAR, OR PREFABRICATED HOME MANUFACTURING--SHOP	2797	50,597	1.66	\$840
WORK--ALL OPERATIONS AND DRIVERS				
BRUSH OR BROOM HANDLE MFG.	2841	4,944	2.19	\$108
FURNITURE ASSEMBLY--WOOD--FROM MANUFACTURED PARTS	2881	7,900	1.68	\$133
FURNITURE MFG.--WOOD--NOC	2883	84,344	1.49	\$1,257
IRON OR STEEL--MANUFACTURING--	3018	57,279	1.34	\$768



ROLLING MILL AND DRIVERS				
PIPE OR TUBE MFG. NOC AND DRIVERS	3022	17,751	1.76	\$312
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	426,732	1.49	\$6,358
IRON OR STEEL--FABRICATION--IRONWORKS OR STEELWORKS--SHOP--STRUCTURAL AND DRIVERS	3030	147,393	3.55	\$5,232
SIGN MANUFACTURING--METAL	3064	27,083	2.87	\$777
FIREPROOF EQUIPMENT MFG.	3076	180,793	1.67	\$3,019
FOUNDRY--NON-FERROUS	3085	1,365	2.07	\$28
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	16,153	0.97	\$157
BUTTON OR FASTENER MFG.--METAL	3131	7,998	0.92	\$74
NUT OR BOLT MFG.	3132	365,539	1.78	\$6,507
HARDWARE MFG. NOC	3146	230,828	1.06	\$2,447
ELECTRICAL APPARATUS MFG. NOC	3179	99,360	0.95	\$944
ALUMINUM WARE MFG.	3227	209,761	1.72	\$3,608
WIRE DRAWING--IRON OR STEEL	3241	37,562	1.35	\$507
CHAIN MFG.--FORMED OR WELDED	3257	131,521	1.38	\$1,815
BED SPRING OR WIRE MATTRESS MFG.	3300	142,472	3.96	\$5,642
HEAT TREATING--METAL	3307	29,191	2.09	\$610
BRASS OR COPPER GOODS MFG.	3315	960	2.19	\$21
WELDING OR CUTTING NOC AND DRIVERS	3365	19,646	3.27	\$642
GALVANIZING OR TINNING	3372	112,912	1.96	\$2,213
METAL STAMPED GOODS MFG. NOC	3400	3,499,710	2.27	\$79,443
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	107,412	1.59	\$1,708
PUMP MFG	3612	60,317	1.26	\$760
MACHINED PARTS MFG. NOC	3629	261,009	1.06	\$2,767
MACHINE SHOP NOC	3632	2,236,947	1.51	\$33,778
BALL OR ROLLER BEARING MFG.	3638	9,191	0.79	\$73
AUTOMOTIVE--LIGHTING, IGNITION, OR STARTING APPARATUS MFG. NOC	3648	796,806	0.94	\$7,490
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	173,935	0.70	\$1,218
INSTRUMENT MFG. NOC	3685	3,356,924	0.49	\$16,449
AUTOMOBILE--MFG. OR ASSEMBLY	3808	13,285,706	2.20	\$292,286
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG.: DIE-PRESSED STEEL	3822	38,107	2.31	\$880
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG. NOC	3824	807,064	2.39	\$19,289
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	27,576	3.65	\$1,007



PAPER MFG.	4239	32,293	1.08	\$349
BOX MFG.--SET-UP PAPER	4240	150	1.49	\$2
BOX MFG.--FOLDING PAPER--NOC	4243	11,069	1.41	\$156
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	122,083	1.46	\$1,782
BAG MFG.--PLASTIC OR PAPER	4273	67,376	1.08	\$728
PRINTING	4299	1,115,550	1.08	\$12,048
BOOKBINDING	4307	17,260	1.19	\$205
MOTION PICTURE--DEVELOPMENT OF NEGATIVES, PRINTING AND ALL SUBSEQUENT OPERATIONS	4360	809,972	0.55	\$4,455
RUBBER GOODS MFG NOC	4410	19,008	1.94	\$369
PLASTICS MFG - FABRICATED	4452	202,462	1.39	\$2,814
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	4,444,605	1.69	\$75,114
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	1,339,312	1.64	\$21,965
FABRIC COATING OR IMPREGNATING NOC	4493	822,491	1.32	\$10,857
ANALYTICAL LABORATORIES OR ASSAYING--INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, AND DRIVERS	4511	27,704	0.37	\$103
PAINT MFG.	4558	1,693	0.81	\$14
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	82,175	0.27	\$222
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	922,332	0.48	\$4,427
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION MFG. AND INCLUDES MFG. OF INGREDIENTS	4825	627,157	0.43	\$2,697
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	555,796	1.12	\$6,225
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	1,490	0.65	\$10
CARPET, LINOLEUM, VINYL, ASPHALT, OR RUBBER FLOOR TILE INSTALLATION.	5478	48,068	2.34	\$1,125
CLEANER--DEBRIS REMOVAL--CONSTRUCTION	5610	2,470	3.03	\$75
FOOD SUNDRIES MFG. NOC	6504	70,284	1.67	\$1,174
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7228	845,936	3.07	\$25,970
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	2,421,313	2.39	\$57,869
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	1,014,605	0.77	\$7,812
STORE--HARDWARE	8010	19,013	1.13	\$215



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

			Stat	Rate	Premium
STORE--RETAIL NOC	8017	1,276,380	0.91	\$11,615	
WHOLESALE STORE NOC	8018	25,068,745	1.68	\$421,155	
STORE--FISH, MEAT OR POULTRY	8021	11,714	2.13	\$250	
DEALER--WHOLESALE					
STORE--DEPARTMENT--RETAIL	8039	11,301	1.28	\$145	
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	738	1.75	\$13	
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	1,153,474	1.49	\$17,187	
IRON OR STEEL--MERCHANT AND DRIVERS	8106	285,514	2.20	\$6,281	
LUMBERYARD NEW MATERIALS ONLY:	8232	13,709	2.35	\$322	
ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS					
SASH, DOOR OR ASSEMBLED MILLWORK--DEALER AND DRIVERS	8235	457,965	2.17	\$9,938	
STORAGE WAREHOUSE NOC	8292	950,681	2.13	\$20,250	
FURNITURE MOVING AND STORAGE, DRIVERS	8293	18,416	6.18	\$1,138	
AIR-CONDITIONING SYSTEMS-- AUTOMOBILE--INSTALLATION, SERVICE OR REPAIR AND DRIVERS	8380	55,848	1.57	\$877	
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	954	0.84	\$8	
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	265,670	0.21	\$558	
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	350,431	0.97	\$3,399	
CLERICAL OFFICE EMPLOYEES NOC	8810	10,181,072	0.11	\$11,199	
PHYSICIAN & CLERICAL	8832	910	0.18	\$2	
BUILDING OR PROPERTY MANAGEMENT--PROPERTY MANAGERS AND LEASING AGENTS AND CLERICAL, SALESPERSONS	9012	37,076	0.94	\$349	
BUILDINGS-OPERATION BY CONTRACTORS	9014	29,233	1.71	\$500	
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	5,085	2.46	\$125	
FIRM: ALL OTHER HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	774	1.37	\$11	
RESTAURANT/FAST FOOD	9083	8,419	0.82	\$69	
COLLEGE: ALL OTHER EMPLOYEES	9101	1,283	2.65	\$34	
ATHLETIC SPORTS OR PARK: OPERATIONS AND DRIVERS	9182	5,200	1.42	\$74	
PAINTING--SHOP ONLY AND DRIVERS	9501	54,073	2.07	\$1,119	
HOUSEHOLD AND COMMERCIAL APPLIANCES--ELECTRICAL-- INSTALLATION, SERVICE OR REPAIR AND DRIVERS	9519	30,141	3.07	\$925	



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Manual Premium:			\$1,295,222
Waiver of Subrogation Charge:	0930	.0200	\$25,904
Employer Liability Increased Limits:	9812	1.1%	\$14,247
Subject Premium:	9898	1.16	\$1,335,373
Experience Modification:			\$213,660
Modified Premium:			\$1,549,033
Scheduled Modification:	9887	.5	-\$774,517
Foreign Voluntary Compensation:			\$250
Total Standard Premium:	9663	.93997	\$774,766
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:			-\$728,257
Terrorism:	9740	.0010	\$856
Catastrophe:	9741	.0010	\$856
Estimated Annual Premium:			\$48,221
Second Injury Fund:		.0061	\$294.00
Total State Premium:			\$48,515.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Staffing Solutions Southwest, Inc.
 10651 Lackman Road, Suite 101
 Lenexa, KS 66219

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 582575343

Of Employees: 292

Insured/State/Location No: Kansas

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	3,316	3.41	\$113
CARPENTRY SHOP ONLY & DRIVERS	2802	96	5.36	\$5
FIREPROOF EQUIPMENT MFG.	3076	39,880	2.37	\$945
AUTOMATIC SCREW MACHINE PRODUCTS MFG.	3145	16,503	1.66	\$274
WELDING OR CUTTING NOC AND DRIVERS	3365	3,434	3.96	\$136
AUTOMOBILE--STAMPED PARTS MFG.	3400	34,681	3.21	\$1,113
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	14,674	2.56	\$376
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	1,725	2.37	\$41
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	295,705	1.08	\$3,194
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	2,408	2.03	\$49
PRINTING	4299	134,288	1.80	\$2,417
BOOKBINDING	4307	12,371	1.59	\$197
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	84,329	2.05	\$1,729
CLEANING OR RENOVATING BUILDING EXTERIORS	5213	8,985	4.30	\$386
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	35,903	4.19	\$1,504
AUTOMOBILE--HAULAWAY OR DRIVEAWAY--LONG DISTANCE	7229	5,886	4.82	\$284



HAULING--ALL EMPLOYEES AND
DRIVERS

DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	2,527,219	3.03	\$76,575
OIL OR GAS--PIPELINE OPERATION AND DRIVERS	7515	484,438	0.84	\$4,069
ELECTRIC LIGHT OR POWER CO. NOC--ALL EMPLOYEES AND DRIVERS	7539	55,905	1.47	\$822
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	41,717	1.03	\$430
STORE--RETAIL NOC	8017	120,349	1.10	\$1,324
WHOLESALE STORE NOC	8018	3,614,664	1.94	\$70,124
MACHINERY DEALER NOC	8107	4,330	1.76	\$76
AUTOMOBILE--SERVICE OR REPAIR CENTER AND DRIVERS	8380	28	1.67	0
CLERICAL OFFICE EMPLOYEES NOC	8810	4,122,973	0.12	\$4,948

	Stat	Rate	Premium
Manual Premium:			\$171,131
Waiver of Subrogation Charge:	0930	.0200	\$3,423
Employer Liability Increased Limits:	9812	1.1%	\$1,882
Subject Premium:			\$176,436
Experience Modification:	9898	1.16	\$28,230
Modified Premium:			\$204,666
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$204,916
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.90480	-\$185,408
Terrorism:	9740	.0010	\$117
Catastrophe:	9741	.0010	\$117
Estimated Annual Premium:			\$19,742
Total State Premium:			\$19,742.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Midwest 3, Inc.
 1051 Newtown Pike, Suite 180
 Lexington, KY 40511

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 463794276

Of Employees: 725

Insured/State/Location No: Kentucky

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SMELTING, SINTERING OR REFINING-- METALS--NOT IRON OR LEAD--NOC	1438	2,184	2.20	\$48
AND DRIVERS				
DIE CASTING MFG.	1925	723,603	1.97	\$14,255
CANNERY NOC	2111	22,534	2.12	\$478
ALCOHOL MFG.--GRAIN--ALL OPERATIONS	2130	78,593	1.58	\$1,242
SPIRITUOUS LIQUOR BOTTLING	2131	90,038	1.32	\$1,189
EMBROIDERY MFG.	2388	10,429	0.90	\$94
TEXTILE--BLEACHING, DYEING, MERCERIZING, FINISHING	2413	10,718	1.13	\$121
CLOTH, CANVAS, RELATED PROD MFG NOC	2501	1,854	1.53	\$28
MATTRESS OR BOX SPRING MFG.	2570	153,331	1.98	\$3,036
SHOE FINDINGS MFG.	2651	323,899	0.76	\$2,462
FURNITURE MFG.--WOOD--NOC	2883	13,381	2.12	\$284
ROLLING MILL NOC AND DRIVERS	3027	34,028	1.53	\$521
IRON OR STEEL--FABRICATION-- IRONWORKS OR STEELWORKS-- SHOP--STRUCTURAL AND DRIVERS	3030	2,648	5.40	\$143
FIREPROOF EQUIPMENT MFG.	3076	122,434	2.03	\$2,485
TOOL MFG.--DROP OR MACHINE FORGED--NOC: MACHINING OR FINISHING OF TOOLS OR DIE MAKING OPERATIONS	3114	399,232	1.55	\$6,188
FILE MFG.	3118	477	1.05	\$5
HARDWARE MFG. NOC	3146	95,154	1.21	\$1,151
ELECTRICAL APPARATUS MFG. NOC	3179	2,116,672	2.01	\$42,545



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

WIRE GOODS MFG	3257	526,785	1.55	\$8,165
METAL STAMPED GOODS MFG. NOC	3400	497,418	2.39	\$11,888
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	3,413,149	1.56	\$53,245
MACHINE SHOP NOC	3632	480,617	1.70	\$8,170
VALVE MFG	3634	37,048	1.72	\$637
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	10,191	2.05	\$209
AUTOMOTIVE--LIGHTING, IGNITION, OR STARTING APPARATUS MFG. NOC	3648	111,495	0.96	\$1,070
TELECOMMUNICATIONS DEVICE MFG. NOC	3681	118,444	0.65	\$770
AUTOMOBILE--WHEEL MFG.--METAL--NOT CAST	3803	1,950,704	1.14	\$22,238
AUTOMOBILE--MFG. OR ASSEMBLY	3808	13,342,426	2.05	\$273,520
AUTOMOBILE--ENGINE MFG.	3827	41,179	1.74	\$717
BRICK OR CLAY PRODUCTS MFG. NOC AND DRIVERS	4021	2,186	3.35	\$73
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	8,367	5.12	\$428
POTTERY MFG.--PORCELAIN WARE-- MECHANICAL PRESS FORMING	4062	18,599	1.39	\$259
ELECTRIC BULB MFG.	4110	855,267	0.63	\$5,388
PAPER MFG.	4239	3,293	1.08	\$36
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	33,524	1.53	\$513
STATIONERY MFG.	4251	5,122	1.48	\$76
PAPER GOOD MFG. NOC	4279	321,114	1.78	\$5,716
PRINTING	4299	3,005,203	1.36	\$40,871
MOTION PICTURE--DEVELOPMENT OF NEGATIVES, PRINTING AND ALL SUBSEQUENT OPERATIONS	4360	1,372	0.70	\$10
BOOT OR SHOE MFG.--RUBBER	4410	199,824	1.83	\$3,657
RUBBER GOODS MFG NOC	4452	166,479	1.91	\$3,180
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	3,135	1.35	\$42
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	239,456	1.75	\$4,190
GLUE MFG. AND DRIVERS	4653	26,500	1.35	\$358
COTTONSEED OIL REFINING	4683	13,158	2.40	\$316
SOAP OR SYNTHETIC DETERGENT MFG.	4720	6,203,776	1.22	\$75,686
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION MFG. AND INCLUDES MFG. OF INGREDIENTS	4825	168,000	0.59	\$991
CONSTRUCTION--ELEVATOR OR HOD HOIST INSTALLATION, REPAIR OR REMOVAL AND DRIVERS-- MASONRY BUILDINGS OR STRUCTURES	5022	7,341	4.64	\$341



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	23,165	0.51	\$118
FOOD SUNDRIES MFG. NOC	6504	393,050	1.16	\$4,559
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	1,854,425	3.53	\$65,461
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	403,036	3.56	\$14,348
BEER OR ALE DEALER-- WHOLESALE--AND DRIVERS	7390	3,558	2.87	\$102
BURGLAR AND FIRE ALARM INSTALLATION OR REPAIR AND DRIVERS	7605	8,364	1.83	\$153
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	820,579	0.72	\$5,908
STORE--HARDWARE	8010	78,508	1.12	\$879
STORE--RETAIL NOC	8017	425,194	0.84	\$3,572
WHOLESALE STORE NOC	8018	24,899,403	1.53	\$380,961
STORE--FISH, MEAT OR POULTRY DEALER--WHOLESALE	8021	37,211	1.92	\$714
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	2,997	2.22	\$67
IRON OR STEEL--MERCHANT AND DRIVERS	8106	109,575	2.19	\$2,400
MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	2,949	2.25	\$66
STORAGE WAREHOUSE--COLD	8291	91,146	2.16	\$1,969
STORAGE WAREHOUSE NOC	8292	3,872,801	1.64	\$63,514
AIR CONDITIONING SYSTEMS: NON- PORTABLE: AIRFLOW TESTING AND BALANCING EXCLUSIVELY INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8601	117,780	0.28	\$330
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	286,326	0.25	\$716
CLERICAL OFFICE EMPLOYEES NOC	8810	6,310,850	0.11	\$6,942
PHYSICIAN & CLERICAL	8832	19,100	0.23	\$44
BUILDINGS-OPERATION BY CONTRACTORS	9014	14,141	1.99	\$281
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT FIRM: ALL OTHER RESTAURANT NOC	9015	3,185	1.94	\$62
PAINTING--SHOP ONLY AND DRIVERS	9082	15,006	0.83	\$125
	9501	154,193	1.88	\$2,899
			Stat	Rate
Manual Premium:				\$1,155,264
Employer Liability Increased Limits:		9812	1.1%	\$12,708
Subject Premium:				\$1,167,972
Experience Modification:		9898	1.16	\$186,876
Modified Premium:				\$1,354,848
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$1,355,098



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.93156	-\$1,262,355
Terrorism:	9740	.0010	\$760
Catastrophe:	9741	.0010	\$760
Estimated Annual Premium:			\$94,263
Special Fund Assessment:		0.0629	\$85,331.00
Total State Premium:			\$179,594.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a bold, dark blue font, followed by the word "INSURANCE" in a smaller, dark blue font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Westaff Workforce Solutions, LLC
 2015 Gus Kaplan Drive
 Alexandria, LA 71301

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 472383487

Of Employees: 409

Insured/State/Location No: Louisiana

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
GRAPHITE MFG.--NOT ARTIFICIAL-- AND DRIVERS	1452	131,549	2.91	\$3,828
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	460,171	6.03	\$27,748
VENEER MFG.	2714	26,918	4.96	\$1,335
TIE, POST OR POLE YARD AND DRIVERS	2960	82,849	4.88	\$4,043
PIPE OR TUBE MFG. NOC AND DRIVERS	3022	1,370,712	4.30	\$58,941
IRON OR STEEL--FABRICATION-- IRONWORKS--SHOP--ORNAMENTAL AND DRIVERS	3040	59,498	5.87	\$3,493
FIREPROOF EQUIPMENT MFG.	3076	14,858	2.81	\$418
WELDING OR CUTTING NOC AND DRIVERS	3365	103,130	5.01	\$5,167
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	1,054,661	3.11	\$32,800
CONFECTION MACHINE MFG.	3559	95,852	2.48	\$2,377
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	34,465	1.55	\$534
PUMP MFG	3612	64,031	3.06	\$1,959
MACHINE SHOP NOC	3632	318,983	3.53	\$11,260
TELECOMMUNICATIONS--	3681	119,374	1.17	\$1,397
APPARATUS MFG.				
AUTOMOBILE--ENGINE MFG.	3827	47,449	2.10	\$996
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	28,982	3.77	\$1,093
PRINTING	4299	417,672	1.84	\$7,685



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

MOTION PICTURE--DEVELOPMENT OF NEGATIVES, PRINTING AND ALL	4360	334,547	1.84	\$6,156
SUBSEQUENT OPERATIONS				
RUBBER GOODS MFG NOC	4410	627,285	4.67	\$29,294
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	1,060,514	4.19	\$44,436
FERTILIZER MFG. AND DRIVERS	4583	7,542	6.56	\$495
GLUE MFG. AND DRIVERS	4653	33,170	1.73	\$574
SOAP OR SYNTHETIC DETERGENT MFG.	4720	10,880	2.81	\$306
ELECTRICAL WIRING--WITHIN BUILDINGS AND DRIVERS	5190	4,332	3.64	\$158
PAINTING NOC AND SHOP OPERATIONS, DRIVERS	5474	3,308	6.24	\$206
GAS OR OIL--LEASE WORK NOC-- NATURAL GAS--BY SPECIALIST CONTRACTOR AND DRIVERS	6216	1,448	7.98	\$116
FOOD SUNDRIES MFG. NOC	6504	119,444	3.76	\$4,491
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	5,897	6.89	\$406
TELECOMMUNICATIONS CO.--CABLE TV, OR SATELLITE--ALL OTHER EMPLOYEES AND DRIVERS	7600	125,650	5.16	\$6,484
DETECTIVE OR PATROL AGENCY AND DRIVERS	7720	14,520	3.94	\$572
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	1,299,716	1.63	\$21,185
STORE--HARDWARE	8010	5,959	1.91	\$114
STORE--RETAIL NOC	8017	219,438	1.91	\$4,191
WHOLESALE STORE NOC	8018	369,940	3.16	\$11,690
CONTRACTORS: EQUIPMENT RENTAL AND DRIVERS	8107	660	3.26	\$22
STORAGE WAREHOUSE NOC	8292	33,999	4.13	\$1,404
INSURANCE COMPANIES-- INCLUDING CLERICAL AND SALESPERSONS	8723	60,700	0.27	\$164
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	504	0.48	\$2
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	13,749	1.76	\$242
ACCOUNTANT-TRAVELING	8803	26,320	0.12	\$32
CLERICAL OFFICE EMPLOYEES NOC	8810	4,663,845	0.23	\$10,727
BUILDINGS-OPERATION BY CONTRACTORS	9014	60,604	3.45	\$2,091
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	54,544	4.09	\$2,231
FIRM: ALL OTHER				
HOSPITAL--ALL OTHER EMPLOYEES	9040	239,807	6.05	\$14,508
COLLEGE: ALL OTHER EMPLOYEES	9101	43,260	3.65	\$1,579
ATHLETIC SPORTS OR PARK: OPERATIONS AND DRIVERS	9182	93,509	2.81	\$2,628
MUNICIPAL, TOWNSHIP, COUNTY OR	9410	2,378,041	3.92	\$93,219



STATE EMPLOYEE NOC

SIGN INSTALLATION, REPAIR, MAINTENANCE, REMOVAL OR REPLACEMENT NOC AND DRIVERS	9554	18,000	19.97	\$3,595
Manual Premium:		Stat	Rate	Premium
Employer Liability Increased Limits:	9812		1.4%	\$428,392
Subject Premium:	9898		1.16	\$5,997
Experience Modification:				\$434,389
Modified Premium:				\$69,502
Foreign Voluntary Compensation:				\$503,891
Total Standard Premium:	9663		.90141	\$250
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:				\$504,141
Waiver of Subrogation Charge:	9118		.0200	-\$454,438
Terrorism:	9740		.0010	\$10,083
Catastrophe:	9741		.0010	\$164
Estimated Annual Premium:				\$164
Total State Premium:				\$60,114
				\$60,114.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Remedy Intelligent Staffing, LLC
 1565 Main Street, Bldg 1, Unit 1B
 Tewksbury, MA 01876

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 330880963

Of Employees: 206

Insured/State/Location No: Massachusetts

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
DIE CASTING MFG.	1925	11,182	4.38	\$490
BOX SPRING OR MATTRESS MFG.	2570	7,881	4.94	\$389
CARPET, RUG OR UPHOLSTERY CLEANING--SHOP OR OUTSIDE	2585	100	3.23	\$3
FIREPROOF EQUIPMENT MFG.	3076	37,834	2.30	\$870
ELECTRICAL APPARATUS MFG	3179	1,611,788	1.26	\$20,309
WIRE GOODS MFG	3257	18,251	2.58	\$471
METAL STAMPED GOODS MFG. NOC	3400	5,574	3.21	\$179
MACHINE SHOP NOC	3632	2,362,331	1.65	\$38,978
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	22,217	0.82	\$182
INSTRUMENT MFG NOC	3685	79,397	0.64	\$508
PAPER MFG	4239	245,833	2.56	\$6,293
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	73,346	2.88	\$2,112
BAG MFG.--PLASTIC OR PAPER	4273	168,295	2.33	\$3,921
BANKS AND TRUST COMPANIES: PRINTING	4299	88,424	1.87	\$1,654
RUBBER GOODS MFG NOC	4410	17,611	3.43	\$604
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	282,982	2.09	\$5,914
FABRIC COATING OR IMPREGNATING NOC	4493	23,025	2.51	\$578
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	29,475	1.20	\$354



FOOD SUNDRIES MFG	6504	9,634	2.52	\$243
AMBULANCE SERVICE COMPANIES:	7370	57,333	4.05	\$2,322
ALL EMPT OTHER THAN GARAGE				
EMP AND DRIVERS				
STORE--RETAIL NOC	8017	38,568	1.07	\$413
WHOLESALE STORE NOC	8018	2,270,121	3.01	\$68,331
BUILDING MATERIAL DEALER--NEW	8058	3,396	2.44	\$83
MATERIALS ONLY: STORE				
EMPLOYEES				
STORAGE WAREHOUSE NOC	8292	183,988	2.99	\$5,501
AUTOMOBILE PARKING LOT AND	8392	9,734	1.58	\$154
DRIVERS				
SALESPERSONS OR COLLECTORS	8742	24,248	0.16	\$39
--OUTSIDE				
CLERICAL OFFICE EMPLOYEES NOC	8810	540,930	0.07	\$379
		Stat	Rate	Premium
Manual Premium:				\$161,274
Waiver of Subrogation Charge:		0930	.0200	\$3,225
Employer Liability Increased Limits:		9812	2%	\$3,225
Subject Premium:				\$167,724
Experience Modification:		9898	1.16	\$26,836
Modified Premium:				\$194,560
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$194,810
Premium Credit for the Reporting of Deductibles - Not		9663	.95940	-\$187,225
Subject to Experience Rating:				
Expense Constant:	0900			\$338
Terrorism:	9740		.0010	
Estimated Annual Premium:				\$8,005
Department of Industrial Accidents Assessment:			.0456	\$8,531.00
Total State Premium:				\$16,536.00
				\$82

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Southeast, LLC
 3531 Washington Blvd., Suite 104
 Baltimore, MD 21227

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 452324439

Of Employees: 257

Insured/State/Location No: Maryland

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	3,163	3.06	\$97
CREAMERY OR DAIRY AND ROUTE SUPERVISORS, DRIVERS	2070	2,278	5.94	\$135
CARPET CLEANING AND DRIVERS	2585	1,810	4.51	\$82
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	101,653	5.53	\$5,621
PRINTING	4299	1,864,422	2.44	\$45,492
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	753,900	6.80	\$51,265
STORE--RETAIL NOC	8017	187,703	1.61	\$3,022
WHOLESALE STORE NOC	8018	5,778,270	3.75	\$216,685
STORAGE WAREHOUSE NOC	8292	48,236	4.45	\$2,147
ARCHITECTURAL OR ENGINEERING FIRM--INCLUDING SALESPERSONS AND DRIVERS	8601	121,733	0.45	\$548
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	85,562	0.31	\$265
CLERICAL OFFICE EMPLOYEES NOC	8810	1,276,313	0.13	\$1,659
HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	61,925	1.91	\$1,183
Manual Premium:		Stat	Rate	Premium
Employer Liability Increased Limits:	9812		1.1%	\$328,201
Waiver of Subrogation Charge:	0930		.0200	\$6,564
Subject Premium:				\$338,375
Experience Modification:	9898		1.16	\$54,140
Modified Premium:				\$392,515
Foreign Voluntary Compensation:				\$250



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Total Standard Premium:			\$392,765
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.89732	-\$352,436
Terrorism:	9740	.0500	\$5,143
Catastrophe:	9741	.0200	\$2,057
Estimated Annual Premium:			\$47,529
Total State Premium:			\$47,529.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a bold, stylized font followed by the word "INSURANCE" in a smaller, standard font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Remedy Time Staffing Services, LLC

No Fixed Address

Augusta, ME 04330

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 770528189

Of Employees: 11

Insured/State/Location No: Maine

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
PAPER MFG.	4239	35,273	3.35	\$1,182
WHOLESALE STORE NOC	8018	2,884	4.15	\$120
CLERICAL OFFICE EMPLOYEES NOC	8810	155,305	0.27	\$419
		Stat	Rate	Premium
Manual Premium:				\$1,721
Employer Liability Increased Limits:		9812	1.1%	\$19
Waiver of Subrogation Charge:		0930	Minimum	\$250
Subject Premium:				\$1,990
Experience Modification:		9898	1.16	\$318
Modified Premium:				\$2,308
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$2,558
Premium Credit for the Reporting of Deductibles - Not		9663	.93276	-\$2,386
Subject to Experience Rating:				
Terrorism:		9740	.0010	\$2
Catastrophe:		9741	.0010	\$2
Estimated Annual Premium:				\$176
WCB Administrative Fund Assessment:			.0275	\$70.00
Supplemental Benefits Fund:		SUR3	0.00	\$0.00
Total State Premium:				\$246.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employbridge Midwest 1, Inc.
 1221-1223 Old US Hwy. 23
 Brighton, MI 48114

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 463766552

Of Employees: 1083

Insured/State/Location No: Michigan

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FARM: EGG OR POULTRY	0034	88,904	2.04	\$1,814
CULTIVATING	0035	154,404	1.47	\$2,270
CEMENT MFG.	1701	31,190	1.59	\$496
DIE CASTING MFG.	1925	14,311	4.46	\$638
BAKERY	2003	503,825	2.62	\$13,200
CONFECTION MFG.	2041	214,238	1.88	\$4,028
BOTTLE DEALER	2070	15,811	2.53	\$400
MEAT PRODUCTS MFG.--NOC	2095	957,892	2.01	\$19,254
BOTTLING OF WINE	2157	61,051	4.32	\$2,637
BRAID OR FRINGE MFG.	2380	50	1.50	\$1
CLOTHING MFG.	2501	705,932	2.38	\$16,801
CARPET, RUG OR UPHOLSTERY CLEANING--SHOP	2585	20,629	1.97	\$406
PLANING OR MOLDING MILL	2731	11,146	3.67	\$409
BOX OR BOX SHOOK MFG.	2759	144,840	4.47	\$6,474
CARPENTRY--SHOP ONLY	2802	14,553	3.31	\$482
CABINET WORKS	2812	3,500	2.43	\$85
FURNITURE ASSEMBLY--WOOD-- FROM MANUFACTURED PARTS	2881	42,852	2.07	\$887
IRON OR STEEL: MANUFACTURING: ROLLING MILL	3018	72,154	2.89	\$2,085
PIPE OR TUBE MFG.--NOC	3022	3,825	2.50	\$96
IRON OR STEEL: FABRICATING: SHOP--STRUCTRUAL	3030	120,851	3.64	\$4,399
SIGN MFG.--METAL	3064	11,805	3.26	\$385
SHEET METAL WORK SHOP	3066	6,508	3.70	\$241
FIREPROOF EQUIPMENT MFG.	3076	247,733	2.08	\$5,153



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

TOOL MFG.--TOOLS, DIES, JIGS, MOLDS AND FIXTURES: HIGHLY AUTOMATED	3095	14,838	1.46	\$217
CHAIN MFG.--FORGED	3110	47,143	5.17	\$2,437
BLACKSMITH	3111	10,478	2.43	\$255
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	182,217	1.74	\$3,171
TOOL MFG.--DIES, JIGS OR FIXTURES	3116	12,972	2.37	\$307
BUTTON OR FASTENER MFG.--METAL	3131	25,266	1.34	\$339
BOLT OR NUT MFG.	3132	3,664	1.43	\$52
SCREW MFG.	3145	32,040	1.58	\$506
HARDWARE MFG. NOC	3146	60,396	2.01	\$1,214
ELECTRICAL APPARATUS MFG.--NOC	3179	275,358	0.96	\$2,643
WIRE GOODS MFG	3257	561,922	2.30	\$12,924
SPRING MFG. (NOT WIRE SPRINGS)	3303	163,112	1.88	\$3,067
HEAT TREATING OF METAL	3307	186,681	2.99	\$5,582
BRASS OR COPPER GOODS MFG.	3315	95,847	2.11	\$2,022
WELDING OR CUTTING--NOC	3365	3,484	3.15	\$110
GALVANIZING OR TINNING	3372	97,264	3.04	\$2,957
METAL GOODS--NOC	3400	3,148,634	2.55	\$80,290
AGRICULTURAL MACHINERY MFG.	3507	22,625	1.80	\$407
PUMP MFG.	3612	656,168	1.47	\$9,646
BOILERMAKING	3620	262,383	2.46	\$6,455
BOILERMAKING	3628	412,401	1.89	\$7,794
PRECISION MACHINED PARTS MFG.--NOC	3629	3,613,768	1.72	\$62,157
MACHINE SHOP NOC	3632	1,159,744	2.64	\$30,617
VALVE MFG.	3634	85,056	1.19	\$1,012
GEAR MFG. OR GRINDING	3635	62,035	1.94	\$1,203
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	53,057	1.94	\$1,029
AUTOMOTIVE LIGHTING, IGNITION OR STARTING APPARATUS MFG.--NOC	3648	2,242,963	0.99	\$22,205
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	19,548	1.51	\$295
INSTRUMENT MFG.: AIRPLANE, SURVEYORS--NOC	3685	400,625	0.89	\$3,566
AUTOMOBILE--MFG. OR ASSEMBLY	3808	2,732,378	2.30	\$62,845
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG.	3824	38,119	2.49	\$949
ENGINE MFG.: AUTOMOBILE, OUTBOARD MOTORS	3827	23,338	1.07	\$250
ASPHALT PAVING BRICKS MFG.	4024	54,077	3.19	\$1,725
MIRROR MFG.	4131	251,765	1.03	\$2,593
PULP MFG.--CHEMICAL PROCESS OR GROUND WOOD PROCESS INCLUDES BARK PEELING IN PAPER	4207	30,803	1.03	\$317



MILL

PAPER MFG.	4239	32,601	1.72	\$561
BOX MFG.: FOLDING PAPER	4243	3,082	1.80	\$55
CORRUGATED OR FIBER BOARD	4244	352,973	2.01	\$7,095
CONTAINER MFG.				
BAG MFG.: PAPER	4273	33	2.21	\$1
PAPER GOODS MFG.--NOC	4279	35,713	2.01	\$718
PRINTING	4299	830,890	1.41	\$11,716
RUBBER GOODS MFG.--NOC	4410	78,954	2.48	\$1,958
PLASTICS MFG.: FABRICATED	4452	1,189,679	1.80	\$21,414
PRODUCTS				
PLASTICS MFG.: EXTRUDED	4459	616,973	1.89	\$11,661
PRODUCTS				
PLASTICS MFG.: MOLDED	4484	1,773,803	1.90	\$33,702
PRODUCTS				
BRAKE FLUID MFG.	4557	199,421	1.61	\$3,211
DRUG, MEDICINE OR	4611	47,223	0.61	\$288
PHARMACEUTICAL PREPARATION--				
NO MFG. OF INGREDIENTS				
GLUE, PASTE OR MUCILAGE MFG.	4712	454	1.13	\$5
ACID MFG.	4829	27,688	0.44	\$122
SPORTING GOODS MFG.--NOC	4902	3,839	1.62	\$62
FURNITURE OR FIXTURES	5146	330	4.44	\$15
INSTALLATION: PORTABLE--NOC				
ELECTRICAL WIRING--WITHIN	5190	7,488	1.96	\$147
BUILDINGS AND DRIVERS				
CARPENTRY NOC	5403	2,476	6.71	\$166
AWNING MFG. AND ERECTION:	5538	14,400	3.70	\$533
METAL, AWNING, TENT, OR CANVAS				
GOODS ERECTION, REMOVAL AND				
REPAIR				
FOOD SUNDRIES MFG.--NOC	6504	876,182	2.01	\$17,611
TRUCKING--LOCAL HAULING ONLY--	7219	219,695	4.65	\$10,216
ALL EMPLOYEES AND DRIVERS				
FREIGHT HANDLING: NOC OR	7360	13,231	3.89	\$515
PACKING, HANDLING OR SHIPPING				
EXPLOSIVES OR AMMUNITION--				
UNDER CONTRACT: STATE ACT				
DRIVERS, CHAUFFEURS,	7380	1,171,695	3.84	\$44,993
MESSENGERS AND THEIR HELPERS				
NOC--COMMERCIAL				
ALE OR BEER DEALER: WHOLESALE	7390	6,503	3.49	\$227
STORE: AUTO PARTS, BICYCLES,	8010	302,566	1.01	\$3,056
ELECTRICAL HARDWARE,				
HARDWARE, MILL SUPPLY DEALER,				
RADIO OR TELEVISION PARTS				
STORE--RETAIL NOC	8017	134,181	0.96	\$1,288
WHOLESALE STORE NOC	8018	3,219,943	2.05	\$66,009
STORE: SUPERMARKET	8033	183,131	1.51	\$2,765
STORE--AUTOMOBILE PARTS AND	8046	161,131	1.37	\$2,207
ACCESSORIES NOC AND DRIVERS				
BUILDING MATERIAL DEALER:	8058	11,309	1.70	\$192
STORE EMPLOYEES				



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

IRON OR STEEL--MERCHANT AND DRIVERS	8106	190,943	3.22	\$6,148
CONTRACTORS' MACHINERY DEALER	8107	254,653	1.86	\$4,737
BOTTLE DEALER – USED	8264	86,871	4.43	\$3,848
IRON OR STEEL SCRAP DEALER	8265	149,922	5.37	\$8,051
STORAGE WAREHOUSE	8292	575,286	3.74	\$21,516
STORAGE WAREHOUSE: FURNITURE	8293	1,176	13.42	\$158
GASOLINE OR OIL DEALER	8350	87,314	3.24	\$2,829
BOILER INSPECTION	8720	39,126	1.12	\$438
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	472,452	0.20	\$945
ADDRESSING OR MAILING COMPANY	8800	162,159	0.96	\$1,557
CLERICAL OFFICE EMPLOYEES NOC	8810	5,445,028	0.11	\$5,990
CHURCH: PROFESSIONAL EMPLOYEES	8868	264	0.28	\$1
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	67,103	2.62	\$1,758
FIRM: ALL OTHER RESTAURANT NOC	9058	560	0.97	\$5
CHURCH	9101	744	1.85	\$14
PAINTING: AUTOMOBILE, BUS, TRUCK, TRAILER OR CARRIAGE BODIES, SHOP ONLY	9501	3,796,570	2.05	\$77,830
		Stat	Rate	Premium
Manual Premium:				\$794,133
Employer Liability Increased Limits:	9812		1.1%	\$8,735
Waiver of Subrogation Charge:	0930		.0200	\$15,883
Subject Premium:				\$818,751
Experience Modification:	9898		1.14	\$114,625
Modified Premium:				\$933,376
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$933,626
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663		.94890	-\$885,918
Terrorism:	9740		.0010	\$433
Catastrophe:	9741		.0010	\$433
Estimated Annual Premium:				\$48,574
Total State Premium:				\$48,574.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Professional Drivers of Georgia, Inc.
 6225 University Avenue N.E. #2
 Fridley, MN 55432

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 582575346

Of Employees: 344

Insured/State/Location No: Minnesota

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BAKERY--SALESPERSONS AND DRIVERS	2003	73,587	4.34	\$3,194
FEED MFG.	2014	8,096	3.35	\$271
BOX SPRING OR MATTRESS MFG.	2570	24,232	4.22	\$1,023
CARPET, RUG, OR UPHOLSTERY CLEANING--SHOP OR OUTSIDE AND DRIVERS	2585	7,211	4.25	\$306
PIPE OR TUBE MFG.--IRON OR STEEL--AND DRIVERS	3028	3,571	2.84	\$101
IRON OR STEEL ERECTION: FABRICATION: IRONWORKS--SHOP-- DECORATIVE OR ARTISTIC AND FOUNDRIES, DRIVERS	3040	34,358	5.44	\$1,869
CUTLERY MFG. NOC--DROP OR MACHINE FORGED:MACHINING OR FINISHING	3114	8,330	2.70	\$225
ELECTRICAL APPARATUS MFG. NOC	3179	105,167	1.77	\$1,861
WELDING OR CUTTING NOC AND DRIVERS	3365	24,908	6.44	\$1,604
METAL STAMPED GOODS MFG. NOC	3400	4,524	3.51	\$159
AGRICULTURAL OR CONSTRUCTION MACHINERY MFG.	3507	899,754	3.13	\$28,162
AUTOMOTIVE MACHINE SHOP	3632	11,554	3.18	\$367
TELECOMMUNICATIONS-- APPARATUS MFG.	3681	3,025	1.00	\$30
INSTRUMENT MFG. NOC	3685	17,612,988	0.77	\$135,620
AUTOMOBILE MFG. OR ASSEMBLY	3808	185,719	2.66	\$4,940
BABY CARRIAGE MFG.	3851	1,490,519	2.77	\$41,287
PRINTING	4299	338,247	2.48	\$8,389



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	21,730	2.43	\$528
PLASTICS MFG.--SHEETS, RODS, OR TUBES	4459	88,435	2.36	\$2,087
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	67,153	2.42	\$1,625
BOILER OR STEAM PIPE INSULATING AND DRIVERS	5183	45,344	3.82	\$1,732
CARPENTRY NOC	5403	49,453	7.48	\$3,699
TRUCKING--PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7230	674	7.73	\$52
DRIVERS, CHAUFFEURS AND THEIR HELPERS NOC--COMMERCIAL	7380	2,647,842	5.03	\$133,186
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	3,960	1.05	\$42
STORES--NOC	8017	63,067	1.31	\$826
STORE--WHOLESALE--NOC	8018	1,579,515	3.53	\$55,757
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	666	2.48	\$17
STORE--DRUG--WHOLESALE	8047	23,579	1.19	\$281
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	135	1.89	\$3
CLIPPINGS DEALER	8103	14,920	2.38	\$355
STORAGE WAREHOUSE--NOC	8292	71,789	3.76	\$2,699
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	78,465	0.30	\$235
CLERICAL OFFICE EMPLOYEES NOC	8810	1,638,437	0.11	\$1,802
ASYLUM--PROFESSIONAL EMPLOYEES	8833	2,381	1.11	\$26
BUILDINGS-OPERATION BY CONTRACTORS	9014	12,881	3.43	\$442
CATERER AND DRIVERS	9082	157	1.22	\$2
		Stat	Rate	Premium
Manual Premium:				\$434,804
Employer Liability Increased Limits:		9812	1.1%	\$4,783
Waiver of Subrogation Charge:		0930	.0200	\$8,696
Subject Premium:				\$448,283
Experience Modification:		9898	1.16	\$71,725
Modified Premium:				\$520,008
Total Standard Premium:				\$520,008
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.94786	-\$492,895
Terrorism:		9740	.0010	\$272
Estimated Annual Premium:				\$27,385
Special Compensation Fund:			.051	\$25,723.00
Total State Premium:				\$53,108.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Staffing Solutions Southwest, Inc.
 100 NW Englewood Rd. #120
 Gladstone, MO 64118

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 582575343

Of Employees: 739

Insured/State/Location No: Missouri

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
ALCOHOL MFG.--WOOD AND DRIVERS	1472	7,859	3.58	\$281
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	66,985	4.16	\$2,787
MEAT PRODUCTS MFG. NOC	2095	9,035	3.69	\$333
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	439,750	2.59	\$11,390
CARPET CLEANING AND DRIVERS	2585	26,919	3.82	\$1,028
CLEANING OR DYEING AND ROUTE SUPERVISORS, DRIVERS	2586	122,367	2.29	\$2,802
LAUNDRY AND DRY CLEANING STORE--RETAIL--AND ROUTE SUPERVISORS, DRIVERS	2589	1,417	2.15	\$30
PATTERN MAKING NOC	2790	41,896	1.79	\$750
FURNITURE MFG.--WOOD--NOC	2883	1,172,658	3.71	\$43,506
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	1,584	4.61	\$73
SHEET METAL PRODUCTS MFG.	3076	11,892	3.08	\$366
CHAIN MFG.--FORGED	3110	8,258	5.73	\$473
TOOL MFG.--DROP OR MACHINE FORGED--NOC: MACHINING OR FINISHING OF TOOLS OR DIE MAKING OPERATIONS	3114	28,642	2.67	\$765
ELECTRICAL APPARATUS MFG. NOC	3179	174,974	2.67	\$4,672
ALUMINUM WARE MFG.	3227	24,436	3.05	\$745
WIRE GOODS MFG. NOC	3257	10,891	2.74	\$298
BED SPRING OR WIRE MATTRESS MFG.	3300	15,434	3.92	\$605
WELDING OR CUTTING NOC AND	3365	16,864	5.83	\$983



DRIVERS

METAL STAMPED GOODS MFG. NOC	3400	32,271	4.60	\$1,484
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	128,921	3.31	\$4,267
PRINTING OR BOOKBINDING MACHINE MFG.	3548	268,774	1.60	\$4,300
CONFECTION MACHINE MFG.	3559	8,997	2.91	\$262
COMPUTER MFG	3574	170,252	1.72	\$2,928
MACHINED PARTS MFG. NOC	3629	54,694	2.02	\$1,105
MACHINE SHOP NOC	3632	57,245	3.28	\$1,878
VALVE MFG.	3634	71,272	1.70	\$1,212
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	46,045	2.47	\$1,137
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	646,730	0.88	\$5,691
INSTRUMENT MFG. NOC	3685	363,153	1.53	\$5,556
AUTOMOBILE--MFG. OR ASSEMBLY	3808	62,102	4.54	\$2,819
MOTORCYCLE MFG. OR ASSEMBLY	3851	117,982	5.52	\$6,513
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	37,217	3.09	\$1,150
PAPER GOODS MFG. NOC	4279	74,304	2.61	\$1,939
PRINTING	4299	117,258	2.46	\$2,885
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	173,070	2.69	\$4,656
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	287,382	2.73	\$7,846
BUFFING OR POLISHING COMPOUNDS MFG.	4557	54,653	2.54	\$1,388
PAINT MFG.	4558	551,877	1.94	\$10,706
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	1,826,807	1.13	\$20,643
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	12,789	0.74	\$95
ACID MFG.	4829	44,392	1.22	\$542
SPORTING GOODS MFG. NOC	4902	44,718	3.16	\$1,413
CARPENTRY--DETACHED ONE- OR TWO-FAMILY DWELLINGS	5645	65,498	11.17	\$7,316
FOOD SUNDRIES MFG. NOC	6504	55,838	2.42	\$1,351
TRUCKING--PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7230	48,088	7.39	\$3,554
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	2,848,787	4.97	\$141,585
ELECTRIC LIGHT OR POWER CO. NOC--ALL EMPLOYEES AND DRIVERS	7539	18,504	3.20	\$592
GASOLINE STATION: SELF-SERVICE AND GROCERY--RETAIL	8006	18,544	1.83	\$339



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC 00 00 01 A

Edition 1/08

STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	388,347	1.11	\$4,311
STORE--HARDWARE	8010	20,358	2.03	\$413
STORE--RETAIL NOC	8017	1,741,082	1.54	\$26,813
WHOLESALE STORE NOC	8018	12,563,964	2.33	\$292,740
STORE--FISH, MEAT OR POULTRY DEALER--WHOLESALE	8021	1,521	3.05	\$46
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--WHOLESALE	8032	800	2.23	\$18
STORE--DRUG--WHOLESALE	8047	20,389	1.39	\$283
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	1,360	6.37	\$87
STORAGE WAREHOUSE NOC	8292	141,680	4.10	\$5,809
GASOLINE DEALER AND DRIVERS	8350	5,628	6.49	\$365
AUTOMOBILE BODY REPAIR	8393	278,423	1.53	\$4,260
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	257,490	0.35	\$901
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	259,108	1.54	\$3,990
CLERICAL OFFICE EMPLOYEES NOC	8810	3,277,507	0.17	\$5,572
BUILDINGS-OPERATION BY CONTRACTORS	9014	16,501	2.56	\$422
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT FIRM: ALL OTHER	9015	5,600	3.09	\$173
HOSPITAL--ALL OTHER EMPLOYEES	9040	1,320	3.66	\$48
HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	2,372	2.07	\$49
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	68,857	7.31	\$5,033
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	9,445	3.39	\$320

	Stat	Rate	Premium
Manual Premium:			\$670,692
Employer Liability Increased Limits:	9812	1.1%	\$7,378
Waiver of Subrogation Charge:	0930	.0200	\$13,414
Subject Premium:			\$691,484
Experience Modification:	9898	1.16	\$110,637
Modified Premium:			\$802,121
Scheduled Modification:	9887	.75	-\$200,530
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$601,841
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.94038	-\$565,959
Terrorism:	9740	.0100	\$2,955
Estimated Annual Premium:			\$38,837
WC Administrative:		.01	\$5,660.00
Second Injury Fund:		.06	\$36,288.00
Total State Premium:			\$80,785.00



Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employbridge Midwest 1, Inc.
 140 S. Industrial Road
 Tupelo, MS 38801

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 463766552

Of Employees: 532

Insured/State/Location No: Mississippi

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LIME MFG.	1642	135,644	2.46	\$3,337
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	4,495	4.54	\$204
YARN OR THREAD MFG.--COTTON	2220	40,478	1.68	\$680
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	9,061	2.15	\$195
MATTRESS OR BOX SPRING MFG.	2570	184,619	2.46	\$4,542
IRON OR STEEL--MANUFACTURING-- ROLLING MILL AND DRIVERS	3018	22,483	2.49	\$560
SHEET METAL PRODUCTS MFG.	3076	146,038	2.40	\$3,505
HARDWARE MFG. NOC	3146	157,681	1.26	\$1,987
ELECTRICAL APPARATUS MFG. NOC	3179	1,172,927	1.70	\$19,940
AUTOMOBILE--STAMPED PARTS MFG.	3400	84,321	3.71	\$3,128
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	114,872	1.81	\$2,079
COMPUTER MFG	3574	742,195	0.71	\$5,270
MACHINE SHOP NOC	3632	3,688	2.42	\$89
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	3,948,562	1.13	\$44,619
AUTOMOBILE--MFG. OR ASSEMBLY	3808	11,821,982	2.01	\$237,622
CAR MFG.--RAILROAD--AND DRIVERS	3881	32,693	3.55	\$1,161
PAPER MFG.	4239	53,026	2.16	\$1,145
STATIONERY MFG.	4251	1,979,367	1.93	\$38,202
FIBER GOODS MFG.	4263	22,806	1.75	\$399



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

PAPER GOODS MFG. NOC	4279	12,668	2.17	\$275
RUBBER GOODS MFG. NOC	4410	63,660	2.50	\$1,592
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	220,522	2.76	\$6,086
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	83,568	2.42	\$2,022
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	611,556	2.32	\$14,188
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	9,392	1.29	\$121
SPORTING GOODS MFG. NOC	4902	5,303	3.42	\$181
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7228	1,754,415	5.08	\$89,124
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	337,829	3.81	\$12,871
GARBAGE WORKS	7590	1,272	3.39	\$43
DETECTIVE OR PATROL AGENCY AND DRIVERS	7720	4,653	2.49	\$116
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	207,867	1.04	\$2,162
STORE--RETAIL NOC	8017	1,916,514	1.53	\$29,323
WHOLESALE STORE NOC	8018	11,085,272	1.90	\$210,620
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	10,398	2.83	\$294
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	660	1.99	\$13
STORAGE WAREHOUSE--COLD	8291	83,545	4.15	\$3,467
STORAGE WAREHOUSE NOC	8292	24,395	2.36	\$576
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	198,422	0.36	\$714
CLERICAL OFFICE EMPLOYEES NOC	8810	2,793,502	0.22	\$6,146
		Stat	Rate	Premium
Manual Premium:				\$748,598
Employer Liability Increased Limits:		9812	1.1%	\$8,235
Waiver of Subrogation Charge:		0930	.0200	\$14,972
Subject Premium:				\$771,805
Experience Modification:		9898	1.16	\$123,489
Modified Premium:				\$895,294
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$895,544
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.93004	-\$832,892
Terrorism:		9740	.0010	\$401
Catastrophe:		9741	.0010	\$401
Estimated Annual Premium:				\$63,454
Total State Premium:				\$63,454.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Westaff Workforce Solutions, LLC
 210 E. Lyndale
 Helena, MT 59601

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 472383487 # Of Employees: 31

Insured/State/Location No: Montana

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FARM--NURSERY EMPLOYEES AND DRIVERS	0005	17,697	4.04	\$715
VALVE MFG.	3634	6,811	2.10	\$143
AUTOMATIC SPRINKLER INSTALLATION AND DRIVERS	5188	7,052	4.43	\$312
FLOOR COVERING INSTALLATION--RESILIENT FLOORING--CARPET AND LAMINATE FLOORING	5478	3,465	6.81	\$236
BURGLAR AND FIRE ALARM INSTALLATION OR REPAIR AND DRIVERS	7605	83,415	2.58	\$2,152
STORE--RETAIL NOC	8017	9,127	1.77	\$162
WHOLESALE STORE NOC	8018	6,370	2.44	\$155
STORAGE WAREHOUSE NOC	8292	4,502	3.50	\$158
FURNITURE MOVING AND STORAGE, DRIVERS	8293	5,322	12.95	\$689
AUTOMOBILE--BODY REPAIR	8393	3,329	2.16	\$72
CLERICAL OFFICE EMPLOYEES NOC	8810	536,624	0.36	\$1,932
STATE OF MONTANA CLERICAL OFFICE EMPLOYEES	8811	453,029	0.57	\$2,582
SOCIAL SERVICES ORGANIZATION—ALL EMPLOYEES AND SALESPERSONS, DRIVERS	8864	11,957	2.22	\$265
BUILDINGS-OPERATION BY CONTRACTORS	9014	76,670	6.20	\$4,754
RESTAURANT NOC	9082	120	1.67	\$2
ADVERTISING DISPLAY INSTALLATION SERVICE	9521	324	4.37	\$14



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

	Stat	Rate	Premium
Manual Premium:			\$14,343
Employer Liability Increased Limits:	9812	1.1%	\$158
Waiver of Subrogation Charge:	0930	.0200	\$287
Subject Premium:			\$14,788
Experience Modification:	9898	1.16	\$2,366
Modified Premium:			\$17,154
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$17,404
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.94300	-\$16,412
Terrorism:	9740	.0010	\$12
Catastrophe:	9741	.0010	\$12
Estimated Annual Premium:			\$1,016
Workers Compensation Regulatory Assessment	0939	.014749	\$15.00
Surcharge:			
Workers Compensation Subsequent Injury Fund	0935	.002701	\$3.00
Surcharge:			
Occupational Safety & Health Regulatory Assessment		.006684	\$7.00
Surcharge:			
Workers Compensation Stay-At-Work/Return-To-Work Assistance Fund Surcharge:	0934	0.00	\$0.00
Total State Premium:			\$1,041.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Staffing Solutions Southeast, Inc.
 351 Crestmont Drive
 Fort Mills, NC 29708

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 452324439

Of Employees: 372

Insured/State/Location No: North Carolina

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	2,666	4.19	\$112
SMELTING, SINTERING OR REFINING--METALS--NOT IRON OR LEAD--NOC AND DRIVERS	1438	482,775	2.68	\$12,938
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	51,310	3.09	\$1,585
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	13,339	1.93	\$257
MEAT PRODUCTS MFG. NOC	2095	57,259	3.28	\$1,878
ALCOHOL MFG.--GRAIN--ALL OPERATIONS	2130	3,294	1.71	\$56
YARN OR THREAD MFG.--COTTON	2220	365,306	1.99	\$7,270
TEXTILE FIBER MFG.--SYNTHETIC	2305	578,844	2.08	\$12,040
TEXTILE--BLEACHING, DYEING, MERCERIZING, FINISHING	2413	18,721	2.17	\$406
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	561,993	1.80	\$10,116
MATTRESS OR BOX SPRING MFG.	2570	32,377	2.84	\$920
CARPET CLEANING AND DRIVERS	2585	45,452	2.95	\$1,341
LEATHER BELTING MFG.	2688	6,282	2.62	\$165
BOX MFG.--BOX SHOOK OR PALLET--WOODEN	2759	25,894	4.60	\$1,191
CARPENTRY--SHOP ONLY AND DRIVERS	2802	40,724	4.21	\$1,714
FURNITURE MFG.--WOOD--NOC	2883	61,659	3.22	\$1,985
PLYWOOD MFG.	2915	54,130	1.97	\$1,066
PLYWOOD MFG.: NO VENEER MFG.	2916	10,599	3.11	\$330



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

PIANO--MFG.	2923	65,115	1.87	\$1,218
IRON OR STEEL--FABRICATION-- IRONWORKS OR STEELWORKS-- SHOP--STRUCTURAL AND DRIVERS	3030	26,347	4.41	\$1,162
SHEET METAL PRODUCTS MFG.	3076	1,104,260	2.24	\$24,735
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	96	1.48	\$1
TOOL MFG.--AGRICULTURAL, CONSTRUCTION, LOGGING, MINING, OIL OR ARTESIAN WELL	3126	22,115	1.78	\$394
HARDWARE MFG. NOC	3146	2,585	1.88	\$49
STOVE MFG.	3169	25,224	2.45	\$618
ELECTRICAL APPARATUS MFG. NOC	3179	1,543,682	1.33	\$20,531
PLUMBERS' SUPPLIES MFG. NOC	3188	447,107	1.26	\$5,634
ALUMINUM WARE MFG.	3227	153,784	2.58	\$3,968
WELDING OR CUTTING NOC AND DRIVERS	3365	56,847	4.94	\$2,808
JEWELRY MFG.	3383	4,043	1.05	\$42
METAL STAMPED GOODS MFG. NOC	3400	404,320	2.47	\$9,987
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	933,134	1.79	\$16,703
PRINTING OR BOOKBINDING MACHINE MFG.	3548	69,904	1.02	\$713
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	64,142	0.56	\$359
FUEL INJECTION DEVICE MFG.	3581	328,959	0.77	\$2,533
PUMP MFG.	3612	81,458	1.53	\$1,246
MACHINED PARTS MFG. NOC	3629	22,421	1.47	\$330
MACHINE SHOP NOC	3632	1,068,574	2.31	\$24,684
VALVE MFG.	3634	88,263	1.29	\$1,139
GEAR MFG. OR GRINDING	3635	279,169	2.15	\$6,002
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	2,031,577	0.67	\$13,612
INSTRUMENT MFG. NOC	3685	46,208	0.89	\$411
MACHINERY OR EQUIPMENT ERCTION OR REPAIR NOC AND DRIVERS	3724	144,017	2.68	\$3,860
AUTOMOBILE--MFG. OR ASSEMBLY	3808	449,722	3.89	\$17,494
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	1,452	5.05	\$73
PLASTER MIXING AND DRIVERS	4036	24,688	2.32	\$573
POTTERY MFG.--CHINA OR TABLEWARE	4053	93,618	1.61	\$1,507
GLASS MFG.--AND DRIVERS	4101	17,188	2.22	\$382
INTEGRATED CIRCUIT MFG.	4109	4,795	0.33	\$16
BOX MFG.--SET-UP PAPER	4240	32,183	1.89	\$608
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	3,388,639	1.71	\$57,946
PAPER COATING	4250	32,335	1.60	\$517
FIBER GOODS MFG.	4263	109,856	2.85	\$3,131



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

PAPER GOODS MFG. NOC	4279	12,671	1.77	\$224
PRINTING	4299	6,554,102	1.43	\$93,724
RUBBER GOODS MFG. NOC	4410	1,596	2.81	\$45
MAGNETIC AND OPTICAL RECORDING MEDIA MFG.	4431	114,725	1.21	\$1,388
PEN MFG.	4432	1,255	0.90	\$11
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	8,435,211	2.05	\$172,922
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	303,190	2.13	\$6,458
CABLE MFG.--INSULATED ELECTRICAL	4470	302,347	1.54	\$4,656
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	201,174	1.84	\$3,702
FABRIC COATING OR IMPREGNATING NOC	4493	17,082	1.81	\$309
ANALYTICAL LABORATORIES OR ASSAYING--INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, AND DRIVERS	4511	1,380	0.37	\$5
BUFFING OR POLISHING COMPOUNDS MFG.	4557	42,804	1.95	\$835
PAINT MFG.	4558	3,170	1.00	\$32
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	71,387	0.50	\$357
GLUE MFG. AND DRIVERS	4653	699	1.58	\$11
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	57,634	0.87	\$501
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	159,209	1.40	\$2,229
ACID MFG.	4829	56,464	1.07	\$604
FURNITURE OR FIXTURES INSTALLATION--PORTABLE--NOC	5146	33,793	4.49	\$1,517
PAINTING NOC AND SHOP OPERATIONS, DRIVERS	5474	16,302	6.47	\$1,055
HEATING, VENTILATION, AIR- CONDITIONING AND REFRIGERATION SYSTEMS— INSTALLATION, SERVICE AND REPAIR, SHOP, YARD AND DRIVERS	5537	29,734	4.68	\$1,392
FOOD SUNDRIES MFG. NOC	6504	110,354	2.16	\$2,384
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	1,796	6.70	\$120
TRUCKING--LONG DISTANCE HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7229	528	9.40	\$50
FREIGHT HANDLING NOC-- COVERAGE UNDER STATE ACT ONLY	7360	7,237	4.21	\$305
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS	7380	4,095,752	4.33	\$177,346



NOC--COMMERCIAL				
BEER OR ALE DEALER--	7390	138,634	4.10	\$5,684
WHOLESALE--AND DRIVERS				
ELECTRIC LIGHT OR POWER CO.	7539	26,331	1.67	\$440
NOC--ALL EMPLOYEES AND				
DRIVERS				
GASOLINE STATION--SELF-SERVICE	8006	27,345	2.54	\$695
AND CONVENIENCE/GROCERY--				
RETAIL				
STORE--CLOTHING, WEARING	8008	221,548	1.13	\$2,503
APPAREL, OR DRY GOODS--RETAIL				
STORE--HARDWARE	8010	199,400	1.20	\$2,393
STORE--RETAIL NOC	8017	1,165,868	1.40	\$16,322
WHOLESALE STORE NOC	8018	19,992,110	1.80	\$359,858
STORE--FISH, MEAT OR POULTRY	8021	704	1.89	\$13
DEALER--WHOLESALE				
STORE--CLOTHING, WEARING	8032	18,870	1.65	\$311
APPAREL, OR DRY GOODS--				
WHOLESALE				
STORE--MEAT, GROCERY AND	8033	10,964	1.41	\$155
PROVISION--COMBINED--RETAIL				
NOC				
STORE--SUPERSTORES AND	8037	37,895	2.12	\$803
WAREHOUSE CLUBS				
FURNITURE RENTAL--CHAIRS, COAT	8044	9,209	2.96	\$273
RACKS, DISHES AND DRIVERS				
STORE--AUTOMOBILE PARTS AND	8046	109,218	1.93	\$2,108
ACCESSORIES NOC AND DRIVERS				
STORE--DRUG--WHOLESALE	8047	627	0.83	\$5
BUILDING MATERIAL DEALER--NEW	8058	37,340	2.33	\$870
MATERIALS ONLY: STORE				
EMPLOYEES				
MACHINERY DEALER NOC--STORE	8107	14,791	2.80	\$414
OR YARD--AND DRIVERS				
CONSTRUCTION OR ERECTION	8227	117,514	4.05	\$4,759
PERMANENT YARD				
JUNK DEALER AND DRIVERS	8263	18,541	4.92	\$912
BOTTLE DEALER--USED--AND	8264	63,055	3.78	\$2,383
DRIVERS				
STORAGE WAREHOUSE--COLD	8291	91,214	3.64	\$3,320
STORAGE WAREHOUSE NOC	8292	1,723,541	3.08	\$53,085
AIR-CONDITIONING SYSTEMS: NON-	8601	13,353	0.36	\$48
PORTABLE: AIRFLOW TESTING AND				
BALANCING EXCLUSIVELY				
SALESPERSONS OR COLLECTORS--	8742	696,174	0.31	\$2,158
OUTSIDE				
MAILING OR ADDRESSING	8800	3,930	1.09	\$43
COMPANY OR LETTER SERVICE				
SHOP				
ACCOUNTANT-TRAVELING	8803	14,818	0.08	\$12
CLERICAL OFFICE EMPLOYEES NOC	8810	11,177,938	0.11	\$12,296
CLERICAL OFFICE EMPLOYEES	8814	15,858	0.13	\$21
NOC: PROGRAM I				



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

HOSPITAL--PROFESSIONAL EMPLOYEES	8833	1,607	1.18	\$19
BANKS AND TRUST COMPANIES-- ALL EMPLOYEES, SALESPERSONS, DRIVERS AND CLERICAL	8855	1,600	0.10	\$2
BUILDINGS-OPERATION BY CONTRACTORS	9014	60,500	2.43	\$1,470
BUILDING OR PROPERTY MANAGEMENT--ALL OTHER EMPLOYEES	9015	40,082	2.51	\$1,006
HOSPITAL--ALL OTHER EMPLOYEES	9040	525	2.99	\$16
DOUGHNUT SHOP—RETAIL	9083	199,640	1.12	\$2,236
COLLEGE: ALL OTHER EMPLOYEES	9101	41,270	2.58	\$1,065
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	52,592	2.57	\$1,352
PAINTING--SHOP ONLY AND DRIVERS	9501	586,717	2.93	\$17,191

	Stat	Rate	Premium
Manual Premium:			\$1,248,779
Employer Liability Increased Limits:	9812	1.1%	\$13,737
Waiver of Subrogation Charge:	0930	.0200	\$24,976
Subject Premium:			\$1,287,492
Experience Modification:	9898	1.16	\$205,999
Modified Premium:			\$1,493,491
Total Standard Premium:			\$1,493,491
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.93939	-\$1,402,971
Terrorism:	9740	.0100	\$7,314
Catastrophe:	9741	.0100	\$7,314
Estimated Annual Premium:			\$105,148
Total State Premium:			\$105,148.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Remedy Intelligent Staffing, LLC
 11414 W. Center Road, Suite 150
 Omaha, NE 68144

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 330880963

Of Employees: 264

Insured/State/Location No: Nebraska

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	45,897	3.68	\$1,689
FURNITURE MFG.--WOOD--NOC	2883	1,008	3.76	\$38
SCREW MFG.	3145	1,903	2.24	\$43
ELECTRICAL APPARATUS MFG. NOC	3179	26,116	1.43	\$373
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	291,690	2.94	\$8,576
CONFECTION MACHINE MFG.	3559	35,728	2.11	\$754
MACHINE SHOP NOC	3632	79,488	2.80	\$2,226
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	1,454	1.61	\$23
ELECTRICAL APPARATUS INSTALLATION AND DRIVERS	3724	122,553	4.08	\$5,000
AUTOMOBILE--MFG. OR ASSEMBLY	3808	16,614	3.23	\$537
OPTICAL GOODS MFG. NOC	4149	3,114	0.64	\$20
FIBER GOODS MFG.	4263	15,178	1.32	\$200
PRINTING	4299	107,140	1.91	\$2,046
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	275,458	1.88	\$5,179
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	721,853	1.38	\$9,962
GLUE MFG. AND DRIVERS	4653	4,143	1.58	\$65
ACID MFG.	4829	97,259	1.01	\$982
FOOD SUNDRIES MFG. NOC	6504	11,504	3.07	\$353
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	712,629	4.50	\$32,068



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	817,857	0.91	\$7,442
BICYCLES--RETAIL SALE OR RENTAL--INCLUDES REPAIR	8010	14,576	1.53	\$223
QUICK PRINTING--COPYING OR DUPLICATION SERVICE--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	8015	2,592	0.66	\$17
STORE--RETAIL NOC	8017	945,579	1.45	\$13,711
WHOLESALE STORE NOC	8018	198,316	2.17	\$4,303
STORE--DEPARTMENT--RETAIL	8039	178,277	1.15	\$2,050
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	6,782	2.10	\$142
STORE--DRUG--WHOLESALE	8047	33,315	0.78	\$260
INSURANCE COMPANIES-- INCLUDING CLERICAL AND SALESPERSONS	8723	1,229,801	0.14	\$1,722
ACCOUNTANT-TRAVELING	8803	19,777	0.06	\$12
CLERICAL OFFICE EMPLOYEES NOC	8810	9,068,565	0.14	\$12,696
BUILDINGS-OPERATION BY CONTRACTORS	9014	34,451	2.08	\$717
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	71,771	3.85	\$2,763
FIRM: ALL OTHER		Stat	Rate	Premium
Manual Premium:				\$116,192
Employer Liability Increased Limits:		9812	1.1%	\$1,278
Waiver of Subrogation Charge:		0930	.0200	\$2,324
Subject Premium:				\$119,794
Experience Modification:		9898	1.16	\$19,167
Modified Premium:				\$138,961
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$139,211
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.94411	-\$131,430
Terrorism:		9740	.0100	\$1,519
Catastrophe:		9741	.0100	\$1,519
Estimated Annual Premium:				\$10,819
Total State Premium:				\$10,819.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Westaff Workforce Solutions, LLC
 10 Slayton Hill Road
 Lebanon, NH 03766

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 472383487

Of Employees: 49

Insured/State/Location No: New Hampshire

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SUGAR MANUFACTURING OR REFINING FROM SUGAR CANE OR SUGAR BEETS	2021	239	3.33	\$8
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	1,724	2.61	\$45
ELECTRICAL APPARATUS MFG. NOC	3179	133,515	1.89	\$2,523
AUTOMOBILE--STAMPED PARTS MFG.	3400	214,224	4.10	\$8,783
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	41,775	3.95	\$1,650
MACHINE SHOP NOC	3632	66,392	2.45	\$1,627
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	206,625	1.05	\$2,170
GLASS MFG.--CUT	4113	1,110	1.49	\$17
PAPER MFG.	4239	1,365	3.30	\$45
ROOFING OR BUILDING PAPER OR FELT PREPARATION--NO INSTALLATION	4283	907	4.20	\$38
BONE OR IVORY GOODS MFG.	4452	16,432	3.13	\$514
COLOR GRINDING, BLENDING OR TESTING	4558	375,180	3.46	\$12,981
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	4,972	1.66	\$83
GARBAGE WORKS	7590	4,752	4.04	\$192
STORE--HARDWARE	8010	12,689	2.64	\$335
STORE--RETAIL NOC	8017	10,177	1.72	\$175
WHOLESALE STORE NOC	8018	411,816	2.75	\$11,325
STORE--AUTOMOBILE PARTS AND	8046	7,154	3.12	\$223



ACCESSORIES NOC AND DRIVERS				
LUMBERYARD NEW MATERIALS	8232	16,747	5.51	\$923
ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS				
STORAGE WAREHOUSE NOC	8292	892	4.18	\$37
GAS DEALER--L.P.G. AND DRIVERS	8350	13,132	9.34	\$1,227
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	6,824	0.32	\$22
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	9,876	1.80	\$178
CLERICAL OFFICE EMPLOYEES NOC	8810	317,499	0.18	\$571
ATTORNEY--ALL EMPLOYEES AND CLERICAL, MESSENGERS, DRIVERS	8820	672	0.27	\$2
BUILDINGS-OPERATION BY CONTRACTORS	9014	5,438	4.17	\$227
HOSPITAL--ALL OTHER EMPLOYEES	9040	37,421	3.30	\$1,235
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	3,209	5.22	\$168
HOUSEHOLD AND COMMERCIAL APPLIANCES--ELECTRICAL-- INSTALLATION, SERVICE OR REPAIR AND DRIVERS	9519	45,535	5.50	\$2,504

	Stat	Rate	Premium
Manual Premium:			\$49,828
Employer Liability Increased Limits:	9812	1.1%	\$548
Subject Premium:			\$50,376
Experience Modification:	9898	1.16	\$8,060
Modified Premium:			\$58,436
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$58,686
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.79907	-\$46,894
Terrorism:	9740	.0100	\$197
Catastrophe:	9741	.0100	\$197
Estimated Annual Premium:			\$12,186
Total State Premium:			\$12,186.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured: Policy No: RWD9435435-05
 Real Time Staffing Services, LLC
 6121 Indian School Road NE, Suite 132 Policy Period: 01-31-2018 To 01-31-2019
 Albuquerque, NM 87110

NAICS#: 561330
 FEIN: 770528189 # Of Employees: 282

Insured/State/Location No: New Mexico

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	13,332	5.65	\$753
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	90,988	5.73	\$5,214
BREAKFAST FOOD MFG	2016	351,568	2.38	\$8,367
CONDENSED MILK MFG.	2065	24,509	1.79	\$439
CANNERY NOC	2111	78,406	4.44	\$3,481
CARPENTRY--SHOP ONLY AND DRIVERS	2802	8,704	4.31	\$375
IRON OR STEEL--FABRICATION--IRONWORKS--SHOP--ORNAMENTAL AND DRIVERS	3040	6,690	4.65	\$311
SHEET METAL PRODUCTS MFG.--SHOP ONLY	3076	190,820	3.54	\$6,755
ELECTRICAL APPARATUS MFG. NOC	3179	66,577	2.81	\$1,871
ELECTRIC OR GAS LIGHTING FIXTURES MFG.	3180	28,499	2.28	\$650
METAL STAMPED GOODS MFG. NOC	3400	105,608	3.15	\$3,327
MACHINED PARTS MFG. NOC	3629	8,922	1.91	\$170
MACHINE SHOP NOC	3632	80,021	2.26	\$1,808
AUTOMOTIVE--LIGHTING, IGNITION OR STARTING APPARATUS MFG. NOC	3648	3,283	1.45	\$48
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	1,053,295	0.93	\$9,796
INSTRUMENT MFG. NOC	3685	11,076	0.98	\$109
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	43,653	3.13	\$1,366



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

GLASS MFG.--CUT	4111	11,115	1.44	\$160
OPTICAL GOODS MFG. NOC	4149	20,950	0.55	\$115
PAPER MFG.	4239	1,533	2.79	\$43
FIBER GOODS MFG.	4263	187,957	1.94	\$3,646
PRINTING	4299	27,748	2.04	\$566
RUBBER GOODS MFG. NOC	4410	1,394,613	6.18	\$86,187
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	18,236	3.12	\$569
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	160,725	2.26	\$3,632
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	41,875	1.03	\$431
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	74,173	0.92	\$682
GASOLINE RECOVERY AND DRIVERS	4740	34,739	0.76	\$264
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION MFG. AND INCLUDES MFG. OF INGREDIENTS	4825	127,744	0.96	\$1,226
TRUCKING--PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7230	230	7.14	\$16
MAIL, PARCEL OR PACKAGE DELIVERY AND COURIER OR MESSENGER SERVICE COMPANIES—ALL EMPLOYEES AND DRIVERS	7231	32,390	6.51	\$2,109
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	1,997,994	5.55	\$110,889
BUS CO.:ALL OTHER EMPLOYEES AND DRIVERS	7382	5,062	4.68	\$237
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	6,803	1.26	\$86
STORE--RETAIL NOC	8017	39,338	1.93	\$759
WHOLESALE STORE NOC	8018	906,434	2.60	\$23,567
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	137	2.44	\$3
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	244,114	3.11	\$7,592
IRON OR STEEL--MERCHANT AND DRIVERS	8106	50	4.37	\$2
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	6,411	4.26	\$273
STORAGE WAREHOUSE NOC	8292	34,500	3.18	\$1,097
FURNITURE MOVING AND STORAGE, DRIVERS	8293	104,408	7.57	\$7,904
GAS DEALER--L.P.G. AND DRIVERS	8350	5,111	4.94	\$252
AUTOMOBILE--SERVICE OR REPAIR CENTER AND DRIVERS	8380	1,037	2.16	\$22



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC 00 00 01 A

Edition 1/08

METAL SCRAP DEALER AND DRIVERS	8500	83,279	5.77	\$4,805
ESTIMATORS--CONSTRUCTION	8720	30,995	1.19	\$369
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	68,632	0.49	\$336
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	7,225	2.97	\$215
CLERICAL OFFICE EMPLOYEES NOC	8810	2,838,709	0.26	\$7,381
RETIREMENT LIVING CENTERS: FOOD SERVICE EMPLOYEES	8825	9,289	1.66	\$154
BUILDING OR PROPERTY MANAGEMENT--PROPERTY MANAGERS AND LEASING AGENTS AND CLERICAL, SALESPERSONS	9012	264	1.53	\$4
BUILDINGS-OPERATION BY CONTRACTORS	9014	16,968	3.34	\$567
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	75,190	2.68	\$2,015
FIRM: ALL OTHER CLUB--COUNTRY, GOLF, FISHING OR YACHT--ALL EMPLOYEES AND CLERICAL, SALESPERSONS, DRIVERS	9060	310,321	2.40	\$7,448
EXERCISE OR HEALTH INSTITUTE AND CLERICAL	9063	352	1.17	\$4
RESTAURANT NOC	9082	21,969	1.26	\$277
COLLEGE: ALL OTHER EMPLOYEES	9101	26,166	3.36	\$879
LAWN MAINTENANCE--COMMERCIAL OR DOMESTIC AND DRIVERS	9102	93,092	3.13	\$2,914
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	27,882	2.29	\$638

	Stat	Rate	Premium
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Manual Premium:			\$325,175
Employer Liability Increased Limits:	9812	1.1%	\$3,577
Waiver of Subrogation Charge:	0930	.0200	\$6,504
Subject Premium:			\$335,256
Experience Modification:	9898	1.16	\$53,641
Modified Premium:			\$388,897
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$389,147
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.94898	-\$369,293
Terrorism:	9740	.0010	\$113
Estimated Annual Premium:			\$19,967
Total State Premium:			\$19,967.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Real Time Staffing Services, LLC
 2085 Highway 50 East
 Carson City, NV 89701

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 770528189

Of Employees: 307

Insured/State/Location No: Nevada

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FARM--FLORIST AND DRIVERS	0035	7,011	2.42	\$170
SMELTING, SINTERING OR REFINING--METALS--NOT IRON OR LEAD--NOC AND DRIVERS	1438	105,432	5.35	\$5,641
FRUIT JUICE MFG. AND DRIVERS	2143	9,925	3.30	\$328
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	65,578	2.30	\$1,508
IRON OR STEEL--FABRICATION-- IRONWORKS OR STEELWORKS-- SHOP--STRUCTURAL AND DRIVERS	3030	14,544	8.65	\$1,258
SHEET METAL PRODUCTS MFG.	3076	21,706	3.18	\$690
CAN MFG.	3220	94,842	1.90	\$1,802
BRASS OR COPPER GOODS MFG.	3315	66,529	5.29	\$3,519
MACHINED PARTS MFG. NOC	3629	1,670	1.62	\$27
VALVE MFG.	3634	248,023	2.13	\$5,283
GEAR MFG. OR GRINDING	3635	46,068	3.08	\$1,419
BALL OR ROLLER BEARING MFG.	3638	4,059	3.01	\$122
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	7,575	2.30	\$174
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	35,733	1.03	\$368
INSTRUMENT MFG. NOC	3685	823	1.11	\$9
PRINTING	4299	130,768	2.11	\$2,759
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	27,769	3.09	\$858
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	240,834	3.76	\$9,055
PLASTICS MFG.--MOLDED	4484	121,950	3.06	\$3,732



PRODUCTS NOC				
FABRIC COATING OR IMPREGNATING NOC	4493	49,686	2.98	\$1,481
PAINT MFG.	4558	224,689	3.16	\$7,100
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION	4825	158,605	2.05	\$3,251
MFG. AND INCLUDES MFG. OF INGREDIENTS				
PAINTING NOC AND SHOP OPERATIONS, DRIVERS	5474	2,657	6.30	\$167
FOOD SUNDRIES MFG. NOC	6504	8,120	3.88	\$315
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	2,811	7.59	\$213
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	105,627	0.91	\$961
STORE--RETAIL NOC	8017	2,106,422	1.35	\$28,437
WHOLESALE STORE NOC	8018	6,502,366	3.06	\$198,972
FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	29,556	2.93	\$866
FARM MACHINERY DEALER--ALL OPERATIONS AND DRIVERS	8116	27,714	2.66	\$737
STORAGE WAREHOUSE NOC	8292	117,538	3.10	\$3,644
FURNITURE MOVING AND STORAGE, DRIVERS	8293	26,228	9.64	\$2,528
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	49,286	0.86	\$424
CLERICAL OFFICE EMPLOYEES NOC	8810	1,554,741	0.28	\$4,353
BUILDING OR PROPERTY MANAGEMENT--PROPERTY MANAGERS AND LEASING AGENTS AND CLERICAL, SALESPERSONS	9012	26,683	1.63	\$435
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT	9015	23,140	3.72	\$861
FIRM: ALL OTHER			Stat	Rate
Manual Premium:				\$293,467
Employer Liability Increased Limits:		9812	1.1%	\$3,228
Waiver of Subrogation Charge:		0930	.0200	\$5,869
Subject Premium:				\$302,564
Experience Modification:		9898	1.16	\$48,410
Modified Premium:				\$350,974
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$351,224
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.90609	-\$318,241
Terrorism:		9740	.0010	\$123
Catastrophe:		9741	.0010	\$123
Estimated Annual Premium:				\$33,229
Total State Premium:				\$33,229.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Professional Drivers of Georgia, Inc.
 35 Huntington Street
 Cortland, NY 13045

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 582575346

Of Employees: 989

Insured/State/Location No: New York

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	22,195	8.02	\$1,780
SMELING, SINTERING OR REFINING--METALS--NOT IRON OR LEAD--NOC--AND DRIVERS	1438	6,160	9.29	\$572
ABRASIVE WHEEL MFG. AND DRIVERS	1748	29,732	12.45	\$3,702
CRACKER MFG.	2001	6,120	8.36	\$512
BAKERY AND ROUTE SALESPERSONS, ROUTE SUPERVISORS, DRIVERS	2003	24,362	7.28	\$1,774
GRAIN MILLING	2014	57,689	7.53	\$4,344
CONFECTION MFG.	2041	866,232	7.74	\$67,046
MILK PRODUCTS MFG. NOC	2065	643,817	6.81	\$43,844
CREAMERY OR DAIRY	2070	4,595	8.76	\$403
MEAT PRODUCTS MFG. NOC	2095	18,439	12.33	\$2,274
FRUIT PACKING	2105	6,971	10.58	\$738
CANNERY NOC	2111	141,931	5.25	\$7,451
FRUIT JUICE MFG.--ALL OPERATIONS	2143	290,333	6.29	\$18,262
BOTTLING NOC AND DRIVERS	2157	17,275	16.41	\$2,835
GLOVE OR MITTEN MFG.--KNIT	2362	104,446	3.14	\$3,280
CLOTHING MFG.	2501	7,674	1.05	\$81
MATTRESS OR BOX SPRING MFG.	2570	15,574	7.16	\$1,115
GLOVE MFG.--LEATHER OR TEXTILE	2670	167	4.83	\$8



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

PATTERN MAKING NOC	2790	243,638	3.08	\$7,504
BRUSH OR BROOM HANDLE MFG.	2841	27,394	6.66	\$1,824
FURNITURE MFG. NOC--WOOD	2883	2,122,236	5.39	\$114,389
IRON OR STEEL--FABRICATION--	3030	78,125	14.75	\$11,523
IRON OR STEEL WORKS--SHOP--				
STRUCTURAL--AND DRIVERS				
SHEET METAL WORK--SHOP ONLY	3066	456,225	4.94	\$22,538
FIREPROOF EQUIPMENT MFG.	3076	102,713	4.43	\$4,550
TOOL MFG. NOC--NOT DROP OR	3113	8,339	2.97	\$248
MACHINE FORGED				
TOOL MFG. NOC--DROP OR	3114	9,943	3.94	\$392
MACHINE FORGED--MACHINING OR				
FINISHING OF TOOLS OR DIE				
MAKING OPERATIONS				
NUT OR BOLT MFG.	3132	172,287	3.70	\$6,375
HARDWARE MFG. NOC	3146	656,781	2.75	\$18,061
STOVE MFG.	3169	14,441	5.22	\$754
ELECTRICAL APPARATUS MFG. NOC	3179	2,301,854	3.69	\$84,938
ELECTRIC OR GAS LIGHTING				
Fixture MFG.: ASSEMBLY AND				
FINISHING	3190	150,351	4.62	\$6,946
ELECTRIC OR GAS LIGHTING				
Fixture MFG.: ALL OTHER				
OPERATIONS	3191	182,522	6.48	\$11,827
CAN MFG.	3220	37,528	4.17	\$1,565
WIRE GOODS MFG. NOC	3257	570,243	5.46	\$31,135
WELDING OR CUTTING NOC AND	3365	33,497	13.31	\$4,458
DRIVERS				
ELECTROPLATING	3372	99,738	4.75	\$4,738
METAL STAMPED PRODUCTS MFG.	3400	100,212	11.03	\$11,053
NOC				
AGRICULTURAL MACHINERY MFG.	3507	681,501	4.53	\$30,872
BOOKBINDING MACHINERY MFG.	3548	9,048	3.99	\$361
COMPUTER MFG	3574	962,794	1.19	\$11,457
PUMP MFG.	3612	200,001	3.75	\$7,500
BOILERMAKING	3620	8,440	7.82	\$660
MACHINE SHOP NOC	3632	924,542	4.75	\$43,916
VALVE MFG.	3634	29,472	3.13	\$922
GEAR MFG. OR GRINDING	3635	11,360	4.58	\$520
TELECOMMUNICATIONS DEVICE	3681	3,334,511	2.25	\$75,026
MFG. NOC				
INSTRUMENT MFG. NOC	3685	45,896	1.87	\$858
RADIATOR MFG.--AUTOMOBILE	3807	11,679	8.04	\$939
AUTOMOBILE--MFG. OR ASSEMBLY	3808	297,655	5.78	\$17,204
AIRPLANE MFG.	3830	6,799	4.24	\$288
AIRPLANE OR AIRCRAFT PARTS	3832	7,663	4.65	\$356



MFG.--SHEET METAL				
BRICK MFG.--FIRE OR ENAMELED-- AND DRIVERS	4024	85,820	7.03	\$6,033
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	97,851	14.68	\$14,365
GLASS MFG.--CUT	4111	368,551	5.14	\$18,944
GLASSWARE MFG. NOC	4114	3,245	3.87	\$126
LENS MFG.--GROUND	4150	58,226	2.48	\$1,444
PAPER MFG.	4239	54,048	5.00	\$2,702
BOX MFG. NOC--FOLDING PAPER	4243	209,563	5.29	\$11,086
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	8,991	3.80	\$342
PAPER COATING, OILING, PARAFFINING, PARCHMENTIZING OR WAXING	4250	24,041	4.02	\$966
STATIONARY MFG.	4251	4,636	4.49	\$208
PAPER GOODS MFG. NOC	4279	135,538	5.67	\$7,685
PRINTING	4299	933,789	3.54	\$33,056
RUBBER GOODS MFG. NOC	4410	429,157	7.07	\$30,341
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	392,756	5.63	\$22,112
PLASTICS MFG.--SHEETS, RODS, OR TUBES	4459	75,904	4.83	\$3,666
DOLL OR DOLL PARTS MFG.-- PLASTIC	4475	456,690	4.22	\$19,272
PLASTICS MFG.--MOLDED PRODUCTS NOC--ASSEMBLING AND SUBSEQUENT FINISHING ONLY	4476	2,097	3.08	\$65
INK MFG.--PRINTING	4557	103,698	2.71	\$2,810
PAINT MFG.	4558	3,176	5.54	\$176
BORAX PRODUCING OR REFINING AND DRIVERS	4568	6,468	4.47	\$289
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	2,329,388	3.29	\$76,637
DRUG OR MEDICINE PREPARATION MFG.--INCLUDES MFG. OF INGREDIENTS	4825	191,918	1.15	\$2,207
CHEMICAL MFG. NOC--ALL OPERATIONS--AND DRIVERS	4829	22,716	3.74	\$850
PLUMBING NOC AND DRIVERS	5183	87,398	9.18	\$8,023
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	2,696	1.89	\$51
SHEET ROCK INSTALLATION-- WITHIN BUILDINGS--AND DRIVERS	5445	48,810	11.77	\$5,745
AIR CONDITIONING AND HEATING DUCT WORK--SHOP AND OUTSIDE-- AND DRIVERS	5536	1,150	10.13	\$116
CARPENTRY--DETACHED ONE OR TWO-FAMILY DWELLINGS	5645	427	15.27	\$65



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

FOOD SUNDRIES MFG. NOC--NO CEREAL MILLING	6504	666,169	6.14	\$40,903
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7219	135	15.03	\$20
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	155,404	11.59	\$18,011
GARBAGE WORKS	7590	341,352	6.27	\$21,403
AUTO PARTS AND ACCESSORIES STORE--WHOLESALE	7999	6,962	2.73	\$190
EDIBLE FRUIT AND/OR VEGETABLE FLORAL TYPE ARRANGEMENTS-- WHOLESALE OR RETAIL--AND DRIVERS	8001	2,862	3.93	\$112
COFFEE, TEA OR SPICE STORE-- RETAIL	8006	79,575	2.61	\$2,077
CLOTHING OR WEARING APPAREL STORE--RETAIL	8008	327,862	1.29	\$4,229
STORE--RETAIL NOC	8017	2,888,256	2.03	\$58,632
WHOLESALE STORE NOC	8018	2,330,156	5.06	\$117,906
FISH DEALER--WHOLESALE	8021	1,536	7.53	\$116
CLOTHING OR WEARING APPAREL STORE--WHOLESALE	8032	45,993	1.25	\$575
FURNITURE STORE--WHOLESALE OR RETAIL--AND DRIVERS	8044	7,686	4.41	\$339
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	28,403	4.97	\$1,412
FRUIT OR VEGETABLE STORE-- WHOLESALE	8048	404,575	7.02	\$28,401
AUDIO OR VIDEO CASSETTE STORE-- RETAIL	8072	13,685	1.28	\$175
SEED MERCHANT	8102	41,183	11.69	\$4,814
IRON OR STEEL--MERCHANT AND DRIVERS	8106	58,959	8.22	\$4,846
CONTRACTORS' MACHINERY DEALER--STORE OR YARD--AND DRIVERS	8107	9,131	5.11	\$467
PLUMBERS' SUPPLIES DEALER AND DRIVERS	8111	71	5.88	\$4
LUMBER YARD--NO SECOND-HAND MATERIALS--AND LOCAL MANAGERS, DRIVERS	8232	67,603	8.76	\$5,922
BOTTLE DEALER--SECOND-HAND-- AND DRIVERS	8264	87,409	9.28	\$8,112
IRON OR STEEL SCRAP DEALER AND DRIVERS	8265	36,236	13.16	\$4,769
WAREHOUSE--STORAGE--COLD SE	8291	48,503	10.31	\$5,001
WAREHOUSE NOC	8292	658,019	6.73	\$44,285
FURNITURE MOVING AND/OR STORAGE, DRIVERS	8293	840	14.27	\$120
GASOLINE OR OIL DEALER AND DRIVERS	8350	20,807	13.37	\$2,782



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

AUTOMOBILE BODY REPAIR SHOP-- ALL OPERATIONS--AND DRIVERS	8391	7,250	4.85	\$352
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	301,834	2.93	\$8,844
BOILER INSPECTION	8731	52,120	3.65	\$1,902
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	47,514	0.41	\$195
AUTOMOBILE SALESPERSONS	8748	1,964	1.77	\$35
MAILING OR ADDRESSING CO.	8800	918,272	2.68	\$24,610
CLERICAL OFFICE EMPLOYEES NOC	8810	6,937,220	0.18	\$12,487
PHYSICIAN AND CLERICAL	8832	268	0.62	\$2
RELIGIOUS HOUSE OF WORSHIP-- PROFESSIONAL EMPLOYEES	8840	5,029	0.66	\$33
SCHOOL OR COLLEGE: PROFESSIONAL EMPLOYEES AND CLERICAL	8868	1,777	0.64	\$11
BATHS	9015	15,723	2.45	\$385
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT FIRM: ALL OTHER	9025	602	26.42	\$159
BUILDING OPERATION-- COMMERCIAL--NO DWELLING OCCUPANCY EXCEPT BY OWNER OR CUSTODIAN	9026	2,206	5.79	\$128
BUILDING SERVICE CONTRACTOR	9030	9,958	7.14	\$711
HOSPITAL--ALL OTHER EMPLOYEES	9040	8,010	6.17	\$494
YMCA, YWCA, YMHA OR YWHA, INSTITUTION--ALL EMPLOYEES--AND CLERICAL	9063	22,494	1.51	\$340
RESTAURANT NOC	9071	513,269	2.53	\$12,986
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	96,342	16.83	\$16,214
		Stat	Rate	Premium
Manual Premium:				\$1,420,611
Waiver of Subrogation Charge:		0930	.0200	\$28,412
Subject Premium:				\$1,449,023
Experience Modification:		9898	1.16	\$231,844
Modified Premium:				\$1,680,867
Scheduled Modification:		9887	.95	-\$84,043
Total Standard Premium:				\$1,596,824
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.93459	-\$1,492,376
Terrorism:		9740	.0560	\$22,161
Catastrophe:		9741	.0100	\$3,957
Estimated Annual Premium:				\$130,566
New York State Assessment:		0932	0.122	\$197,999.00
NY Security Fund Surcharge:		9749	0.00	\$0.00
Total State Premium:				\$328,565.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Remedy Intelligent Staffing, LLC
 4920 I-40 West Service Road, Suite "B"
 Oklahoma City, OK 73128

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 330880963

Of Employees: 506

Insured/State/Location No: Oklahoma

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
GRAIN OR FEED MILLING	2014	56,835	5.14	\$2,921
MEAT PRODUCTS MFG. NOC	2095	800,573	3.49	\$27,940
TOBACCO PRODUCTS MFG. NOC	2172	88,503	2.00	\$1,770
CARPET CLEANING AND DRIVERS	2585	20,331	5.20	\$1,057
LAUNDRY AND DRY CLEANING	2589	5,284	2.82	\$149
STORE--RETAIL--AND ROUTE SUPERVISORS, DRIVERS				
FURNITURE ASSEMBLY--WOOD-- FROM MANUFACTURED PARTS	2881	3,995	3.89	\$155
PIPE OR TUBE MFG. NOC AND DRIVERS	3022	918,027	4.48	\$41,128
IRON OR STEEL--FABRICATION-- IRONWORKS OR STEELWORKS-- SHOP--STRUCTURAL AND DRIVERS	3030	10,517	5.01	\$527
IRON OR STEEL--FABRICATION-- IRONWORKS--SHOP--ORNAMENTAL AND DRIVERS	3040	159,347	5.26	\$8,382
SHEET METAL PRODUCTS MFG.-- SHOP ONLY	3076	386,271	2.87	\$11,086
CHAIN MFG.--FORGED	3110	625	4.18	\$26
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	10,463	1.81	\$189
HARDWARE MFG. NOC	3146	215,729	2.12	\$4,573
ELECTRICAL APPARATUS MFG. NOC	3179	1,927,873	2.57	\$49,546
ALUMINUM WARE MFG.	3227	72,563	2.54	\$1,843
WIRE CLOTH MFG.	3255	60,723	1.79	\$1,087
SPRING MFG.	3303	370,357	4.34	\$16,073
ELECTROPLATING	3372	208,826	4.43	\$9,251



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

JEWELRY MFG.	3383	37,950	1.30	\$493
METAL GOODS MFG. NOC	3400	9,776	3.92	\$383
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	841,783	3.67	\$30,893
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	646	1.54	\$10
PUMP MFG.	3612	446,783	1.93	\$8,623
BOILERMAKING	3620	439,550	3.91	\$17,186
MACHINED PARTS MFG. NOC	3629	285,941	2.03	\$5,805
MACHINE SHOP NOC	3632	1,040,714	3.03	\$31,534
VALVE MFG.	3634	214,948	1.97	\$4,234
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	28,663	1.96	\$562
AUTOMOTIVE--LIGHTING, IGNITION, OR STARTING APPARATUS MFG. NOC	3648	142,787	1.40	\$1,999
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	766,862	1.33	\$10,199
INSTRUMENT MFG. NOC	3685	79,744	1.02	\$813
AUTOMOBILE--MFG. OR ASSEMBLY	3808	60,033	5.15	\$3,092
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG.: DIE-PRESSED STEEL	3822	397,991	5.30	\$21,094
AIRPLANE MFG.	3830	32,066	1.45	\$465
PLASTER MIXING AND DRIVERS	4036	531	3.03	\$16
GLASS MERCHANT	4130	411,753	4.11	\$16,923
PAPER MFG.	4239	5,145	2.81	\$145
PAPER GOODS MFG. NOC	4279	623,005	1.92	\$11,962
ROOFING OR BUILDING PAPER OR FELT PREPARATION--NO INSTALLATION	4283	550	2.65	\$15
PRINTING	4299	683,822	2.88	\$19,694
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	17,029	3.18	\$542
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	915,446	2.32	\$21,238
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	149,437	3.02	\$4,513
FABRIC COATING OR IMPREGNATING NOC	4493	45,887	2.17	\$996
BUFFING OR POLISHING COMPOUNDS MFG.	4557	5,900	2.45	\$145
PAINT MFG.	4558	238	2.30	\$5
GASOLINE RECOVERY AND DRIVERS	4740	219,823	0.78	\$1,715
OFFICE MACHINE INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR	5191	5,826	0.81	\$47
CONTRACTOR--PROJECT MANAGER, CONSTRUCTION EXECUTIVE, CONSTRUCTION MANAGER OR CONSTRUCTION SUPERINTENDENT	5606	69,153	0.90	\$622



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7228	35,207	6.36	\$2,239
AUTOMOBILE--HAULAWAY OR DRIVEAWAY--LONG DISTANCE HAULING--ALL EMPLOYEES AND DRIVERS	7229	2,028	7.53	\$153
TRUCKING--PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7230	3,388	7.38	\$250
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	3,156,851	5.56	\$175,521
GASOLINE STATION--SELF-SERVICE AND CONVENIENCE/GROCERY-- RETAIL	8006	182	2.67	\$5
STORE--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL	8008	80,262	1.16	\$931
STORE--HARDWARE	8010	34,988	1.71	\$598
STORE--RETAIL NOC	8017	126,080	1.90	\$2,396
WHOLESALE STORE NOC	8018	821,276	2.80	\$22,996
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	14,065	2.59	\$364
IRON OR STEEL--MERCHANT AND DRIVERS	8106	28,705	3.67	\$1,053
MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	55,547	2.44	\$1,355
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	63,688	5.27	\$3,356
SASH, DOOR OR ASSEMBLED MILLWORK--DEALER AND DRIVERS	8235	2,681	4.56	\$122
STORAGE WAREHOUSE NOC	8292	36,557	2.70	\$987
AIR-CONDITIONING SYSTEMS: AUTOMOBILE: INSTALLATION, SERVICE OR REPAIR AND DRIVERS	8391	29,006	2.92	\$847
METAL SCRAP DEALER AND DRIVERS	8500	50,550	5.70	\$2,881
INSURANCE COMPANIES-- INCLUDING CLERICAL AND SALESPERSONS	8723	31,076	0.26	\$81
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	236,967	0.33	\$782
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP-CLERICAL STAFF	8799	5,031	0.85	\$43
CLERICAL OFFICE EMPLOYEES NOC	8810	2,036,857	0.21	\$4,277
CLERICAL OFFICE EMPLOYEES NOC--PROGRAM II--USL ACT	8815	243	0.49	\$1
BUILDINGS-OPERATION BY CONTRACTORS	9014	267	3.07	\$8
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	58,432	8.05	\$4,704



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

ELECTRONIC EQUIPMENT-- INSTALLATION, SERVICE, OR REPAIR--SHOP AND OUTSIDE AND DRIVERS	9516	15,434	4.41	\$681
Manual Premium:		Stat	Rate	Premium
Employer Liability Increased Limits:	9812		1.4%	\$620,297
Waiver of Subrogation Charge:	0930		.0200	\$8,684
Subject Premium:				\$12,406
Experience Modification:	9898		1.16	\$641,387
Modified Premium:				\$102,622
Foreign Voluntary Compensation:				\$744,009
Total Standard Premium:				\$250
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.95126		\$744,259
Terrorism:	9740		.0100	-\$707,984
Catastrophe:	9741		.0100	\$2,022
Estimated Annual Premium:				\$2,022
Total State Premium:				\$40,319
				\$40,319.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Remedy Intelligent Staffing, LLC
 1500 NE Irving Street, Suite 435
 Portland, OR 97232

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 330880963

Of Employees: 28

Insured/State/Location No: Oregon

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FARM--APIARY AND DRIVERS	0034	2,181	2.84	\$62
SUGAR MANUFACTURING OR REFINING FROM SUGAR CANE OR SUGAR BEETS	2021	36,252	2.15	\$779
CARPET, RUG OR UPHOLSTERY CLEANING--SHOP OR OUTSIDE AND DRIVERS	2592	1,097	2.53	\$28
CARPENTRY NOC	5403	71,547	5.42	\$3,878
FOOD SUNDRIES MFG. NOC	6504	30,966	2.15	\$666
STORE--RETAIL NOC	8017	3,940	0.99	\$39
WHOLESALE STORE NOC	8018	453,252	1.97	\$8,929
STORE--FISH, MEAT OR POULTRY DEALER--WHOLESALE	8021	20,459	3.81	\$779
BUILDING MATERIAL DEALER--NEW OR USED MATERIALS--STORE EMPLOYEES	8058	1,043	1.66	\$17
IRON OR STEEL--MERCHANT AND DRIVERS	8106	1,680	4.15	\$70
STORAGE WAREHOUSE NOC	8292	357,195	4.81	\$17,181
CLERICAL OFFICE EMPLOYEES NOC	8810	148,722	0.12	\$178
BUILDINGS--OPERATION BY OWNER OR LESSEE AND DRIVERS	9015	764	2.59	\$20
Manual Premium:		Stat	Rate	Premium
Employer Liability Increased Limits:	9812		.4%	\$32,626
Waiver of Subrogation Charge:	0930		.0200	\$131
Subject Premium:				\$653
Experience Modification:	9898		1.16	\$33,410
Modified Premium:				\$5,346
Foreign Voluntary Compensation:				\$38,756
				\$250



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Total Standard Premium:			\$39,006
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.94511	-\$36,865
Terrorism:	9740	.0100	\$113
Catastrophe:	9741	.0100	\$113
Estimated Annual Premium:			\$2,367
Premium Assessment:	SUR1	.068	\$2,640
Total State Premium:			\$5,007.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a bold, stylized font followed by the word "INSURANCE" in a smaller, standard font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Real Time Staffing Services, LLC
 2038 Fruitville Pike
 Lancaster, PA 17601

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 770528189

Of Employees: 836

Insured/State/Location No: Pennsylvania

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BAKING POWDER MFG.	104	482,266	3.41	\$16,445
BAKERY - WHOLESALE	105	16,676	3.88	\$647
DAIRY PRODUCTS MFG.	109	20,239	4.34	\$878
EMPLOYMENT CONTRACTOR-- TEMPORARY FOOD PRODUCTS MFG., N.O.C. STAFF	185	42,210	5.67	\$2,393
APPAREL MFG. - TEMPORARY STAFF	191	64,885	3.20	\$2,076
INJECTION MOLDING OR PLASTICS	221	28,511	2.08	\$593
PLASTIC ARTICLES MFG., N.O.C.	222	108,560	2.49	\$2,703
BOX OR CONTAINER MFG. - CORRUGATED	261	15,138	2.67	\$404
EMPLOYMENT CONTRACTOR - TEMPORARY PLASTIC ARTICLES MFG. - INJECTION MOLDING STAFF	275	45,222	3.47	\$1,569
EMPLOYMENT CONTRACTOR - TEMPORARY PLASTICS ARTICLES MFG. - N.O.C. STAFF	276	71,092	4.19	\$2,979
PRINTING, N.O.C.	281	683	2.33	\$16
EMPLOYEMENT CONTRACTOR - TEMPORARY PAPER OR PULP MFG. STAFF	297	2,321	3.97	\$92
ARGRICULTURAL TOOLS MFG.	433	33,141	3.06	\$1,014
ANODIZING METALS	449	70,350	2.16	\$1,520



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

AIR CONDITIONER OR AIR CONDITIONER EQUIPMENT MFG. - HOME WINDOW UNIT OR CENTRAL AIR, COMMERCIAL OR INDUSTRIAL	456	5,060	3.47	\$176
ARTIFICIAL LIMB MFG.	459	9,507	0.95	\$90
AUTOMOBILE HORN MFG., ELECTRIC	473	285,695	2.41	\$6,885
ADDING MACHINE MFG.	483	100,048	1.50	\$1,501
EMPLOYMENT CONTRACTOR - TEMPORARY HARDWARE MFG. STAFF	493	8,634	4.20	\$363
ELECTRONIC COMPONENT MFG. - TEMPORARY STAFF	497	40,815	1.76	\$718
TEMPORARY STAFF N.O.C.--EXPOSURE GROUP F	525	59,170	6.47	\$3,828
TEMPORARY STAFF N.O.C.--EXPOSURE GROUP G	526	13,623	10.19	\$1,388
ADHESIVES MFG.	563	790	1.38	\$11
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	811	396,369	7.23	\$28,657
MAIL DELIVERY - UNDER CONTRACT TO UNITED STATES POSTAL SERVICE	812	217	7.12	\$15
COLD STORAGE	813	172,347	4.81	\$8,290
JUNK DEALER	860	870	7.39	\$64
EMPLOYMENT CONTRACTOR - TEMPORARY WAREHOUSING STAFF	867	2,337,543	7.96	\$186,068
CLERICAL OFFICE EMPLOYEES NOC - PROGRAM II - USL ACT	8815	68	0	0
GAS, STEAM OR HOT WATER APPARATUS SUPPLIES DEALER - WHOLESALE	885	2,518	3.00	\$76
CLERICAL OFFICE EMPLOYEES - TEMPORARY STAFF	889	806,630	0.27	\$2,178
ANTIQUE FURNITURE DEALER - RETAIL	922	3,048	3.56	\$109
WHOLESALE STORE NOC	924	12,674,803	3.58	\$453,758
AGRICULTURAL IMPLEMENT DEALER - OTHER THAN FARM MACHINERY	926	56,446	2.78	\$1,569
STORE--RETAIL NOC	928	88,517	1.93	\$1,708
AUTOMATIC TELLER MACHINE (ATM) - INSTALLATION, SERVICE OR REPAIR	933	706	3.98	\$28
SALESPERSON - OUTSIDE	951	269,872	0.30	\$810
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	952	5,636	0.86	\$48
CLERICAL OFFICE EMPLOYEES NOC	953	15,001,005	0.14	\$21,001



BIRTH CENTER - NOT OPERATED BY A HOSPITAL	957	52,329	0.41	\$215
ARENA OPERATION--INDOOR--BY CONTRACTOR OR OWNER	971	4,060	3.63	\$147
RESTAURANT NOC	975	7,764	1.55	\$120
ADJUSTER, INSURANCE COMPANY	984	29,264	0.15	\$44
		Stat	Rate	Premium
Manual Premium:				\$753,194
Employer Liability Increased Limits:	9812		1.1%	\$8,285
Waiver of Subrogation Charge:	0930		.0200	\$15,064
Subject Premium:				\$776,543
Experience Modification:	9898		1.166	\$128,906
Modified Premium:				\$905,449
Scheduled Modification:	9887		.75	-\$226,362
Total Standard Premium:				\$679,087
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663		.94565	-\$642,179
Terrorism:	9740		.0010	\$334
Catastrophe:	9741		.0010	\$334
Estimated Annual Premium:				\$37,576
WC Employer Premium Assessment Surcharge:			.0232	\$15,770.00
Total State Premium:				\$53,346.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Westaff Workforce Solutions, LLC
 110 Jefferson Blvd., Suite B
 Warwick, RI 02888

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 472383487 # Of Employees: 22

Insured/State/Location No: Rhode Island

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
DIE CASTING MFG.	1925	5,416	5.55	\$301
BRAID OR FRINGE MFG.	2380	79,351	3.11	\$2,468
ELECTRICAL APPARATUS MFG. NOC	3179	330	2.72	\$9
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	130,254	1.18	\$1,537
MACHINE SHOP NOC	3632	130,292	3.11	\$4,052
INSTRUMENT MFG. NOC	3685	11,572	1.52	\$176
RUBBER GOODS MFG. NOC	4410	13,825	5.75	\$795
MAGNETIC AND OPTICAL RECORDING MEDIA MFG.	4431	127,095	2.21	\$2,809
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	15,604	1.44	\$225
STORE--RETAIL NOC	8017	74,749	2.28	\$1,704
WHOLESALE STORE NOC	8018	85,537	2.83	\$2,421
STORE--DRUG--WHOLESALE	8047	27,043	1.03	\$279
STORAGE WAREHOUSE NOC	8292	84,560	8.53	\$7,213
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	6,514	1.47	\$96
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	3,106	0.34	\$11
CLERICAL OFFICE EMPLOYEES NOC	8810	63,315	0.18	\$114
BUILDINGS-OPERATION BY CONTRACTORS	9014	5,182	4.29	\$222

Manual Premium:	Stat	Rate	Premium
Waiver of Subrogation Charge:	0930	.0200	\$24,432 \$489



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Employer Liability Increased Limits:	9812	1.1%	\$269
Subject Premium:			\$25,190
Experience Modification:	9898	1.16	\$4,030
Modified Premium:			\$29,220
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$29,470
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.88449	-\$26,066
Terrorism:	9740	.0010	\$9
Catastrophe:	9741	.0010	\$9
Estimated Annual Premium:			\$3,422
Total State Premium:			\$3,422.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Professional Drivers of Georgia, Inc.
 3740B Fernandina Road
 Columbia, SC 29615

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 582575346

Of Employees: 1384

Insured/State/Location No: South Carolina

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LEAD MFG. AND DRIVERS	1430	148,029	5.84	\$8,645
ROCK WOOL MFG.	1699	11,686	3.46	\$404
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	2,074,903	5.35	\$111,007
BREAKFAST FOOD MFG	2016	39,149	3.71	\$1,452
GLOVE OR MITTEN MFG.--KNIT	2362	600,268	1.60	\$9,604
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	57,108	3.34	\$1,907
SHOE FINDINGS MFG.	2651	7,163	1.61	\$115
FURNITURE MFG.--WOOD--NOC	2883	170,595	4.23	\$7,216
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	15,354	5.35	\$821
SIGN MANUFACTURING--METAL	3064	32,478	4.90	\$1,591
AIRPLANE SUBASSEMBLIES MFG.-- METAL	3076	32,454	3.60	\$1,168
FOUNDRY--NON-FERROUS	3085	977	4.27	\$42
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	51,534	2.32	\$1,196
TOOL MFG.--DROP OR MACHINE FORGED--NOC: MACHINING OR FINISHING OF TOOLS OR DIE MAKING OPERATIONS	3114	60,180	3.46	\$2,082
HARDWARE MFG. NOC	3146	1,459,931	1.82	\$26,571
ELECTRICAL APPARATUS MFG. NOC	3179	1,638	2.36	\$39
ELECTRIC OR GAS LIGHTING FIXTURES MFG.	3180	6,460	2.72	\$176
SPRING MFG.	3303	30,736	3.50	\$1,076
ELECTROPLATING	3372	47,908	5.43	\$2,601



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

METAL STAMPED GOODS MFG. NOC	3400	2,633,630	3.73	\$98,234
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	326,484	2.97	\$9,697
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	487,738	1.08	\$5,268
PUMP MFG.	3612	1,533,697	2.63	\$40,336
MACHINE SHOP NOC	3632	1,591,216	3.77	\$59,989
AUTOMOTIVE LIGHTING, IGNITION OR STARTING APPARATUS MFG. NOC	3648	3,298	1.57	\$52
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	109,784	1.21	\$1,328
INSTRUMENT MFG. NOC	3685	12,604	0.98	\$124
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	177,287	4.49	\$7,960
AUTOMOBILE--RADIATOR MFG.	3807	423	2.13	\$9
AUTOMOBILE--MFG. OR ASSEMBLY	3808	811	7.01	\$57
BRICK OR CLAY PRODUCTS MFG. NOC AND DRIVERS	4021	27,825	4.83	\$1,344
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	1,085	2.74	\$30
PAPER COATING	4250	18,334	1.85	\$339
BAG MFG.--PLASTIC OR PAPER	4273	61,210	2.34	\$1,432
PRINTING	4299	53,723	3.07	\$1,649
RUBBER GOODS MFG. NOC	4410	4,828	3.73	\$180
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	71,731	2.44	\$1,750
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	349,267	3.50	\$12,224
PAINT MFG.	4558	12,968	1.55	\$201
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	62,924	1.63	\$1,026
FOOD SUNDRIES MFG. NOC	6504	170,213	4.64	\$7,898
FREIGHT HANDLING NOC--STATE ACT	7360	36,294	5.39	\$1,956
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	5,221,491	5.19	\$270,995
BURGLAR AND FIRE ALARM INSTALLATION OR REPAIR AND DRIVERS	7605	11,759	2.68	\$315
GASOLINE STATION--SELF-SERVICE AND CONVENIENCE/GROCERY--RETAIL	8006	14,227	2.72	\$387
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	42,313	1.73	\$732
STORE--RETAIL NOC	8017	5,130,451	1.70	\$87,218
WHOLESALE STORE NOC	8018	24,700,239	3.14	\$775,588
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--WHOLESALE	8032	455,986	2.52	\$11,491



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	9,179	3.53	\$324
IRON OR STEEL--MERCHANT AND DRIVERS	8106	3,093	4.77	\$148
MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	3,135	3.71	\$116
STORAGE WAREHOUSE NOC	8292	1,035,310	4.75	\$49,177
AMBULANCE SERVICE COMPANIES-- GARAGE EMPLOYEES	8385	5,778	3.03	\$175
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	23,345	1.82	\$425
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	227,848	0.52	\$1,185
CLERICAL OFFICE EMPLOYEES NOC	8810	4,120,144	0.21	\$8,652
BANKS AND TRUST COMPANIES-- ALL EMPLOYEES, SALESPERSONS, DRIVERS AND CLERICAL	8855	1,988	0.24	\$5
COLLEGE--PROFESSIONAL EMPLOYEES AND CLERICAL	8868	892	0.43	\$4
RESTAURANT NOC	9082	1,162	1.73	\$20
PAINTING--SHOP ONLY AND DRIVERS	9501	1,572	2.77	\$44
		Stat	Rate	Premium
Manual Premium:				\$1,637,797
Waiver of Subrogation Charge:		0930	.0200	\$32,756
Employer Liability Increased Limits:		9812	1.1%	\$18,016
Subject Premium:				\$1,688,569
Experience Modification:		9898	1.16	\$270,171
Modified Premium:				\$1,958,740
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$1,958,990
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.94814	-\$1,857,397
Terrorism:		9740	.0010	\$536
Catastrophe:		9741	.0010	\$536
Estimated Annual Premium:				\$102,665
Total State Premium:				\$102,665.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured: Policy No: RWD9435435-05
 Employbridge Holding Company
 No Fixed Address Policy Period: 01-31-2018 To 01-31-2019
 Pierre, SD 57501

NAICS#: 561330
 FEIN: 582575335 # Of Employees: 1

Insured/State/Location No: South Dakota

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	2,615	4.44	\$116
Manual Premium:		Stat	Rate	Premium
Waiver of Subrogation Charge:	0930	Minimum		\$116 \$250
Employer Liability Increased Limits:	9812	1.1%		\$1
Subject Premium:	9898	1.16		\$367
Experience Modification:				\$59
Modified Premium:				\$426
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$676
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.95858		-\$648
Estimated Annual Premium:				\$28
Total State Premium:				\$28.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employbridge Midwest 1, Inc.
 518 South Brown Street
 Springfield, TN 37172

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 463766552

Of Employees: 323

Insured/State/Location No: Tennessee

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
LANDSCAPE GARDENING AND DRIVERS	0042	5,600	5.26	\$295
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	1,107,041	3.46	\$38,304
GRAIN OR FEED MILLING	2014	7,828	4.52	\$354
BREAKFAST FOOD MFG	2016	200	3.05	\$6
MILK PRODUCTS MFG. NOC	2065	32,019	2.37	\$759
MEAT PRODUCTS MFG. NOC	2095	98,204	2.64	\$2,593
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	63,027	3.76	\$2,370
TOBACCO PRODUCTS MFG. NOC	2172	193,539	1.73	\$3,348
EMBROIDERY MFG.	2388	2,451	1.51	\$37
CARPET OR RUG MFG. NOC	2402	103,849	2.47	\$2,565
CLOTH PRINTING	2417	1,663	1.55	\$26
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	364,919	2.85	\$10,400
PLANING OR MOLDING MILL	2731	63,216	3.64	\$2,301
BRUSH OR BROOM ASSEMBLY	2835	9,175	2.16	\$198
BRUSH OR BROOM HANDLE MFG.	2841	26,429	4.06	\$1,073
FURNITURE ASSEMBLY--WOOD--FROM MANUFACTURED PARTS	2881	15,264	3.33	\$508
IRON OR STEEL--MANUFACTURING--ROLLING MILL AND DRIVERS	3018	46,493	2.64	\$1,227
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	52,556	4.49	\$2,360
IRON OR STEEL--FABRICATION--IRONWORKS OR STEELWORKS--SHOP--STRUCTURAL AND DRIVERS	3030	270,487	6.99	\$18,907



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

IRON OR STEEL--FABRICATION-- IRONWORKS--SHOP--ORNAMENTAL AND DRIVERS	3040	40,943	5.96	\$2,440
SHEET METAL PRODUCTS MFG.	3076	740,904	3.47	\$25,709
TOOL MFG.--NOT DROP OR MACHINE FORGED--NOC	3113	191,806	2.06	\$3,951
TOOL MFG.--AGRICULTURAL, CONSTRUCTION, LOGGING, MINING, OIL OR ARTESIAN WELL	3126	15,728	2.06	\$324
HARDWARE MFG. NOC	3146	1,413,093	2.57	\$36,316
STOVE MFG.	3169	2,448	2.60	\$64
ELECTRICAL APPARATUS MFG. NOC	3179	2,038,947	1.69	\$34,458
PLUMBERS' SUPPLIES MFG. NOC	3188	33,442	1.87	\$625
ALUMINUM WARE MFG.	3227	347,999	2.19	\$7,621
HEAT TREATING--METAL	3307	67,683	3.24	\$2,193
WELDING OR CUTTING NOC AND DRIVERS	3365	2,160	4.47	\$97
METAL STAMPING MFG. NOC	3400	375,919	3.71	\$13,947
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	1,045,731	2.29	\$23,947
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	4,621,331	1.09	\$50,373
ENGINE MFG. NOC	3612	144,796	1.75	\$2,534
MACHINED PARTS MFG. NOC	3629	7,759,652	1.43	\$110,963
MACHINE SHOP NOC	3632	1,296,727	3.39	\$43,959
GEAR MFG. OR GRINDING	3635	7,529	2.33	\$175
BATTERY MFG.--DRY	3642	1,925	1.00	\$19
AUTOMOTIVE--LIGHTING, IGNITION, OR STARTING APPARATUS MFG. NOC	3648	240	1.13	\$3
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	10,175,293	0.78	\$79,367
INSTRUMENT MFG. NOC	3685	84,654	0.96	\$813
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	2,540	3.98	\$101
AUTOMOBILE--RADIATOR MFG.	3807	6,664,217	2.14	\$142,614
AUTOMOBILE--MFG. OR ASSEMBLY	3808	768,111	1.63	\$12,520
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG. NOC	3824	1,008	4.26	\$43
AUTOMOBILE--ENGINE MFG.	3827	215,267	2.62	\$5,640
AIRPLANE MFG.	3830	113,066	1.54	\$1,741
BRICK OR CLAY PRODUCTS MFG. NOC AND DRIVERS	4021	62,779	6.43	\$4,037
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	6,418	5.45	\$350
CERAMICS MFG	4062	246,925	2.46	\$6,074
GLASS MFG.--AND DRIVERS	4101	43,596	2.75	\$1,199
GLASS MERCHANT	4130	1,416	3.55	\$50
OPTICAL GOODS MFG. NOC	4149	11,226	1.34	\$150



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

BOX MFG.--FOLDING PAPER--NOC	4243	406,443	1.86	\$7,560
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	433,572	1.88	\$8,151
PAPER COATING	4250	134,279	1.78	\$2,390
BAG MFG.--PLASTIC OR PAPER	4273	61,934	3.14	\$1,945
PRINTING	4299	1,121,765	1.83	\$20,528
MOTION PICTURE--DEVELOPMENT OF NEGATIVES, PRINTING AND ALL SUBSEQUENT OPERATIONS	4360	500	0.96	\$5
RUBBER GOODS MFG. NOC	4410	1,777,480	2.55	\$45,326
FOUNTAIN PEN MFG.	4432	840,872	1.40	\$11,772
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	126,070	3.79	\$4,778
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	8,315,625	2.30	\$191,259
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	1,256,160	2.56	\$32,158
FABRIC COATING OR IMPREGNATING NOC	4493	228,400	3.35	\$7,651
PAINT MFG.	4558	57,663	1.57	\$905
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	204,617	1.37	\$2,803
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	39,733	0.81	\$322
SOAP OR SYNTHETIC DETERGENT MFG.	4720	1,295,106	2.30	\$29,787
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	17,422	2.14	\$373
ACID MFG.	4829	70,699	1.40	\$990
SPORTING GOODS MFG. NOC	4902	9,133	3.24	\$296
OFFICE MACHINE INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR	5191	9,456	0.97	\$92
VENDING OR COIN OPERATED MACHINES--INSTALLATION, SERVICE OR REPAIR AND SALESPERSONS, DRIVERS	5192	32,581	2.76	\$899
FOOD SUNDRIES MFG. NOC	6504	2,000,766	2.25	\$45,017
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7228	1,350,833	5.80	\$78,348
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	2,638,357	5.11	\$134,820
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	1,491,462	1.14	\$17,003
STORE--HARDWARE	8010	50,837	1.54	\$783
STORE--RETAIL NOC	8017	11,637,097	1.16	\$134,990
WHOLESALE STORE NOC	8018	36,367,229	2.28	\$829,173
STORE--MEAT, GROCERY AND PROVISION--COMBINED--RETAIL NOC	8033	516,522	1.59	\$8,213



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A

Edition 1/08

FURNITURE RENTAL--CHAIRS, COAT RACKS, DISHES AND DRIVERS	8044	508,452	2.44	\$12,406
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	390,827	2.02	\$7,895
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	12,782	2.16	\$276
IRON OR STEEL--MERCHANT AND DRIVERS	8106	19,549	5.15	\$1,007
MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	13,719	3.51	\$482
STORAGE WAREHOUSE--COLD	8291	1,523	3.33	\$51
STORAGE WAREHOUSE NOC	8292	1,928,752	2.27	\$43,783
AIR-CONDITIONING SYSTEMS--AUTOMOBILE--INSTALLATION, SERVICE OR REPAIR AND DRIVERS	8380	6,680	2.28	\$152
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	543,484	0.32	\$1,739
NEWS AGENT OR DISTRIBUTOR OF MAGAZINES OR OTHER PERIODICALS--NOT RETAIL DEALER--AND SALESPERSONS, DRIVERS	8745	7,385	3.53	\$261
CLERICAL OFFICE EMPLOYEES NOC	8810	18,542,017	0.14	\$25,959
CLERICAL OFFICE EMPLOYEES NOC--PROGRAM II--USL ACT	8815	7,470	0.42	\$31
ATTORNEY--ALL EMPLOYEES AND CLERICAL, MESSENGERS, DRIVERS	8820	3,367	0.17	\$6
PHYSICIAN AND CLERICAL	8832	1,137,226	0.28	\$3,184
SOCIAL SERVICES ORGANIZATION--ALL EMPLOYEES AND SALESPERSONS, DRIVERS	8864	16,239	1.89	\$307
BUILDINGS-OPERATION BY CONTRACTORS	9014	24,349	2.33	\$567
BUILDINGS-OPERATION: BY OWNER, LESSEE OR REAL ESTATE MANAGEMENT FIRM: ALL OTHER	9015	8,524	2.87	\$245
HOSPITAL--ALL OTHER EMPLOYEES	9040	54,032	3.87	\$2,091
HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	2,157	2.07	\$45
HOTEL--RESTAURANT EMPLOYEES	9058	6,780	1.40	\$95
EXERCISE OR HEALTH INSTITUTE AND CLERICAL	9063	1,232	0.82	\$10
HOUSEHOLD AND COMMERCIAL APPLIANCES--ELECTRICAL--INSTALLATION, SERVICE OR REPAIR AND DRIVERS	9519	3,651	4.48	\$164

	Stat	Rate	Premium
Manual Premium:			\$2,421,141
Waiver of Subrogation Charge:	0930	.0200	\$48,423
Employer Liability Increased Limits:	9812	1.4%	\$33,896
Subject Premium:			\$2,503,460
Experience Modification:	9898	1.16	\$400,554
Modified Premium:			\$2,904,014
Total Standard Premium:			\$2,904,014



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.94898	-\$2,755,851
Terrorism:	9740	.0100	\$13,674
Catastrophe:	9741	.0300	\$41,023
Estimated Annual Premium:			\$202,860
Total State Premium:			\$202,860.00

Date of Issue: 02-09-2018

The logo for XL Insurance, featuring the letters "XL" in a stylized, blocky font followed by the word "INSURANCE" in a smaller, sans-serif font.

EXTENSION OF INFORMATION PAGE

Name and Address of Insured:

Employment Solutions Management, Inc.
 222 W. Las Colinas Blvd. #250E
 Irving, TX 75039

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330

FEIN: 582575336

Of Employees: 308

Insured/State/Location No: Texas

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FIBERGLASS INSULATION MFG AND DRIVERS	1803	36,374	2.34	\$851
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	28,322	3.26	\$923
GRAIN MILLING	2014	6,063	3.73	\$226
CONFECTION MFG	2041	119,778	1.50	\$1,797
BOTTLING AND ROUTE SUPERVISORS, DRIVERS	2157	45,695	3.02	\$1,380
CLOTHING MFG	2501	2,780	2.93	\$81
TOILET OR TOWEL SUPPLY CO. AND ROUTE SUPERVISORS,--AND DRIVERS	2587	966,786	1.86	\$17,982
PATTERN - MAKING NOC	2790	13,362	2.10	\$281
FURNITURE MFG OR ASSEMBLY - WOOD - AND DRIVERS	2881	729,211	2.66	\$19,397
PIPE OR TUBE MFG NOC AND DRIVERS	3022	7,665	2.26	\$173
ROLLING MILL NOC AND DRIVERS	3027	545	0.79	\$4
PIPE OR TUBE MFG - IRON, STEEL, OR CAST IRON - AND DRIVERS	3028	149,832	2.66	\$3,986
IRON OR STEEL: FABRICATION: IRON OR STEEL WORKS - SHOP - AND DRIVERS	3040	68,465	3.63	\$2,485
SHEET METAL WORK - SHOP	3066	528,993	2.53	\$13,384
BLACKSMITH	3111	48,217	2.43	\$1,172
TOOL MFG - NOT DROP OR MACHINE FORGED - NOC	3113	13,518	2.04	\$276
TOOL MFG - DROP OR MACHINE FORGED - NOC: MACHINING OR	3114	1,236,195	2.14	\$26,455



FINISHING OF TOOLS OR DIE
MAKING OPERATIONS

TOOL MFG - AGRICULTURAL, CONSTRUCTION, LOGGING, MINING, OIL OR ARTESIAN WELL	3126	7,257,127	1.49	\$108,131
ANCHOR BOLT MFG	3132	110,696	2.10	\$2,325
ELECTRICAL APPARATUS MFG NOC	3179	2,985,486	1.58	\$47,171
ALUMINUM EXTRUSION MFG	3227	54,938	3.30	\$1,813
WIRE CLOTH MFG	3255	82,815	2.29	\$1,896
WIRE GOODS MFG NOC	3257	42,813	3.82	\$1,635
WELDING OR CUTTING NOC AND DRIVERS	3365	6,819	3.33	\$227
AGRICULTURAL MACHINERY MFG	3507	348,301	2.08	\$7,245
BOOKBINDING OR PRINTING MACHINE MFG	3548	1,524	1.38	\$21
ADDING, COMPUTING, RECORDING OR OFFICE MACHINE MFG NOC	3574	1,588,996	0.49	\$7,786
BOILERMAKING	3620	268,439	2.57	\$6,899
PRECISION MACHINED PARTS MFG NOC	3629	945,174	1.31	\$12,382
MACHINE SHOP NOC	3632	2,148,909	2.08	\$44,697
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG	3643	431,809	1.93	\$8,334
AUTOMOBILE LIGHTING, IGNITION OR STARTING APPARATUS MFG NOC	3648	160,257	1.50	\$2,404
AIRCRAFT RADIO MFG	3681	1,280,833	0.68	\$8,710
INSTRUMENT MFG NOC	3685	26,191	0.80	\$210
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC & DRIVERS	3724	113,789	2.50	\$2,845
AIRCRAFT ENGINE MFG	3805	10,351	0.70	\$72
AUTOMOBILE RADIATOR MFG	3807	2,533,893	2.26	\$57,266
AUTOMOBILE--MFG. OR ASSEMBLY	3808	20	3.69	\$1
BRICK OR CLAY PRODUCTS MFG NOC AND DRIVERS	4021	4,690	4.69	\$220
CONCRETE PRODUCTS MFG AND DRIVERS	4034	291,479	4.67	\$13,612
CHIP BOARD MFG AND DRIVERS	4036	8,795	1.21	\$106
CATHEDRAL OR ART GLASS WINDOW MFG AND DRIVERS	4101	23,341	3.14	\$733
LENS MFG - GROUND	4150	37,765	0.74	\$279
PAPER MFG	4239	173,703	1.19	\$2,067
BOX MFG - FOLDING PAPER - NOC	4243	764,774	3.12	\$23,861
CORRUGATED OR FIBER BOARD CONTAINER MFG	4244	411,147	1.79	\$7,360
PAPER GOODS MFG NOC	4279	38,241	2.16	\$826
PRINTING AND DRIVERS	4299	369,961	1.49	\$5,512
RUBBER GOODS MFG NOC	4410	432,940	3.14	\$13,594
PLASTICS MFG: FABRICATED PRODUCTS NOC	4452	1,278,308	1.99	\$25,438
PLASTICS MFG: SHEETS, RODS, OR	4459	2,819,428	1.67	\$47,084



TUBES

CABLE MFG - INSULATED ELECTRICAL	4470	233,183	2.23	\$5,200
PLASTICS MFG: MOLDED PRODUCTS NOC	4484	118,204	2.16	\$2,553
ANALYTICAL CHEMIST	4511	509,137	0.52	\$2,648
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION--NO MFG. OF INGREDIENTS	4611	212,902	0.77	\$1,639
CHEMICAL BLENDING OR MIXING NOC--ALL OPERATIONS AND DRIVERS	4828	16,797	0.37	\$62
AIR CONDITIONING SYSTEMS - HEATING AND/OR COOLING: NOT PORTABLE: INSTALLATION AND SERVICE OF PACKAGED OR CENTRAL UNITS INCLUDING PLUMBING AND DRIVERS	5183	7,208	2.75	\$198
COMPUTER--DEVICE INSTALLATION, INSPECTION, SERVICE OR REPAIR	5191	21,889	0.62	\$136
CARPENTRY NOC	5403	27,965	4.37	\$1,222
CONTRACTOR - EXECUTIVE SUPERVISOR OR CONSTRUCTION SUPERINTENDENT	5606	550	0.70	\$4
FOOD SUNDRIES MFG NOC	6504	3,735,738	2.44	\$91,152
TRUCKING--LOCAL HAULING ONLY--ALL EMPLOYEES AND DRIVERS	7219	188,014	5.24	\$9,852
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	15,901,162	3.36	\$534,279
ELECTRONIC EQUIPMENT--INSTALLATION, SERVICE, OR REPAIR--SHOP AND OUTSIDE AND DRIVERS	7600	21,712	2.19	\$475
CONVENIENCE STORE	8006	1,188,121	1.79	\$21,267
CLOTHING OR WEARING APPAREL STORE - RETAIL	8008	587,658	0.98	\$5,759
STORE--RETAIL NOC	8017	115,869	1.21	\$1,402
WHOLESALE STORE NOC	8018	48,674,497	2.46	\$1,197,393
COLD STORAGE LOCKER - FROZEN FOODS	8033	121,988	2.11	\$2,574
DEPARTMENT STORE - RETAIL	8039	12,368	1.59	\$197
BUILDING MATERIAL DEALER: STORE EMPLOYEES	8058	72,661	1.68	\$1,221
MACHINERY DEALER NOC AND DRIVERS	8107	138,562	1.96	\$2,716
BUILDING MATERIAL DEALER: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8234	13,359	3.82	\$510
BOTTLE DEALER - USED - AND DRIVERS	8264	38,691	3.29	\$1,273
IRON OR STEEL SCRAP DEALER AND DRIVERS	8265	2,971	4.18	\$124
STORAGE WAREHOUSE - NOC AND	8292	1,611,995	2.90	\$46,748



DRIVERS

STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8391	32,552	1.46	\$475
AIR FLOW BALANCING OF AIR CONDITIONING SYSTEMS	8601	83,937	0.18	\$151
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	1,110,539	0.18	\$1,999
EXECUTIVE OFFICERS NOC - PERFORMING CLERICAL OR OUTSIDE SALESPERSONS DUTIES ONLY	8809	1,882,005	0.12	\$2,258
CLERICAL OFFICE EMPLOYEES NOC	8810	25,763,887	0.10	\$25,764
HOSPITAL--PROFESSIONAL EMPLOYEES	8833	16,623	0.46	\$76
BUILDINGS NOC - OPERATION BY OWNER OR LESSEE - AND DRIVERS	9015	9,936	2.01	\$200
HOTEL: RESTAURANT EMPLOYEES	9058	11,504	1.28	\$147
RESTAURANT NOC	9079	861	1.01	\$9
CHILDREN'S HOME: ALL OTHER EMPLOYEES AND DRIVERS	9101	10,972	2.51	\$275
PARK NOC - ALL EMPLOYEES - AND DRIVERS	9102	26,344	2.43	\$640
PAINTING: SHOP ONLY AND DRIVERS	9501	29,894	1.85	\$553
UPHOLSTERING	9522	431,159	4.82	\$20,782
		Stat	Rate	Premium
Manual Premium:				\$2,537,548
Employer Liability Increased Limits:		9812	1.4%	\$35,526
Waiver of Subrogation Charge:		0930	.0200	\$50,751
Subject Premium:				\$2,623,825
Experience Modification:		9898	1.16	\$419,812
Modified Premium:				\$3,043,637
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$3,043,887
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.93806	-\$2,855,349
Terrorism:		9740	.0240	\$32,169
Estimated Annual Premium:				\$220,707
Total State Premium:				\$220,707.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Staffing Solutions Southwest, Inc.
 3981 S. 700 East, # 7-8-9
 Salt Lake City, UT 84107

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 582575343

Of Employees: 292

Insured/State/Location No: Utah

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	8,181	2.33	\$191
CEREAL OR BAR MFG.	2016	160	1.49	\$2
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	183,805	1.80	\$3,308
MEAT PRODUCTS MFG. NOC	2095	406,665	2.40	\$9,760
MATTRESS OR BOX SPRING MFG.	2570	1,262,871	2.11	\$26,647
CARPENTRY--SHOP ONLY AND DRIVERS	2802	49,332	3.36	\$1,658
FURNITURE ASSEMBLY--WOOD-- FROM MANUFACTURED PARTS	2881	165,136	1.44	\$2,378
FURNITURE MFG.--WOOD--NOC	2883	71,018	1.90	\$1,349
PIPE OR TUBE MFG.--IRON OR STEEL AND DRIVERS	3028	152,072	3.05	\$4,638
IRON OR STEEL--FABRICATION-- IRONWORKS OR STEELWORKS-- SHOP--STRUCTURAL AND DRIVERS	3030	26,895	3.54	\$952
IRON OR STEEL--FABRICATION-- IRONWORKS--SHOP--ORNAMENTAL AND DRIVERS	3040	48,015	3.57	\$1,714
ELECTRICAL APPARATUS MFG. NOC	3179	22,187	1.06	\$235
WIRE GOODS MFG. NOC	3257	19,667	1.91	\$376
GALVANIZING OR TINNING--NOT ELECTROLYTIC	3373	93,558	2.45	\$2,292
METAL STAMPED GOODS MFG. NOC	3400	47,552	2.09	\$994
COMPUTING, RECORDING OR OFFICE MACHINE MFG. NOC	3574	17,922	0.70	\$125
PUMP MFG.	3612	165,162	1.25	\$2,065
MACHINED PARTS MFG. NOC	3629	17,053	0.72	\$123



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

MACHINE SHOP NOC	3632	116,755	1.81	\$2,113
BALL OR ROLLER BEARING MFG.	3638	218,179	0.75	\$1,636
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	383,080	1.40	\$5,363
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	253,278	0.39	\$988
INSTRUMENT MFG. NOC	3685	553,051	0.63	\$3,484
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG. NOC	3824	40,975	3.16	\$1,295
BRICK OR CLAY PRODUCTS MFG. NOC AND DRIVERS	4021	123,436	3.05	\$3,765
PAPER MFG.	4239	24,681	1.21	\$299
PRINTING	4299	280,646	0.99	\$2,778
RUBBER GOODS MFG. NOC	4410	31,574	2.48	\$783
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	308,466	2.19	\$6,755
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	150,296	1.88	\$2,826
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	165,793	1.15	\$1,907
SALT, BORAX OR POTASH PRODUCING OR REFINING AND DRIVERS	4568	369,288	1.46	\$5,392
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	4,804,183	0.59	\$28,345
PHARMACEUTICAL OR SURGICAL GOODS MFG. NOC	4693	160,362	0.47	\$754
SOAP OR SYNTHETIC DETERGENT MFG.	4720	1,883,432	1.52	\$28,628
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION MFG. AND INCLUDES MFG. OF INGREDIENTS	4825	212,956	0.74	\$1,576
SPORTING GOODS MFG. NOC	4902	149,780	1.36	\$2,037
FURNITURE OR FIXTURES INSTALLATION--PORTABLE--NOC	5146	198,460	2.90	\$5,755
FOOD SUNDRIES MFG. NOC	6504	1,417,297	1.03	\$14,598
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	1,909,420	2.84	\$54,228
GARBAGE WORKS	7590	70,571	1.83	\$1,291
STORE--HARDWARE	8010	1,897	1.09	\$21
STORE--RETAIL NOC	8017	62,450	1.00	\$625
WHOLESALE STORE NOC	8018	9,739,854	1.87	\$182,135
STORE--FISH, MEAT OR POULTRY DEALER--WHOLESALE	8021	28,775	1.79	\$515
BUILDING MATERIAL DEALER--NEW MATERIALS ONLY: STORE EMPLOYEES	8058	22,684	1.83	\$415
IRON OR STEEL--MERCHANT AND DRIVERS	8106	65,768	2.77	\$1,822



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 00 01 A**

Edition 1/08

MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	8,259	1.99	\$164
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	1,327	3.32	\$44
IRON OR STEEL--SCRAP DEALER AND DRIVERS	8265	5,897	4.38	\$258
STORAGE WAREHOUSE NOC	8292	55,014	1.85	\$1,018
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	172,153	0.23	\$396
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	90,327	0.93	\$840
CLERICAL OFFICE EMPLOYEES NOC	8810	5,283,034	0.10	\$5,283
STATE EMPLOYEES	9415	2,872	0.75	\$22
PAINTING--SHOP ONLY AND DRIVERS	9501	162	1.79	\$3
AUTOMOBILE, BUS, TRUCK OR TRAILER BODY MFG.: PAINTING	9505	1,055	2.41	\$25
BELL INSTALLATION--TOWER--AND DRIVERS	9534	225,897	3.41	\$7,703
		Stat	Rate	Premium
Manual Premium:				\$436,692
Waiver of Subrogation Charge:		0930	.0200	\$8,734
Employer Liability Increased Limits:		9812	1.1%	\$4,804
Subject Premium:				\$450,230
Experience Modification:		9898	1.16	\$72,037
Modified Premium:				\$522,267
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$522,517
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.90425		-\$472,486
Terrorism:	9740	.0010		\$324
Catastrophe:	9741	.0010		\$324
Estimated Annual Premium:				\$50,679
Total State Premium:				\$50,679.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Real Time Staffing Services, LLC
 10169 Hull Street Road
 Midlothian, VA 23112

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 770528189

Of Employees: 472

Insured/State/Location No: Virginia

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	34,511	1.89	\$652
PACKING HOUSE--ALL OPERATIONS	2089	3,938	1.84	\$72
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	54,409	2.87	\$1,562
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	55,748	1.79	\$998
LAUNDRY AND DRY CLEANING STORE--RETAIL--AND ROUTE SUPERVISORS, DRIVERS	2589	38,051	1.36	\$517
ELECTRICAL APPARATUS MFG. NOC	3179	76,611	1.29	\$988
METAL STAMPED GOODS MFG. NOC	3400	263,500	2.81	\$7,404
MACHINE SHOP NOC	3632	21,741	2.07	\$450
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	50,905	1.43	\$728
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	320	0.49	\$2
MACHINERY OR EQUIPMENT ERECTION OR REPAIR NOC AND DRIVERS	3724	5,960	3.24	\$193
AUTOMOBILE--WHEEL MFG.--METAL--NOT CAST	3803	90,261	2.91	\$2,627
AUTOMOBILE--RADIATOR MFG.	3807	650,158	1.56	\$10,142
AUTOMOBILE--ENGINE MFG.	3827	33,481	1.64	\$549
BOX MFG.--FOLDING PAPER--NOC	4243	1,419	2.07	\$29
CORRUGATED OR FIBERBOARD CONTAINER MFG.	4244	709,209	1.57	\$11,135
PRINTING	4299	6,554	1.45	\$95
NEWSPAPER PUBLISHING	4304	10,133	2.47	\$250



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC 00 00 01 A

Edition 1/08

RUBBER GOODS MFG. NOC	4410	108,279	2.30	\$2,490
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	139,602	2.16	\$3,015
PLASTICS MFG.--SHEETS, RODS OR TUBES	4459	348,115	1.83	\$6,371
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	786,192	1.62	\$12,736
SPORTING GOODS MFG. NOC	4902	3,422	1.54	\$53
PHOTOGRAPHIC SUPPLIES MFG.	4923	363	0.56	\$2
PLUMBING NOC AND DRIVERS	5183	14,283	3.18	\$454
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	33,565	4.15	\$1,393
STORE--RETAIL NOC	8017	327,893	1.24	\$4,066
WHOLESALE STORE NOC	8018	10,482,129	2.23	\$233,751
COLD STORAGE LOCKER FROZEN FOODS	8031	74,687	2.17	\$1,621
STORE--FURNITURE AND DRIVERS	8044	8,021	2.30	\$184
MACHINERY DEALER NOC--STORE OR YARD--AND DRIVERS	8107	2,919	2.63	\$77
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	8,234	4.12	\$339
STORAGE WAREHOUSE--COLD	8291	311,617	3.11	\$9,691
STORAGE WAREHOUSE NOC	8292	872,438	2.17	\$18,932
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	61,911	0.21	\$130
CLERICAL OFFICE EMPLOYEES NOC	8810	3,167,074	0.09	\$2,850
BUILDINGS-OPERATION BY CONTRACTORS	9014	18,206	2.21	\$402
HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9052	768	1.59	\$12
EXERCISE OR HEALTH INSTITUTE AND CLERICAL	9063	13,472	0.85	\$115

	Stat	Rate	Premium
Manual Premium:			\$337,077
Waiver of Subrogation Charge:	0930	.0200	\$6,742
Employer Liability Increased Limits:	9812	1.1%	\$3,708
Subject Premium:			\$347,527
Experience Modification:	9898	1.16	\$55,604
Modified Premium:			\$403,131
Foreign Voluntary Compensation:			\$250
Total Standard Premium:			\$403,381
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.93825	-\$378,472
Terrorism:	9740	.0010	\$189
Estimated Annual Premium:			\$25,098
Total State Premium:			\$25,098.00



Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Westaff Workforce Solutions, LLC
 1 Conti Circle, Unit 4
 Barre, VT 05641

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 472383487

Of Employees: 125

Insured/State/Location No: Vermont

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
DIE CASTING MFG.	1925	501	4.12	\$21
BAKERY AND DRIVERS, ROUTE SUPERVISORS	2003	9,708	5.95	\$578
GRAIN OR FEED MILLING	2014	146,566	7.12	\$10,435
CANDY, CHOCOLATE AND CONFECTION MFG.	2041	4,544	3.67	\$167
MILK PRODUCTS MFG. NOC	2065	54,856	3.16	\$1,733
CREAMERY OR DAIRY AND ROUTE SUPERVISORS, DRIVERS	2070	169,070	4.59	\$7,760
CANNERY NOC	2111	1,534	3.45	\$53
BOTTLING--ALL OPERATIONS AND ROUTE SUPERVISORS, DRIVERS	2157	1,337	5.39	\$72
CLOTH, CANVAS AND RELATED PRODUCTS MFG. NOC	2501	89,545	3.39	\$3,036
BRUSH OR BROOM HANDLE MFG.	2841	7,754	5.23	\$406
FURNITURE MFG.--WOOD--NOC	2883	57,523	4.33	\$2,491
PLYWOOD MFG.	2915	26,945	3.76	\$1,013
PIPE OR TUBE MFG. NOC AND DRIVERS	3022	7,622	4.83	\$368
AIRPLANE--SUBASSEMBLIES MFG.-- METAL	3076	6,142	4.78	\$294
ELECTRICAL APPARATUS MFG. NOC	3179	9,059	3.35	\$303
WELDING OR CUTTING NOC AND DRIVERS	3365	21,375	7.70	\$1,646
METAL STAMPED GOODS MFG. NOC	3400	125,476	4.89	\$6,136
CONSTRUCTION OR AGRICULTURAL MACHINERY MFG.	3507	21,836	3.84	\$839
COMPUTING, RECORDING OR	3574	11,106	0.84	\$93



OFFICE MACHINE MFG. NOC				
PUMP MFG.	3612	33,824	2.57	\$869
MACHINE SHOP NOC	3632	190,049	3.46	\$6,576
ELECTRIC POWER OR TRANSMISSION EQUIPMENT MFG.	3643	26,109	4.34	\$1,133
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	71,088	2.17	\$1,543
INSTRUMENT MFG. NOC	3685	4,015	1.12	\$45
CERAMICS MFG	4062	3,708	2.93	\$109
PRINTING	4299	40,474	2.52	\$1,020
RUBBER GOODS MFG. NOC	4410	133,160	3.58	\$4,767
PLASTICS MFG.--FABRICATED PRODUCTS NOC	4452	75,695	3.65	\$2,763
CABLE MFG.--INSULATED ELECTRICAL	4470	8,191	3.53	\$289
PLASTICS MFG.--MOLDED PRODUCTS NOC	4484	121,630	2.96	\$3,600
FURNITURE OR FIXTURES INSTALLATION--PORTABLE--NOC	5146	16,692	6.74	\$1,125
CARPENTRY NOC	5403	510	10.52	\$54
CARPENTRY--DETACHED ONE- OR TWO-FAMILY DWELLINGS	5645	21,920	9.03	\$1,979
ELECTRIC LIGHT OR POWER CO. NOC--ALL EMPLOYEES AND DRIVERS	7539	4,846	2.59	\$126
MOTION PICTURE--PRODUCTION--IN STUDIO OR OUTSIDE-- ALL OPERATIONS UP TO THE DEVELOPMENT OF NEGATIVES AND CLERICAL, DRIVERS	7610	45,022	0.50	\$225
GASOLINE STATION--SELF-SERVICE AND CONVENIENCE/GROCERY-- RETAIL	8006	47,374	2.59	\$1,227
STORE--CLOTHING, WEARING APPAREL, OR DRY GOODS--RETAIL	8008	271,018	1.27	\$3,442
STORE--RETAIL NOC	8017	379,940	1.44	\$5,471
WHOLESALE STORE NOC	8018	353,063	4.07	\$14,370
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	1,738	3.22	\$56
LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES AND YARD, WAREHOUSE, DRIVERS	8232	9,840	6.40	\$630
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	23,328	1.74	\$406
SALESPERSONS OR COLLECTORS-- OUTSIDE	8742	14,484	0.59	\$85
MAILING OR ADDRESSING COMPANY OR LETTER SERVICE SHOP	8800	700	2.25	\$16
CLERICAL OFFICE EMPLOYEES NOC	8810	2,164,798	0.23	\$4,979
ATTORNEY--ALL EMPLOYEES AND	8820	972	0.20	\$2



CLERICAL, MESSENGERS, DRIVERS				
CONVALESCENT OR NURSING HOME--ALL EMPLOYEES	8829	104	5.84	\$6
SOCIAL SERVICES ORGANIZATION— ALL EMPLOYEES AND SALESPERSONS, DRIVERS	8864	300	1.46	\$4
BUILDINGS-OPERATION BY CONTRACTORS	9014	1,434	4.35	\$62
BUILDING OR PROPERTY MANAGEMENT--ALL OTHER EMPLOYEES	9015	31,889	3.83	\$1,221
HOUSING AUTHORITY AND CLERICAL, SALESPERSONS, DRIVERS	9033	5,126	2.17	\$111
HOSPITAL--ALL OTHER EMPLOYEES	9040	85,848	3.15	\$2,704
GARBAGE, ASHES OR REFUSE COLLECTION AND DRIVERS	9403	20,116	9.57	\$1,925

		Stat	Rate	Premium
Manual Premium:				\$100,384
Waiver of Subrogation Charge:	0930	.0200		\$2,008
Employer Liability Increased Limits:	9812	1.1%		\$1,104
Subject Premium:				\$103,496
Experience Modification:	9898	1.16		\$16,559
Modified Premium:				\$120,055
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$120,305
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.94934		-\$114,210
Terrorism:	9740	.0010		\$50
Catastrophe:	9741	.0010		\$50
Estimated Annual Premium:				\$6,195
Administrative Fund Assessment:		.014		\$87.00
Total State Premium:				\$6,282.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Real Time Staffing Services, LLC
 3901 Briscoe Road, Suite 14
 Parkersburg, WV 26104

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 770528189

Of Employees: 142

Insured/State/Location No: West Virginia

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
PIPE OR TUBE MFG NOC AND DRIVERS	3022	328,458	2.24	\$7,357
OIL OR GAS--PIPELINE OPERATION AND DRIVERS	7515	26,775	0.77	\$206
WHOLESALE STORE NOC	8018	27,238	1.27	\$346
ARCHITECTURAL OR ENGINEERING FIRM--INCLUDING SALESPERSONS AND DRIVERS	8601	1,099,898	0.32	\$3,520
CLERICAL OFFICE EMPLOYEES NOC	8810	4,199,448	0.12	\$5,039
		Stat	Rate	Premium
Manual Premium:				\$16,468
Waiver of Subrogation Charge:		0930	.0200	\$329
Employer Liability Increased Limits:		9812	1.4%	\$231
Subject Premium:				\$17,028
Experience Modification:		9898	1.16	\$2,724
Modified Premium:				\$19,752
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$20,002
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.94041	-\$18,810
Terrorism:		9740	.0010	\$57
Catastrophe:		9741	.0010	\$57
Estimated Annual Premium:				\$1,306
WV Regulatory Surcharge:			0.05	\$1,006.00
WV Deficit Reduction Surcharge:			.09	\$1,810.00
WV Fire and Casualty Surcharge:			.0055	\$1.00
Total State Premium:				\$4,123.00

Date of Issue: 02-09-2018



EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Employment Solutions Management
 3820 State Street
 Santa Barbara, CA 93105

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 582575336

Of Employees: 2364

Insured/State/Location No: California

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
ORCHARDS--CITRUS AND DECIDUOUS FRUITS.	0016	45,862	12.86	\$5,898
POULTRY RAISING, EGG PRODUCTION AND HATCHERIES.	0034	86	10.3	\$9
FLORISTS--CULTIVATING OR GARDENING.	0035	25,005	7.87	\$1,968
NUT HULLING, SHELLING OR PROCESSING	0096	160,977	8.86	\$14,263
FIELD CROPS.	0171	4,212	11.18	\$471
PLASTER MILLS.	1741	105,230	9.45	\$9,944
DIE CASTING MFG.	1925	400,999	14.81	\$59,388
MACARONI MFG.	2002	12,504,969	15.42	\$1,928,266
BAKERIES AND CRACKER MFG.	2003	11,796,681	11.42	\$1,347,181
GRAIN OR RICE MILLING.	2014	654,918	7.33	\$48,005
SUGAR MFG. OR REFINING--BEET OR CANE-- INCLUDING BEET DUMPS.	2030	5,096	7.41	\$378
MILK-EVAPORATED-MFG.	2063	7,066,351	6.7	\$473,446
BUTCHERING--INCLUDING THE HANDLING OF LIVESTOCK.	2081	9,032	11.06	\$999
MEAT PRODUCTS MFG.--N.O.C.-- INCLUDING CANNING.	2095	3,176,802	12.07	\$383,440
FRUIT OR VEGETABLE EVAPORATION OR DEHYDRATING.	2102	343,329	7.64	\$26,230
FRUIT--FRESH FRUIT PACKING AND HANDLING --INCLUDING STORAGE.	2107	5,130,473	7.19	\$368,881
FRUIT--CITRUS FRUIT PACKING AND HANDLING --INCLUDING STORAGE.	2108	390,175	11.57	\$45,143
FRUIT--DRIED FRUIT PACKING AND HANDLING.	2109	2,620,194	8.68	\$227,433



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 00 01 A-CA

Edition 1/08

CANNERIES-N.O.C.-INCLUDING FRUIT PRESERVING	2111	2,813,102	6.59	\$185,383
FRUIT JUICE OR CONCENTRATE MFG.	2116	23,076	6.06	\$1,398
BREWERIES OR MALT HOUSES-- INCLUDING BOTTLING OR CANNING.	2121	576	6.92	\$40
FRUIT OR VEGETABLE PROCESSING--FRESH--READY-TO-EAT	2123	1,327,194	8.74	\$115,997
DISTILLING--N.O.C.	2142	740,342	3.95	\$29,244
ICE MFG. OR ICE DEALERS.	2150	113,583	9.34	\$10,609
BOTTLING OF WATER	2163	2,360,870	9.21	\$217,436
CARPET OR RUG MFG.--OTHER THAN JUTE OR HEMP CARPETS OR RUGS.	2402	44,899	10.12	\$4,544
TEXTILES--BLEACHING, DYEING, MERCERIZING, FINISHING--NEW GOODS--NOT CLEANING AND DYEING OF GARMENTS.	2413	2,031	7.35	\$149
CLOTHING MFG.--INCLUDING EMBROIDERY MANUFACTURING.	2501	16,442,505	8.87	\$1,458,450
MATTRESS OR BOX SPRINGS MFG.-- INCLUDING PILLOW, QUILT OR CUSHION MANUFACTURING.	2570	142,977	16.61	\$23,748
PILLOW, QUILT, COMFORTER OR CUSHION MFG.--NO MATTRESS OR BOX SPRING MANUFACTURING.	2571	51,879	14.85	\$7,704
AWNING, TARP OR CANVAS GOODS MFG. --N.O.C.--SHOP ONLY.	2576	74,140	11.66	\$8,645
LAUNDRIES--N.O.C.--ALL EMPLOYEES-- INCLUDING CASH AND CARRY DEPARTMENTS ON PLANT PREMISES.	2585	199,468	14.58	\$29,082
BOOT OR SHOE MFG. OR REPAIRING.	2660	4,627	10.63	\$492
LEATHER GOODS MFG.--N.O.C.	2688	4,705	7.43	\$350
PALLET DEALERS--SECONDHAND.	2757	17,067	14.45	\$2,466
BOX, BOX SHOOK OR CONTAINER MFG.--WOOD.	2759	85,564	14.72	\$12,595
PATTERN OR MODEL MFG.--METAL, PLASTIC OR WOOD.	2790	63,510	3.37	\$2,140
DOOR, SASH OR WINDOW MFG.-- WOOD.	2806	50,085	10.18	\$5,099
CABINET MFG.--WOOD--INCLUDING THE MANUFACTURE OF COMMERCIAL OR INDUSTRIAL FIXTURES.	2812	991,476	9.72	\$96,371
PICTURE FRAME ASSEMBLY--WOOD OR METAL.	2840	19,666	8.87	\$1,744
BLACKBOARD MFG.	2842	2,989,973	13.1	\$391,686
FURNITURE ASSEMBLING--OTHER THAN METAL--INCLUDING FINISHING	2881	1,753	14.49	\$254
FURNITURE MFG.--WOOD-- INCLUDING ASSEMBLING OR FINISHING.	2883	1,459,297	18.09	\$263,987



PIANO MFG	2923	1,076,250	7.26	\$78,136
PIPE OR TUBE MFG.--OTHER THAN IRON OR STEEL.	3022	436,165	9.19	\$40,084
IRON OR STEEL WORKS--STRUCTURAL--SHOP --FABRICATING OR ASSEMBLING GIRDERS, BEAMS, COLUMNS, TRUSSES, STRINGERS OR OTHER STRUCTURAL IRON OR STEEL	3030	114,965	12.56	\$14,440
REINFORCING STEEL FABRICATION--SHEARING AND BENDING--AT PERMANENT SHOP OR YARD LOCATION.	3039	572	11.43	\$65
DOOR OR WINDOW FRAME MFG.--METAL OR PLASTIC.	3060	371,639	12.07	\$44,857
SHEET METAL PRODUCTS MFG.--N.O.C.	3066	263,404	6.63	\$17,464
FIREPROOF EQUIP MFG	3076	211,543	9.7	\$20,520
DIE MFG.-FERROUS	3099	80,601	5.75	\$4,635
TAG, BUTTON OR FASTENER MFG.	3131	283,564	7.68	\$21,778
HARDWARE MFG. N.O.C	3146	422,829	5.45	\$23,044
EYELET MFG.	3152	213,999	4.48	\$9,587
AIR CONDITIONING AND REFRIGERATION EQUIPMENT MFG.	3165	491,798	5.88	\$28,918
STOVE MFG.	3169	502,929	7.79	\$39,178
FURNACE, HEATER OR RADIATOR MFG.	3175	48	6.8	\$3
ELECTRICAL APPARATUS MFG.--N.O.C.	3179	4,914,727	4.61	\$226,569
FIXTURES OR LAMP MFG. OR ASSEMBLY-- METAL--ELECTRIC OR GAS.	3180	94,504	9.77	\$9,233
WIRE DRAWING.	3241	21,462	5.08	\$1,090
WIRE GOODS MFG.--N.O.C.	3257	263,402	7.72	\$20,335
WELDING OR CUTTING--N.O.C.--SHOP OR OUTSIDE--INCLUDING INCIDENTAL MACHINING OPERATIONS CONNECTED THEREWITH.	3365	1,023,344	7.62	\$77,979
GALVANIZING OR TINNING	3372	6,555,092	9.76	\$639,777
JEWELRY MFG.--INCLUDING FOUNDRY OPERATIONS.	3383	193,970	4.59	\$8,903
METAL GOODS MFG.--N.O.C.	3400	1,164,072	10.14	\$118,037
GATE OR CORRAL MFG.--TUBE OR PIPE STOCK.	3401	66,978	7.66	\$5,131
MACHINERY MFG.--PORTABLE TOOLS AND LAWN CARE.	3501	177,222	8.67	\$15,365
MACHINERY OR EQUIPMENT MFG.--AGRICULTURAL, CONSTRUCTION, MINING OR ORE MILLING.	3507	792,220	7.38	\$58,466
MACHINERY MFG.--COMMERCIAL FOOD PROCESSING EQUIPMENT.	3560	7,956	4.63	\$368



ELECTRIC MOTOR MFG. OR REPAIR.	3569	43,877	4.24	\$1,860
ELECTRONICS INDUSTRY: MEDICAL INSTRUMENT MFG.-ELECTRONIC-DIAGNOSTIC OR TREATMENT	3572	122,021	1.54	\$1,879
COMPUTER MFG	3574	324,305	4.88	\$15,826
PUMP OR HYDRAULIC APPARATUS MFG. OR REPAIR--N.O.C.	3612	23,948	4.77	\$1,142
BOILERMAKING--PLATE STEEL--N.O.C.	3620	181,797	9.64	\$17,525
MACHINE SHOP NOC	3632	5,079,877	4.99	\$253,486
VALVE MFG.--N.O.C.	3634	1,282,915	5.38	\$69,021
ELECTRIC CONTROL PANEL OR SWITCHGEAR MFG.	3643	146,768	4.77	\$7,001
ELECTRICAL WIRE HARNESS MFG.	3651	10,198	3.67	\$374
TELECOMMUNICATIONS EQUIPMENT MFG.	3681	59,488,746	1.51	\$898,280
INSTRUMENT MFG. -- NON-ELECTRONIC -- SCIENTIFIC OR MEDICAL -- N.O.C.	3682	712,947	2.04	\$14,544
SPEAKER MFG.	3683	81,987	9.2	\$7,543
ELECTRICAL APPARATUS INSTALLATION AND DRIVERS	3724	230,547	6.67	\$15,377
AUTOMOBILE OR AUTOMOBILE TRUCK ENGINE MFG.	3805	326,201	1.44	\$4,697
AUTOMOBILE--MFG. OR ASSEMBLY	3808	1,436,454	4.69	\$67,370
AUTOMOBILE OR AUTOMOBILE TRUCK DISMANTLING--INCLUDING THE SALVAGING OR JUNKING OF PARTS AND STORE OPERATIONS.	3821	65,674	15.1	\$9,917
AUTOMOBILE OR AUTOMOBILE TRUCK PARTS REBUILDING--INCLUDING INCIDENTAL MACHINING	3828	2,169	6.07	\$132
AIRPLANE MFG.--INCLUDING FOUNDRY OPERATIONS.	3830	334,163	3.63	\$12,130
MACHINE SHOPS--AIRCRAFT COMPONENTS.	3831	7,053	3.68	\$260
AUTOMOBILE, AUTOMOBILE TRUCK OR MOTORCYCLE PARTS MFG.--N.O.C.	3840	252,336	7.08	\$17,865
CONCRETE PRODUCTS MFG.--SHOP OR YARD WORK ONLY.	4034	118,634	10.1	\$11,982
BRICK OR CLAY PRODUCTS MFG.--N.O.C.-- INCLUDING CONSTRUCTION AND RECONSTRUCTION OF SHEDS AND KILNS.	4041	159,336	7.73	\$12,317
CATHEDRAL OR ART GLASS WINDOW MFG.-- INCLUDING GLASS MANUFACTURING.	4111	936	4.16	\$39
INTEGRATED CIRCUIT AND SEMICONDUCTOR WAFER MFG.	4112	1,552,690	0.88	\$13,664
GLASSWARE MFG.--N.O.C.	4114	368,697	7.13	\$26,288
LENS MFG.--GROUND AND POLISHED LENSES.	4150	142,139	4.87	\$6,922



FIBRE PREPARATION--WOOD.	4239	1,622,617	8.56	\$138,896
BOX MFG.--FOLDING PAPER BOXES--N.O.C.	4243	42,291	6.8	\$2,876
CORRUGATED OR FIBRE BOARD CONTAINER MFG.--INCLUDING CORRUGATING OR LAMINATING OF PAPER.	4244	1,989,175	6.85	\$136,258
PAPER COATING OR LAMINATING.	4250	207,784	4.84	\$10,057
STATIONERY MFG.	4251	60,098	9.36	\$5,625
PAPER GOODS MFG.--N.O.C.	4279	2,219,493	9.19	\$203,971
BUILDING OR ROOFING PAPER OR FELT PREPARATION.	4283	12,406	4.76	\$591
BAG MFG.--PLASTIC.	4286	20,773	10.18	\$2,115
PRINTING OPERATION--SCREEN PRINTING-- ALL OTHER EMPLOYEES.	4295	322,325	9.81	\$31,620
PRINTING OPERATION - ALL OTHER EMPLOYEES - INCLUDING COUNTERPERSONS AND DRIVERS AND THEIR HELPERS - N.O.C.	4299	2,769,180	7.83	\$216,827
PRINTED CIRCUIT BOARD MFG.	4354	67,637	3.34	\$2,259
PHOTOFINISHING--ALL EMPLOYEES-- INCLUDING RECEPTIONISTS	4361	2,640	3.28	\$87
RUBBER GOODS MFG.--N.O.C.	4410	1,279,226	10.29	\$131,632
CABLE MFG.-INSULATED ELECTRICAL	4470	17,705	5.45	\$965
PLASTIC GOODS MFG.--N.O.C.	4478	1,696,827	9.09	\$154,242
SIGN MFG.--METAL, PLASTIC OR WOOD-- N.O.C.	4492	17,993	9.49	\$1,708
PLASTICS--BLOW MOLDED PRODUCTS MFG.-- N.O.C.	4494	1,026,875	9.43	\$96,834
PLASTICS--EXTRUSION MOLDED PRODUCTS MFG. --N.O.C.	4495	3,438,354	8.93	\$307,045
PLASTICS--FABRICATED PRODUCTS MFG.-- NO MOLDING--N.O.C.	4496	5,127,260	11.06	\$567,075
PLASTICS--FIBER REINFORCED PLASTIC PRODUCTS MFG.--N.O.C.	4497	391,057	7.22	\$28,234
PLASTICS--INJECTION MOLDED PRODUCTS MFG. --N.O.C.	4498	5,142,553	6.88	\$353,808
PLASTICS--THERMOFORMED PRODUCTS MFG.-- N.O.C.	4499	25,090	10.61	\$2,662
ANALYTICAL OR TESTING LABORATORIES-- INCLUDING OUTSIDE OPERATIONS--N.O.C.	4511	100,732	1.37	\$1,380
BIOMEDICAL RESEARCH LABORATORIES-- INCLUDING OUTSIDE OPERATIONS	4512	23,779	0.42	\$100
INK, MUCILAGE OR POLISH MFG.	4557	1,109,338	5.41	\$60,015
PAINT, VARNISH OR LACQUER MFG.	4558	564,358	5.86	\$33,071
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATIONS MFG.--COMPOUNDING, BLENDING OR PACKAGING ONLY--NOT MANUFACTURING INGREDIENTS--	4611	19,489,535	2.47	\$481,392



N.O.C.

COSMETIC, PERSONAL CARE OR PERFUMERY PRODUCTS MFG.-- PRODUCTION OR PACKAGING-- NOT MANUFACTURING INGREDIENTS.	4623	6,309,618	11.57	\$730,023
ORTHOTIC OR PROSTHETIC DEVICE MFG.-- INCLUDING FITTING AND ADJUSTING.	4691	885,018	3.7	\$32,746
DENTAL LABORATORIES-- INCLUDING FOUNDRY OR CASTING OPERATIONS.	4692	259,037	2.98	\$7,719
SOAP OR SYNTHETIC DETERGENT MFG.	4720	5,120,249	5.73	\$293,390
CHEMICAL MIXING, BLENDING AND REPACKAGING ONLY--NOT MANUFACTURING OF INGREDIENTS.	4828	322,344	4.61	\$14,860
CHEMICAL MFG.--INCLUDING MIXING, BLENDING AND PACKAGING.	4829	850,800	3.33	\$28,332
VITAMIN OR FOOD SUPPLEMENT MFG.-- COMPOUNDING, BLENDING OR PACKAGING ONLY --NOT MANUFACTURING INGREDIENTS.	4831	246,965	8.78	\$21,684
MAGNETIC TAPE MFG.	4922	1,369,445	4.57	\$62,584
ELECTRICAL WIRING--WITHIN BUILDINGS --INCLUDING INSTALLATION OR REPAIR OF FIXTURES OR APPLIANCES--SHOP AND OUTSIDE--EMPLOYEES WHOSE REGULAR HOURLY WAGE DOES NOT EQUAL OR EXCEED \$28.00 PER HOUR.	5190	62,304	7.34	\$4,573
OFFICE MACHINE INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR--N.O.C.--SHOP AND OUTSIDE.	5191	109,525	3.04	\$3,330
VENDING OR COIN-OPERATED MACHINES-- INSTALLATION, SERVICE OR REPAIR-- INCLUDING STORAGE, SHOP AND OUTSIDE OPERATIONS AND OUTSIDE SALESPERSONS.	5192	4,526	7.16	\$324
CARPENTRY--INCLUDING THE INSTALLATION OF INTERIOR TRIM, BUILDERS FINISH, DOORS AND CABINET WORK IN CONNECTION THEREWITH --EMPLOYEES WHOSE REGULAR HOURLY WAGE DOES NOT EQUAL OR EXCEED \$26.00 PER HOUR --N.O.C.	5403	432,889	20.7	\$89,608
PAINTING, DECORATING OR PAPER HANGING-- INCLUDING SHOP OPERATIONS--EMPLOYEES WHOSE REGULAR HOURLY WAGE DOES NOT EQUAL OR EXCEED \$24.00 PER HOUR--N.O.C.	5474	74,430	14.19	\$10,562
STREET OR ROAD CONSTRUCTION-- PAVING OR REPAVING, SURFACING	5506	7,035	12.35	\$869



OR RESURFACING OR SCRAPING--
ALL KINDS--INCLUDING AIRPORT
RUNWAYS, WARMING APRONS,
INCIDENTAL FIELD PLANTS, FENCE
OR GUARDRAIL CONSTRUCTION.

HEATING AND AIR CONDITIONING DUCTWORK	5538	3,024	9.69	\$293
CONTRACTORS - CONSTRUCTION OR ERECTION - EXECUTIVE LEVEL SUPERVISORS - NO DIRECT SUPERVISION - DIVISION OF A SINGLE EMPLOYEE'S PAYROLL WITH ANY OTHER CLASSIFICATION IS NOT PERMITTED.	5606	151,705	1.17	\$1,775
OIL OR GAS WELLS--ACIDIZING--ALL OPERATIONS.	6206	403	6.62	\$27
FOOD SUNDRIES MFG	6504	25,655,125	11.27	\$2,891,333
TRUCKING--LOCAL HAULING ONLY-- ALL EMPLOYEES AND DRIVERS	7219	5,011,498	13.88	\$695,596
FREIGHT FORWARDERS OR CONSOLIDATORS - N.O.C.	7360	7,547	11.23	\$848
BUS OR LIMOUSINE OPERATIONS-- ALL EMPLOYEES.	7382	12,166	11.65	\$1,417
ELECTRIC LIGHT OR POWER COMPANIES--ALL OPERATIONS-- INCLUDING CONSTRUCTION OR EXTENSION OF LINES.	7539	754	2.22	\$17
TELECOMMUNICATIONS COMPANIES--ALL EMPLOYEES-- INCLUDING INSTALLATION, MAINTENANCE, REPAIR AND OPERATION OF TELEPHONE LINES AND SYSTEMS, REMOTE TRANSMISSION SITES, AND CENTRAL OFFICE SWITCHING EQUIPMENT--INCLUDING SHOP.	7600	4,317	8.64	\$373
RADIO, TELEVISION OR COMMERCIAL BROADCASTING STATIONS--ALL EMPLOYEES-- INCLUDING CLERICAL OFFICE EMPLOYEES AND OUTSIDE SALESPERSONS	7610	49,167	0.82	\$403
STORES--FLORISTS--INCLUDING SERVICE AWAY FROM PREMISES.	8001	329,248	8.15	\$26,834
STORES--GARDEN SUPPLIES--N.O.C.	8004	9,350	5.2	\$486
STORES--FRUIT OR VEGETABLES-- RETAIL.	8006	2,836,291	6.86	\$194,570
STORES--CLOTHING, WEARING APPAREL OR DRY GOODS--RETAIL-- INCLUDING ALTERATION DEPARTMENT.	8008	22,588,909	3.95	\$892,262
STORES--EYEWEAR--WHOLESALE OR RETAIL.	8013	1,407,137	2.55	\$35,882
STORES--FURNITURE--WHOLESALE OR RETAIL.	8015	2,051,939	8.11	\$166,412
STORE--RETAIL NOC	8017	64,229,927	4.91	\$3,153,689



WHOLESALE STORE NOC	8018	162,677,624	9.2	\$14,966,341
STORES--MEAT, FISH OR POULTRY-- WHOLESALE	8021	150,252	12.58	\$18,902
EQUIPMENT OR MACHINERY RENTAL YARDS--NOT DEALERS IN NEW OR USED EQUIPMENT--ALL EMPLOYEES--INCLUDING COUNTERPERSONS.	8028	110,258	5.86	\$6,461
STORES--MEAT, FISH OR POULTRY-- RETAIL.	8031	2,650	9.27	\$246
STORES--CLOTHING, WEARING APPAREL OR DRY GOODS-- WHOLESALE.	8032	2,665,823	11.18	\$298,039
STORES--DEPARTMENT STORES-- RETAIL-- INCLUDING CLERICAL OFFICE EMPLOYEES AND OUTSIDE SALESPERSONS.	8039	23,258	5.2	\$1,209
STORES--WINE OR SPIRITS-- WHOLESALE-- INCLUDING BLENDING, RECTIFYING, DISTILLING OR BOTTLING.	8041	65,458	12.26	\$8,025
STORES--FLOOR COVERING-- WHOLESALE OR RETAIL--CARPET, RUGS, VINYL OR LINOLEUM-- INCLUDING SHOWROOM SALES.	8042	107,689	5.16	\$5,557
STORE--AUTOMOBILE PARTS AND ACCESSORIES NOC AND DRIVERS	8046	1,777,146	5.37	\$95,433
STORES--WINE, BEER OR SPIRITS-- RETAIL.	8060	4,090	3.45	\$141
STORES--COMPUTER--WHOLESALE OR RETAIL --INCLUDING OUTSIDE SALESPERSONS.	8062	528,161	1.82	\$9,613
STORES--LIGHTING FIXTURES-- WHOLESALE OR RETAIL.	8063	2,480	5.11	\$127
STORES--OFFICE SUPPLIES AND STATIONERY-- INCLUDING INCIDENTAL SALE OF OFFICE MACHINES OR OFFICE FURNITURE-- WHOLESALE OR RETAIL.	8064	73,855	5.41	\$3,996
STORES--PAINT OR PAINT SUPPLIES-- WHOLESALE OR RETAIL.	8065	66,526	4.57	\$3,040
STORES--BICYCLES AND BICYCLE ACCESSORIES--WHOLESALE OR RETAIL-- INCLUDING REPAIRS OR RENTAL OPERATIONS.	8066	51,120	2.17	\$1,109
STORES--VIDEO MEDIA--RENTAL-- RETAIL.	8070	12,557	3.47	\$436
STORES--BOOKS--RETAIL.	8071	136,350	1.86	\$2,536
SEED MERCHANTS--INCLUDING OPERATION OF SEED SORTING MACHINERY.	8102	76,803	2.31	\$1,774
IRON OR STEEL--MERCHANT AND DRIVERS	8106	267,369	9.4	\$25,133
MACHINERY DEALERS--N.O.C.-- INCLUDING DEMONSTRATION AND REPAIR.	8107	257,557	4.57	\$11,770



OIL OR GAS WELL SUPPLIES OR EQUIPMENT DEALERS--STORE OR YARD ONLY--NOT SECONDHAND.	8111	710,570	5.73	\$40,716
FARM MACHINERY DEALERS--SHOP AND OUTSIDE --INCLUDING DEMONSTRATION AND REPAIR.	8116	45,394	5.45	\$2,474
STORES--FEED, TACK AND FARM SUPPLIES-- RETAIL.	8117	33,962	7.13	\$2,421
VEGETABLES--FRESH VEGETABLE AND TOMATO PACKING AND HANDLING--INCLUDING STORAGE.	8209	267,787	10.94	\$29,296
HAY, GRAIN OR FEED DEALERS	8215	381,157	8.86	\$33,771
LUMBERYARDS--COMMERCIAL--NO SECONDHAND MATERIALS-- INCLUDING COUNTERPERSONS.	8232	2,165,679	10.63	\$230,212
BOTTLE DEALERS--SECONDHAND.	8264	669,014	14.54	\$97,275
MACHINERY AND EQUIPMENT DEALERS-- SECONDHAND-- INCLUDING INCIDENTAL RECONDITIONING OR REPAIRING.	8267	8,669	10.08	\$874
WAREHOUSES--COLD STORAGE.	8291	2,251,262	8.21	\$184,829
STORAGE WAREHOUSE NOC	8292	15,502,759	12.38	\$1,919,242
FURNITURE MOVING--INCLUDING PACKING OR HANDLING HOUSEHOLD GOODS.	8293	172,476	19.23	\$33,167
GASOLINE OR OIL DEALERS-- WHOLESALE-- INCLUDING MIXING OR BLENDING.	8350	80,539	8.81	\$7,095
AUTOMOBILE OR AUTOMOBILE TRUCK REPAIR SHOPS OR GARAGES--NO RETAIL GASOLINE SALES--ALL EMPLOYEES-- INCLUDING ESTIMATORS, SERVICE WRITERS AND CUSTOMER SERVICE REPRESENTATIVES--N.O.C.	8389	39,221	6.17	\$2,420
AUTOMOBILE OR AUTOMOBILE TRUCK DEALERS-- ALL EMPLOYEES OTHER THAN AUTOMOBILE OR AUTOMOBILE TRUCK SALESPERSONS--INCLUDING ESTIMATORS, SERVICE WRITERS AND ACCESSORY OR SPARE PARTS SALES.	8391	27,613	4.63	\$1,278
AUTOMOBILE OR AUTOMOBILE TRUCK STORAGE GARAGES OR PARKING STATIONS OR LOTS--NO REPAIR--INCLUDING CASHIERS.	8392	3,648	7.81	\$285
METAL SCRAP DEALERS-- COLLECTION, SORTING, AND REDUCTION OF NON-FERROUS SCRAP METAL.	8500	13,416	11.43	\$1,533
ENGINEERS--CONSULTING-- MECHANICAL, CIVIL, ELECTRICAL AND MINING ENGINEERS AND ARCHITECTS--NOT ENGAGED IN ACTUAL CONSTRUCTION OR	8601	28,973	0.45	\$130



OPERATION.

ELEVATOR INSPECTING--INCLUDING OUTSIDE SALESPERSONS--NO SERVICE INSPECTIONS, OILING, ADJUSTING OR REPAIRING.	8720	665,773	2.8	\$18,642
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	3,844,204	0.64	\$24,603
MAILING OR ADDRESSING COMPANIES-- INCLUDING CLERICAL OFFICE EMPLOYEES	8800	175,481	5.37	\$9,423
AUDITORS, ACCOUNTANTS, FACTORY COST OR OFFICE SYSTEMATIZERS--ALL EMPLOYEES-- INCLUDING CLERICAL OFFICE EMPLOYEES	8803	5,855	0.23	\$13
CLERICAL OFFICE EMPLOYEES NOC	8810	73,762,521	0.5	\$368,813
NEWSPAPER PUBLISHING OR NEWSPAPER PRINTING--EDITING, DESIGNING, PROOFREADING, AND PHOTOGRAPHIC COMPOSING -- INCLUDING CLERICAL OFFICE EMPLOYEES.	8818	17,228	0.88	\$152
ATTORNEYS--ALL EMPLOYEES-- INCLUDING OUTSIDE SALESPERSONS AND CLERICAL OFFICE EMPLOYEES	8820	57,481	0.49	\$282
INSURANCE COMPANIES--ALL EMPLOYEES-- INCLUDING CLERICAL OFFICE EMPLOYEES AND OUTSIDE SALESPERSONS.	8822	2,419	0.96	\$23
PHYSICIANS--ALL EMPLOYEES-- INCLUDING CLERICAL OFFICE EMPLOYEES	8834	58,076	1.52	\$883
COLLEGES OR SCHOOLS--PRIVATE-- NOT AUTOMOBILE SCHOOLS-- PROFESSORS, TEACHERS OR ACADEMIC PROFESSIONAL EMPLOYEES.	8868	17,072	1.22	\$208
JANITORIAL SERVICES--BY CONTRACTORS.	9008	312,343	14.87	\$46,445
BUILDING OPERATION-- COMMERCIAL PROPERTIES--ALL OTHER EMPLOYEES.	9009	121,392	5.76	\$6,992
APARTMENT OR CONDOMINIUM COMPLEX OPERATION--N.O.C.--NOT HOMEOWNERS ASSOCIATIONS--ALL OTHER EMPLOYEES-- INCLUDING ON-SITE MANAGERS, RESIDENT EMPLOYEES AND RESIDENT CLERICAL OFFICE EMPLOYEES	9011	1,092	7.33	\$80
BUILDING OPERATION--N.O.C.--ALL OTHER EMPLOYEES--INCLUDING RESIDENT OR ON-SITE MANAGERS.	9015	156,649	8.67	\$13,581
HOSPITALS--ALL EMPLOYEES-- INCLUDING CLERICAL OFFICE EMPLOYEES AND OUTSIDE SALESPERSONS. THE PAYROLL FOR STUDENT NURSES AND INTERNS	9043	123,363	2.38	\$2,936



SHALL BE INCLUDED AT AN
AVERAGE WAGE OF AT LEAST \$100
PER WEEK.

HOTEL--ALL OTHER EMPLOYEES AND SALESPERSONS, DRIVERS	9050	116,652	11.39	\$13,287
CLUBS--BOYS AND GIRLS--ALL EMPLOYEES INCLUDING TEACHERS AND INSTRUCTORS.	9067	192	3.33	\$6
RESTAURANT NOC	9079	1,816,220	5.87	\$106,612
RESIDENTIAL CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED-- -ALL EMPLOYEES.	9085	288	7.47	\$22
EVENT MARKETING, FESTIVAL OR TRADE SHOW OPERATION--ALL EMPLOYEES--N.O.C.	9095	1,221	7.19	\$88
COLLEGES OR SCHOOLS--PRIVATE-- NOT AUTOMOBILE SCHOOLS--ALL EMPLOYEES OTHER THAN PROFESSORS, TEACHERS OR ACADEMIC PROFESSIONAL EMPLOYEES-- INCLUDING CAFETERIAS.	9101	38,169	7.26	\$2,771
THEATERS--NOT MOTION PICTURE-- ALL EMPLOYEES OTHER THAN PERFORMERS AND DIRECTORS OF PERFORMERS--INCLUDING MANAGERS, STAGE HANDS, BOX OFFICE EMPLOYEES OR USHERS.	9154	88,805	3.48	\$3,090
GARBAGE, ASHES OR REFUSE COLLECTING.	9403	1,000,263	10.29	\$102,927
GARBAGE, ASHES OR REFUSE DUMP OPERATIONS--ALL EMPLOYEES.	9424	168,989	10.25	\$17,321
SANITARY COMPANIES--FIRMS ENGAGED IN THE CLEANING OF SEPTIC TANKS, CESSPOOLS AND CHEMICAL PORTABLE TOILETS--ALL EMPLOYEES.	9426	6,339	10.46	\$663
ELECTRONIC EQUIPMENT-- INSTALLATION, SERVICE, OR REPAIR--SHOP AND OUTSIDE AND DRIVERS	9516	35,180	5.82	\$2,047
FLOOR COVERING--INSTALLATION.	9521	163	8.62	\$14
AUTOMOBILE BODY UPHOLSTERING.	9522	140,221	12.98	\$18,201
		Stat	Rate	Premium
Manual Premium:				\$41,963,556
Waiver of Subrogation Charge:		0930	.02	\$839,271
Employer Liability Increased Limits:		0120	1.1%	\$461,599
Subject Premium:				\$43,264,426
Experience Modification:		9898	.73	-\$11,681,395
Modified Premium:				\$31,583,031
Scheduled Modification:		9887	.5	-\$15,791,516
Foreign Voluntary Compensation:				\$250
Total Standard Premium:				\$15,791,765
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:	9663	.89808		-\$14,182,268
Terrorism:	9740	.0010		\$6,301



Estimated Annual Premium:		\$1,615,798
WC Administrative Revolving Fund:	.003128	\$49,416.00
Subsequent Injury Benefit Trust Fund:	.001335	\$21,090.00
Insurance Guarantee Association Fund:	.02	\$32,316.00
Uninsured Employers Fund:	.000721	\$11,390.00
Labor Enforcement & Compliance Fund:	.001918	\$30,301.00
Occupational Safety and Health Fund:	.002305	\$36,415.00
State Fraud Account Assessment:	.001675	\$26,462.00
Total State Premium:		\$1,823,188.00

Date of Issue: 02-09-2018



NEW JERSEY EXTENSION OF INFORMATION PAGE

Name and Address of Insured:
 Staffing Solutions Southeast, Inc.
 1905 Route 33, Unit 14
 Hamilton, NJ 08690

Policy No: RWD9435435-05

Policy Period: 01-31-2018 To 01-31-2019

NAICS#: 561330
 FEIN: 452324439

NJTIN: 5832575338000
 # Of Employees: 380

Insured/State/Location No: New Jersey

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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
ELECTRICAL APPARATUS MFG. NOC	3179	350,336	4.98	\$17,447
HEAT TREATING--METAL	3307	16,391	14.47	\$2,372
TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	85,001	1.37	\$1,165
CONCRETE PRODUCTS MFG. AND DRIVERS	4034	96,920	12.18	\$11,805
PAPER MFG.	4239	9,152	5.16	\$472
PRINTING	4299	9,142	3.88	\$355
DRUG, MEDICINE OR PHARMACEUTICAL PREPARATION-- NO MFG. OF INGREDIENTS	4611	127,941	1.64	\$2,098
FURNITURE OR FIXTURES INSTALLATION--PORTABLE--NOC	5146	11,343	9.71	\$1,101
FOOD SUNDRIES MFG.--NOC--NO CEREAL MILLING	6504	74,539	5.48	\$4,085
TRUCKING: MAIL PARCEL OR PACKAGE DELIVERY--ALL EMPLOYEES AND DRIVERS	7231	7,608	17.48	\$1,330
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC--COMMERCIAL	7380	70,780	14.41	\$10,199
GARBAGE WORKS	7590	323,849	12.27	\$39,736
DRY GOODS STORES--RETAIL EXCLUSIVELY	8008	30,432	3.34	\$1,016
STORE--RETAIL NOC	8017	1,049,548	4.13	\$43,346
WHOLESALE STORE NOC	8018	7,208,392	7.16	\$516,121
PIANO OR ORGAN DEALERS (STORE ONLY)	8044	78,082	6.51	\$5,083
STORE--DRUG--WHOLESALE	8047	4,163	2.72	\$113
IRON OR STEEL--MERCHANT AND	8106	5,819	9.31	\$542



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 99 00 13**

Edition 2/08

DRIVERS

GAS, STEAM AND HOT WATER APPARATUS SUPPLIES DEALERS	8111	24,451	7.63	\$1,866
STORAGE WAREHOUSE NOC	8292	1,151,273	12.34	\$142,067
SALESPERSONS OR COLLECTORS--OUTSIDE	8742	208,282	0.47	\$979
AUDITOR, ACCOUNTANT OR FACTORY COST OR OFFICE SYSTEMATIZER--TRAVELING	8803	4,669	0.27	\$13
CLERICAL OFFICE EMPLOYEES NOC	8810	4,234,384	0.27	\$11,433
		Stat	Rate	Premium
Manual Premium:				\$814,744
Employer Liability Increased Limits:		6199	1.4%	\$11,406
Subject Premium:				\$826,150
Experience Modification:		9898	1.286	\$236,279
Modified Premium:				\$1,062,429
Total Standard Premium:				\$1,062,429
Premium Credit for the Reporting of Deductibles - Not Subject to Experience Rating:		9663	.94806	-\$1,007,246
Terrorism:		9740	.0300	\$4,555
Catastrophe:		9741	.0100	\$1,518
Estimated Annual Premium:				\$61,256
Second Injury Fund:			.05	\$53,121.00
Uninsured Employers Fund:		0936	0.0008	\$850.00
Total State Premium:				\$115,227.00

Date of Issue: 02-09-2018



SCHEDULE OF NAMED INSUREDS AND LOCATIONS

Item 1 of the Information Page is amended to include:

<u>Named Insured</u>	<u>Location</u>	<u>FEIN</u>	<u>State Unemployment #</u>
Employbridge Holding Company	1040 Crown Pointe Pkwy # 1040 Atlanta, GA 30338-6908	582575335	
Employbridge Holding Company	No Fixed Address Pierre, SD 57501	582575335	
Employbridge Midwest 1, Inc.	5601 East Highland Jonesboro, AR 72401	463766552	
Employbridge Midwest 1, Inc.	100 Hino Way Marion, AR 72364	463766552	
Employbridge Midwest 1, Inc.	102 Bankhead Highway Carrollton, GA 30117	463766552	
Employbridge Midwest 1, Inc.	118 N. Belair Road, Suite 2 Evans, GA 30809	463766552	
Employbridge Midwest 1, Inc.	1700 Old Covington Highway SW Gainesville, GA 30501	463766552	
Employbridge Midwest 1, Inc.	2341 Danbury Lane, Suite "A" Gainesville, GA 30507	463766552	
Employbridge Midwest 1, Inc.	999 Remington Blvd, Suite "E" Bolingbrook, IL 60440	463766552	
Employbridge Midwest 1, Inc.	1001 E. Voorhees, Suite "C" Danville, IL 61832	463766552	
Employbridge Midwest 1, Inc.	401 East Jasper Street Paris, IL 61944	463766552	
Employbridge Midwest 1, Inc.	1323 East Main Street Robinson, IL 62454	463766552	
Employbridge Midwest 1, Inc.	1516 I Street Bedford, IN 47421	463766552	
Employbridge Midwest 1, Inc.	1801 S. Liberty Dr. Suite 300 Bloomington, IN 47403	463766552	
Employbridge Midwest 1, Inc.	1801 S. Liberty Drive, Suite 300 Bloomington, IN 47403	463766552	
Employbridge Midwest 1, Inc.	3243 Northview Drive Elkhart, IN 46514	463766552	
Employbridge Midwest 1, Inc.	4325 Vogel Road Evansville, IN 47715	463766552	

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.

Countersigned by

Employbridge Midwest 1, Inc.	4444 Decatur Blvd, Suite 700 & 800 Indianapolis, IN 46241	463766552
Employbridge Midwest 1, Inc.	1515 Union Street Lafayette, IN 47904	463766552
Employbridge Midwest 1, Inc.	220 Clifty Drive, Suite "P" Madison, IN 47250	463766552
Employbridge Midwest 1, Inc.	2441 State Street, Suite 9 New Albany, IN 47150	463766552
Employbridge Midwest 1, Inc.	105 W. 2nd Street, Suite 102 Seymour, IN 47274	463766552
Employbridge Midwest 1, Inc.	2501 Ohio Blvd Terre Haute, IN 47803	463766552
Employbridge Midwest 1, Inc.	626 Veterans Drive Vincennes, IN 47591	463766552
Employbridge Midwest 1, Inc.	1403 Scottsville Road Bowling Green, KY 42104	463766552
Employbridge Midwest 1, Inc.	110 St. James Court, Unit "B" Frankfort, KY 40601	463766552
Employbridge Midwest 1, Inc.	101 State Street, Unit "C" Glasgow, KY 42141	463766552
Employbridge Midwest 1, Inc.	2030 Northside Drive Unit F Hebron, KY 41048	463766552
Employbridge Midwest 1, Inc.	100 Keystone Drive, Suite "A" Richmond, KY 40475	463766552
Employbridge Midwest 1, Inc.	1 Poplar Street Thurmont, MD 21788	463766552
Employbridge Midwest 1, Inc.	4659 Washtenaw Avenue Ann Arbor, MI 48108	463766552
Employbridge Midwest 1, Inc.	1791 West Columbia Avenue Suite "C" Battle Creek, MI 49015	463766552
Employbridge Midwest 1, Inc.	1221-1223 S. Old US Highway 23 Brighton, MI 48114	463766552
Employbridge Midwest 1, Inc.	1221 Old US Hwy. 23 Brighton, MI 48114	463766552
Employbridge Midwest 1, Inc.	398 N. Willowbrook Road, Suite "D" Coldwater, MI 49036	463766552
Employbridge Midwest 1, Inc.	1000 3 Mile Road NW, Suites E & F Grand Rapids, MI 49544	463766552
Employbridge Midwest 1, Inc.	3711 S. Westnedge Kalamazoo, MI 49008	463766552
Employbridge Midwest 1, Inc.	3125 Sovereign Drive, Suite 9-D Lansing, MI 48911	463766552
Employbridge Midwest 1, Inc.	1176 1/2 S. Lapeer Road, Suite "E" Lapeer, MI 48446	463766552
Employbridge Midwest 1, Inc.	16176 / 16172 Middlebelt Road Livonia, MI 48154	463766552
Employbridge Midwest 1, Inc.	203 Huron Avenue Port Huron, MI 48060	463766552
Employbridge Midwest 1, Inc.	1543 E. Chicago Road Sturgis, MI 49091	463766552
Employbridge Midwest 1, Inc.	1206 E. Moore Lake Drive Fridley, MN 55432	463766552
Employbridge Midwest 1, Inc.	509 Stateline Road Southaven, MS 38761	463766552
Employbridge Midwest 1, Inc.	140 S. Industrial Road Tupelo, MS 38801	463766552
		464110000000

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 Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

WC 99 00 15

Ed. 0314

Employbridge Midwest 1, Inc.	518 South Brown Street Springfield, TN 37172	463766552
Employbridge Midwest 3, Inc.	1801 S. Liberty Drive, Suite 300 Bloomington, IN 47403	463794276
Employbridge Midwest 3, Inc.	1051 Newtown Pike, Suite 180 Lexington, KY 40511	463794276
Employbridge Midwest 3, Inc.	140 S. Industrial Road Tupelo, MS 38801	463794276
Employbridge of Dallas, Inc.	No Fixed Address Boise, ID 83701	562305296
Employbridge of Dallas, Inc.	1700 Clinton Street Buffalo, NY 14206	562305296
Employbridge of Dallas, Inc.	35 Huntington Street Cortland, NY 13045	562305296
Employbridge of Dallas, Inc.	1 Penn Plaza, 250 West 34th Street New York, NY 10119	562305296
Employbridge Southeast, LLC	2515 East Glenn Avenue, Suite 303 Auburn, AL 36830	452324439
Employbridge Southeast, LLC	2323 W. Main Street, Suite 227 Dothan, AL 36301	452324439
Employbridge Southeast, LLC	110 Irving St NW Washington, DC 20010	452324439
Employbridge Southeast, LLC	4400 118th Avenue North, #101 Clearwater, FL 33762	452324439
Employbridge Southeast, LLC	2248/2256 NW 87th Avenue Doral, FL 33172	452324439
Employbridge Southeast, LLC	1835 S. Perimeter Rd., Suite 120 Ft. Lauderdale, FL 33309	452324439
Employbridge Southeast, LLC	7033 Commonwealth Avenue, Suite 4 Jacksonville, FL 32220	452324439
Employbridge Southeast, LLC	5640 SW 6th Place, Unit 600 Ocala, FL 34474	452324439
Employbridge Southeast, LLC	8256 Exchange Drive, Unit 224 Orlando, FL 32809	452324439
Employbridge Southeast, LLC	5806-A North 53rd Tampa, FL 33610	452324439
Employbridge Southeast, LLC	931 US Highway 301 South Tampa, FL 33619	452324439
Employbridge Southeast, LLC	3800 Camp Creek Parkway Bldg. 2400, Suite 102 Atlanta, GA 30331	452324439
Employbridge Southeast, LLC	4475 South Fulton Parkway Atlanta, GA 30349	452324439
Employbridge Southeast, LLC	5391 Highway 53, Suite 110 Braselton, GA 30517	452324439
Employbridge Southeast, LLC	4325 Hamilton Mill Road Buford, GA 30518	452324439
Employbridge Southeast, LLC	4300 Buford Drive, Suite 19 Buford, GA 30518	452324439
Employbridge Southeast, LLC	5651 Whitesville Road, Suite 105 Columbus, GA 31904	452324439
Employbridge Southeast, LLC	1479 Parker Road SE, Suite 500 Conyers, GA 30094	452324439
Employbridge Southeast, LLC	15200 Industrial Park Blvd NE Covington, GA 30014	452324439
Employbridge Southeast, LLC	2550 Atlanta Highway, Suite 700 Gainesville, GA 30504	452324439

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Endorsement Effective Insured Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

WC 99 00 15

Ed. 0314

Employbridge Southeast, LLC	200 Boyd's Crossing Road Griffin, GA 30223	452324439
Employbridge Southeast, LLC	102 Corporate Plaza Drive LaGrange, GA 30241	452324439
Employbridge Southeast, LLC	1291 Progress Center Avenue Lawrenceville, GA 30043	452324439
Employbridge Southeast, LLC	126 Westridge Industrial Blvd Suite 126-128	452324439
Employbridge Southeast, LLC	McDonough, GA 30253 1485 Highway 34 East, Suite 4-A	452324439
Employbridge Southeast, LLC	Newnan, GA 30265 1000 Highway 34 East	452324439
Employbridge Southeast, LLC	Newnan, GA 30265 1895-L Beaver Ridge Circle, Suite 100	452324439
Employbridge Southeast, LLC	Norcross, GA 30071 3463 Lawrenceville Suwanee Road	452324439
Employbridge Southeast, LLC	Suite 111-A Suwanee, GA 30024	
Employbridge Southeast, LLC	300 West 7th Street, Suite 200 West Point, GA 31833	452324439
Employbridge Southeast, LLC	3531 Washington Blvd., Suite 104 Baltimore, MD 21227	452324439
Employbridge Southeast, LLC	6411 Ivy Lane, Suite 120 Greenbelt, MD 20770	452324439
Employbridge Southeast, LLC	255 Post Office Drive, Suite "B" Indian Trail, NC 28079	452324439
Employbridge Southeast, LLC	14 C-1 Brozzini Court Greenville, SC 29615	452324439
Employbridge Southwest, LLC	7070 Winchester Circle Boulder, CO 80301	452339581
Employbridge Southwest, LLC	5035 N. Academy Blvd Colorado Springs, CO 80918	452339581
Employbridge Southwest, LLC	5265 North Academy Blvd, Suite 2250 Colorado Springs, CO 80918	452339581
Employbridge Southwest, LLC	4955 Peoria Unit B-211	452339581
Employbridge Southwest, LLC	Denver, CO 80239 1707 North Main, Suites 400 / 401	452339581
Employbridge Southwest, LLC	Longmont, CO 80501 4185 Salazar Way	452339581
Employbridge Southwest, LLC	Longmont, CO 80501 202 East Washington Street	452339581
Employbridge Southwest, LLC	Carson City, NV 89701 5580 Mill Street, Suite 100	452339581
Employbridge, LLC	Reno, NV 89502 35 Huntington Street	452339581
Employbridge, LLC	Cortland, NY 13045 1890 Catasauqua Road	930994537
Employbridge, LLC	Allentown, PA 18109 5 River Park Place East, Suite 102	930994537
Employment Solutions Management, Inc.	Fresno, CA 91761 6489 Calle Real, Suite "H"	582575336
Employment Solutions Management, Inc.	Goleta, CA 93117 3633 Inland Empire Blvd, Suite 830	582575336
Employment Solutions Management, Inc.	Ontario, CA 91761 8647 Haven Avenue, Suite 100	582575336
Employment Solutions Management, Inc.	Rancho Cucamonga, CA 91730	

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 Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

WC 99 00 15

Ed. 0314

Employment Solutions Management, Inc.	360 South Hope Avenue, Suite C200 Santa Barbara, CA 93105	582575336
Employment Solutions Management, Inc.	3820 State Street Santa Barbara, CA 93105	582575336
Employment Solutions Management, Inc.	28053 Smyth Drive Valencia, CA 91355	582575336
Employment Solutions Management, Inc.	675 Brea Canyon Road, Suite 6 Walnut, CA 91789	582575336
Employment Solutions Management, Inc.	5777 Central Avenue, Suite 125 Boulder, CO 80301	582575336
Employment Solutions Management, Inc.	1707 North Main Longmont, CO 80501	582575336
Employment Solutions Management, Inc.	5405 Cypress Center Drive, Suite 305 Tampa, FL 33609	582575336
Employment Solutions Management, Inc.	3800 Camp Creek Parkway Bldg. 2400 Atlanta, GA 30331	582575336
Employment Solutions Management, Inc.	1040 Crown Point Pkwy # 1040 Atlanta, GA 30338	582575336
Employment Solutions Management, Inc.	1801 S. Liberty Drive Bloomington, IN 47403	582575336
Employment Solutions Management, Inc.	1907 S. Liberty Drive Bloomington, IN 47403	582575336
Employment Solutions Management, Inc.	2441 State Street, Suite 9 New Albany, IN 47150	582575336
Employment Solutions Management, Inc.	1000 3 Mile Road NW, Suites E & F Grand Rapids, MI 49544	582575336
Employment Solutions Management, Inc.	13412 West Star Drive Shelby Township, MI 48315	582575336
Employment Solutions Management, Inc.	1 Penn Plaza, 36th Floor New York, NY 10119	582575336
Employment Solutions Management, Inc.	320 Cedar Bluff Road Suites 300 / 325 Knoxville, TN 37923	582575336
Employment Solutions Management, Inc.	8331 E. Walker Springs Lane Suite 401 Knoxville, TN 37923	582575336
Employment Solutions Management, Inc.	9501 Gateway Boulevard West Building D, Suite 102 El Paso, TX 79925	582575336
Employment Solutions Management, Inc.	32 Celerity Wagon Street El Paso, TX 79925	582575336
Employment Solutions Management, Inc.	1450 Hughes Road, Suite 220 Grapevine, TX 76051	582575336
Employment Solutions Management, Inc.	222 W. Las Colinas Blvd. #250E Irving, TX 75039	582575336
Employment Solutions Management, Inc.	5310 Markel Road, Suite 112 Richmond, VA 23230	582575336
Professional Drivers of Georgia, Inc.	835 N. 43rd Avenue, Suites 106 & 108 Phoenix, AZ 85009	582575346
Professional Drivers of Georgia, Inc.	16260 Paramount Blvd, Suite "E" Paramount, CA 90723	582575346
Professional Drivers of Georgia, Inc.	8655 Haven Avenue, Suite 100 Rancho Cucamonga, CA 91730	582575346
Professional Drivers of Georgia, Inc.	4110 Truxel Road, Suite "C" Sacramento, CA 95834	582575346

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 Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

WC 99 00 15

Ed. 0314

Professional Drivers of Georgia, Inc.	5855 E. Stapleton Drive North Suite A-140 Denver, CO 80216	582575346
Professional Drivers of Georgia, Inc.	2700 West Cypress Creek Road Suite B-109 Ft. Lauderdale, FL 33309	582575346
Professional Drivers of Georgia, Inc.	7648 Southland Blvd, Suite 103 Orlando, FL 32809	582575346
Professional Drivers of Georgia, Inc.	119 Willow Lane, Unit "C" McDonough, GA 30253	582575346
Professional Drivers of Georgia, Inc.	7050 Jimmy Carter Blvd, Suite 123-BB Norcross, GA 30092	582575346
Professional Drivers of Georgia, Inc.	1188 East State Street, Suite "B" Geneva, IL 60134	582575346
Professional Drivers of Georgia, Inc.	2750 Caton Farm Road Joliet, IL 60435	582575346
Professional Drivers of Georgia, Inc.	9510 Ross Lane, Suite 8 Indianapolis, IN 46268	582575346
Professional Drivers of Georgia, Inc.	303 N. West Street, Suite 225 Wichita, KS 67203	582575346
Professional Drivers of Georgia, Inc.	7976 Tanners Gate Florence, KY 41042	582575346
Professional Drivers of Georgia, Inc.	1051 Newtown Pike, Suite 180 Lexington, KY 40511	582575346
Professional Drivers of Georgia, Inc.	107 Mountain Road, Suite "X" Pasadena, MD 21122	582575346
Professional Drivers of Georgia, Inc.	7120 N. Haggerty Road, Suite 100 Canton, MI 48187	582575346
Professional Drivers of Georgia, Inc.	6225 University Avenue N.E. #2 Fridley, MN 55432	582575346
Professional Drivers of Georgia, Inc.	11726 St Charles Rock Road Suite "N" Bridgeton, MO 63044	582575346
Professional Drivers of Georgia, Inc.	4256 North Oak Trafficway Kansas City, MO 64116	582575346
Professional Drivers of Georgia, Inc.	140 S. Industrial Road Tupelo, MS 38801	582575346
Professional Drivers of Georgia, Inc.	2905 Queen City Drive, Suite "G" Charlotte, NC 28208	582575346
Professional Drivers of Georgia, Inc.	8642 West Market Street Suites 148 / 150 Greensboro, NC 27409	582575346
Professional Drivers of Georgia, Inc.	10404 Chapel Hill Road, Unit 101 Morrisville, NC 27560	582575346
Professional Drivers of Georgia, Inc.	8519 Park Drive Omaha, NE 68127	582575346
Professional Drivers of Georgia, Inc.	4374 Alexander Blvd NE, Suite "H" Albuquerque, NM 87107	582575346
Professional Drivers of Georgia, Inc.	35 Huntington Street Cortland, NY 13045	582575346
Professional Drivers of Georgia, Inc.	7115 S. Western Avenue Oklahoma City, OK 73139	582575346
Professional Drivers of Georgia, Inc.	3202 S. Memorial, Suites J & H Tulsa, OK 74145	582575346
Professional Drivers of Georgia, Inc.	3740B Fernandina Road Columbia, SC 29210	582575346

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	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

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Professional Drivers of Georgia, Inc.	14-B Brozzini Court Greenville, SC 29615	582575346
Professional Drivers of Georgia, Inc.	1400 Hwy 101 South Greer, SC 29615	582575346
Professional Drivers of Georgia, Inc.	7174 Hwy. 64 (Stage Road), Unit 111 Bartlett, TN 38133	582575346
Professional Drivers of Georgia, Inc.	2601 Elm Hill Pike, Suite "N" Nashville, TN 37214	582575346
Professional Drivers of Georgia, Inc.	1016 La Posada, Suite 152 Austin, TX 78752	582575346
Professional Drivers of Georgia, Inc.	2080 N. Highway 360, Suite 170 Grand Prairie, TX 75050	582575346
Professional Drivers of Georgia, Inc.	12929 Gulf Freeway, Suite 105 Houston, TX 77034	582575346
Professional Drivers of Georgia, Inc.	6711 N Sam Houston Pkwy West Houston, TX 77064	582575346
Professional Drivers of Georgia, Inc.	2548 Boardwalk San Antonio, TX 78217	582575346
Professional Drivers of Georgia, Inc.	2712 South 3600 West West Valley City, UT 84120	51936671
Real Time Staffing Services, LLC	1105 Steele Station Road Steele, AL 35987	770528189
Real Time Staffing Services, LLC	744 West Elliot Road, Suite 106 Tempe, AZ 85284	770528189
Real Time Staffing Services, LLC	1071 N. Tustin Avenue, Suite 100 Anaheim, CA 92807	770528189
Real Time Staffing Services, LLC	5555 California Avenue, Suite 302 Bakersfield, CA 93309	770528189
Real Time Staffing Services, LLC	6131 Orangethorpe Avenue, Suite 120 Buena Park, CA 90620	770770528189
Real Time Staffing Services, LLC	559 E. Carson St, Suite "B" Carson, CA 90745	770528189
Real Time Staffing Services, LLC	12165 Central Ave Chino, CA 91710	770528189
Real Time Staffing Services, LLC	1689 Broadway, Suite 101 Chula Vista, CA 91911	770528189
Real Time Staffing Services, LLC	5211 Washington Blvd, Suite 14 City of Commerce, CA 90040	770528189
Real Time Staffing Services, LLC	17700 Castleton Street, Suite 200 City of Industry, CA 91748	770528189
Real Time Staffing Services, LLC	543 Queensland Circle, Suite 102 Corona, CA 92879	770528189
Real Time Staffing Services, LLC	969 N. Grand Ave Covina, CA 91724	770528189
Real Time Staffing Services, LLC	1617 Glenwood Street, Suite "C" Delano, CA 93215	770528189
Real Time Staffing Services, LLC	909 N. Sepulveda Blvd, Suite 180 El Segundo, CA 90245	770528189
Real Time Staffing Services, LLC	7898 Cherry Avenue, Suite "G" Fontana, CA 92336	770528189
Real Time Staffing Services, LLC	7025 N. Maple, Suite 120 Fresno, CA 93720	770528189
Real Time Staffing Services, LLC	7411 Garden Grove Blvd, Suite "A" Garden Grove, CA 92841	770528189
Real Time Staffing Services, LLC	18543 S. Western Ave Gardena, CA 90248	770528189

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 Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

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Real Time Staffing Services, LLC	8401 Church Street, Suite "G" Gilroy, CA 95020	770528189
Real Time Staffing Services, LLC	1673 Industrial Parkway West Hayward, CA 94544	770528189
Real Time Staffing Services, LLC	6011 Pacific Blvd, Suite 106 Huntington Park, CA 90255	770528189
Real Time Staffing Services, LLC	16525 Von Karman Avenue, Suite "D" Irvine, CA 92606	770528189
Real Time Staffing Services, LLC	1400 West Imperial Hwy, Suite "D/E" La Habra, CA 90631	770528189
Real Time Staffing Services, LLC	22831 Lake Forest Drive, Suite 102 Lake Forest, CA 92630	770528189
Real Time Staffing Services, LLC	1923 W. Avenue L Lancaster, CA 93534	770528189
Real Time Staffing Services, LLC	1730 W. Olympic Blvd, Suite 100 Los Angeles, CA 90015	770528189
Real Time Staffing Services, LLC	1653 North Schnoor Street, Suite 111 Madera, CA 93637	770528189
Real Time Staffing Services, LLC	1400 Standiford Avenue, Suite 10 Modesto, CA 95350	770528189
Real Time Staffing Services, LLC	22420 Cactus Avenue, Suite 201 Moreno Valley, CA 92553	770528189
Real Time Staffing Services, LLC	39815 Alta Murrieta Drive Suites C7 & C8 Murrietta, CA 92563	770528189
Real Time Staffing Services, LLC	1700 Soscol Avenue, Suite 8 Napa, CA 94559	770528189
Real Time Staffing Services, LLC	24777 Valley Street Newhall, CA 91321	770528189
Real Time Staffing Services, LLC	5127 Laurel Canyon Blvd North Hollywood, CA 91607	770528189
Real Time Staffing Services, LLC	8960 Corbin Ave Northridge, CA 91324	770528189
Real Time Staffing Services, LLC	4161 Oceanside Blvd, Suite "A" Oceanside, CA 92056	770528189
Real Time Staffing Services, LLC	1640 South Grove, Suite "E" Ontario, CA 91761	770528189
Real Time Staffing Services, LLC	845 S. Milliken Avenue, Suite "A" Ontario, CA 91761	770528189
Real Time Staffing Services, LLC	300 Esplanade Drive, Suite 106 Oxnard, CA 93036	770528189
Real Time Staffing Services, LLC	921 Crossley Road Palm Springs, CA 92264	770528189
Real Time Staffing Services, LLC	16260 Paramount Blvd, Suite "E" Paramount, CA 90723	770528189
Real Time Staffing Services, LLC	159 Niblick Road Paso Robles, CA 93446	770528189
Real Time Staffing Services, LLC	8655 Haven Avenue, Suite 100 Rancho Cucamonga, CA 91730	770528189
Real Time Staffing Services, LLC	3630 Central Avenue, Suites 8 & 9 Riverside, CA 92506	770528189
Real Time Staffing Services, LLC	5959 Commerce Blvd, Suite 13 Rohnert Park, CA 94928	770528189
Real Time Staffing Services, LLC	4110 Truxel Road, Suite "C" Sacramento, CA 95834	770528189
Real Time Staffing Services, LLC	650 E. Hospitality Lane, Suite 110 San Bernardino, CA 92408	770528189

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 Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

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Real Time Staffing Services, LLC	101 El Camino Real San Bruno, CA 94066	770528189
Real Time Staffing Services, LLC	7051 Clairemont Mesa Blvd, Suite 301 San Diego, CA 92111	770528189
Real Time Staffing Services, LLC	97 E. Brokaw Road, Suite 120 San Jose, CA 95112	770528189
Real Time Staffing Services, LLC	1501 Academy Avenue, Suite 104 Sanger, CA 93657	770528189
Real Time Staffing Services, LLC	1019 Chapala Street Santa Barbara, CA 93101	770528189
Real Time Staffing Services, LLC	13244 Imperial Highway Santa Fe Springs, CA 90670	770528189
Real Time Staffing Services, LLC	2125 Broadway Street, Suite 109 Santa Maria, CA 93454	770528189
Real Time Staffing Services, LLC	237 W. Harvard Blvd Santa Paula, CA 93060	770528189
Real Time Staffing Services, LLC	2760 Tapo Canyon Road, Suite 4 Simi Valley, CA 93063	770528189
Real Time Staffing Services, LLC	2626 Pacific Avenue Stockton, CA 95204	770528189
Real Time Staffing Services, LLC	324 E 11th Street, Suite B-1 Tracy, CA 95376	770528189
Real Time Staffing Services, LLC	28053 Smyth Drive Valencia, CA 91355	770528189
Real Time Staffing Services, LLC	15371 Bonanza Road Victorville, CA 92392	770528189
Real Time Staffing Services, LLC	3276 S. Mooney Blvd Visalia, CA 93277	770528189
Real Time Staffing Services, LLC	20660 Ventura Blvd Woodland Hills, CA 91364	770528189
Real Time Staffing Services, LLC	4665 Paris Street Denver, CO 80239	770528189
Real Time Staffing Services, LLC	1310 Fortino Blvd, Suite "B" Pueblo, CO 81008	770528189
Real Time Staffing Services, LLC	92 Reads Way, Suite 101 New Castle, DE 19720	770528189
Real Time Staffing Services, LLC	2525 Drane Field Road, Suite 14 Lakeland, FL 33811	770528189
Real Time Staffing Services, LLC	7211 Bryan Dairy Road Largo, FL 33777	770528189
Real Time Staffing Services, LLC	7550 Futures Drive, Suite 207 Orlando, FL 32819	770528189
Real Time Staffing Services, LLC	6479 Parkland Drive Sarasota, FL 34243	770528189
Real Time Staffing Services, LLC	4010 West Boy Scout Blvd, Suite 150 Tampa, FL 33607	770528189
Real Time Staffing Services, LLC	1233 South Military Trail, Suite "F" West Palm Beach, FL 33415	770528189
Real Time Staffing Services, LLC	441 Highway 53 East, Suite 200 Calhoun, GA 30701	770528189
Real Time Staffing Services, LLC	1571 GA Highway 138 NE Conyers, GA 30094	770528189
Real Time Staffing Services, LLC	801 E. Walnut Avenue, Suite 1 Dalton, GA 30721	770528189
Real Time Staffing Services, LLC	107 Grand Central Blvd, Suite 204 Pooler, GA 31322	770528189

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

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Endorsement Effective	Policy No.	Endorsement No.
Insured	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

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Real Time Staffing Services, LLC	1159 Empire Expressway Swainsboro, GA 30401	770528189
Real Time Staffing Services, LLC	Galleria Suites, 4027 Watson Blvd, Suite 240	770528189
Real Time Staffing Services, LLC	Warner Robins, GA 31093 1515 Butterfield Road, Unit 109	770528189
Real Time Staffing Services, LLC	Aurora, IL 60502 1116 W. Devon Avenue, 1st Floor	770528189
Real Time Staffing Services, LLC	Elk Grove Village, IL 60007 1333 Delany Road, Suite 300	770528189
Real Time Staffing Services, LLC	Gurnee, IL 60031 320 South 11th Street, Suite 2	770528189
Real Time Staffing Services, LLC	Mt. Vernon, IL 62864 8707 Ridgeland Avenue, Suite "A"	770528189
Real Time Staffing Services, LLC	Oak Lawn, IL 60453 3402 N. Arlington	770528189
Real Time Staffing Services, LLC	Indianapolis, IN 46218 1035 Vandercar Way, Suite 300	770528189
Real Time Staffing Services, LLC	Florence, KY 41042 No Fixed Address	770528189
Real Time Staffing Services, LLC	Augusta, ME 04330 32231 Schoolcraft, Suite 200	0251601003
Real Time Staffing Services, LLC	Livonia, MI 48150 25191 Hoover Road	770528189
Real Time Staffing Services, LLC	Warren, MI 48089 25191 Hoover Road	770528189
Real Time Staffing Services, LLC	Warren, MI 48089 7595 Anagram Drive	771110000000
Real Time Staffing Services, LLC	Eden Prairie, MN 55344 301 5th Avenue SW	771110000000
Real Time Staffing Services, LLC	Roseau, MN 56751 101 Public Square	
Real Time Staffing Services, LLC	Batesville, MS 38606 6888 Goodman Road, Suite 122	770528189
Real Time Staffing Services, LLC	Olive Branch, MS 38654 140 S.Industrial Road	770528189
Real Time Staffing Services, LLC	Tupelo, MS 38801 301 East Woodlawn Road, Suite 200	770528189
Real Time Staffing Services, LLC	Charlotte, NC 28217 1096 Concord Pkwy North, Suite 12	770528189
Real Time Staffing Services, LLC	Concord, NC 28027 5 Oak Branch Drive, Suite "G"	770528189
Real Time Staffing Services, LLC	Greensboro, NC 27407 2426 N Herritage Street	770528189
Real Time Staffing Services, LLC	Kinston, NC 28501 9825 Chapel Hill Road, Suites C & D	770528189
Real Time Staffing Services, LLC	Morris, NC 27560 80 Veronica Avenue	771110000000
Real Time Staffing Services, LLC	Somerset, NJ 08873 6121 Indian School Road NE	
Real Time Staffing Services, LLC	Suite 132 Albuquerque, NM 87110	770528189
Real Time Staffing Services, LLC	35 Huntington Street Cortland, NY 13045	770528189
Real Time Staffing Services, LLC	1500 NE Irving Street, Suite 435 Portland, OR 97232	770528189

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Insured	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

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Real Time Staffing Services, LLC	1890 Catasauqua Road Allentown, PA 18109	770528189
Real Time Staffing Services, LLC	2038 Fruitville Pike Lancaster, PA 17601	770528189
Real Time Staffing Services, LLC	3214 E. Market Street York, PA 17402	770528189
Real Time Staffing Services, LLC	2864 Wilma Rudolph Blvd., Suite 80 Clarksville, TN 37040	770528189
Real Time Staffing Services, LLC	75 Oak Street Dunlap, TN 37327	770528189
Real Time Staffing Services, LLC	5416 S. Middlebrook Pike, Suite "C" Knoxville, TN 37921	770528189
Real Time Staffing Services, LLC	6635 Quince Road, Suite 107 Memphis, TN 38119	770528189
Real Time Staffing Services, LLC	301 S. Perimeter Park Drive Suite 120 Nashville, TN 37211	770528189
Real Time Staffing Services, LLC	555 Almaville Road Smyrna, TN 37167	770528189
Real Time Staffing Services, LLC	5004 N. Desert Blvd, Suite "A" El Paso, TX 79912	770528189
Real Time Staffing Services, LLC	9501 Gateway Blvd West, Bldg "D," Suite 101 El Paso, TX 79925	770528189
Real Time Staffing Services, LLC	1255 Research Way, Bldg Q Orem, UT 84097	770528189
Real Time Staffing Services, LLC	3981 South 700 East, Suites 7-8-9 Salt Lake City, UT 84104	770528189
Real Time Staffing Services, LLC	3618 West 2100 South Salt Lake City, UT 84120	770528189
Real Time Staffing Services, LLC	151 E 3450 N Spanish Fork, UT 84660	770528189
Real Time Staffing Services, LLC	13205 Rivers Bend Blvd Chester, VA 23836	770528189
Real Time Staffing Services, LLC	1810 Stafford Avenue, Suite "C" Fredericksburg, VA 22401	770528189
Real Time Staffing Services, LLC	10169 Hull Street Road Midlothian, VA 23112	770528189
Real Time Staffing Services, LLC	4732 S. Laburnum Avenue Richmond, VA 23231	770528189
Real Time Staffing Services, LLC	3035 Valley Avenue, Suite 105 Winchester, VA 22601	770528189
Real Time Staffing Services, LLC	3210 People Drive, Suite 120 Winchester, VA 22801	770528189
Real Time Staffing Services, LLC	3901 Briscoe Road, Suite 14 Parkersburg, WV 26104	770528189
Remedy Intelligent Staffing, LLC	900 Paper Mill Road Mobile, AL 36610	330880963
Remedy Intelligent Staffing, LLC	5055 E. Broadway, Suite B-103 Tucson, AZ 85711	330880963
Remedy Intelligent Staffing, LLC	1310 Fortino Blvd, Suite "D" Pueblo, CO 81008	330880963
Remedy Intelligent Staffing, LLC	1140 Pelican Bay Daytona Beach, FL 32119	330880963
Remedy Intelligent Staffing, LLC	124 South Amelia Avenue Deland, FL 32724	330880963

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

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Endorsement Effective Insured Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

WC 99 00 15

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Remedy Intelligent Staffing, LLC	2830 Winkler Avenue, Suite 104 Fort Myers, FL 33916	330880963
Remedy Intelligent Staffing, LLC	5834 Normandy Boulevard Jacksonville, FL 32205	330880963
Remedy Intelligent Staffing, LLC	12961 N. Main Street, Suite 103 Jacksonville, FL 32218	330880963
Remedy Intelligent Staffing, LLC	7999 Philips Highway, Suite 308 Jacksonville, FL 32256	330880963
Remedy Intelligent Staffing, LLC	200 Aberdeen Loop Lynn Haven, FL 32405	330880963
Remedy Intelligent Staffing, LLC	1650 Sand Lake Road, Suite 111 Orlando, FL 32809	330880963
Remedy Intelligent Staffing, LLC	312 St. Johns Avenue Palatka, FL 32177	330880963
Remedy Intelligent Staffing, LLC	6702 Plantation Road, Suite A Pensacola, FL 32504	330880963
Remedy Intelligent Staffing, LLC	1550-2 Village Square Boulevard Tallahassee, FL 32309	330880963
Remedy Intelligent Staffing, LLC	8010 Roswell Road, Suite 140 Sandy Springs, GA 30350	330880963
Remedy Intelligent Staffing, LLC	712 McNatt Street Vidalia, GA 30474	330880963
Remedy Intelligent Staffing, LLC	1003 Bishop Street, Suite 1477 Honolulu, HI 96813	330880963
Remedy Intelligent Staffing, LLC	1950 Dodge Rd., N.E. Suite 105 Cedar Falls, IA 52402	330880963
Remedy Intelligent Staffing, LLC	36 Sturgis Corner Drive Iowa City, IA 52246	330880963
Remedy Intelligent Staffing, LLC	1034 Alabar Avenue Waterloo, IA 50701	330880963
Remedy Intelligent Staffing, LLC	1776 22nd Street, Suite 102 West Des Moines, IA 50266	330880963
Remedy Intelligent Staffing, LLC	188 Industrial Drive, Suite 133 Elmhurst, IL 60126	330880963
Remedy Intelligent Staffing, LLC	935 Iowa Street, Suite 10 Lawrence, KS 66044	330880963
Remedy Intelligent Staffing, LLC	352 S West Street Suite 300 Wichita, KS 67213	330880963
Remedy Intelligent Staffing, LLC	1030 Monarch Street, Suite 300 Lexington, KY 40513	330880963
Remedy Intelligent Staffing, LLC	2305 Hurstbourne Village Drive Suite 300 Louisville, KY 40299	330880963
Remedy Intelligent Staffing, LLC	1260 Texas Avenue, Suite D Alexandria, LA 71301	330880963
Remedy Intelligent Staffing, LLC	3525 N. Causeway Boulevard Suite 336 Metairie, LA 70002	330880963
Remedy Intelligent Staffing, LLC	285 Central Street, Suite 104 Leominster, MA 01453	330880963
Remedy Intelligent Staffing, LLC	850 Chelmsford Street, Suite 5 Lowell, MA 01851	330880963
Remedy Intelligent Staffing, LLC	1565 Main Street, Bldg 1, Unit 1B Tewksbury, MA 01876	330880963
Remedy Intelligent Staffing, LLC	1564 Country Club Plaza Drive St. Louis, MO 63033	330880963
		0007079265

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Endorsement Effective Insured Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

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Remedy Intelligent Staffing, LLC	5714 South Lindbergh Boulevard, Suite 3 St. Louis, MO 63123	330880963
Remedy Intelligent Staffing, LLC	11414 W. Center Road, Suite 150 Omaha, NE 68144	330880963
Remedy Intelligent Staffing, LLC	514 Centennial Avenue Cranford, NJ 07016	330880963
Remedy Intelligent Staffing, LLC	100 Blue Heron Edison, NJ 08837	330880963
Remedy Intelligent Staffing, LLC	16 Campus Drive Edison, NJ 08837	330880963
Remedy Intelligent Staffing, LLC	116 North Wood Avenue Lindon, NJ 07036	330880963
Remedy Intelligent Staffing, LLC	199 Franklin Street, Suite 204 Auburn, NY 13021	330880963
Remedy Intelligent Staffing, LLC	560 Dream Valley Boulevard Avon, NY 14414	330880963
Remedy Intelligent Staffing, LLC	653 Ellicott Street Batavia, NY 14020	330880963
Remedy Intelligent Staffing, LLC	403 Main Street, Suite 106 Buffalo, NY 14203	330880963
Remedy Intelligent Staffing, LLC	3035 Genesee Cheektowaga, NY 14225	330880963
Remedy Intelligent Staffing, LLC	430 Exchange Street Geneva, NY 14456	330880963
Remedy Intelligent Staffing, LLC	6183 W. Quaker Street Orchard Park, NY 14127	330880963
Remedy Intelligent Staffing, LLC	628 East Main Street, Suite E Palmyra, NY 14522	330880963
Remedy Intelligent Staffing, LLC	1600 Lyell Avenue Rochester, NY 14606	330880963
Remedy Intelligent Staffing, LLC	Saginaw Plaza 1425 Jefferson Road Rochester, NY 14623	330880963
Remedy Intelligent Staffing, LLC	2949 Erie Boulevard East, Suite 100 Syracuse, NY 13224	330880963
Remedy Intelligent Staffing, LLC	2830 Sheridan Drive Tonawanda, NY 14150	330880963
Remedy Intelligent Staffing, LLC	801 W. Memorial Road Oklahoma City, OK 73114	330880963
Remedy Intelligent Staffing, LLC	4920 I-40 West Service Road Suite "B" Oklahoma City, OK 73128	330880963
Remedy Intelligent Staffing, LLC	1500 NE Irving Street, Suite 435 Portland, OR 97232	330880963
Remedy Intelligent Staffing, LLC	5047 Peach Street Erie, PA 16509	330880963
Remedy Intelligent Staffing, LLC	1939 Charlottes Road Clinton, SC 29325	330880963
Remedy Intelligent Staffing, LLC	612 St. Andrews Road, Suite 12 Columbia, SC 29210	330880963
Remedy Intelligent Staffing, LLC	604 St. James Avenue, Suite J Goose Creek, SC 29445	330880963
Remedy Intelligent Staffing, LLC	201 West Wade Hampton Boulevard, Unit A Greer, SC 29650	330880963
Remedy Intelligent Staffing, LLC	6227 Lee Highway, Suite J Chattanooga, TN 37421	330880963

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Endorsement Effective Insured Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

WC 99 00 15

Ed. 0314

Remedy Intelligent Staffing, LLC	4444 Corona Drive, Suite 230 Corpus Christy, TX 78411	330880963
Remedy Intelligent Staffing, LLC	7800 I-H 10 West, Suite 123 San Antonio, TX 78230	330880963
Remedy Intelligent Staffing, LLC	909 ESE Loop 323, Suite 510 Tyler, TX 75701	330880963
Remedy Intelligent Staffing, LLC	11000 Fischer Road Von Ormy, TX 78073	330880963
Remedy Intelligent Staffing, LLC	1238 Holland Road Suffolk, VA 23434	330880963
Remedy Intelligent Staffing, LLC	5500 Greenwich Road Virginia Beach, VA 23462	330880963
Remedy Temporary Services, LLC	2710 East Camelback Road Suite 190 Phoenix, AZ 85016	330867385
Remedy Temporary Services, LLC	2600 Michelson, Suite 950 Irvine, CA 92612	330867385
Remedy Temporary Services, LLC	6300 Wilshire Blvd, Suite 805 Los Angeles, CA 90048	330867385
Remedy Temporary Services, LLC	5151 Shoreham Place, Suite 115 San Diego, CA 92122	330867385
Remedy Temporary Services, LLC	595 Market Street, Suite 820 San Francisco, CA 94105	330867385
Remedy Temporary Services, LLC	21700 Oxnard Street, Suite 920 Woodland Hills, CA 91367	330867385
Remedy Temporary Services, LLC	1600 Broadway, Suite 930 Denver, CO 80202	330867385
Remedy Temporary Services, LLC	7550 Futures Drive, Suite 207 Orlando, FL 32819	330867385
Remedy Temporary Services, LLC	140 Park Avenue North, Suite 220 Winter Park, FL 32789	330867385
Remedy Temporary Services, LLC	3490 Piedmont Road NE, Suite 1425 Atlanta, GA 30305	330867385
Remedy Temporary Services, LLC	5651 Whitesville Road, Suite 105 Columbus, GA 31904	330867385
Remedy Temporary Services, LLC	No Fixed Address Augusta, ME 04330	330867385
Remedy Temporary Services, LLC	118 Westong Parkway Cary, NC 28208	330867385
Remedy Temporary Services, LLC	800 West Hill Street, Suite 204 Charlotte, NC 28208	330867385
Remedy Temporary Services, LLC	120 Wood Avenue South, Suite 311 Iselin, NJ 08830	330867385
Remedy Temporary Services, LLC	900 Route 9 North, Suite 200 Woodbridge, NJ 07095	331110000000
Remedy Temporary Services, LLC	1 Penn Plaza, 36th Floor, #3658 New York, NY 10119	331110000000
Remedy Temporary Services, LLC	455 S. Gulph Road, Suite 402 King of Prussia, PA 19406	330867385
Remedy Temporary Services, LLC	14185 Dallas Parkway, Suite 130 Dallas, TX 75254	330867385
Remedy Temporary Services, LLC	101 Summit Avenue, Suite 106 Fort Worth, TX 76102	330867385
Remedy Temporary Services, LLC	3981 South 700 East, Suite 9 Salt Lake City, UT 84107	330867385
Remedy Temporary Services, LLC	4405 Cox Road, Suite 110 Glen Allen, VA 23060	330867385

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Endorsement Effective Insured Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by _____	

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Ed. 0314

RemUT, LLC	786 E 700 S, Suite 9 Clearfield, UT 84015	463800793	463800793
RemUT, LLC	525 West 5300 South Salt Lake City, UT 84123	463800793	463800793
Staffing Solutions of Central Texas, Inc.	2112 Hwy 662 Amelia, LA 70340	113666894	
Staffing Solutions of Central Texas, Inc.	1016 La Posada, Suite 152 Austin, TX 78752	113666894	
Staffing Solutions of Central Texas, Inc.	No Fixed Address Baytown, TX 77505	113666894	
Staffing Solutions of Central Texas, Inc.	2145 North Josey Lane, Suite 120 Carrollton, TX 75006	113666894	
Staffing Solutions of Central Texas, Inc.	2550 Beckleymeade Avenue, Unit 135 Dallas, TX 75237	113666894	
Staffing Solutions of Central Texas, Inc.	502 W. 13th Street, Suite "A" Deer Park, TX 77536	113666894	
Staffing Solutions of Central Texas, Inc.	9515 Gateway West, Suite "H" El Paso, TX 79925	113666894	
Staffing Solutions of Central Texas, Inc.	4600 Railhead St Fort Worth, TX 76106	113666894	
Staffing Solutions of Central Texas, Inc.	5201 North Beach Street, Suite 141 Fort Worth, TX 76137	113666894	
Staffing Solutions of Central Texas, Inc.	1340 Post and Paddock Road Suite 400 Grand Prairie, TX 75050	113666894	
Staffing Solutions of Central Texas, Inc.	2155 West IH 20 Grand Prairie, TX 75052	113666894	
Staffing Solutions of Central Texas, Inc.	6711 N Sam Houston Pkwy West, Suite "A" Houston, TX 77064	113666894	
Staffing Solutions of Central Texas, Inc.	355 Schumann Road McQueeny, TX 78123	113666894	
Staffing Solutions of Central Texas, Inc.	616 Henrietta Creek Road, Suite 100 Roanoke, TX 76262	113666894	
Staffing Solutions of Central Texas, Inc.	12603 Southwest Freeway, Suite 555 Stafford, TX 77477	113666894	
Staffing Solutions of Georgia, Inc.	425 S. Oklahoma Street Sheridan, AR 72150	113666897	
Staffing Solutions of Georgia, Inc.	21980 Pomroy Avenue Scandia, MN 55073	113666897	114110000000
Staffing Solutions Southeast, Inc.	1324 S. Eufaula Avenue, Suite "B" Eufaula, AL 36027	452324439	
Staffing Solutions Southeast, Inc.	4400 118th Avenue North #101 Clearwater, FL 33762	452324439	
Staffing Solutions Southeast, Inc.	2510 NW 97th Avenue Doral, FL 33172	452324439	
Staffing Solutions Southeast, Inc.	1835 S. Perimeter Rd., Suite 120 Ft. Lauderdale, FL 33309	452324439	
Staffing Solutions Southeast, Inc.	5391 Highway 53, Suite 110 Braselton, GA 30517	452324439	
Staffing Solutions Southeast, Inc.	999 Remington Blvd, Suite "E" Bolingbrook, IL 60440	452324439	
Staffing Solutions Southeast, Inc.	6234 North Preston Highway Suites A / B Hillview, KY 40229	452324439	
Staffing Solutions Southeast, Inc.	1051 Newtown Pike, Suite 180 Lexington, KY 40511	452324439	

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Endorsement Effective	Policy No.	Endorsement No.
Insured	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

WC 99 00 15

Ed. 0314

Staffing Solutions Southeast, Inc.	106 Executive Park Louisville, KY 40207	452324439
Staffing Solutions Southeast, Inc.	7045 Raggard Road / Riverport Louisville, KY 40216	452324439
Staffing Solutions Southeast, Inc.	6411 Ivy Lane, Suite 120 Greenbelt, MD 20770	452324439
Staffing Solutions Southeast, Inc.	4850 Goodman Road Suites 105 &106 Olive Branch, MS 38654	452324439
Staffing Solutions Southeast, Inc.	800 Clanton Road, Suite "M" Charlotte, NC 28217	452324439
Staffing Solutions Southeast, Inc.	351 Crestmont Drive Fort Mills, NC 29708	452324439
Staffing Solutions Southeast, Inc.	8642 West Market Street Suites 148 /150 Greensboro, NC 27409	452324439
Staffing Solutions Southeast, Inc.	12200 Mount Holly-Huntersville Road Huntersville, NC 28078	452324439
Staffing Solutions Southeast, Inc.	9825 Chapel Hill Road, Suites C & D Morris, NC 27560	452324439
Staffing Solutions Southeast, Inc.	8450 Falls of Neuse Road, Suite 204 Raleigh, NC 27615	452324439
Staffing Solutions Southeast, Inc.	339 & 343 Wilson Road Sanford, NC 27332	452324439
Staffing Solutions Southeast, Inc.	5036 One World Way Wake Forrest, NC 27587	452324439
Staffing Solutions Southeast, Inc.	1905 Route 33, Unit 14 Hamilton, NJ 08690	452324439
Staffing Solutions Southeast, Inc.	6 Doughten Road Harrisburg, PA 17072	452324439
Staffing Solutions Southeast, Inc.	1398 Boiling Springs Road, Suite "C" Boiling Springs, SC 29303	452324439
Staffing Solutions Southeast, Inc.	3740B Fernandina Road Columbia, SC 29615	452324439
Staffing Solutions Southeast, Inc.	14-A Brozzini Court Greenville, SC 29615	452324439
Staffing Solutions Southeast, Inc.	6101 Enterprise Park Drive, Suite 800 Chattanooga, TN 37416	452324439
Staffing Solutions Southeast, Inc.	8007 Volkswagen Drive Chattanooga, TN 37416	452324439
Staffing Solutions Southeast, Inc.	309 Press Road Church Hill, TN 37642	452324439
Staffing Solutions Southeast, Inc.	718 N. Charles G. Seivers Blvd Clinton, TN 37716	452324439
Staffing Solutions Southeast, Inc.	728 Jefferson, Suite 4 Cookeville, TN 38501	452324439
Staffing Solutions Southeast, Inc.	5416 S. Middlebrook Pike, Suite "C" Knoxville, TN 37921	452324439
Staffing Solutions Southeast, Inc.	8331 E. Walker Springs Lane Suite 401 Knoxville, TN 37923	452324439
Staffing Solutions Southeast, Inc.	300 Ellingson Street Lawrenceburg, TN 38464	452324439
		5832575338000

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Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

WC 99 00 15

Ed. 0314

Staffing Solutions Southeast, Inc.	204 2nd Avenue North Suites 110 / 120 Lewisburg, TN 37091	452324439
Staffing Solutions Southeast, Inc.	315 Airport Road Livingston, TN 38570	452324439
Staffing Solutions Southeast, Inc.	1877 Volunteer Parkway Manchester, TN 37355	452324439
Staffing Solutions Southeast, Inc.	1701 & 1703 Triangle Park Drive Maryville, TN 37801	452324439
Staffing Solutions Southeast, Inc.	5425 E Raines Road, Suite 11 Memphis, TN 38118	452324439
Staffing Solutions Southeast, Inc.	2835 West Andrew Johnson Highway Morristown, TN 37814	452324439
Staffing Solutions Southeast, Inc.	104 3rd Street South Pittsburg, TN 37380	452324439
Staffing Solutions Southeast, Inc.	1802 N. Jackson Street, Suite 840 Tullahoma, TN 37388	452324439
Staffing Solutions Southwest, Inc.	824 N. 99th Avenue, Suite 101 Avondale, AZ 85323	582575343
Staffing Solutions Southwest, Inc.	1550 W. Battaglia Rd Eloy, AZ 85131	582575343
Staffing Solutions Southwest, Inc.	8601 S. Priest Drive, Suite 102 Tempe, AZ 85284	582575343
Staffing Solutions Southwest, Inc.	2949 East Grant Road Tucson, AZ 85716	582575343
Staffing Solutions Southwest, Inc.	3716 E. Columbia Street Tucson, AZ 85716	582575343
Staffing Solutions Southwest, Inc.	4665 Street Denver, CO 80239	582575343
Staffing Solutions Southwest, Inc.	4665 Street, Unit B-211 Denver, CO 80239	582575343
Staffing Solutions Southwest, Inc.	514 East Chain of Rocks Road Granite City, IL 62040	582575343
Staffing Solutions Southwest, Inc.	10651 Lackman Road, Suite 101 Lenexa, KS 66219	582575343
Staffing Solutions Southwest, Inc.	1206 E. Moore Lake Drive Fridley, MN 55432	582575343
		5831100000000
Staffing Solutions Southwest, Inc.	11726 St. Charles Rock Road Suites D & E Bridgeton, MO 63044	582575343
Staffing Solutions Southwest, Inc.	100 NW Englewood Rd. #120 Gladstone, MO 64118	582575343
Staffing Solutions Southwest, Inc.	6121 Indian School Road NE Suite 132	582575343
Staffing Solutions Southwest, Inc.	Albuquerque, NM 87110 2026 S. Highway 66, Bldg "C"	582575343
Staffing Solutions Southwest, Inc.	Claremore, OK 74019 4334 Northwest Expressway	582575343
Staffing Solutions Southwest, Inc.	Suite 187 Oklahoma City, OK 73116 7249 South Western Avenue	582575343
	Suite 203 Oklahoma City, OK 73139	582575343

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Endorsement Effective	Policy No.	Endorsement No.
Insured	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

WC 99 00 15

Ed. 0314

Staffing Solutions Southwest, Inc.	2840 East 51st Street, Suite 100 Tulsa, OK 74105	582575343
Staffing Solutions Southwest, Inc.	6711 N Sam Houston Pkwy West Houston, TX 77064	582575343
Staffing Solutions Southwest, Inc.	6751 Fairmont Parkway Pasadena, TX 77505	582575343
Staffing Solutions Southwest, Inc.	12603 Southwest Freeway, Suite 555 Stafford, TX 77477	582575343
Staffing Solutions Southwest, Inc.	900 Depot Drive Ogden, UT 84402	582575343
Staffing Solutions Southwest, Inc.	4387 S Harrison Blvd. Ogden, UT 84403	582575343
Staffing Solutions Southwest, Inc.	309 W. 12th Street, Suite "E" Ogden, UT 84404	582575343
Staffing Solutions Southwest, Inc.	1145 South 800 East Orem, UT 84097	582575343
Staffing Solutions Southwest, Inc.	2009 West 4130 South, Suite "D" Salt Lake City, UT 84104	582575343
Staffing Solutions Southwest, Inc.	391 South Orange Street, 1825 West Salt Lake City, UT 84104	582575343
Staffing Solutions Southwest, Inc.	6075 West 300 South Salt Lake City, UT 84104	582575343
Staffing Solutions Southwest, Inc.	3981 S. 700 East Salt Lake City, UT 84107	582575343
Staffing Solutions Southwest, Inc.	3981 S. 700 East, # 7-8-9 Salt Lake City, UT 84107	582575343
Westaff USA, Inc.	313 Main Street, Suite "A" Salinas, CA 93901	680095781
Westaff USA, Inc.	1330 N Broadway, Suite "E" Walnut Creek, CA 94596	680095781
Westaff USA, Inc.	8601 Emerald, Suite 130 Boise, ID 83704	680095781
Westaff USA, Inc.	503 N. Prospect Road, Unit 207 Bloomington, IL 61704	680095781
Westaff USA, Inc.	4232 N. Brandywine Drive Peoria, IL 61614	680095781
Westaff Workforce Solutions, LLC	144 Main Street East Hartford, CT 06118	472383487
Westaff Workforce Solutions, LLC	639 Research Parkway Meriden, CT 06450	472383487
Westaff Workforce Solutions, LLC	419 W. 49th Street, Suite 104 Hialeah, FL 33012	472383487
Westaff Workforce Solutions, LLC	8146 West Broward Boulevard Plantation, FL 33324	472383487
Westaff Workforce Solutions, LLC	3149 North Ponce de Leon Boulevard Suite 2 St. Augustine, FL 32084	472383487
Westaff Workforce Solutions, LLC	1003 Bishop Street, Suite 1477 Honolulu, HI 96813	472383487
Westaff Workforce Solutions, LLC	432 Wind Ridge Trail Berne, IN 46711	472383487
Westaff Workforce Solutions, LLC	122 Lamar Street, Suite 110 Bluffton, IN 46714	472383487
Westaff Workforce Solutions, LLC	5145 S. Meridian Street, Suite E Indianapolis, IN 46217	472383487

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Endorsement Effective	Policy No.	Endorsement No.
Insured	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

WC 99 00 15

Ed. 0314

Westaff Workforce Solutions, LLC	1031 SW Gage Boulevard Topeka, KS 66604	472383487
Westaff Workforce Solutions, LLC	2015 Gus Kaplan Drive Alexandria, LA 71301	472383487
Westaff Workforce Solutions, LLC	7249 Florida Boulevard, Suite A Baton Rouge, LA 70806	472383487
Westaff Workforce Solutions, LLC	4000 Viking Drive, Building B Bossier City, LA 71111	472383487
Westaff Workforce Solutions, LLC	310 W Fourth Street De Quincy, LA 70633	472383487
Westaff Workforce Solutions, LLC	4021 Ambassador Caffery Parkway Suite 162 Lafayette, LA 70503	472383487
Westaff Workforce Solutions, LLC	111 Veterans Memorial Boulevard Suite 720 Metairie, LA 70005	472383487
Westaff Workforce Solutions, LLC	1900 North 18th Street, Suite 210 Monroe, LA 71201	472383487
Westaff Workforce Solutions, LLC	27999 Old South Walker Road Suite A Walker, LA 70785	472383487
Westaff Workforce Solutions, LLC	35 Hartford Street Rumford, ME 04276	472383487
Westaff Workforce Solutions, LLC	416 N. Homer, Suite 107 Lansing, MI 48912	472383487
Westaff Workforce Solutions, LLC	820 W. Main Street Owosso, MI 48867	472383487
Westaff Workforce Solutions, LLC	544 25th Avenue North St. Cloud, MN 56303	472383487
Westaff Workforce Solutions, LLC	2211 1st Street S, Suite 180 Willmar, MN 56201	472383487
Westaff Workforce Solutions, LLC	149 N. Meramec Clayton, MO 63105	472383487
Westaff Workforce Solutions, LLC	916 Brookwood Center Fenton, MO 63026	472383487
Westaff Workforce Solutions, LLC	680 Craig Road, Suite 301 St. Louis, MO 63141	472383487
Westaff Workforce Solutions, LLC	1595 Denmark Road Union, MO 63084	472383487
Westaff Workforce Solutions, LLC	210 E. Lyndale Helena, MT 59601	472383487
Westaff Workforce Solutions, LLC	3200 Croadsdale Drive, Suite 403 Durham, NC 27705	472383487
Westaff Workforce Solutions, LLC	131 Broad Street Claremont, NH 03743	472383487
Westaff Workforce Solutions, LLC	10 Slayton Hill Road Lebanon, NH 03766	472383487
Westaff Workforce Solutions, LLC	646 Union Street, Suite 200 Littleton, NH 03561	472383487
Westaff Workforce Solutions, LLC	2 Greenleaf Woods Drive, Suite 101 Portsmouth, NH 03801	472383487
Westaff Workforce Solutions, LLC	3 Computer Drive West, Suite 100 Albany, NY 12205	472383487
Westaff Workforce Solutions, LLC	35 Huntington Street Cortland, NY 13045	472383487

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 Employbridge Holding Company Insurance Company XL Insurance America, Inc.	Policy No. RWD9435435-05	Endorsement No.
	Countersigned by	

WC 99 00 15

Ed. 0314

Westaff Workforce Solutions, LLC	307 West Bay Plaza Plattsburgh, NY 12901	472383487	
Westaff Workforce Solutions, LLC	110 Jefferson Blvd., Suite B Warwick, RI 02888	472383487	001649183
Westaff Workforce Solutions, LLC	1130 East Main Street Wytheville, VA 24382	472383487	
Westaff Workforce Solutions, LLC	1 Conti Circle, Unit 4 Barre, VT 05641	472383487	
Westaff Workforce Solutions, LLC	74 Main Street Burlington, VT 05401	472383487	
Westaff Workforce Solutions, LLC	61 Depot Street 1st Floor P.O. Box 1125 Lyndonville, VT 05851	472383487	
Westaff Workforce Solutions, LLC	30 Mapleville Depot, Unit 4 St. Albans, VT 05478	472383487	
Westaff Workforce Solutions, LLC	188 Allenbrook Lane, Suite 1 Williston, VT 05495	472383487	
Employbridge Midwest 1, Inc.	2152 Whitetail Drive Cedar Falls, IA 50613	463766552	
Real Time Staffing Services, LLC	2085 Highway 50 East Carson City, NV 89701	770528189	

All other terms and conditions of this policy remain the same.

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Endorsement Effective	Policy No.	Endorsement No.
Insured	RWD9435435-05	
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by	

WC 99 00 15

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SCHEDULE OF ENDORSEMENTS

Item 3.D Endorsement Number is amended to include:

Endorsement Number	Form Title
LTRLCSR0100	LOSS CONTROL SERVICES LETTER - ARKANSAS
LTRLCSR0100	LOSS CONTROL SERVICES LETTER - OREGON
LTRLCSTX0505	LOSS CONTROL SERVICES LETTER - TEXAS
FORMNC5000B	CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
FORM094DCCPAP	FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
FORM121	ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (IL CCPAP) CONFIDENTIAL WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
FORM191D	MARYLAND CONSTRUCTION CLASSIFICATION PREMIUM REDUCTION PROGRAM (CCPRP) WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
FORM635N	NEW YORK WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
FORM453C	VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (CCPAP) WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
PNCW010617	FRAUD NOTICE
PNCW021015	PRIVACY POLICY
PNCW051017	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") - NOTICE TO POLICYHOLDERS
PNAR011015	ARKANSAS - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNAR020110	IMPORTANT POLICYHOLDER INFORMATION (ARKANSAS)
PN049901G1015	POLICYHOLDER NOTICE - YOUR RIGHT TO RATING AND DIVIDEND INFORMATION
PN049902B0502	POLICYHOLDER NOTICE CALIFORNIA WORKERS' COMPENSATION INSURANCE RATING LAWS
PN0499041201	POLICYHOLDER NOTICE CALIFORNIA INSURANCE GUARANTEE ASSOCIATION (CIGA) SURCHARGE
PN049906C0715	POLICYHOLDER NOTICE PAYROLL RECORD AND AUDIT REQUIREMENTS FOR DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS
PN049907A0715	POLICYHOLDER NOTICE JANUARY 1, 2015 AUDIT REQUIREMENTS FOR POLICIES WITH FINAL PREMIUM OF LESS THAN \$13,000 THAT DEVELOP PAYROLL IN HIGH WAGE DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS
PNCA020117	IMPORTANT INFORMATION TO POLICYHOLDERS - CALIFORNIA
PNCA031015	CALIFORNIA - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNCO010507	COLORADO DISCLOSURE FORM WORKER'S COMPENSATION INSURANCE
PNFL031015	FLORIDA NOTICE (COMPLAINT)
PNFL041015	FLORIDA - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNID011015	IDAHO COMPLAINT NOTICE
PNIL010405	ILLINOIS INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE
PNIL020916	ILLINOIS NOTICE (COMPLAINT)
PNIN011015	INDIANA - NOTICE

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Endorsement Effective
Insured
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.

Countersigned by _____

PNKS011015	KANSAS - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNKY010405	KENTUCKY NOTICE OF INSURED'S RIGHTS
PNME011015	MAINE - WORKERS COMPENSATION NOTICE TO POLICY HOLDERS
PNMD010408	WORKERS COMPENSATION POLICYHOLDER NOTICE MARYLAND MINOR EMPLOYEE LAW
PNMI010909	NOTICE TO POLICYHOLDERS - NOTICE TO MICHIGAN EXEMPT COMMERCIAL POLICYHOLDERS
PNMN011015	MINNESOTA - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNMN021015	NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW
PNMS011015	MISSISSIPPI - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNMO011015	MISSOURI NOTICE (COMPLAINT)
PNMO021015	MISSOURI - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
XAWW391213	MISSOURI REJECTION/ELECTION OF LIABILITY FOR MESOTHELIOMA LIABILITY
PNMT011015	MONTANA - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNNV011013	NEVADA - EMPLOYER RESPONSIBILITIES
PNNY011005	NEW YORK - NOTICE
WC3106180315	NEW YORK WORKERS COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL
PNNY021017	NEW YORK WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNOK011015	OKLAHOMA - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNOR021015	OREGON - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNOR041016	OREGON - WORKERS COMPENSATION POLICYHOLDER NOTICE
PNPA011015	PENNSYLVANIA - WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNSD010405	SOUTH DAKOTA - WORKERS COMPENSATION POLICYHOLDER NOTICE
PNSD021014	SOUTH DAKOTA - PREMIUM CHARGES FOR INDEPENDENT CONTRACTORS
PNTN011015	TENNESSEE NOTICE (COMPLAINT)
PNTN021015	TENNESSEE - RATING APPEALS WORKERS COMPENSATION NOTICE TO POLICYHOLDERS
PNTX011015	TEXAS NOTICE (COMPLAINT)
PNTX021015	TEXAS - WORKERS COMPENSATION - LOSS PREVENTION NOTICE
PNVA051015	VIRGINIA IMPORTANT INFORMATION
WC000001A0108	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY - INFORMATION PAGE
WC000001ACA0108	SCHEDULE OF CLASSIFICATIONS / PREMIUM SUMMARY
WC9900130208	NEW JERSEY EXTENSION OF INFORMATION PAGE
WC9900150314	SCHEDULE OF NAMED INSUREDS AND LOCATIONS
WC9900090108	SCHEDULE OF ENDORSEMENTS
WC990602E0314	IN WITNESS - XL INSURANCE AMERICA, INC.
WC000000C0115	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC9901100108	EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT
WC990304A0108	FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE ENDORSEMENT - APPLICABLE IN MISSOURI AND VERMONT
WC990304B0616	FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE ENDORSEMENT

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Insured
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.

Countersigned by _____

WC990603B0108	AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT
WC990604B0108	UNINTENTIONAL FAILURE TO DISCLOSE ENDORSEMENT
WC990627A1215	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT - APPLICABLE IN AL, AR, CO, DE, DC, IN, KS, MD, MS, ME, MI, MT, NE, NH, NM, OK, RI, SC, UT, VT, WV
WC9906280108	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT - APPLICABLE IN NORTH CAROLINA
WC990628A1215	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT - APPLICABLE IN CT, GA, ID, LA, NV, SD & VA
WCLP9906001103	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT - APPLICABLE IN NEW YORK
WC0001040484	FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT - APPLICABLE IN TEXAS
WC000104A1004	FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT
WC000106A0492	LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT
WC0003010484	ALTERNATE EMPLOYER ENDORSEMENT - APPLICABLE IN HI, MI, OK & TX
WC000301A0289	ALTERNATE EMPLOYER ENDORSEMENT
WC000301A0289	ALTERNATE EMPLOYER ENDORSEMENT - UST Brands
WC000301A0289	ALTERNATE EMPLOYER ENDORSEMENT - Qualicoat Incorporated
WC0003020484	DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT
WC000303C1004	EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC0003100484	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC0003110484	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - APPLICABLE IN HAWAII
WC000311A0891	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC0003130484	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT
WC0004030484	EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
WC0004040484	PENDING RATE CHANGE ENDORSEMENT
WC0004140790	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC0004190101	PREMIUM DUE DATE ENDORSEMENT
WC000421D0115	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
WC000422B0115	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC0004240117	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT - APPLICABLE IN MINNESOTA
WC020401C0210	ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT
WC020601A0915	ARIZONA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC990610	ARIZONA ADDENDUM
WC9906300108	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT-ARIZONA
WC030601A0492	ARKANSAS AMENDATORY ENDORSEMENT
WC040101A0492	LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT - CALIFORNIA
WC040301C1014	POLICY AMENDATORY ENDORSEMENT-CALIFORNIA
WC0403040185	SOLE PROPRIETOR COVERAGE ENDORSEMENT-CALIFORNIA
WC0403050185	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - CALIFORNIA

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 Insured
 Employbridge Holding Company
 Insurance Company
 XL Insurance America, Inc.

Policy No.
 RWD9435435-05

Endorsement No.

Countersigned by _____

WC0403060484	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA
WC0403100195	DUTY TO DEFEND-CALIFORNIA
WC040360B0115	EMPLOYER'S LIABILITY COVERAGE AMENDATORY ENDORSEMENT-CALIFORNIA
WC040410A0118	ESTIMATED ANNUAL PREMIUM ENDORSEMENT-CALIFORNIA
WC0404210108	OPTIONAL PREMIUM INCREASE ENDORSEMENT-CALIFORNIA
WC0404220112	CALIFORNIA SHORT-RATE CANCELATION ENDORSEMENT
WC040601A1293	CALIFORNIA CANCELLATION ENDORSEMENT
WC990631A1215	CALIFORNIA WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC0504021190	COLORADO CLASSIFICATION ENDORSEMENT
WC0603010484	CONNECTICUT APPLICATION OF WORKERS COMPENSATION INSURANCE ENDORSEMENT
WC060303C0711	CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT
WC0604010796	CONNECTICUT CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC0604020114	CONNECTICUT FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC060601A1017	CONNECTICUT NONRENEWAL AND RENEWAL ENDORSEMENT
WC9906430108	AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT - APPLICABLE IN CONNECTICUT
WC0706010788	DELAWARE NONRENEWAL ENDORSEMENT
WC0806010484	DISTRICT OF COLUMBIA CANCELLATION ENDORSEMENT
WC0903030805	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC0904010687	FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC090403B0115	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC090406A0715	FLORIDA FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC0906061098	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC9900100108	EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT - FLORIDA
WC990606A0108	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT- FLORIDA
WC9906710414	FLORIDA AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT
WC100601B0714	GEORGIA CANCELATION, NONRENEWAL AND CHANGE ENDORSEMENT
WC5206020196	HAWAII NOTIFICATION ENDORSEMENT
WC9906320108	WORKERS COMPENSATION LARGE RISK LOSS REIMBURSEMENT- PLAN ENDORSEMENT HAWAII
WC1204020992	ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC120601E0115	ILLINOIS AMENDATORY ENDORSEMENT
WC990642A1215	ILLINOIS WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC9906370108	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT- IOWA
WC150401A0110	KANSAS FINAL PREMIUM ENDORSEMENT
WC150601A0187	KANSAS CANCELLATION AND NONRENEWAL ENDORSEMENT
WC1603050607	KENTUCKY PART ONE WORKERS COMPENSATION INSURANCE ENDORSEMENT
WC1606011297	KENTUCKY CANCELLATION AND NONRENEWAL ENDORSEMENT
WC1606021099	KENTUCKY NOTICE OF APPEAL RIGHTS ENDORSEMENT

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.

Countersigned by _____

(Ed. 1/08)

WC2921084	KENTUCKY NOTICE TO INSUREDS-TAX AND ASSESSMENT CHARGE
WC990633A1215	KENTUCKY WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC1703031200	LOUISIANA DUTY TO DEFEND ENDORSEMENT
WC170601I0917	LOUISIANA AMENDATORY ENDORSEMENT
WC170602A0296	LOUISIANA COST CONTAINMENT ACT ENDORSEMENT
WC1806010484	MAINE INSPECTION IMMUNITY ENDORSEMENT(TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)
WC180603A0695	MAINE CANCELLATION AND NONRENEWAL ENDORSEMENT
WC1806040588	MAINE FINAL PREMIUM AUDIT ENDORSEMENT
WC1806060899	MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY WITHIN SEVEN DAYS ENDORSEMENT
WC180607A0711	MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT
WC1904010793	MARYLAND CONSTRUCTION CLASSIFICATION PREMIUM REDUCTION PROGRAM ENDORSEMENT
WC190601G1017	MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT
WC1906020114	MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT
WC2003010484	MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT
WC200302A0908	MASSACHUSETTS ASSESSMENT CHARGE
WC200303D0810	MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT
WC2004011190	MASSACHUSETTS PENDING PREMIUM CHANGE ENDORSEMENT
WC2004050601	MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT
WC200601A0708	MASSACHUSETTS CANCELLATION ENDORSEMENT
WC9906340108	WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT-MASSACHUSETTS
WC210303A0697	MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT
WC2103040484	MICHIGAN LAW ENDORSEMENT
WC220000A1103	MINNESOTA AMENDATORY ENDORSEMENT
WC2203010105	MINNESOTA COMPLIANCE WITH APPLICABLE TRADE SANCTION LAWS ENDORSEMENT
WC2204011092	MINNESOTA CONTRACTING PREMIUM ADJUSTMENT PROGRAM ENDORSEMENT
WC220601D0806	MINNESOTA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC990635A1215	MINNESOTA WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC2403020114	MISSOURI NOTIFICATION OF ADDITIONAL MESOTHELIAOMA BENEFITS ENDORSEMENT
FORM241B0816	MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM CREDIT APPLICATION
WC2404010190	MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC240406D0816	MISSOURI EMPLOYER-PAID MEDICAL ENDORSEMENT
WC240601B0196	MISSOURI CANCELLATION AND NONRENEWAL ENDORSEMENT
WC240602B0706	MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION NOTIFICATION ENDORSEMENT
WC240604B0117	MISSOURI AMENDATORY ENDORSEMENT
WC9906450108	AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT – APPLICABLE IN MISSOURI
WC990669A1215	MISSOURI WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC2503050702	MONTANA INTENTIONAL INJURY EXCLUSION ENDORSEMENT

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Countersigned by _____

WC 99 00 09

Ed. 1/08

WC250401A0117	MONTANA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC250601B0416	MONTANA AMENDATORY ENDORSEMENT
WC2506020194	MONTANA SAFETY ENDORSEMENT
WC2604020195	NEBRASKA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC260601C0796	NEBRASKA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC270601C1008	NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC280402A0703	NEW HAMPSHIRE CERTIFIED MANAGED CARE ENDORSEMENT
WC2804040108	NEW HAMPSHIRE PENDING RATE CHANGE ENDORSEMENT
WC2806010484	NEW HAMPSHIRE SOLE REPRESENTATIVE ENDORSEMENT
WC2806040492	NEW HAMPSHIRE AMENDATORY ENDORSEMENT
WC1060189	NEW JERSEY NOTICE
WC290306B0707	NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT
WC2903070400	NEW JERSEY SOLE PROPRIETORS AND PARTNERS COVERAGE ENDORSEMENT
WC2904100196	NEW JERSEY CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC290601A0194	NEW JERSEY LARGE RISK—LARGE DEDUCTIBLE ENDORSEMENT
WC3003010484	NEW MEXICO SAFETY DEVICE COVERAGE ENDORSEMENT
WC300401A0793	NEW MEXICO WORKERS COMPENSATION PREMIUM ADJUSTMENT PROGRAM FOR QUALIFYING CLASSIFICATIONS ENDORSEMENT
WC300601A0115	NEW MEXICO CANCELLATION AND NONRENEWAL ENDORSEMENT
WC3103080100	NEW YORK LIMIT OF LIABILITY ENDORSEMENT
WC310313B0211	NEW YORK SOLE PROPRIETORS, PARTNERS AND MEMBERS OF LLC'S, PSLC'S, AND RLLP'S COVERAGE ENDORSEMENT
WC310319I0118	NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT
WC310404A0517	NEW YORK PENDING PAYROLL LIMITATION AND PREMIUM DIFFERENTIAL ENDORSEMENT
WC310617A1008	NEW YORK FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC320301C0114	NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT
WC340301C0310	OHIO EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC3503030311	OKLAHOMA EMPLOYERS LIABILITY INTENTIONAL TORT EXCLUSION ENDORSEMENT
WC3504040796	OKLAHOMA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC350601F0214	OKLAHOMA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT
WC3506031293	OKLAHOMA FRAUD WARNING ENDORSEMENT
WC9900140208	EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT - OKLAHOMA
WC3603060102	OREGON LIMITS OF LIABILITY ENDORSEMENT
WC3604020191	OREGON CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC3604061001	OREGON PREMIUM DUE DATE ENDORSEMENT
WC360601E0108	OREGON CANCELLATION ENDORSEMENT
WC3606020111	OREGON CONFIDENTIALITY ENDORSEMENT
WC3606040117	OREGON AMENDATORY ENDORSEMENT
WC990638B1215	OREGON WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.

Countersigned by _____

(Ed. 1/08)

WC3704010117	PENNSYLVANIA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC3706010484	SPECIAL PENNSYLVANIA ENDORSEMENT INSPECTION OF MANUALS
WC3706020484	PENNSYLVANIA NOTICE
WC370603A0895	PENNSYLVANIA ACT 86 1986 ENDORSEMENT
WC3706041099	PENNSYLVANIA EMPLOYER ASSESSMENT ENDORSEMENT
WC990639A1215	PENNSYLVANIA WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC380401B0115	RHODE ISLAND SHORT RATE CANCELLATION ENDORSEMENT
WC3806010484	RHODE ISLAND DIRECT LIABILITY STATUTE ENDORSEMENT
WC400601A0711	SOUTH DAKOTA DIRECT ACTION STATUTE ENDORSEMENT
WC4006030194	SOUTH DAKOTA MANAGED CARE ENDORSEMENT
WC400605B0406	SOUTH DAKOTA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC4104020803	TENNESSEE PENDING LOSS COST AND ASSIGNED RISK RATE ENDORSEMENT
WC990644A1215	TENNESSEE WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC420301I0717	TEXAS AMENDATORY ENDORSEMENT
WC420304B0614	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT
WC4203100197	TEXAS SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC990640A1215	TEXAS WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
WC4303050700	UTAH WAIVER OF SUBROGATION ENDORSEMENT
WC4306010193	UTAH WORKPLACE SAFETY PROGRAM ENDORSEMENT
WC4306020702	UTAH CANCELLATION ENDORSEMENT
WC4406010484	VERMONT LAW ENDORSEMENT
WC440602B0714	VERMONT CANCELLATION AND NONRENEWAL ENDORSEMENT
WC4506020793	VIRGINIA AMENDATORY ENDORSEMENT
WC4506040197	VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC4706010708	WEST VIRGINIA CANCELLATION ENDORSEMENT
WC0904070713	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

All other terms and conditions of this policy remain the same.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

WC 99 00 09

Ed. 1/08

Policy No.

RWD9435435-05

Endorsement No.

Countersigned by _____

IN WITNESS

XL INSURANCE AMERICA, INC.

REGULATORY OFFICE
505 EAGLEVIEW BOULEVARD, SUITE 100
DEPARTMENT: REGULATORY
EXTON, PA 19341-1120
PHONE: 800-688-1840

It is hereby agreed and understood that the following In Witness Clause supercedes any and all other In Witness clauses in this policy.

All other provisions remain unchanged.

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



Joseph Tocco
President



Toni Ann Perkins
Secretary

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

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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.

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**PART SIX
CONDITIONS****A. Inspection**

We have the right, but are not obliged to inspect 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. Cancelation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation 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 cancelation 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 cancelation notice.
4. Any of these provisions that conflict with a law that controls the cancelation 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 cancelation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

Number of Days Notice: 90

(If no entry appears above, information required to complete this Schedule will be shown in the Declarations as applicable to this endorsement.)

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in **PART SIX – CONDITIONS, D. Cancellation** of the Workers' Compensation and Employers' Liability Insurance Policy or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

All other terms and conditions remain the same.

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.
RWD9435435-05

Endorsement No.

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

WC 99 01 10

Ed. 1/08

Foreign Voluntary Compensation And Employers' Liability Coverage Endorsement**A. How This Insurance Applies**

This Insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death. Disease includes any sickness or disease endemic to the place of the employee's employment outside the United States, its territories or possessions, or Canada.

1. The employee must be a citizen or resident of the United States, its territories or possessions, or Canada.
2. The bodily injury must occur while the employee is working outside of the United States, its territories or possessions, or Canada.
3. The bodily injury must occur in the course of employment.
4. Bodily Injury by accident must occur during the policy period.
5. Bodily Injury by disease must be caused or aggravated by the conditions of the person's employment with you. 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 an amount equal to the benefits that would be required of you if your employees were subject to the workers' compensation law shown in the schedule. We will pay those amounts to the persons who would be entitled to them under that law.

We will pay reasonable expenses over and above normal transportation costs for the return of the insured employee from anywhere in the world to the United States. The repatriation must be necessary in the opinion of competent medical authority to provide proper treatment of the bodily injury.

The repatriation expense shall not exceed the limit stated in this endorsement.

C. Exclusions

This insurance does not cover:

1. Any obligation imposed by a workers' compensation or occupational disease law, or any similar law.
2. Bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits fails in the above, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. We Will Investigate, Settle, and Defend

We have the right, but not the duty, to investigate and settle a claim made or defend a suit brought elsewhere than within the United States of America, its territories or possessions, or Canada.

F. Payment of Claims

At our option, we may request that you make payments, for us, direct to the persons entitled to the benefits of this insurance. We will reimburse you for those payments upon receipt of proof of payment.

G. Recovery From Others

If we recover payment from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

H. Limits of Liability

The limits of liability shall not be cumulative with any limit of liability stated elsewhere in this policy.

I. Employers' Liability Insurance

Part Two Employers' Liability Insurance applies to bodily injury covered by this endorsement.

Schedule:	<u>Applicable in Missouri and Vermont.</u>
Locations outside of the United States:	<u>All locations, except any country or other location that currently has in place a Travel Warning issued by the United States Department of State.</u>
Employees:	<u>All officers & employees</u>
Limit of Repatriation Expense	<u>\$ 15,000 Per Employee \$ 50,000 Each Accident</u>
Premium	<u>\$ Included</u>

All other terms and conditions remain the same.

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.
	RWD9435435-05	
Insured		
Employbridge Holding Company		
Insurance Company		
XL Insurance America, Inc.	Countersigned by _____	

Foreign Voluntary Compensation And Employers' Liability Coverage Endorsement**A. How This Insurance Applies**

This Insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death. Disease includes any sickness or disease endemic to the place of the employee's employment outside the United States, its territories, possessions, commonwealths or Canada.

1. The employee must be a citizen or resident of the United States, its territories, possessions, commonwealths or Canada and be included in the group of employees described in Item 3 of the Schedule.
2. The bodily injury must occur while the employee is working outside of the United States, its territories, possessions, commonwealths or Canada and within any country(ies) designated in Item 2 of the Schedule for a period no longer than the maximum number of days designated in Item 5 of the Schedule.
3. The bodily injury must occur in the course of employment and the employment must be necessary or incidental to work in a country listed in Item 2 of the Schedule.
4. Bodily Injury by accident must occur during the policy period.
5. Bodily Injury by disease must be caused or aggravated by the conditions of the person's employment with you. 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. Voluntary Workers Compensation

We will voluntarily pay an amount equal to the benefits that would be required of you if your employees were subject to the workers' compensation law shown in Item 1 of the schedule. If no state is shown in Item 1 of the Schedule the workers compensation law of the state in which the injured employee was hired will apply. We will pay those amounts to the persons who would be entitled to them under that law. If this is not possible we will reimburse you for the amounts you are required to pay under the law.

C. Exclusions

This insurance does not cover:

1. Any obligation imposed by a workers' compensation or occupational disease law, or any similar law.
2. Bodily injury intentionally caused or aggravated by you.
3. Bodily injury arising from direct or indirect consequences of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.

3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits fails in the above, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. We Will Investigate, Settle, and Defend

We have the right, but not the duty, to investigate and settle a claim made or defend a suit brought elsewhere than within the United States of America, its territories, possessions, commonwealths or Canada. We have no duty to defend or continue defending a claim, proceeding or suit that is covered by this insurance after we have paid our applicable limits of liability.

F. Premium

In addition to Part Five – Premium of the policy, the following will apply to this endorsement:

1. We will compute the premium for this coverage in accordance with Part Five of the policy, based upon all remuneration paid to employees while travelling or temporarily residing in the any country listed in the Schedule for a period no longer than the maximum number of days designated in the Schedule.
2. We will determine the premium for this coverage using the workers compensation rules, classifications, rates and manuals applicable in the state(s) shown in Item 1 of the Schedule.
3. Premium for Repatriation will also be included if Repatriation Coverage is indicated under Items 6 & 7 of the Schedule.
4. You must maintain payroll records for any employee covered by the provisions of this endorsement.
5. The premium for this coverage is in addition to the premium applicable for operations in the state(s) designated in the Item 1 of the Schedule.

G. Payment of Claims

At our option, we may request that you make payments, for us, direct to the persons entitled to the benefits of this insurance. We will reimburse you for those payments upon receipt of proof of payment.

H. Recovery From Others

If we recover payment from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

I. Employers Liability

Part Two Employers' Liability Insurance applies to bodily injury covered by this endorsement. We will pay, on your behalf, all sums that you become legally obligated to pay as damages because of bodily injury by accident or disease, including resultant death, sustained in any country(ies) designated in Item 2 of the Schedule by any of your employees listed in Item 3 of the Schedule arising out of and in the course of employment by you. The limits of liability, as shown in Item 4 of the Schedule, shall not be cumulative with any limit of liability stated elsewhere in this policy.

J. Repatriation

Provided a specific Repatriation premium is charged in Item 7 of the Schedule we will pay reasonable expenses over and above normal transportation costs for the return of the insured employee from any country listed in Item 2 of the Schedule to the United States. We may pay such additional expenses that exceed the normal cost of returning an employee who is alive and well, as may be reasonably and necessarily be incurred for repatriation of any employee, shown in Item 3 of the Schedule, suffering from bodily injury or disease (including the bodies of fatally injured employees) to a destination in the United States of America when we agree the repatriation is necessary for treatment of the bodily injury or the disease. Our limit of liability is limited to the amount shown in Item 6 of the Schedule with respect to any one employee or accident.

SCHEDULE

1. Designated Workers Compensation Law: State of Hire.
All locations, except any country or other location that currently has in place a Travel Warning issued by the United States Department of State.
2. Locations outside of the United States: _____
3. Employees: All officers and employees.
4. Limits of Liability for Part Two – Employers Liability:
\$ 1,000,000 Bodily Injury by Accident – each Accident
\$ 1,000,000 Bodily Injury by Disease – each Employee
\$ 1,000,000 Bodily Injury by Disease – Policy Limit
5. Maximum Number of Days: 30
6. Limit of Repatriation Expense:
\$ 15,000 Per Employee
\$ 50,000 Each Accident
7. Repatriation Premium: \$ Included

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

The first sentence of the section titled – **Your Duties If Injury Occurs** is amended to read as follows:

You shall tell us or any of our authorized representatives or agents as soon as practicable after an accident or injury becomes known to you. It is agreed that knowledge of an accident or injury by your agent, servant or employee shall not in itself constitute knowledge by you unless you or any partner or any executive officer or any other officer or person responsible for insurance matters for you shall have received such notice from the agent, servant or employee.

All other terms and conditions remain the same.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

RWD9435435-05

Countersigned by _____

WC 99 06 03 B

Ed. 1/08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNINTENTIONAL FAILURE TO DISCLOSE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

Your unintentional failure to disclose all hazards existing as of the inception date of this policy shall not prejudice your coverage afforded by this policy.

All other terms and conditions remain the same.

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.
RWD9435435-05

Endorsement No.

Insured
Employbridge Holding Company

Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 99 06 04 B
Ed. 1/08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) X No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by youFlat charge: \$
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ iv. Reimbursed by you at an amount of \$

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of times exposure base of per ii. Reimbursed by you as a flat charge of against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount, provided that this does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible amount – each accident stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident or for disablement of any one employee due to bodily injury by disease. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:

(a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

(b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:

- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
- Expert medical or other testimony;
- Autopsy;
- Witnesses and summonses;
- Copies of documents such as birth and death certificates and medical treatment records;
- Arbitration fees;
- Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
- Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
- Appeal bond costs and appeal filing fees.

(c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:

- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
- Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
- Preferred provider Network/Organization expenses.
- Medical fee review panel expenses.

(d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.

(b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.

(c) Expenses which are defined as either an indemnity or medical loss.

F. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

(a) First, to any payments made by us in excess of the deductible amount; and

(b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this endorsement.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

- (a) Changes to this endorsement;
- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount \$ 2,000,000 Each Accident (including disease as defined in Deductible – Each Accident).
2. Aggregate Deductible Limit is _____.
It is adjusted based on: (option that applies is indicated by "x")
 - a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)
But in no event less than \$ _____.
(dollar amount)
 - b. Negotiated percentage of standard premium
(percentage of standard premium)
But in no event less than \$ _____.
(dollar amount)
 - c. No Aggregate Limit applies.
3. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by "x")
 - A. Included in the deductible – each accident limit and included in the aggregate amount; or
 - B. Excluded from the deductible – each accident limit and _____ aggregate amount;
and
(“included in” or “excluded from”)
(option that applies is indicated by "x")
 - i. reimbursed by you for total amount of expense regardless of deductible limit(s); or
 - ii. shared pro rata between you and us; or
 - iii. fully paid by us in return for a flat charge payable by you
flat charge: _____.
(enter dollar amount)
4. Claims Handling and other associated expenses:
 - A. Claim Handling is (options that apply are indicated by "x")
 - i. reimbursed by you as a percentage charge for each loss;
percentage charge: _____.;
 - ii. reimbursed by you as a flat charge for each claim:
flat charge per claim \$ _____.;
 - iii. reimbursed by you as a flat charge against the policy;
flat charge \$ _____.;
 - iv. reimbursed by you at an amount of \$ _____.;

- B. Charges other than claim handling is: (options that apply are indicated by "x")
- i. reimbursed by you at a rate of _____ times exposure base of _____ per ; or
 - ii. reimbursed by you as a flat charge of _____ against the policy.
5. At final premium audit, this policy (options that apply are indicated by "x")
- a. will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
 - b. will be billed to you using rates on Declaration Page.
6. Maximum Loss Content (applicable only if 2.c. of this Schedule is selected) (option that applies is indicated by "x")
- a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)
But in no event less than \$_____.
(dollar amount)
 - b. Negotiated percentage of standard premium
(percentage of standard premium)
But in no event less than \$_____.
(dollar amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Endorsement Number:
Policy Number: RWD9435435-05

XL Insurance America, Inc.
(Name of Insurance Company)

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Issued to: Employbridge Holding Company
Effective Date of this Endorsement:

Countersigned by _____
Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this endorsement.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by youFlat charge: \$ _____
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per
_____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

XL Insurance America, Inc.
WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount, provided that this does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible amount – each accident stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident or for disablement of any one employee due to bodily injury by disease. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:

- (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.

(c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:

- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
- Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
- Preferred provider Network/Organization expenses.
- Medical fee review panel expenses.

(d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.
- (c) Expenses which are defined as either an indemnity or medical loss.

F. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

- (a) First, to any payments made by us in excess of the deductible amount; and
- (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

2. When a cancellation is due to non-payment of premiums, the cancellation shall not become effective until ten (10) days after a notice of cancellation is served on the employer and filed with the office of the Chairman.

3. When a cancellation is due to any reason other than non-payment of premiums, the cancellation becomes effective thirty (30) days after the notice of cancellation is served on the employer and filed with the office of the Chairman.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

- (a) Changes to this endorsement;
- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDEULE

1. Deductible Amount \$ 2,000,000 Each Accident (including disease as defined in Deductible – Each Accident).

2. Aggregate Limit is _____.

It is adjusted based on: (option that applies is indicated by “x”)

a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)

But in no event less than \$ _____.
(dollar amount)

b. Negotiated percentage of standard premium
(percentage of standard premium)

But in no event less than \$ _____.
(dollar amount)

c. No Aggregate Limit applies.

3. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by “x”)

A. Included in the deductible – each accident limit and included in the aggregate amount; or

B. Excluded from the deductible – each accident limit and _____ aggregate amount; and
 (“included in” or “excluded from”)

(option that applies is indicated by “x”)

i. reimbursed by you for total amount of expense regardless of deductible limit(s); or

ii. shared pro rata between you and us; or

iii. fully paid by us in return for a flat charge payable by you

flat charge: _____.

(enter dollar amount)

NOTE: EXCEPT FOR OPTION B. III. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

4. Claims Handling and other associated expenses:

A. Claim Handling is (options that apply are indicated by “x”)

i. reimbursed by you as a percentage charge for each loss;
percentage charge: _____;

ii. reimbursed by you as a flat charge for each claim:

flat charge per claim \$ _____;

iii. reimbursed by you as a flat charge against the policy;
flat charge \$ _____.

iv. reimbursed by you at an amount of \$ _____.

B. Charges other than claim handling is: (options that apply are indicated by “x”)

- i. reimbursed by you at a rate of _____ times exposure base of _____ per _____;
or
ii. reimbursed by you as a flat charge of _____ against the policy.
5. At final premium audit, this policy (options that apply are indicated by "x")
- a. will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
b. will be billed to you using rates on Declaration Page.
6. Maximum Loss Content (applicable only if 2.c. of this Schedule is selected) (option that applies is indicated by "x")
- a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)
But in no event less than \$ _____.
(dollar amount)
- b. Negotiated percentage of standard premium
(percentage of standard premium)
But in no event less than \$ _____.
(dollar amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Endorsement Number:
Policy Number: RWD9435435-05

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Issued to: Employbridge Holding Company
Effective Date of this Endorsement:

XL Insurance America, Inc.
(Name of Insurance Company)

Countersigned by _____
Authorized Representative

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

WC 00 01 04

FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on

(DATE)

at 12:01 A.M. standard time, forms a part of

Policy No. RWD9435435-05

of the

XL Insurance America, Inc.
(NAME OF INSURANCE COMPANY)

issued to Employbridge Holding Company

Premium \$ Included

Authorized Representative

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) and any amendment to that Act that is in effect during the policy period.

G. Limits Of Liability of Part Two (Employers' Liability Insurance) is replaced by the following:

G. Limits Of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. 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—aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in item 3.A of the Information Page or in the Schedule.

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

If any state is named in item 2. of the Schedule, Part Two (Employers' Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in item 3.A of the Information Page. Part One (Workers' Compensation Insurance) does not apply in a state shown in the Schedule.

Schedule**1. Limits of Liability**

Bodily Injury by Accident

\$ 1,000,000 each accident

Bodily Injury by Disease

\$ 1,000,000 aggregate

2. State

ND, OH, WA & WY

FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51–60) and any amendment to that Act that is in effect during the policy period.

G. Limits of Liability of Part Two (Employers Liability Insurance) is replaced by the following:

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. 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—aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page or in the Schedule.
Bodily injury by disease does not include disease that results directly from 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.

If any state is named in Item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in Item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Part Two (Employers Liability Insurance), C. Exclusions, exclusion 9, does not apply to work subject to the Federal Employers' Liability Act.

Schedule**1. Limits of Liability**

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

2. State

ND, OH, WA & WY

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.

RWD9435435-05

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 00 01 04 A

(Ed. 10-04)

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

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 and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

State	Longshore and Harbor Workers' Compensation Act Coverage Percentage
AL	110%
AZ	12%
AR	64%
CO	38%
CT	27%
DE	105%
DC	4%
FL	94%
GA	41%
HI	27%
ID	17%
IL	28%
IN	60%
IA	108%
KS	54%
KY	21%
LA	107%
ME	29%
MD	44%
MA	23.1%
MI	68%
MN	47%

MS	83%
MO	48%
MT	118%
NE	76%
NV	18%
NH	107%
NJ	50%
NM	63%
NY	61.1%
NC	92%
OK	89%
OR	89%
PA	74.43%
RI	60%
SC	66%
SD	44%
TN	146%
TX	57%
UT	57%
VT	18%
VA	68%
WV	77%

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

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. RWD9435435-05

Endorsement No.

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 00 01 06 A

(Ed. 4-92)

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

Alternate Employer	Address	State of Special or Temporary Employment
Only those alternate employers that require this coverage to apply.		Hawaii, Michigan, Oklahoma & Texas

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

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 00 03 01

(Ed. 4-84)

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

- | | Address |
|--|----------------|
| 1. Alternate Employer
Only those alternate employers that require this coverage to apply. | |
| 2. State of Special or Temporary Employment
All States listed in Item 3A of the Information Page except AK, HI, MI, OK & TX. | |
| 3. Contract or Project
If Any | |

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium: Included

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule**1. Alternate Employer**

UST Brands

Address7720 Philips Hwy
Jacksonville, FL 32256**2. State of Special or Temporary Employment**All States listed in Item 3A of the Information Page except AK, HI, MI,
OK & TX**3. Contract or Project**

If Any

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.

RWD9435435-05

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 00 03 01 A

(Ed. 2-89)

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule**1. Alternate Employer**

Qualicoat Incorporated

Address14 Sanford Road North
Churchville, NY 11442**2. State of Special or Temporary Employment**

All States listed in Item 3A of the Information Page except AK, HI, MI, OK & TX.

3. Contract or Project

If Any

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.

RWD9435435-05

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT

The policy does not cover work conducted at or from Any contract at any location under an owner-controlled or wrap-up insurance program.

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	RWD9435435-05	Premium Included
Employbridge Holding Company	Countersigned by _____	
Insurance Company		
XL Insurance America, Inc.		

WC 00 03 02

(Ed. 4-84)

EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in a state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. Exclusions is changed by adding these exclusions.

This insurance does not cover

13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule**States**

North Dakota
Washington
Wyoming

Premium

\$Subject to Audit
\$Subject to Audit
\$Subject to Audit

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Countersigned by _____

Endorsement No.
Premium Included

WC 00 03 03 C

(Ed. 10-04)

SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

Schedule

Persons	State
Sole Proprietor:	All Sole Proprietors
Partners:	All Partners
Officers:	All Officers
Others:	

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.
RWD9435435-05

Endorsement No.

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 00 03 10

(Ed. 4-84)

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

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

1. The bodily injury must be sustained by an employee included in the group of employees described in Item 1 of the Schedule.
2. The bodily injury must occur in the course of employment necessary or incidental to work in a state listed in Item 1 of the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. 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 an amount equal to the benefits that would be required of you if you and your employees described in Item 1 of the Schedule were subject to the workers compensation law shown in Item 1 of the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

Schedule

Employees	State of Employment	Designated Workers' Compensation Law
All officers and employees not subject to the workers compensation law.	Hawaii	The state where the injury takes place.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.

Countersigned by _____

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

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

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. 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 an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

(Ed. 8-91)

Employees	Schedule	Designated Workers Compensation Law
All officers and employees not subject to the workers compensation law.	State of Employment	
	Any state shown in Item 3A of the information Page. However this endorsement does not apply to the following states under Item 3.A.: California, Hawaii, Michigan, New Jersey & Wisconsin.	
		The state where the injury takes place.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium Included

WC 00 03 11 A

(Ed. 8-91)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

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

Schedule

Where required by written agreement signed prior to loss.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 00 03 13

(Ed. 4-84)

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 00 04 03

(Ed. 4-84)

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule**State**

All states where applicable.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 00 04 04

(Ed. 4-84)

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

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

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

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05
Countersigned by _____

Endorsement No.
Premium Included

WC 00 04 14
(Ed. 7-90)

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

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

**PART FIVE
PREMIUM**

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

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

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 00 04 19

(Ed. 1-01)

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 B), 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 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 See State Information Page	Rate See State Information Page	Premium Included
--	---	----------------------------

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

RWD9435435-05

Premium: Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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

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

Definitions

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

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

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

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

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.

(Ed. 1-15)

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

Schedule

State	Rate	Premium
See State Information Page	See State Information Page	Included

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

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

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
Minnesota	Estimated Annual Premium	Up to Two Times

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

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT

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

This endorsement provides notice that premium for your policy may be affected by the Arizona Alcohol- and Drug-Free Workplace Premium Credit Program.

You may qualify for a 5% premium credit if you have established and maintain a qualifying alcohol- and drug-free workplace program in accordance with Title 23, Chapter 2, Article 14 of Arizona Statutes.

We will determine your eligibility for this premium credit after total premium has been paid for the policy period and may be revised at the time your final premium audit is processed.

The determination that you have a qualifying program must be made each year that you receive the premium credit. To implement a premium credit program, the following guidelines must be established:

1. Insurers offering the premium credit program may apply a 5% premium credit to qualifying employers.
2. To receive the premium credit, you must:
 - a. Provide a written statement to the insurer prior to or within 30 days after the beginning of the policy effective date each year, certifying that the business has implemented a program meeting the requirements of Title 23, Chapter 2, Article 14.
 - b. At any time during the term of the policy, provide additional information to the insurer, as required, to confirm that a qualifying program has been established and is being maintained.
 - c. Comply with the alcohol and drug testing policy requirements in accordance with Title 23, Chapter 2, Article 14.
 - d. Conduct alcohol and drug testing of prospective employees.
 - e. Conduct alcohol and drug testing of an employee after the employee has been injured.
 - f. Allow us to have access to the alcohol and drug testing results under d. and e. above.
3. The determination that you have established and maintain a qualifying program must be made during each policy term that you receive the premium credit.
4. Your certification and any other information relied upon by the insurer in granting the premium credit must be kept in the insurer's underwriting files and made available to the Department of Insurance upon request.
5. The premium credit may be applied after total premium has been paid for the policy period and may be revised at final audit to the employer's policy. The credit is applicable as a supplement to deviated rates and is applied in a multiplicative manner, after the application of the experience modification, and before the application of the premium discount and expense constant.
6. You must reimburse the premium credit if it is determined that you were not in compliance with the provisions of the program.
7. Minimum premium policies are eligible for this premium credit.
8. Residual market employers are eligible to apply for this premium credit.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 02 04 01 C

(Ed. 02-10)

ARIZONA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

D. Cancellation and Nonrenewal

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. If you cancel or fail to renew this policy, we must promptly notify the Industrial Commission of Arizona.
3. We may cancel this policy if you fail to pay premium when due, or when one or both of the parties to a professional employer agreement terminate the agreement.
4. If we cancel or nonrenew this policy, we must mail or deliver to you and the Industrial Commission of Arizona at least 30 days' notice of the cancellation or nonrenewal. Mailing that notice to you at your mailing address shown in Item 1. of the Information Page will be sufficient to prove notice. If we nonrenew this policy and fail to give you notice of nonrenewal, coverage will not extend beyond the policy period.
5. The policy period will end on the day and hour stated in the cancellation or nonrenewal notice.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium: Included

Countersigned by _____

WC 02 06 01 A

(Ed. 9-15)

ARIZONA ADDENDUM

Not notwithstanding anything to the contrary in the Workers Compensation and Employers Liability Insurance Policy, the validity of the policy is not contingent upon a countersignature by a duly authorized representative of the insured.

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT ARIZONA

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible amount – each accident stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident or for disablement of any one employee due to bodily injury by disease. Allocated Loss Adjustment Expense will be included in the deductible amount – each accident, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Deductible. Allocated Loss Adjustment Expense within the deductible amount – each accident may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:

- (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:

- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
- Expert medical or other testimony;
- Autopsy;
- Witnesses and summonses;
- Copies of documents such as birth and death certificates and medical treatment records;
- Arbitration fees;
- Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
- Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
- Appeal bond costs and appeal filing fees.

(c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are no limited to:

- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
- Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
- Preferred provider Network/Organization expenses.
- Medical fee review panel expenses.

(d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

(a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.

(b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.

(c) Expenses which are defined as either an indemnity or medical loss.

F. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

(a) First, to any payments made by us in excess of the deductible amount; and

(b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

G. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

H. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

(a) Changes to this endorsement;

(b) Obligations to receive premiums; or

(c) Giving or receiving notice of cancellation.

I. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

J. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount \$ 2,000,000 Each Accident (including disease as defined in Deductible – Each Accident).
2. Aggregate Limit is _____.
It is adjusted based on: (option that applies is indicated by "x")
 - a. Rate of \$ _____ per \$100 of audited payroll
(enter rate)
But in no event less than \$ _____.
(dollar amount)
 - b. Percentage of standard premium
(percentage of standard premium)
But in no event less than \$ _____.
(dollar amount)
 - c. No Aggregate Limit applies.
2. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by "x")
 - A. Included in the deductible – each accident limit and included in the aggregate amount; or
 - B. Included in the deductible – each accident limit and excluded from the aggregate amount.

NOTE: YOU ARE OBLIGATED TO REIMBURSE US FOR ALL ALAE WITHIN THE DEDUCTIBLE AMOUNT, UP TO THE AGGREGATE LIMIT (IF ANY).

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Endorsement Number:

Policy Number: RWD9435435-05

XL Insurance America, Inc.
(Name of Insurance Company)

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Issued to: Employbridge Holding Company

Effective Date of this Endorsement:

Countersigned by _____

ARKANSAS AMENDATORY ENDORSEMENT

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

Part Two—Employers Liability Insurance**C. Exclusions**

2. Is replaced by:
punitive or exemplary damages because of bodily injury to an employee employed in violation of law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

Part Six—Conditions**D. Cancellation** is replaced by:

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. If we cancel because you fail to pay all premium when due, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient notice.
3. The policy period will end on the day and hour stated in the cancellation notice.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium Included**WC 03 06 01 A**

(Ed. 4-92)

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT
COVERAGE ENDORSEMENT—CALIFORNIA**

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in California. The policy applies to that work as though California were listed in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

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 and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

The estimated premium for the Longshore and Harbor Workers' Compensation Act coverage provided by this endorsement is as shown in the Schedule below or Item 4 of the Information Page.

Schedule

Code No.	Classification	Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
If Any	If Any	If Any	180%	Included

Total Estimated Annual Premium \$ Included

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. RWD9435435-05

Endorsement No

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

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.
9. The Insured's Email Address. The insured's email address must be included in Item 1 of the Information Page if the insurer intends to electronically transmit an offer of renewal for a workers' compensation insurance policy to the insured (California Insurance Code §38.5 (b)).

(Ed. 10-14)

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
Insured
Employbridge Holding Company

Policy No. RWD9435435-05
Insurance Company
XL Insurance America, Inc.

Endorsement No.

Countersigned By _____

SOLE PROPRIETOR COVERAGE ENDORSEMENT—CALIFORNIA

This policy applies to the sole proprietor named in item 1 of the Information Page. We will pay promptly when due the benefits you would be entitled to under this policy as an employee.

The premium basis for this policy includes the entire remuneration (subject to the minimum and maximum amounts provided for by our Manuals) of the sole proprietor.

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
Employbridge Holding Company

Policy No. RWD9435435-05
Insurance Company
XL Insurance America, Inc.

Endorsement No.

Countersigned By _____

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT—CALIFORNIA

If the employer named in item 1 of the Information Page has in his employment persons not entitled to compensation under Division 4 of the Labor Code of the State of California, this policy shall operate as an election on the part of the employer to come under the compensation provisions of Division 4 with respect to those persons described in the Schedule below.

This policy applies to those persons described in the Schedule below as employees.

Schedule

All officers and employees not subject to the Workers' Compensation Law.

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. RWD9435435-05

Endorsement No.

Insured

Insurance Company

Employbridge Holding Company

XL Insurance America, Inc.

Countersigned By _____

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

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. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization	Job Description
Where required by written agreement signed prior to loss.	All California Operations.

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. RWD9435435-05

Endorsement No.

Insured

Insurance Company

Employbridge Holding Company

XL Insurance America, Inc.

Countersigned By _____

DUTY TO DEFEND—CALIFORNIA

The insurance afforded by Part One, Section C, “**We Will Defend**”, is hereby deleted and replaced with the following:

WE WILL DEFEND

We have the right and duty to defend at our expense any claim or proceeding against you before the California Workers' Compensation Appeals Board or its equivalent in any other state (and any appeal of a decision therefrom) for the benefits payable by this workers' compensation insurance. We have the right to investigate and settle these claims or proceedings.

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

Nothing contained in this Section shall amend, modify, restrict, or otherwise alter any obligations or conditions under Part Two – Employer's Liability Insurance of the 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
Employbridge Holding Company

Policy No. RWD9435435-05
Insurance Company
XL Insurance America, Inc.

Endorsement No.

Countersigned By _____

EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT—CALIFORNIA

The insurance afforded by Part Two (Employers' Liability Insurance) by reason of designation of California in item 3 of the information page is subject to the following provisions:

A. "How This Insurance Applies," is amended to read as follows:**A. How This Insurance Applies**

This employers' liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury means a physical injury, including 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 California.
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.

C. The "Exclusions" section is modified as follows (all other exclusions in the "Exclusions" section remain as is):

1. Exclusion 1 is amended to read as follows:

1. liability assumed under a contract.

2. Exclusion 2 is deleted.

3. Exclusion 7 is amended to read as follows:

7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, termination of employment, or any personnel practices, policies, acts or omissions.

4. The following exclusions are added:

1. bodily injury to any member of the flying crew of any aircraft.
 2. bodily injury to an employee when you are deprived of statutory or common law defenses or are subject to penalty because of your failure to secure your obligations under the workers' compensation law(s) applicable to you or otherwise fail to comply with that law.
 3. Liability arising from California Labor Code Section 2810.3 which relates to labor contracting.

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. RWD9435435-05

Endorsement No.

Insured

Insurance Company

Employbridge Holding Company

XL Insurance America, Inc.

Countersigned By _____

ESTIMATED ANNUAL PREMIUM ENDORSEMENT—CALIFORNIA

The premium with respect to the insurance provided by this policy by reason of the designation of California in item 3 of the Information Page is subject to experience modification. Your experience modification, when issued, will be effective on 01/31/2018, your rating effective date determined by the Workers' Compensation Insurance Rating Bureau of California (WCIRB) in accordance with California law. Pending the issuance of your experience modification by the WCIRB, the estimated annual premium shown below is based on an estimated experience modification. The estimated annual premium will be revised when the WCIRB issues your applicable experience modification.

ESTIMATED ANNUAL PREMIUM \$ Included

NOTE: THE ESTIMATED ANNUAL PREMIUM MAY BE INCREASED WHEN THE WCIRB ISSUES THE EXPERIENCE MODIFICATION APPLICABLE TO THIS POLICY.

Note:

This endorsement may be used to estimate the annual premium based upon an estimated experience modification if the applicable experience modification has not been promulgated.

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
Employbridge Holding Company

Policy No. RWD9435435-05
Insurance Company
XL Insurance America, Inc.

Endorsement No.

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.

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. RWD9435435-05

Endorsement No.

Insured

Insurance Company

Employbridge Holding Company

XL Insurance America, Inc.

Countersigned By _____

CALIFORNIA SHORT-RATE CANCELATION ENDORSEMENT

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:

If you cancel the policy and a disclosure was provided in accordance with Section 481(c) of the California Insurance Code, final premium will be based on the time this policy was in force and increased by the short-rate cancelation table below:

Short Rate Cancelation Table

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
1	5%	18.2482	46	23%	1.8250	91	35%	1.4038
2	6	10.9489	47	23	1.7861	92	36	1.4283
3	7	8.5158	48	24	1.8250	93	36	1.4129
4	7	6.3869	49	24	1.7877	94	36	1.3979
5	8	5.8394	50	24	1.7520	95	37	1.4216
6	8	4.8662	51	24	1.7176	96	37	1.4068
7	9	4.6924	52	25	1.7548	97	37	1.3923
8	9	4.1058	53	25	1.7216	98	37	1.3781
9	10	4.0552	54	25	1.6899	99	38	1.4010
10	10	3.6496	55	26	1.7255	100	38	1.3870
11	11	3.6496	56	26	1.6947	101	38	1.3733
12	11	3.3455	57	26	1.6650	102	38	1.3598
13	12	3.3689	58	26	1.6362	103	39	1.3820
14	12	3.1283	59	27	1.6704	104	39	1.3688
15	13	3.1630	60	27	1.6425	105	39	1.3557
16	13	2.9653	61	27	1.6156	106	40	1.3774
17	14	3.0056	62	27	1.5895	107	40	1.3645
18	14	2.8386	63	28	1.6222	108	40	1.3519
19	15	2.8818	64	28	1.5969	109	40	1.3395
20	15	2.7377	65	28	1.5723	110	41	1.3605
21	16	2.7812	66	29	1.6038	111	41	1.3482
22	16	2.6547	67	29	1.5799	112	41	1.3362
23	17	2.6980	68	29	1.5566	113	41	1.3243
24	17	2.5856	69	29	1.5341	114	42	1.3447
25	17	2.4821	70	30	1.5643	115	42	1.3330
26	18	2.5270	71	30	1.5423	116	42	1.3215
27	18	2.4334	72	30	1.5208	117	43	1.3414
28	18	2.3465	73	30	1.5000	118	43	1.3301
29	18	2.2656	74	31	1.5291	119	43	1.3189
30	19	2.3117	75	31	1.5087	120	43	1.3079
31	19	2.2371	76	31	1.4888	121	44	1.3273
32	19	2.1672	77	32	1.5169	122	44	1.3164
33	20	2.2121	78	32	1.4974	123	44	1.3057
34	20	2.1471	79	32	1.4785	124	44	1.2951
35	20	2.0857	80	32	1.4600	125	45	1.3140
36	20	2.0278	81	33	1.4870	126	45	1.3036
37	21	2.0716	82	33	1.4689	127	45	1.2933
38	21	2.0171	83	33	1.4512	128	46	1.3117
39	21	1.9654	84	34	1.4774	129	46	1.3016
40	21	1.9162	85	34	1.4600	130	46	1.2916
41	22	1.9585	86	34	1.4430	131	46	1.2817
42	22	1.9119	87	34	1.4264	132	47	1.2996
43	22	1.8674	88	35	1.4517	133	47	1.2899
44	23	1.9079	89	35	1.4354	134	47	1.2802
45	23	1.8655	90	35	1.4194	135	47	1.2708

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
136	48%	1.2882	181	60%	1.2099	226	70%	1.1305
137	48	1.2788	182	60	1.2033	227	70	1.1255
138	48	1.2696	183	61	1.2167	228	70	1.1206
139	49	1.2867	184	61	1.2101	229	71	1.1317
140	49	1.2775	185	61	1.2035	230	71	1.1267
141	49	1.2684	186	61	1.1970	231	71	1.1219
142	49	1.2595	187	61	1.1906	232	71	1.1170
143	50	1.2762	188	62	1.2037	233	72	1.1279
144	50	1.2674	189	62	1.1974	234	72	1.1231
145	50	1.2586	190	62	1.1910	235	72	1.1183
146	50	1.2500	191	62	1.1848	236	72	1.1136
147	51	1.2663	192	63	1.1977	237	72	1.1089
148	51	1.2578	193	63	1.1914	238	73	1.1195
149	51	1.2493	194	63	1.1853	239	73	1.1149
150	52	1.2653	195	63	1.1792	240	73	1.1102
151	52	1.2569	196	63	1.1732	241	73	1.1056
152	52	1.2487	197	64	1.1858	242	74	1.1161
153	52	1.2405	198	64	1.1798	243	74	1.1115
154	53	1.2562	199	64	1.1739	244	74	1.1070
155	53	1.2481	200	64	1.1680	245	74	1.1025
156	53	1.2401	201	65	1.1804	246	74	1.0980
157	54	1.2554	202	65	1.1745	247	75	1.1083
158	54	1.2475	203	65	1.1687	248	75	1.1038
159	54	1.2396	204	65	1.1630	249	75	1.0994
160	54	1.2319	205	65	1.1573	250	75	1.0950
161	55	1.2469	206	66	1.1694	251	76	1.1052
162	55	1.2392	207	66	1.1638	252	76	1.1008
163	55	1.2316	208	66	1.1582	253	76	1.0964
164	55	1.2241	209	66	1.1526	254	76	1.0921
165	56	1.2388	210	67	1.1645	255	76	1.0878
166	56	1.2313	211	67	1.1590	256	77	1.0979
167	56	1.2240	212	67	1.1535	257	77	1.0936
168	57	1.2384	213	67	1.1481	258	77	1.0893
169	57	1.2311	214	67	1.1428	259	77	1.0851
170	57	1.2238	215	68	1.1544	260	77	1.0810
171	57	1.2167	216	68	1.1491	261	78	1.0908
172	58	1.2308	217	68	1.1438	262	78	1.0866
173	58	1.2237	218	68	1.1385	263	78	1.0825
174	58	1.2167	219	69	1.1500	264	78	1.0784
175	58	1.2097	220	69	1.1448	265	79	1.0881
176	59	1.2236	221	69	1.1396	266	79	1.0840
177	59	1.2167	222	69	1.1345	267	79	1.0800
178	59	1.2098	223	69	1.1294	268	79	1.0759
179	60	1.2235	224	70	1.1406	269	79	1.0719
180	60	1.2167	225	70	1.1356	270	80	1.0815

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
271	80%	1.0775	316	90%	1.0396	361	100%	1.0111
272	80	1.0735	317	90	1.0363	362	100	1.0083
273	80	1.0696	318	90	1.0330	363	100	1.0055
274	81	1.0790	319	90	1.0298	364	100	1.0027
275	81	1.0751	320	91	1.0380	365	100	1.0000
276	81	1.0712	321	91	1.0347			
277	81	1.0673	322	91	1.0315			
278	81	1.0635	323	91	1.0283			
279	82	1.0728	324	92	1.0364			
280	82	1.0689	325	92	1.0332			
281	82	1.0651	326	92	1.0301			
282	82	1.0614	327	92	1.0269			
283	83	1.0705	328	92	1.0238			
284	83	1.0667	329	93	1.0318			
285	83	1.0630	330	93	1.0286			
286	83	1.0593	331	93	1.0255			
287	83	1.0556	332	93	1.0224			
288	84	1.0646	333	94	1.0303			
289	84	1.0609	334	94	1.0272			
290	84	1.0572	335	94	1.0242			
291	84	1.0536	336	94	1.0211			
292	85	1.0625	337	94	1.0181			
293	85	1.0589	338	95	1.0259			
294	85	1.0553	339	95	1.0229			
295	85	1.0517	340	95	1.0198			
296	85	1.0481	341	95	1.0169			
297	86	1.0569	342	95	1.0139			
298	86	1.0534	343	96	1.0216			
299	86	1.0498	344	96	1.0186			
300	86	1.0463	345	96	1.0156			
301	86	1.0429	346	96	1.0127			
302	87	1.0515	347	97	1.0203			
303	87	1.0480	348	97	1.0174			
304	87	1.0446	349	97	1.0145			
305	87	1.0411	350	97	1.0116			
306	88	1.0497	351	97	1.0087			
307	88	1.0462	352	98	1.0162			
308	88	1.0429	353	98	1.0133			
309	88	1.0395	354	98	1.0105			
310	88	1.0361	355	98	1.0076			
311	89	1.0445	356	99	1.0150			
312	89	1.0412	357	99	1.0122			
313	89	1.0379	358	99	1.0094			
314	89	1.0346	359	99	1.0065			
315	90	1.0429	360	99	1.0038			

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No. RWD9435435-05

Endorsement No.

Countersigned By _____

CALIFORNIA CANCELATION ENDORSEMENT

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

The cancelation condition in Part Six (Conditions) of the policy is replaced by these conditions:

Cancelation:

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
 - a. Non-payment of premium;
 - b. Failure to report payroll;
 - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
 - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
 - e. Material misrepresentation made by you or your agent;
 - f. Failure to cooperate with us in the investigation of a claim;
 - g. Failure to comply with Federal or State safety orders;
 - h. Failure to comply with written recommendations of our designated loss control representatives;
 - i. The occurrence of a material change in the ownership of your business;
 - j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
 - k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
 - l. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancelation 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. If we cancel your policy for any of the reasons listed in Items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancelation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
4. The policy period will end on the day and hour stated in the cancelation notice.

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. RWD9435435-05

Endorsement No.

Insured

Insurance Company

Employbridge Holding Company

XL Insurance America, Inc.

Countersigned By _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy for non-payment in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) X No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by youFlat charge: \$ _____
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per
_____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

COLORADO CLASSIFICATION ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Colorado is shown in Item 3.A. of the Information Page.

Section B. Classifications of Part Five (Premium) is amended by adding the following:

The assignment of a proper classification resulting in higher premium is allowed only if the misclassification was caused by your failure to provide accurate or complete data. If your operation changes during the policy term, you must notify us within ninety days of the change. Failure to notify us will be considered a failure to provide accurate or complete data.

Section E. Final Premium of Part Five is amended by adding this sentence at the end of the first paragraph:

Payments to us or to you based on improper classification may be collected or refunded during the term of the policy and for twelve months after the term.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by_____

Endorsement No.
APremium Included

WC 05 04 02
(Ed. 11-90)

CONNECTICUT APPLICATION OF WORKERS COMPENSATION INSURANCE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in Item 3.A. of the Information Page.

Section A, "How This Insurance Applies," of Part One, "Workers Compensation Insurance," is amended to read as follows:

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

1. Injury by accident must occur during the policy period.
2. Injury by disease must be caused or aggravated by exposure during the policy period to conditions of your employment.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 06 03 01

(Ed. 4-84)

CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in Item 3.A. of the Information Page.

The amount shown on the Information Page for the Connecticut workers compensation fund assessment is required of you under Section 31-345 of the Connecticut General Statutes. We will pay these assessments to the Connecticut State Treasurer. The purpose of the assessment is to finance the expenses of administering the workers compensation laws.

THE AMOUNT SHOWN ON THE INFORMATION PAGE FOR THE CONNECTICUT SECOND INJURY FUND SURCHARGE IS REQUIRED OF YOU UNDER CONNECTICUT REGULATIONS TO FINANCE THE CONNECTICUT SECOND INJURY FUND. WE WILL PAY THIS SURCHARGE TO THE CONNECTICUT STATE TREASURER.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 06 03 03 C

(Ed. 07-11)

CONNECTICUT CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Connecticut Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 06 04 01

(Ed. 7-96)

CONNECTICUT FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Foreign Voluntary Compensation Insurance to the policy to which it is attached, effective on the inception date of the policy unless a different date is indicated. State law may already provide benefits to employees working outside of the United States of America and this endorsement does not limit or reduce any benefits required by state workers compensation law.

Section 1. Employees Covered

- A. The additional coverage provided by this endorsement applies only to employees listed in Item 1. of the Schedule of this endorsement provided they are hired within the limits of the United States of America. It provides additional coverage for the listed employees while they are traveling or temporarily residing in the country(ies) named in Item 1. of the Schedule of this endorsement. Each period of travel or temporary residence for each listed employee may be no longer than the maximum number of consecutive days shown in Item 1. of the Schedule of this endorsement.

- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.

Section 2. How This Insurance Applies

This additional coverage applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death.

- A. An employee listed in Item 1. of the Schedule of this endorsement must sustain the bodily injury.
- B. The bodily injury must arise out of and occur in the course of your employment in the country(ies) listed in Item 1. of the Schedule of this endorsement.
- C. Bodily injury by accident must occur during the policy period.
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions causing or aggravating such bodily injury must occur during the policy period.

Section 3. Exclusions

This endorsement amends Section C. of Part Two of the Policy by adding the following exclusions for coverage under this endorsement:

- A. Bodily injury arising from any direct or indirect consequence of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation;
- B. Compensation or benefits imposed by any occupational disease, disability benefits law, plan or any similar law or plan; and
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under such law. If this is not possible, we will reimburse you for amounts you are required to pay under the law.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the state workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6—Repatriation Expense.
- B. We have the option of requesting you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - (1) Release you and us in writing from all responsibility for the bodily injury or death;
 - (2) Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement; and
 - (3) Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

(Ed. 1-14)

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions for a workers compensation law, plan, or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If you are required to pay any benefits to an employee listed in Item 1. of the Schedule of this endorsement under a workers compensation or occupational disease law of the country(ies) listed in Item 1. of the Schedule of this endorsement, we will reimburse you up to, but not in excess of, the cost of benefits that would be payable under the applicable workers compensation law of the state designated in the same Schedule.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend or reimburse you for any suit or proceeding against you outside of the United States of America.
- D. The coverage that Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any country(ies) named in Item 1. of the Schedule of this endorsement.

Section 6. Repatriation Expense

This section only applies to coverage provided under Sections 4. and 5. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to the employees listed in Item 1. of the Schedule of this endorsement. In the event that an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee or accident.

The policy does not afford coverage for repatriation expenses unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B. of Part Two—Employers Liability of the policy with respect to the coverage this endorsement provides:

B. We Will Pay

We will pay, on your behalf, all sums that you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any country(ies) designated in Item 1. of the Schedule of this endorsement other than the United States of America by any of your employees listed in Item 1. of the Schedule of this endorsement arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

- A. We will reimburse you for all reasonable expenses you incur, including attorney fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend or reimburse you for any suit or any proceeding brought against you outside the United States of America.
- B. The limit of our liability under Part Two will be in accordance with the following provisions:

The words "damages because of bodily injury by accident or disease, including resulting in death" in Section 7-B above include damages for care and loss of services. These words also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees listed in Item 1. of the Schedule of this endorsement sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to "bodily injury by accident" is the most we will pay for all damages, including damages for care and loss of services, to one or more employees listed in item 1. of the Schedule of this endorsement in any one accident.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to "bodily injury by disease—policy limit" is the most we will pay for all damages because of bodily injury by disease, including resulting death,

regardless of the number of employees listed in Item 1. of the Schedule of this endorsement who sustain bodily injury by disease outside the United States of America.

The limit shown in Item 3. of the Schedule of this endorsement 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 listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

We will not make any additional payments for any claims for damages after we have paid the applicable limit of liability as shown in Items 2. and 3. of the Schedule of this endorsement.

Section 8. Premium

In addition to the provisions of Part Five—Premium of the policy, the following provisions will apply to this endorsement:

- A. We will compute the premium for this coverage in accordance with Part Five of the policy, upon all remuneration paid to employees shown in Item 1. of the Schedule of this endorsement while traveling or residing in the country(ies) listed in the same Schedule for a period of no longer than the maximum number of consecutive days per policy period indicated in Item 1. of the Schedule of this endorsement.
Each period of travel or temporary residence for each listed employee may be no longer than the maximum number of consecutive days shown in Item 1. of the Schedule of this endorsement.
- B. We will determine the premium for this coverage on the basis of the workers compensation rules, classifications, and rates approved by the appropriate regulatory authority for the state workers compensation law designated in Item 1. of the Schedule of this endorsement.
- C. You must maintain payroll records for any employee covered by the provisions of this endorsement.

Section 9. Other Insurance

The following provision replaces Section E of Part One and Section F of Part Two of the policy with respect to the coverage this endorsement provides:

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance, except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

1. Name(s) of Employees	County(ies) of Operations	Maximum Number of Consecutive Days	Designated Workers Compensation Law
All officers & employees.	All locations, except any country or other location that currently has in place a Travel Warning issued by the United States Department of State.	30	Connecticut
2. Limits of Liability for Repatriation Expense			
\$ 15,000	Each employee		
\$ 50,000	Each accident		
3. Limits of Liability for Part Two—Employers Liability			
\$ 1,000,000	Bodily injury by accident—each accident		
\$ 1,000,000	Bodily injury by disease—each employee		
\$ 1,000,000	Bodily injury by disease—policy limit		

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

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
Insured

Policy No.
RWD9435435-05

Endorsement No.
Premium \$ Included

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 06 06 01 A

(Ed. 10-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

You shall tell us or any of our authorized representatives or agents as soon as practicable after an accident or injury becomes known to you. It is agreed that knowledge of an accident or injury by your agent, servant or employee shall not in itself constitute knowledge by you unless you or any partner or any executive officer or any other officer or person responsible for insurance matters for you shall have received such notice from the agent, servant or employee.

All other terms and conditions remain the same.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Countersigned by _____

WC 99 06 43

Ed. 1/08

DELAWARE NONRENEWAL ENDORSEMENT

We may elect not to renew the policy. By certified mail we will mail to you, not less than 60 days advance written notice, when the nonrenewal will 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.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

DISTRICT OF COLUMBIA CANCELATION ENDORSEMENT

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

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

D. Cancelation

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. We will mail or deliver to you and the Mayor not less than 30 days advance written notice stating when the cancelation is to take effect. Mailing this notice to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 08 06 01

(Ed. 4-84)

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

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.
RWD9435435-05

Endorsement No.
Premium \$ Included

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

WC 09 03 03

(Ed. 8-05)

FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Florida Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

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

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

Endorsement Effective

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

WC 09 04 01

(Ed. 6-87)

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

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.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
2. "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.
3. "Insured Loss" means any loss resulting from an act of terrorism (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.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act may limit 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 may not be 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 may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.

(Ed. 1-15)

- e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
 3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

Schedule

Rate per \$100 of Remuneration:

See State Information 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
Insured
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium \$ Included

WC 09 04 03 B
(Ed. 1-15)

FLORIDA FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Foreign Voluntary Compensation Insurance to the policy to which it is attached, effective on the inception date of the policy unless a different date is indicated. Florida law may already provide benefits to employees working outside of the United States of America and this endorsement does not limit or reduce any benefits required by Florida's workers compensation law.

A. Employees Covered

1. The additional coverage provided by this endorsement applies only to employees listed in Item 1. of the Schedule of this endorsement provided they are hired within the limits of the United States of America. It provides additional coverage for the listed employees while they are traveling or temporarily residing in the country(ies) named in Item 1. of the Schedule of this endorsement. Each period of travel or temporary residence for each listed employee may be no longer than the maximum number of consecutive days shown in Item 1. of the Schedule of this endorsement.
2. This insurance does not apply to any employees you hire outside the limits of the United States of America.

B. How This Insurance Applies

This additional coverage applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death.

1. An employee listed in Item 1. of the Schedule of this endorsement must sustain the bodily injury.
2. The bodily injury must arise out of and occur in the course of your employment in the country(ies) listed in Item 1. of the Schedule of this endorsement.
3. Bodily injury by accident must occur during the policy period.
4. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions causing or aggravating such bodily injury must occur during the policy period.

C. Exclusions

This endorsement amends Part Two—Employers Liability Insurance, C. of the policy by adding the following exclusion for coverage under this endorsement:

Bodily injury arising from any direct or indirect consequence of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.

D. Voluntary Workers Compensation

This endorsement amends Part One—Workers Compensation Insurance, A. of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law of Florida.

We will pay those amounts to the persons who would be entitled to them under such law. If this is not possible, we will reimburse you for amounts you are required to pay under the law.

The following provisions apply to this insurance:

1. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to Florida's workers compensation law. The only exception to this is as provided for in Section F. of this endorsement.
2. We have the option of requesting you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
3. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - a. Release you and us in writing from all responsibility for the bodily injury or death;
 - b. Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement; and
 - c. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

(Ed. 7-15)

4. Under this or any other policy we have issued to you, it is possible that the provisions of a workers compensation law, plan, or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section D. of this endorsement. If this happens, we agree that we will make no further payments under Section D. if Section E. of this endorsement applies.

E. Legal Liability Under Workers Compensation Law

1. If you are required to pay any benefits to an employee listed in Item 1. of the Schedule of this endorsement under a workers compensation or occupational disease law of the country(ies) listed in Item 1. of the Schedule of this endorsement, we will reimburse you up to, but not in excess of, the cost of benefits that would be payable under the applicable workers compensation law of Florida.
2. We will not be liable for any loss for which you had other valid and collectible insurance.
3. We assume no obligation to defend or reimburse you for any suit or proceeding against you outside of the United States of America.
4. The coverage that Section E. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any country(ies) named in Item 1. of the Schedule of this endorsement.

F. Repatriation Expense

This section only applies to coverage provided under Sections D. and E. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to the employees listed in Item 1. of the Schedule of this endorsement. In the event that an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee or accident.

The policy does not afford coverage for repatriation expenses unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

G. Employers Liability

The following agreement replaces Part Two—Employers Liability Insurance, B. of the policy with respect to the coverage this endorsement provides:

B. We Will Pay

We will pay, on your behalf, all sums that you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any country(ies) designated in Item 1. of the Schedule of this endorsement other than the United States of America by any of your employees listed in Item 1. of the Schedule of this endorsement arising out of and in the course of employment by you.

The following provisions apply to Section G. of this endorsement:

1. We will reimburse you for all reasonable expenses you incur, including attorney fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend or reimburse you for any suit or any proceeding brought against you outside the United States of America.
2. The limit of our liability under Part Two will be in accordance with the following provisions:

The words "damages because of bodily injury by accident or disease, including resulting in death" in Section B. **We Will Pay** above include damages for care and loss of services. These words also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees listed in Item 1. of the Schedule of this endorsement sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to "bodily injury by accident" is the

most we will pay for all damages, including damages for care and loss of services, to one or more employees listed in Item 1. of the Schedule of this endorsement in any one accident.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to "bodily injury by disease—policy limit" is the most we will pay for all damages because of bodily injury by disease, including resulting death, regardless of the number of employees listed in Item 1. of the Schedule of this endorsement who sustain bodily injury by disease outside the United States of America.

The limit shown in Item 3. of the Schedule of this endorsement 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 listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

We will not make any additional payments for any claims for damages after we have paid the applicable limit of liability as shown in Items 2. and 3. of the Schedule of this endorsement.

H. Premium

In addition to the provisions of Part Five—Premium of the policy, the following provisions will apply to this endorsement:

1. We will compute the premium for this coverage in accordance with Part Five of the policy, upon all remuneration paid to employees shown in Item 1. of the Schedule of this endorsement while traveling or residing in the country(ies) listed in the same Schedule for a period of no longer than the maximum number of consecutive days per policy period indicated in Item 1. of the Schedule of this endorsement.

Each period of travel or temporary residence for each listed employee may be no longer than the maximum number of consecutive days shown in Item 1. of the Schedule of this endorsement.

2. We will determine the premium for this coverage on the basis of the workers compensation rules, classifications, and rates approved by the appropriate regulatory authority for the state of Florida.

3. You must maintain payroll records for any employee covered by the provisions of this endorsement.

I. Other Insurance

The following provision replaces Part One—Workers Compensation Insurance, E. and Part Two—Employers Liability Insurance, F. of the policy with respect to the coverage this endorsement provides:

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance, except with respect to insurance provided under Section E. of this endorsement. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

(Ed. 7-15)

Schedule

1. Name(s) of Employees	Country(ies) of Operations	Maximum Number of Consecutive Days
All officers and employees	All locations, except any country or other location that currently has in place a Travel Warning issued by the United States Department of State.	30

2. Limits of Liability for Repatriation Expense

\$ 15,000 Each employee
 \$ 50,000 Each accident

3. Limits of Liability for Part Two—Employers Liability

\$ 1,000,000 Bodily injury by accident—each accident
 \$ 1,000,000 Bodily injury by disease—each employee
 \$ 1,000,000 Bodily injury by disease—policy limit

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
 Employbridge Holding Company
 Insurance Company
 XL Insurance America, Inc.

Policy No.
 RWD9435435-05

Endorsement No.
 Premium Included

Countersigned by _____

FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the 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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.

Premium Included

WC 09 06 06

(Ed. 10-98)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT - FLORIDA

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

Number of Days Notice: 90

Florida law requires ten (10) days notice when canceling a policy for nonpayment and thirty (30) days notice when canceling a policy for all reasons except nonpayment. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in **PART SIX – CONDITIONS, D. Cancellation** of the Workers' Compensation and Employers' Liability Insurance Policy, is increased to the number of days shown above.

All other terms and conditions remain the same.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Countersigned by _____

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT FLORIDA

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount, provided that this does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

The deductible amount – each accident stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident or for disablement of any one employee due to bodily injury by disease. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy is canceled for any reason by you or by us before the end of the policy period.

IN NO EVENT SHALL THE MINIMUM AGGREGATE DEDUCTIBLE LIMIT BE LESS THAN THE STANDARD PREMIUM.

D. Effect of Deductible on Employers Liability Limits

The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated Loss Adjustment Expense

"Allocated Loss Adjustment Expense" (or "ALAE") encompasses the following costs of a carrier which can be directly allocated to a particular claim:

(a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

(b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:

- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
- Expert medical or other testimony;
- Autopsy;
- Witnesses and summonses;
- Copies of documents such as birth and death certificates and medical treatment records;
- Arbitration fees;
- Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
- Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
- Appeal bond costs and appeal filing fees.

(c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:

- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
- Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
- Preferred provider Network/Organization expenses.
- Medical fee review panel expenses.

(d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.
- (c) Expenses which are defined as either an indemnity or medical loss.

F. Recovery From Others

If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

- (a) First, to any payments made by us in excess of the deductible amount; and
- (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

G. Cancellation

If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

H. Sole Representative

The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

- (a) Changes to this endorsement;
- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

I. Your Duties and Understanding

All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

J. Other Rights and Duties

All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount \$ 2,000,000 Each Accident (including disease as defined in Deductible – Each Accident).

2. Aggregate Deductible Limit is _____.

It is adjusted based on: (option that applies is indicated by "x")

a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)

But in no event less than \$ _____.
(dollar amount)

b. Negotiated percentage of standard premium
(percentage of standard premium)

But in no event less than \$ _____.
(dollar amount)

c. No Aggregate Limit applies.

3. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by "x")

A. Included in the deductible – each accident limit and included in the aggregate amount; or

B. Excluded from the deductible – each accident limit and excluded from the aggregate amount; and
(The option that applies is indicated by "x")

i. reimbursed by you for total amount of expense regardless of deductible limit(s); or

ii. shared pro rata between you and us; or

iii. fully paid by us in return for a flat charge payable by you
flat charge: _____.

(enter dollar amount)

NOTE: EXCEPT FOR OPTION B. III. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

4. Claims Handling and other associated expenses:

A. Claim Handling is (The option that applies is indicated by "x")

i. reimbursed by you as a percentage charge for each loss;
percentage charge: _____;

ii. reimbursed by you as a flat charge for each claim:
flat charge per claim \$ _____;

iii. reimbursed by you as a flat charge against the policy;
flat charge \$ _____.

iv. reimbursed by you at an amount of \$ _____.

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Endorsement Number:

Policy Number: RWD9435435-05

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

XL Insurance America, Inc.

(Name of Insurance Company)

Issued to: Employbridge Holding Company

Effective Date of this Endorsement:

Countersigned by _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

The first sentence of the section titled **Part Four – Your Duties If Injury Occurs** is amended to read as follows:

You shall tell us or any of our authorized representatives or agents as soon as practicable after an accident or injury becomes known to you. It is agreed that knowledge of an accident or injury by your agent, servant or employee shall not in itself constitute knowledge by you unless you or any partner or any executive officer or any other officer or person responsible for insurance matters for you shall have received such notice from the agent, servant or employee.

All other terms and conditions remain the same.

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.

RWD9435435-05

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

WC 99 06 71

Ed. 0414

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Page 1 of 1

GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT

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

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

D. Cancellation, Nonrenewal, and Change

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect, subject to the following:
 - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
 - b. If by statute, regulation, or contract this policy may not be cancelled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days' notice to you and the third party as soon as practicable after receiving your request for cancellation. Our notice will state the effective date of cancellation, which will be the later of the following:
 - 1) 10 days from the date of mailing or delivering our notice, or
 - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase in premium due to change in risk or exposure, including a change in experience modification or resulting from an audit of auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.
4. If you fail to submit to, or allow an audit for, the current or most recently expired policy term, we may, after two documented efforts to notify you and your agent of potential cancellation, send via certified mail or statutory overnight delivery, return receipt requested, written notice to you at least 10 days prior to the effective date of cancellation in lieu of the number of days' notice otherwise required by state law. However, we must not mail a cancellation notice within 20 days of the first documented effort to notify you of potential cancellation.
5. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium: Included

HAWAII NOTIFICATION ENDORSEMENT

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

Hawaii law requires that all policies issued to employers for workers compensation insurance disclose clearly to employers as separate figures the portion of the premium charged for categories (1) through (5) below. Category (6) is provided for informational purposes only so that the figures total 100%. These figures are provided below in column A as percentages of standard premium because rates are filed and approved on a standard premium basis. If the figures were not provided as percentages of standard premium, the percentages would vary by policy based on any premium discounts applied to the individual policy. Hawaii law also requires the disclosure of the percentages of premiums expended during the previous year by the insurer for claims paid in the same categories. These percentages are provided below in column B based on the most recent available calendar year data. The figures in column B may not total to 100% since premiums collected in any individual calendar year will not correspond exactly to the claims and expenses paid in that calendar year.

Category	A	B
(1) Medical care, services, and supplies	<u>25.8%</u>	<u>23.8%</u>
(2) Wage loss benefits including temporary total, temporary partial, and permanent total disability benefits and their related benefits	<u>6.8%</u>	<u>11.6%</u>
(3) Indemnity benefits for permanent partial disability	<u>31.7%</u>	<u>14.3%</u>
(4) Death benefits	<u>0.5%</u>	<u>0.4%</u>
(5) Loss control and administrative costs, attorney's fees of the insurer, the cost of employer requested medical examinations and private investigation costs	<u>8.0%</u>	<u>10.0%</u>
(6) Production costs, general expense, premium tax, Special Compensation Fund, miscellaneous tax, Hawaii Hurricane Relief Fund	<u>27.2%</u>	<u>30.32%</u>

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium Included

**WORKERS COMPENSATION LARGE RISK LOSS REIMBURSEMENT PLAN ENDORSEMENT
HAWAII****A. General Conditions**

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the loss reimbursement amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expense(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the loss reimbursement amount, provided that this does not release you from your obligation to reimburse us.

B. Loss Reimbursement -- Each Accident

1. The loss reimbursement amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of anyone accident or for disablement of anyone employee due to bodily injury by disease. All or a portion of the Allocated Loss Adjustment Expense may be included in the loss reimbursement amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Loss Reimbursement Limit

1. The amount stated in the Schedule as the Aggregate Loss Reimbursement limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Loss Reimbursement. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Loss Reimbursement on Limits of Liability

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the loss reimbursement amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific loss reimbursement amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated Loss Adjustment Expense

1. **"Allocated Loss Adjustment Expense"** (or "ALAE") encompasses the following costs of a carrier which can be directly allocated to a particular claim:

- a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
- b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- c) Medical cost containment expenses incurred with respect to a particular Claim whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
 - Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

1. Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
2. Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters) for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.
3. Expenses which are defined as either an indemnity or medical loss.

F. Multiple Line/Multiple Policy Maximum Loss Content.

1. As an alternative to an Aggregate Loss reimbursement Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a loss reimbursement, loss limit or retained limit for any policy listed in the Schedule on the loss reimbursement endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the Schedule of the loss reimbursement endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited Standard Premium.

The Maximum Loss Content charge is the charge which compensates us for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content.

If a Maximum Loss Content is selected, the aggregate loss reimbursement limit charge to be included in the Loss reimbursement Premium formula is negotiated by the insured and Insurer.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

- (a) First, to any payments made by us in excess of the loss reimbursement amount; and
- (b) The remainder, if any, will be applied to reduce the loss reimbursement amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representation

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

- (a) Changes to this endorsement;
- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the loss reimbursement provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this loss reimbursement endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDULE

1. Loss Reimbursement Amount \$ 2,000,000 Each Accident (including disease as defined in Loss Reimbursement – Each Accident).

2. Aggregate Loss Reimbursement Limit is _____.
It is adjusted based on: (option that applies is indicated by "x")

a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)

But in no event less than \$ _____.
(dollar amount)

b. Negotiated percentage of standard premium
(percentage of standard premium)

But in no event less than \$ _____.
(dollar amount)

c. No Aggregate Limit applies.

3. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by "x")

A. Included in the loss reimbursement – each accident limit and included in the aggregate amount; or

B. Excluded from the loss reimbursement – each accident limit and _____ aggregate amount; and
("included in" or "excluded from")
(option that applies is indicated by "x")

i. reimbursed by you for total amount of expense regardless of loss reimbursement limit(s); or

ii. shared pro rata between you and us; or

iii. fully paid by us in return for a flat charge payable by you

flat charge: _____.
(enter dollar amount)

NOTE: EXCEPT FOR OPTION B. III. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE LOSS REIMBURSEMENT AMOUNT.

4. Claims Handling and other associated expenses:

A. Claim Handling is (options that apply are indicated by "x")

i. reimbursed by you as a percentage charge for each loss;
percentage charge: _____;

ii. reimbursed by you as a flat charge for each claim:

flat charge per claim \$ _____;

iii. reimbursed by you as a flat charge against the policy;
flat charge \$ _____.

iv. reimbursed by you at an amount of \$ _____.

B. Charges other than claim handling is: (options that apply are indicated by "x")

i. reimbursed by you at a rate of _____ times exposure base of _____ per _____; or
ii. reimbursed by you as a flat charge of _____ against the policy.

5. At final premium audit, this policy (options that apply are indicated by "x")
- will be billed to you at a rate of \$ 0.19973 per \$100 of audited payroll; or
 - will be billed to you using rates on Declaration Page.
6. Maximum Loss Content (applicable only if 2.c. of this Schedule is selected) (option that applies is indicated by "x")
- Negotiated rate of _____ per \$100 of audited payroll
(enter rate)
But in no event less than \$ _____.
(dollar amount)
 - Negotiated percentage of standard premium
(percentage of standard premium)
But in no event less than \$ _____.
(dollar amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Endorsement Number:
Policy Number: RWD9435435-05

Issued to: Employbridge Holding Company
Effective Date of this Endorsement:

XL Insurance America, Inc.
(Name of Insurance Company)

Countersigned by _____
Authorized Representative

ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by an Illinois Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, or if an estimated factor has been applied, we will issue an endorsement to show the proper premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 12 04 02

(Ed. 9-92)

ILLINOIS AMENDATORY ENDORSEMENT

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

Part Two—Employers Liability Insurance, Section B. (We Will Pay), Item 3. of the policy is replaced by the following:

3. For consequential bodily injury to a party to a civil union, 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

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

G. Audit

You will let us examine and audit all your records that relate to this policy. 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 ends. Information developed by audit will be used to determine final premium. The National Council on Compensation Insurance has the same rights we have under this provision.

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

A. Inspection

We have the right, but are not obliged, to inspect 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. The National Council on Compensation Insurance has the same rights we have under this provision.

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

D. Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail to each named insured at the last known mailing address advance written notice stating when the cancellation is to take effect. We will maintain proof of mailing of the notice of cancellation. A copy of all such notices shall be sent to the broker or agent of record, if known, at the last known mailing address. The broker or agent of record may opt to accept notification electronically.
3. If we cancel because you do not pay all premium when due, we will mail the notice of cancellation at least ten days before the cancellation is to take effect. If we cancel for any other reason, we will mail the notice:
 - a. At least 30 days before the cancellation is to take effect if the policy has been in force for 60 days or less;
 - b. At least 60 days before the cancellation is to take effect if the policy has been in force for 61 days or more.
4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium;
 - b. The policy was issued because of a material misrepresentation;
 - c. You violated any of the terms and conditions of the policy;
 - d. The risk originally accepted has measurably increased;
 - e. The Director has determined that we no longer have adequate reinsurance to meet our needs; or
 - f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.

(Ed. 01-15)

5. Our notice of cancellation will state our reasons for cancelling.
6. The policy period will end on the day and hour stated in the cancellation notice.

Part Six—Conditions, Section E. (Sole Representative) of the policy is replaced by the following:

E. Sole Representative

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

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

F. Nonrenewal

1. We may elect not to renew the policy. If we fail to give at least 60 days notice prior to the expiration date of the current policy, the policy will automatically be extended for one year. We will mail to each named insured the nonrenewal notice at the last known mailing address. We will maintain proof of mailing of the nonrenewal notice. An exact and unaltered copy of such notice will also be sent to the named insured's producer, if known, or the producer of record at the last known mailing address. The named insured's producer, if known, or the producer of record may opt to accept notification electronically.
2. Our notice of nonrenewal will state our reasons for not renewing.
3. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. You notify us or the producer who procured this policy that you do not want the policy renewed; or
 - b. You fail to pay all premiums when due; or
 - c. You obtain other insurance as a replacement of the policy.

Note:

1. Cancellation and nonrenewal of the workers compensation and employers liability insurance policy is regulated by Sections 143.14, 143.15, 143.16, 143.16a, 143.17, and 143.17a of the insurance law of Illinois.
2. This endorsement must be attached to a policy showing Illinois in Item 3.A. of the Information 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
Insured
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05
Countersigned by _____

Endorsement No.
Premium Included

WC 12 06 01 E
(Ed. 01-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ILLINOIS WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy, nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.
2. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.
2. The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.
3. As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.
4. The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- 1) Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - 2) Expert medical or other testimony;
 - 3) Autopsy;
 - 4) Witnesses and summonses;
 - 5) Copies of documents such as birth and death certificates and medical treatment records;
 - 6) Arbitration fees;
 - 7) Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - 8) Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - 9) Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- 1) Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - 2) Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - 3) Preferred provider Network/Organization expenses.
 - 4) Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.
2. The following shall not be included as "Allocated Loss Adjustment Expense":
- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
 - (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
 - (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

If you fail to reimburse us for any amounts as required by this endorsement or provide proper security, this will be considered a violation of the Terms and Conditions of the policy and we may cancel this endorsement by providing a 60 day notice of cancellation.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving notice of cancellation.

J. Your Duties and Understanding

All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) X No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by you

Flat charge: \$

(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per
_____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

**WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT
IOWA****A. General Conditions**

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount, provided that this does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible amount – each accident stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident or for disablement of any one employee due to bodily injury by disease. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated loss Adjustment Expense

1. “Allocated Loss Adjustment Expense” (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:

(a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

(b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:

- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
- Expert medical or other testimony;
- Autopsy;
- Witnesses and summonses;
- Copies of documents such as birth and death certificates and medical treatment records;
- Arbitration fees;
- Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
- Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
- Appeal bond costs and appeal filing fees.

(c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:

- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
- Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
- Preferred provider Network/Organization expenses.
- Medical fee review panel expenses.

(d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation. The following shall not be included as "Allocated Loss Adjustment Expense":

a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.

(b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.

(c) Expenses which are defined as either an indemnity or medical loss.

F. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

(a) First, to any payments made by us in excess of the deductible amount; and

(b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this endorsement as for non-payment of premium..

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

- (a) Changes to this endorsement;
- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount \$2,000,000 Each Accident (including disease as defined in Deductible – Each Accident).

2. Aggregate Deductible Limit is _____.

It is adjusted based on: (option that applies is indicated by "x")

a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)

But in no event less than \$_____.

(dollar amount)

b. Negotiated percentage of standard premium
(percentage of standard premium)

But in no event less than \$_____.

(dollar amount)

c. No Aggregate Limit applies.

3. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by "x")

A. Included in the deductible – each accident limit and included in the aggregate amount; or

B. Excluded from the deductible – each accident limit and _____ aggregate amount; and
("included in" or "excluded from")

(option that applies is indicated by "x")

i. reimbursed by you for total amount of expense regardless of deductible limit(s); or

ii. shared pro rata between you and us; or

iii. fully paid by us in return for a flat charge payable by you

flat charge: _____.

(enter dollar amount)

NOTE: EXCEPT FOR OPTION B. III. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

4. Claims Handling and other associated expenses:

A. Claim Handling is (options that apply are indicated by "x")

i. reimbursed by you as a percentage charge for each loss;

percentage charge: _____;

ii. reimbursed by you as a flat charge for each claim:

flat charge per claim \$ _____;

iii. reimbursed by you as a flat charge against the policy;

flat charge \$ _____.

iv. reimbursed by you at an amount of \$ _____.

- B. Charges other than claim handling is: (options that apply are indicated by "x")
- i. reimbursed by you at a rate of _____ times exposure base of _____ per _____; or
 - ii. reimbursed by you as a flat charge of _____ against the policy.
5. At final premium audit, this policy (options that apply are indicated by "x")
- a. will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
 - b. will be billed to you using rates on Declaration Page.
6. Maximum Loss Content (applicable only if 2.c. of this Schedule is selected) (option that applies is indicated by "x")
- a. Negotiated rate of _____ per \$100 of audited payroll
(enter rate)
But in no event less than \$ _____.
(dollar amount)
 - b. Negotiated percentage of standard premium
(percentage of standard premium)
But in no event less than \$ _____.
(dollar amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Endorsement Number:
Policy Number: RWD9435435-05

XL Insurance America, Inc.
(Name of Insurance Company)

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Issued to: Employbridge Holding Company
Effective Date of this Endorsement:

Countersigned by _____
Authorized Representative

KANSAS FINAL PREMIUM ENDORSEMENT

This endorsement changes how the final premium is determined. The change applies only to the premium charged because Kansas is shown in Item 3.A. of the Information Page

- Kansas final premium will not be less than the highest minimum premium for the classifications covered by this policy unless there are two or more classifications covered and the highest rated classification has less than \$500 payroll.
- When this occurs the final premium will not be less than one-half of the sum of the two highest minimum premiums for any classifications covered by the policy other than Clerical Office and Salespersons.
- When the highest rated classification has less than \$500 payroll and Standard Exception classifications are the only classifications showing payrolls, the final premium will not be less than the minimum premium for the classification showing the highest payroll.
- Final premium for a multiple state policy will be that of the state with the single highest minimum premium, even if that state is on an "if any" basis. If two or more states have the same highest minimum premium, the minimum premium is determined by the state with the largest amount of standard premium.
- Minimum premium is subject to final adjustment at audit and will be determined only on the basis of the classifications developing premium.
- If the final earned premium is less than the minimum premium determined at audit, then that minimum premium must be charged.
- If no classification develops premium, the final premium shall be a flat charge of \$200.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

KANSAS CANCELATION AND NONRENEWAL ENDORSEMENT

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

The **Cancelation** Condition of the policy is replaced by these two Conditions:

Cancelation

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. If we cancel because you fail to pay all premium when due, we will mail or deliver to you not less than 10 days advance written notice stating when the cancelation is to take effect. If we cancel for any other reason, we will mail or deliver to you not less than 30 days advance written notice stating when the cancelation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. If this policy has been in effect for 90 days or more, we may cancel only for one of the following reasons:
 - a. nonpayment of premium;
 - b. the policy was issued because of a material misrepresentation;
 - c. you violated any of the material terms and conditions of the policy;
 - d. there are unfavorable underwriting factors, specific to you, that were not present when the policy took effect;
 - e. the Commissioner has determined that our continuation of coverage could place us in a hazardous financial condition or in violation of the laws of Kansas; or
 - f. the Commissioner has determined that we no longer have adequate reinsurance to meet our needs.
4. Our notice of cancelation will state our reasons for canceling.
5. The policy period will end on the day and hour stated in the cancelation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice when the nonrenewal will 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.
2. Our notice of nonrenewal will state our reasons for not renewing.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

KENTUCKY PART ONE WORKERS COMPENSATION INSURANCE ENDORSEMENT

This endorsement modifies the insurance policy to which it is attached and applies to the insurance provided by this policy because Kentucky is shown in Item 3.A. of the Information Page.

F. 3. of Part One, Workers Compensation Insurance of the policy is replaced by the following:

F. Payments You Must Make

3. you fail to comply with a health or safety law or regulation; provided that, however, we are responsible for payment of any amounts in excess of the benefits regularly provided under the workers compensation law of this state if an accident is caused in any degree by the intentional failure of the employer to comply with any specific statute or lawful administrative regulation made thereunder, communicated to the employer and relative to the installation or maintenance of safety appliances or methods as provided in KRS 342.165(1); or

Except for any payments for which we are responsible as provided in Section F.3. above, 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.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 16 03 05

(Ed. 6-07)

KENTUCKY CANCELATION AND NONRENEWAL ENDORSEMENT

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

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

Cancelation

1. You may cancel this policy. You will deliver or mail advance written notice to us, stating when the cancelation is to take effect.
2. We may cancel this policy. We will deliver or mail to you not less than 75 days advance written notice stating when the cancelation is to take effect and our reason or reasons for cancelation. If we cancel for nonpayment of premium or within 60 days of the date of issuance of the policy, we will deliver or mail this notice not less than 14 days prior to the effective date of cancelation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. After coverage has been in effect more than 60 days or after the effective date of a renewal policy, we may not cancel the policy unless cancelation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. discovery of fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or presenting a claim under the policy;
 - c. discovery of willful or reckless acts or omissions on your part increasing any hazard originally insured;
 - d. changes in conditions after the effective date of the policy or any renewal substantially increasing any hazard originally insured;
 - e. a violation of any local fire, health, safety, building, or construction regulation or ordinance at any of your covered workplaces substantially increasing any hazard originally insured;
 - f. our involuntary loss of reinsurance for the policy;
 - g. a determination by the commissioner that the continuation of the policy would place us in violation of Kentucky insurance laws.

Nonrenewal

1. We may elect not to renew the policy. We will deliver or mail to you not less than 75 days advance written notice stating our intention not to renew and our reason or reasons for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will be deemed to be renewed for the ensuing policy period upon payment of the appropriate premium, and coverage will continue until you have accepted replacement coverage with another insurer, until you have agreed to the nonrenewal, or until the policy is canceled.
3. If we have delivered or mailed to you a renewal notice, bill, certificate, or policy not less than 30 days before the end of the current policy period clearly stating the amount and due date of the renewal premium charge, then the policy will terminate on the due date without further notice unless the renewal premium is received by us or our agent on or before the due date. If the policy terminates in this manner, we will deliver or mail to you within 15 days of termination at your mailing address shown in Item 1 of the Information Page a notice that the policy was not renewed and the date on which coverage ceased to exist. Proof of mailing of the renewal premium to us or our agent on or before the due date will constitute a presumption of receipt on or before the due date.

4. If we offer to renew the policy for a premium amount more than 25% greater than the premium amount for the current policy term for like coverage and like risks, we will deliver or mail to you and to your agent not less than 75 days advance written notice of the renewal premium amount. We may at our option, in order to comply with this requirement, extend the period of coverage of the current policy at the expiring premium.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

KENTUCKY NOTICE OF APPEAL RIGHTS ENDORSEMENT

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

NOTICE OF YOUR RIGHTS

If you believe that the rates or the rating system under this policy have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to us or the National Council on Compensation Insurance, Inc. (NCCI). We or NCCI has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, we or NCCI shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of your review. Your appeal is to be sent to:

Legal Division
Department of Insurance
P. O. Box 517
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from us or NCCI. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may, after the hearing, issue a final order affirming, modifying or reversing our or NCCI's action.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium Included

WC 160602
(Ed. 10-99)

NOTICE TO INSUREDS TAX AND ASSESSMENT CHARGE—KENTUCKY

The Kentucky Insurance Department does not consider taxes and assessments a part of Workers' Compensation Insurance Rates. Therefore, the monies charged the insured for taxes and assessments under the Kentucky Workers' Compensation Law, pursuant to KRS 342.122 and 342.445 as now or hereafter amended, are not included as premium under the policy.

As a result, the company acts as a tax collector with respect to taxes and assessments and is required under the Workers' Compensation Law to collect and remit the taxes and assessments to the Kentucky Commissioner of Revenue.

Effective 01-31-2018 _____, a tax and assessment rate of 6.29 _____ % is applicable to new and renewal policies.

The tax and assessment amount due is \$ 85,331.00 _____.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KENTUCKY WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will not be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may, at our option, cancel this policy by mailing or delivering to you not less than 75 days written notice of cancellation. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by youFlat charge: \$ _____
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per
_____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

LOUISIANA DUTY TO DEFEND ENDORSEMENT

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

The duty to defend provision of the policy is replaced by this provision.

Part Two—Employer's Liability**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.

Our duty to defend ends when the limit of liability has been exhausted by the payment of a judgement or settlement.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 17 03 03

(Ed.12-00)

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

1. If coverage has not been in effect for sixty days and the policy is not a renewal, cancellation will be effected by mailing or delivering a written notice to you at the mailing address shown on the policy at least sixty 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 ten days before the effective date of cancellation. After coverage has been in effect for more than sixty 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

(Ed. 9-17)

- e. Determination by the commissioner of insurance that the continuation of 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 and will be mailed or delivered to you at the mailing address as shown on the policy. Notices of cancellation based on conditions 1.b. through 1.g. above will be mailed or delivered at least thirty days before the effective date of the cancellation; notices of cancellations based on condition 1.a. above will be mailed or delivered at least ten 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 statement specifying the reason for the cancellation when you request such a statement in writing. Your written 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 which 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 deliver or mail notice to you at the address shown on the policy. Such notice of nonrenewal will be mailed or delivered at least sixty days before the 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 less than sixty days before expiration, coverage will remain in effect under the same terms and conditions until sixty 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 upon 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 ninety 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 written notice of any rate increase, change in deductible, or reduction in limits or coverage at least thirty days before the expiration date of the policy. If we fail to provide such thirty-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 first occurs. For the purposes of this paragraph, notice is considered given thirty days following 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

If you cancel, final premium for this policy will be
1. calculated: _____

pro rata, or _____
more than pro rata

2. Basis of Audit
Noncompliance
Charge _____

Maximum Audit
Noncompliance
Charge
Multiplier _____

Maximum Audit
Noncompliance
Charge
\$ Amount _____

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.

RWD9435435-05

Premium \$ Included

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

LOUISIANA COST CONTAINMENT ACT ENDORSEMENT

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

You may be eligible for a two (2) percent reduction in your premium if you attend a cost containment meeting conducted by the Occupational, Safety and Health Administration (OSHA) Section of the Office of Workers Compensation Administration. In order for you to receive the reduction, you must submit to us a certificate of attendance from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date you attended the cost containment meeting.

You may also be eligible for an additional five (5) percent reduction in your premium if you have attended a cost containment meeting and have subsequently satisfactorily implemented an occupational safety and health program prescribed by the OSHA Section. In order for you to receive the reduction, you must submit to us a Certificate of Satisfactory Implementation of Occupational, Safety and Health Program from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date of your certification.

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

RWD9435435-05

Premium \$ Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 17 06 02 A

(Ed. 2-96)

MAINE INSPECTION IMMUNITY ENDORSEMENT
(TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)

THE FOLLOWING LIMITS OUR LIABILITY

We, the insurance company, our agents, employees, or service contractors, are not liable for damages from injury, death or loss occurring as a result of any act or omission in the furnishing of or the failure to furnish insurance inspection services related to, in connection with or incidental to the issuance or renewal of a policy of property or casualty insurance.

This exemption from liability does not apply:

- A. If the injury, loss or death occurred during the actual performance of inspection services and was proximately caused by our negligence or by the negligence of our agents, employees or service contractors;
- B. To any inspection services required to be performed under the provisions of a written service contract or defined loss prevention program;
- C. In any action against us, our agents, employees, or service contractors for damages proximately caused by our acts or omissions which are determined to constitute a crime, actual malice or gross negligence; or,
- D. If we fail to provide this written notice to the insured whenever a policy is issued or when new policy forms are issued upon renewal.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 18 06 01

(Ed. 4-84)

MAINE CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

Cancelation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. We must mail or deliver to you and to the Workers Compensation Board not less than 30 days advance written notice stating when the cancelation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice. If you have obtained a workers compensation and employers liability insurance policy from another insurance company, or have otherwise secured your obligation to provide compensation, and such insurance or other security becomes effective prior to the expiration of the notice period, the policy period will end on the effective date of such other insurance or security.
4. If this policy has been renewed or has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium;
 - b. Fraud or a material misrepresentation was made in obtaining the policy, continuing the policy or presenting a claim under the policy;
 - c. The risk accepted when the policy was issued has substantially increased;
 - d. Your failure to comply with reasonable loss control recommendations;
 - e. A substantial breach of contractual duties, conditions or warranties under the policy;
 - f. The Superintendent has determined that continuation of the policy could jeopardize our solvency or place us in violation of the law.

Nonrenewal

We may elect not to renew the policy. We will mail or deliver to you not less than 30 days advance written notice. A post office certificate of mailing to you at your last known address will be conclusive proof of receipt of that notice on the third calendar day after mailing.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 18 06 03 A

(Ed. 6-95)

MAINE FINAL PREMIUM AUDIT ENDORSEMENT

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

Part Five (Premium), Condition E, **Final Premium**, and Condition G, **Audit**, are changed by adding these Conditions:

E. Final Premium

We are required by Maine regulation to complete our final premium audit not later than 120 days after the policy period ends.

If we are unable to examine and audit your records because of your failure to cooperate, we will mail a advance written notice to you stating the reasons for our inability to establish the final premium. Your final premium will be established no later than 120 days from the time we are able to complete the examination and audit of your records.

If we have not established the final premium within the 120-day time limitation, we may not bill or collect any additional premium that exceeds the latest billed annual premium.

G. Audit

You may request a final premium audit to determine whether you are entitled to a refund, if we have not established the final premium within the 120-day time limit. You will mail or deliver written notice to us requesting the audit.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 18 06 04

(Ed. 5-88)

**MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY
WITHIN SEVEN DAYS ENDORSEMENT**

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

Employer's First Report of Occupational Injury or Disease, form WCB-1, required to be filed for injuries arising out of and in the course of an employee's employment that has caused the employee to lose a day's work shall be reported to and received by the Workers' Compensation Board within seven (7) days after the employer receives notice or knowledge of the injury, as provided by 39-A M.R.S.A. sec. 303. First Reports of Injury can be mailed, electronically submitted, or faxed to the Workers' Compensation Board at 207-287-5895.

Contact us immediately if an injury occurs that may be required to be reported to the Workers' Compensation Board.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 180606

(Ed. 8-99)

MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT

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

Title 39-A of Maine Revised Statute Annotated, sections 355A through section 356 establishes the Maine Supplemental Benefits Fund to reimburse insurers and self-insurers for their payments of compensation to employees made pursuant to 39-A M.R.S.A. § 213(3),(4).

We are authorized pursuant to 39-A M.R.S.A. § 356 to collect a surcharge from you to pay the assessments required pursuant to 39-A M.R.S.A. § 154(3). Your surcharge will be calculated in accordance with 39-A M.R.S.A. § 154(3)(B-1).

Schedule

Surcharge: 0.0000 %

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 18 06 07 A

(Ed.07-11)

MARYLAND CONSTRUCTION CLASSIFICATION PREMIUM REDUCTION PROGRAM ENDORSEMENT

This premium for the policy may be reduced by the Maryland Construction Classification Premium credit factor. The factor was not available when the policy was issued. If you qualify, or if an estimated factor has been applied, we will issue an endorsement to show the proper premium reduction factor after 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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by_____

WC 19 04 01

(Ed. 7-93)

MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

D. Cancellation and Nonrenewal

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
 - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
 - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.
3. The effective dates of the cancellation or nonrenewal are determined as follows:
 - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
 - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
4. The provisions in D-2 and D-3 do not apply to the cancellation of a policy or binder during the 45-day underwriting period in accordance with Section 12-106 of Maryland Code, Insurance. Refer to Section 12-106 of Maryland Code, Insurance for the cancellation provisions that apply during the 45-day underwriting period.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT

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

1. Your policy is subject to a 45-day underwriting period beginning on the effective date of coverage. In accordance with Md. Code Ann. Ins. §12-106, if we discover a material risk factor during the underwriting period, we may:

- a. Cancel this policy during the underwriting period if you do not meet our underwriting standards; or
- b. Recalculate your premium from the effective date of the policy if you meet our underwriting standards.

A material risk factor means a risk factor that:

- Was incorrectly recorded or not disclosed by the insured in an application for insurance;
- Was in existence on the date of the application; and
- Modifies estimated annual premium charged on the policy in accordance with the rates and supplementary rating information filed by the carrier

A material risk factor does not include:

- Information that constitutes a material misrepresentation; or
- A change initiated by an insured, including any request by the insured that results in a change in coverage, change in deductible, or other change to a policy.

2. If we recalculate your premium because we discovered a material risk factor during the underwriting period, we will provide to you, by certificate of mailing or by delivery of electronic means in accordance with Md. Code Ann. Ins. §27-601.2, written notice of the following information by no later than the end of the underwriting period:

- a. The amount of the recalculated premium;
- b. The reason for the increase or reduction in the premium; and
- c. Your right to cancel this policy and receive a pro rata refund of any premium paid by notifying us of the cancellation.

3. If you cancel this policy following receipt of a notice of recalculated premium, you will receive a pro rata refund of any premium paid, regardless of whether your policy is a retrospectively rated policy.

4. Nothing in this endorsement prohibits us from conducting an audit in accordance with the provisions of your policy or charging and collecting the final premium based on the results of the audit.

5. This endorsement does not apply if your policy is a 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

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Massachusetts is listed in Item 3.A. of the Information Page.

Our liability to you under Section 25 of Chapter 152 of the General Laws of Massachusetts is not subject to the limit of liability that applies to Part Two (Employers Liability Insurance).

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

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 20 03 01

(Ed. 4-84)

MASSACHUSETTS—ASSESSMENT CHARGE

Massachusetts General Laws, Chapter 152, Section 65, as amended by Chapter 572 of the Acts of 1985, establishes a workers compensation special fund and a workers compensation trust fund.

On behalf of the Department of Industrial Accidents (DIA), the insurance company providing workers compensation coverage is required to bill and collect an assessment charge covering the special and trust funds from insured employers and remit the amounts collected to the State Treasury.

The assessment charge, which is determined by applying a rate (subject to annual change) to the DIA's standard premium, as defined and outlined in 452 CMR 7.00, developed under your policy, is shown as a separate item on the information page of the policy. The rate may be different for private employers and for the Commonwealth and its political subdivisions.

The income derived from the assessment charge will be used to fund the operating expenses of the DIA and to fund certain employee benefits as described in Chapter 152.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 20 03 02 A

(Ed. 9-08)

MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT

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

1. Rates and Premium

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact your agent or us.

You may obtain pertinent rating information by submitting a written request to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this endorsement or to us at our company address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your classification, rates, premiums or audit results were determined. If we fail to grant or reject your request within thirty days after it is made or if you are not satisfied by the results of our review, you may submit a written request for review to the Workers' Compensation Rating and Inspection Bureau of Massachusetts ("WCRIBMA") at the address shown in this endorsement. If the WCRIBMA fails to grant or reject your request within thirty days after it is made or [i]f you are not satisfied with the results of the WCRIBMA review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Reserves or Settlements

You may request a loss run, which contains reserve and settlement information for claims that relate to the premium for this policy. Such a request must be in writing and should be sent to our address shown on this endorsement. We will provide you with that information within thirty (30) days of receipt of your request, and at reasonable intervals thereafter.

If you have any questions or believe that we set unreasonable reserves or made unreasonable settlements that affected your premiums or losses, you may make a written request through your agent or directly to us for a meeting with our company representative. If you are not satisfied with the results of the meeting, you may make a written appeal to the Insurance Commissioner at the address shown on the endorsement.

3. Named Insured

You are responsible for immediately reporting all changes in name or legal status to us in writing at the company address shown in this Endorsement.

If you want to add a named insured or replace the named insured with another legal entity on any policy issued through the Massachusetts Assigned Risk Pool you must submit a new Assigned Risk Pool Application, including a Confidential Request for Information Form (ERM), to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this Endorsement.

4. Insured's Mailing Address

Notices relating to this Policy will be mailed or delivered to your mailing address. Your mailing address is that which is shown in Item 1 of the Information Page or in a change of address Endorsement to the Policy. You are responsible for notifying us in writing at the company address shown in this Endorsement about any change to your mailing address.

Addresses

The Workers' Compensation Rating and
Inspection Bureau of Massachusetts
Attention: Customer Service Department
101 Arch Street, 5th Floor
Boston, MA 02210
www.wcribma.org

Company Address

XL Insurance America, Inc.
190 South LaSalle Street,
Chicago, IL 60603

Commissioner of Insurance
Division of Insurance
Department of Banking and Insurance
1000 Washington St 8th Floor
Boston, MA 02118-2218

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

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

MASSACHUSETTS PENDING PREMIUM CHANGE ENDORSEMENT

A filing is being considered by the Massachusetts Division of Insurance which may result in premiums different from those shown on the policy. If it does, we will issue an endorsement to show the new premiums and their effective date.

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

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 20 04 01

(Ed. 11-90)

MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT

Section D of Part Five of the Policy is replaced by this provision:

**PART FIVE
PREMIUM**

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

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The audit and retrospective premiums shall be paid by the due date indicated on the billing statement.**

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

RWD9435435-05

Premium \$ Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 20 04 05
(Ed. 6-01)

MASSACHUSETTS CANCELLATION ENDORSEMENT

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

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

Cancellation

1. You may cancel this policy by mailing or delivering to us advance written notice requesting cancellation. Such cancellation shall not be effective until ten days after written notice is given by us to The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
2. We may cancel this policy only if based on one or more of the following reasons: (i) nonpayment of premium; (ii) fraud or material misrepresentation affecting your policy; or (iii) a substantial increase in the hazard insured against. Such cancellation shall not be effective until ten days after written notice is given by us to you and The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
3. We will mail or deliver the notice of cancellation to you at your last address, which shall be the mailing address shown in Item 1 of the Information Page or the change of mailing address shown in an Endorsement to the Policy. Pursuant to M.G.L. Chapter 175, Section 187C, a written notice of cancellation shall be deemed effective when mailed by us if we obtain a certificate of mailing receipt from the United States Postal Service showing your name and address as stated in the policy.
4. Any of these provisions that conflict with the law that controls the cancellation of this insurance policy is changed by this statement to comply with the law.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 20 06 01 A

(Ed. 7-08)

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT MASSACHUSETTS

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount, provided that this does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible amount – each accident stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident or for disablement of any one employee due to bodily injury by disease. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within the Each Accident Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year, or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:

- (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
- (b) Court, Alternate Dispute Resolution and other specific items of expens whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
 - Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

F. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

- (a) First, to any payments made by us in excess of the deductible amount; and
- (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

G. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

- (a) Changes to this endorsement;
- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

- (a) Our right and duty to defend any claim, proceeding or suit against you, and
- (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount \$2,000,000 Each Accident (including disease as defined in Deductible – Each Accident).
2. Aggregate Deductible Limit is 6,000,000.

It is adjusted based on: (option that applies is indicated by "x")

- a. Negotiated rate of 72.97 per \$100 of audited payroll
(enter rate)

But in no event less than \$6,000,000.
(dollar amount)

- b. Negotiated percentage of standard premium
(percentage of standard premium)

But in no event less than \$.
(dollar amount)

3. Allocated Loss Adjustment Expenses (ALAE) : (option that applies is indicated by "x")

- A. Included in the deductible – each accident limit and Included in the aggregate amount;
("included in" or "excluded from")

4. At final premium audit, this policy (options that apply are indicated by "x")

- a. will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
- b. will be billed to you using rates on Declaration Page.

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Must be completed always:

Endorsement Number:
Policy Number: RWD9435435-05

XL Insurance America, Inc.
(Name of Insurance Company)

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Issued to: Employbridge Holding Company
Effective Date of this Endorsement:

Countersigned by _____
Authorized Representative

MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT

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

1. Rates and Premium

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Payroll Audits

You may request a payroll audit once each calendar year. Your request must be in writing, sent to our address shown in this endorsement. You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request if you provide us with all information we need to perform the audit.

3. Reserves or Redemption

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this endorsement. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of a claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this endorsement. If you are not satisfied with the results of the meeting, you may appeal to the Insurance Commissioner at the address shown in this endorsement.

Addresses

Commissioner of Insurance
Michigan Insurance Bureau
P.O. Box 30220
Lansing, MI 48909

Company Address
XL Insurance America, Inc.
505 Eagleview Boulevard, Suite 100
Exton, PA 19103

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

RWD9435435-05

Premium \$ Included

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

MICHIGAN LAW ENDORSEMENT

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

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

1. We are "the insurer issuing this policy"
2. You are "the insured employer"
3. "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969"
4. "Workmen's compensation" means workers compensation"
5. "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation"

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

Compensation

- a. That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Medical Services

- b. That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed, which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act, and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Rehabilitation Services

- c. That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Funeral Expenses

- d. That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

Scope of Contract

- e. That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

(Ed. 4-84)

Obligations Assumed

- f. That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

Termination Notice

- g. That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancelation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancelation is received by the bureau of workmen's compensation;

Conflicting Provisions

- h. That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium: Included

WC 21 03 04
(Ed. 4-84)

MINNESOTA AMENDATORY ENDORSEMENT

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

PART TWO—EMPLOYERS LIABILITY INSURANCE**E. We Will Also Pay** is amended to read:

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. Your share of pre- or postjudgement interest assuming that the principal amount of that judgement is within the applicable policy limits under this insurance; and
5. Expenses we incur.

H. Recovery From Others is amended to read:

Our ability to exercise your rights to recover our payment from anyone liable for injury covered by this insurance does not apply if that other person is insured for the same loss by us. This limitation applies only if the loss was caused by the nonintentional acts of the person against whom subrogation is sought.

PART FIVE—PREMIUM**G. Audit** is amended to read:

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, except as it pertains to Part Two—Employer's Liability Insurance which shall be one year. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

DEFINITIONS

As used in this policy, "rate service organization" shall mean the Minnesota Workers' Compensation Insurers Association, Inc.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

MINNESOTA COMPLIANCE WITH APPLICABLE TRADE SANCTION LAWS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception of the policy unless a different date is indicated below.

This endorsement, effective on _____ at 12:01 a.m. standard time, forms a part of

(Date)

Policy No. RWD9435435-05 of the XL Insurance America, Inc.

(Name of Insurance Company)

Issued to: Employbridge Holding Company

Endorsement No. _____ Authorized Representative

Under Part Six—Conditions, the following condition is added:

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance.

All other terms and conditions remain unchanged.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

MINNESOTA CONTRACTING PREMIUM ADJUSTMENT PROGRAM ENDORSEMENT

The premium for the policy may be adjusted by a Minnesota Contracting Premium Adjustment Program policy credit factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the policy credit factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium: Included

Countersigned by _____

MINNESOTA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

Cancellation of a New Policy

If this policy is a new policy and has been in effect for fewer than 90 days, we may cancel for any reason by giving you notice at least 60 days before the effective date of Cancellation.

Cancellation of Other Policies

If this policy has been in effect for 90 days or more, or if it is a renewal of a policy we issued, we may cancel **for one or more** of the following reasons:

1. Nonpayment of premium;
2. Misrepresentation or fraud made by you or with your knowledge in obtaining the policy or in pursuing a claim under the policy;
3. An act or omission by you that substantially increases or changes the risk insured;
4. Refusal by you to eliminate known conditions that increase the potential for loss after notification by us that the condition must be removed;
5. Substantial change in the risk assumed, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing this policy;
6. Loss of reinsurance by us which provided coverage to us for a significant amount of the underlying risk insured. Any notice of cancellation pursuant to this item shall advise you that you have 10 days from the date of receipt of the notice to appeal the cancellation to the commissioner of commerce and that the commissioner will render a decision as to whether the cancellation is justified because of the loss of reinsurance within 30 business days after receipt of the appeal;
7. A determination by the commissioner that the continuation of the policy could place us in violation of the Minnesota insurance laws; or
8. Nonpayment of dues to an association or organization, other than an insurance association or organization, where payment of dues is a prerequisite to your obtaining or continuing this policy. This item shall not apply to persons who are retired at 62 years of age or older or who are disabled according to Social Security standards.

If we cancel your policy for any of the reasons listed in (2) through (8), we will give notice at least 60 days before the effective date of cancellation.

Notice of Cancellation

Any notice of cancellation under this endorsement shall be in writing and shall be sent by first class mail or delivered to you and any agent, to the last mailing addresses known to us. A cancellation notice for nonpayment of premium must be sent at least 30 days before the actual date of cancellation and shall state the amount of premium due and the due date, and shall state the effect of nonpayment by the due date. Cancellation shall not be effective if payment of the amount due is made prior to the effective date of cancellation in the notice. A cancellation notice for some other reason shall state the specific reason for cancellation and shall state the effective date of cancellation. The policy will end on that date.

Refunds Due You

If this policy is canceled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Nonrenewal of Your Policy

Any notice of nonrenewal shall be in writing and shall be sent by first class mail, or delivered to you and any agent, to the last mailing addresses known to us, at least 60 days before the expiration date.

We need not mail or deliver this nonrenewal notice if you have:

1. Insured elsewhere;
2. Accepted replacement coverage; or
3. Requested or agreed not to renew this policy.

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

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

RWD9435435-05

Premium \$ Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 22 06 01 D

(Ed. 8-06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MINNESOTA WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge shall be included in the Deductible Premium formula.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions contained in the policy. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Percentage of standard premium
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) X No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Percentage of standard premium
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by youFlat charge: \$ _____
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per
_____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

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

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium: Included

Countersigned by _____

WC 24 03 02

(Ed. 1-14)

Employbridge Holding Company
1040 Crown Pointe Pkwy # 1040
Atlanta, GA 30338

**MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations. A premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. To determine a possible credit, please return the completed premium credit application, as set out on the reverse side of this letter, to:

NCCI, Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy effective date, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state of Missouri, report the total payroll (excluding overtime pay), and the corresponding total number of hours worked for any calendar quarter (first, second, third, or fourth) of the year preceding the policy effective date as reported to taxing authorities.

Note #1: You must clearly indicate the calendar quarter that is being submitted.

Note #2: If you are a new business with no prior operations or there was no complete quarter of operations prior to the policy effective date, submit the requested information for the first complete calendar quarter following the effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: Employbridge Holding Company

POLICY NUMBER: RWD9435435-05
CARRIER: XL Insurance America, Inc.

**POLICY
EFFECTIVE DATE:**

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. Contact your agent or carrier for assistance.

The foregoing is based on actual wages (excluding overtime pay) and hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year:

SIGNATURE: **POSITION:** **DATE:**

MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Missouri Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 24 04 01

(Ed. 1-90)

MISSOURI EMPLOYER-PAID MEDICAL ENDORSEMENT

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

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

However, it should be noted that if, at any time, the medical expenses that are paid out of pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience rating modification calculation.

Schedule

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

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

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

Endorsement Effective
Insured
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium: Included

MISSOURI CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

Cancelation

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

Nonrenewal

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

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 24 06 01 B

(Ed. 1-96)

MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION NOTIFICATION ENDORSEMENT

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

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

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

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

However, the association will not:

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

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

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

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

Endorsement Effective

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 24 06 02 B

(Ed. 7-06)

MISSOURI AMENDATORY ENDORSEMENT

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

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

G. Audit

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

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

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

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

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

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

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

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

SCHEDULE

Basis of Audit	Maximum Audit
Noncompliance Charge	Noncompliance Charge Multiplier
Estimated Annual Premium	Two Times

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
Employbridge Holding Company

Policy No.
RWD9435435-05

Endorsement No.
Premium: Included

Insurance Company
XL Insurance America, Inc.

Countersigned by _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED KNOWLEDGE AND NOTICE OF ACCIDENT OR INJURY ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

The first sentence of the section titled – **Your Duties If Injury Occurs** is amended by the addition of the following:

You shall tell us or any of our authorized representatives or agents as soon as practicable after an accident or injury becomes known to you. It is agreed that knowledge of an accident or injury by your agent, servant or employee shall not in itself constitute knowledge by you unless you or any partner or any executive officer or any other officer or person responsible for insurance matters for you shall have received such notice from the agent, servant or employee.

All other terms and conditions remain the same.

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. RWD9435435-05

Endorsement No.

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

WC 99 06 45

Ed. 1/08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS WORKERS COMPENSATION POLICY CONTAINS A DEDUCTIBLE OPTION UNDER WHICH YOU, THE EMPLOYER, ARE REQUIRED TO REIMBURSE CERTAIN LOSSES. PLEASE READ THIS POLICY CAREFULLY AND UNDERSTAND ITS CONDITIONS THOROUGHLY PRIOR TO PURCHASING COVERAGE.

MISSOURI WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.

b. Employers Liability

- i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
- ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
 - (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
 - (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
 - Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
 - (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as “Allocated Loss Adjustment Expense”:

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.

- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and _____ the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by youFlat charge: \$ _____
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per
_____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$ 0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

MONTANA INTENTIONAL INJURY EXCLUSION ENDORSEMENT

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

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

C. Exclusions

This insurance does not cover:

5. Bodily injury caused by your intentional, malicious or deliberate act, whether or not the act was intended to cause injury to the employee injured, or whether or not you had actual knowledge that an injury was certain to occur.

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

Employbridge Holding Company

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

WC 25 03 05

(Ed.7-02)

MONTANA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

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 will apply an Audit Noncompliance Charge equal to one times the estimated annual premium.

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.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 25 04 01 A

(Ed. 1-17)

MONTANA AMENDATORY ENDORSEMENT

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

General Section, Section C. (Workers Compensation Law) of the policy is changed by adding the following:

The provisions of this policy conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this policy.

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

D. Cancelation

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We will provide you and the Montana Department of Labor and Industry not less than 20 days advance written notice stating when the cancellation is to take effect. We will provide the notice to you via mail or via electronic delivery in accordance with the Electronic Delivery of Insurance Notices or Documents Act (MCA 33-15-601 et seq.). Mailing notice to you at your last known address or delivery via electronic means in compliance with the Electronic Delivery of Insurance Notices or Documents Act will be sufficient to prove notice.
3. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. A nonpayment of premium;
 - b. A material misrepresentation;
 - c. A substantial change in the risk we assumed under the policy unless it was reasonable for us to foresee the change or contemplate the risk when we issued the policy;
 - d. A substantial breach of the duties, conditions or warranties under the policy;
 - e. The Commissioner has determined that continuation of the policy would place us in violation of the laws of Montana;
 - f. We are financially impaired; or
 - g. Any other reason that is approved by the Commissioner.
4. Our notice of cancelation will state our reasons for canceling.

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

F. Nonrenewal

1. We may elect not to renew. We will provide you and your agent not less than 45 days advance written notice stating our intention not to renew this policy. We will provide the notice to you via mail or via electronic delivery in accordance with the Electronic Delivery of Insurance Notices or Documents Act. Mailing notice to you at your last known address or delivery via electronic means in compliance with the Electronic Delivery of Insurance Notices or Documents Act will be sufficient to prove notice.
2. We do not have to renew the policy if you are insured elsewhere, accept replacement insurance, or request or agree to nonrenewal, or if the policy is expressly designated as being nonrenewable.
3. Our notice of nonrenewal will state our reasons for not renewing.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

MONTANA SAFETY ENDORSEMENT

This endorsement applies only to the insurance provided by the Policy because insurance is provided to you in Montana.

You must establish and administer an education-based safety program for all employees including temporary workers. The program shall consist of a safety training program which includes new employee general safety orientation, job- or task-specific safety training, and continuous refresher safety training encompassing periodic safety meetings. The education-based safety program will also include periodic hazard assessments, with corrective actions identified, and appropriate documentation of performance of the activities.

If you have more than five employees, then you must have a comprehensive and effective safety program which has a safety committee, established procedures for reporting and investigating all work-related incidents, accidents, injuries, and illnesses, and established procedures that assign specific safety responsibilities and safety performance accountability.

We must provide safety consultation services to you which include consideration of the hazard, experience, and the size of your operations. We will notify you of the type of safety consultation services available and the location where the safety consultation services may be requested. If we furnish or fail to furnish safety consultation services related to, in connection with, or incidental to providing workers compensation, we are not responsible for damages from any injury, loss, or death occurring as a result of any act or omission by us, our employees or our service contractors in the course of providing safety consultation services to you.

However, we may be responsible for any safety consultation services required to be performed under the provisions of a written service contract for which a specific charge is made and not incidental to a policy of insurance; for damages caused by our actions or omission to act in which it was judicially determined that the act or omission constituted a crime or involved actual malice; or if the injury, loss, or death occurred during the actual performance of safety consultation services and was directly and proximately caused by us.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 25 06 02

(Ed. 1-94)

NEBRASKA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Nebraska Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05Endorsement No.
Premium Included

Countersigned by _____

WC 26 04 02

(Ed. 1-95)

NEBRASKA CANCELATION AND NONRENEWAL ENDORSEMENT

1. You may cancel this policy within the policy period by giving notice to us, fixing the date on which the cancelation is to be effective.
2. The notice, from you, is to be sent by certified mail.
3. We are required by Nebraska Law to give notice of your intent to cancel a policy to the Nebraska Workers' Compensation Court.
4. The cancelation shall not be effective until ten (10) days after we give notice to the Nebraska Workers' Compensation Court that the policy is being canceled. However, if you have secured insurance with another insurer, the cancelation will be effective as of the effective date of such other notice of coverage.
5. We may cancel or nonrenew this policy within the policy period by giving notice to you and to the Nebraska Workers' Compensation Court, fixing the date on which the cancelation or nonrenewal is to be effective.
6. The notice from us will contain a brief statement of the reasons for cancelation or nonrenewal and will be sent to you by certified mail.
7. The nonrenewal shall not be effective until thirty (30) days after the giving of notice to you and to the Nebraska Workers' Compensation Court.
8. The cancelation shall not be effective until thirty (30) days after the giving of notice to you and to the Nebraska Workers' Compensation Court, except the cancelation shall be effective ten (10) days after the giving of the notice if the cancelation is based on:
 - a. nonpayment of premiums;
 - b. failure of the insured to reimburse deductible losses as required under the policy; or
 - c. failure of the insured, if covered pursuant to the Assigned Risk Plan, to comply with workplace safety laws found in Nebraska statutes.
9. All notices shall be provided in writing and shall be deemed given upon mailing by certified mail, except that we may give notice to the Nebraska Workers' Compensation Court by approved electronic means. Notice provided to the Nebraska Workers' Compensation Court by approved electronic means shall be deemed given upon receipt.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

A. Midterm Cancellation

1. You may cancel this policy by mailing or delivering advance written notice to us stating when the cancellation is to take effect.
2. We will provide you not less than 10 days notice if this policy is cancelled because you failed to pay a premium or remit an amount due because of an endorsement for a deductible when due.
3. We will provide you not less than 30 days notice for any other cancellation reason permitted under Nevada law, including failure to pay additional premium charged due to an audit of any payroll under the terms of the current or previous policy.
4. No policy of industrial insurance that has been in effect for at least 70 days or that has been renewed may be cancelled, except on any one of the following grounds:
 - a. A failure by the policyholder to pay a premium for the policy of industrial insurance when due, including the failure of the policyholder to remit an amount due because of an endorsement for a deductible;
 - b. A failure by the policyholder to:
 - (1) Report any payroll;
 - (2) Allow the insurer to audit any payroll in accordance with the terms of the policy or any previous policy issued by the insurer; or
 - (3) Pay any additional premium charged because of an audit of any payroll as required by the terms of the policy or any previous policy issued by the insurer;
 - c. A material failure by the policyholder to comply with any federal or state order concerning safety or any written recommendation of the insurer's designated representative for loss prevention;
 - d. A material change in ownership of the policyholder or any change in the policyholder's business or operations that:
 - (1) Materially increases the hazard for frequency or severity of loss;
 - (2) Requires additional or different classifications for the calculation of premiums; or
 - (3) Contemplates an activity that is excluded by any reinsurance treaty of the insurer;
 - e. A material misrepresentation made by the policyholder; or
 - f. A failure by the policyholder to cooperate with the insurer in conducting an investigation of a claim.
5. We cannot cancel the policy when the referenced reasons are corrected by you within the time specified in the written notice of cancellation.

B. Nonrenewal

1. We may elect not to renew the policy. We will provide to you a written notice of our intention not to renew at least 60 days before the expiration date.
2. We need not provide notice of our intention not to renew if you have accepted replacement coverage, if you have requested or agreed to nonrenewal, or if the policy is expressly designated as nonrenewable.

C. Information About Claims Paid

1. If you request information for the renewal of the policy, we will provide you with information regarding claims paid on your behalf.
2. We will provide the information within 30 working days after we receive your written request. We may charge a reasonable fee for providing the information.

D. Notices

1. We will provide advance written notice of cancellation or nonrenewal as provided in A and B above. This notice must be served personally on or sent by first-class mail or electronic transmission to the employer.
2. Notices will state the effective date of the cancellation or nonrenewal and will be accompanied by a written explanation of the specific reasons for the cancellation or nonrenewal.
3. A written notice of cancellation is not required if we mutually agree with you to cancel the policy and reissue a new policy based upon a material change in the ownership or operation of your business.

E. Compliance With Law

1. Any of these provisions that conflict with a law that controls the cancellation or renewal or nonrenewal of the insurance in this policy is changed by this statement to comply with the law.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05
Countersigned by _____

Endorsement No.
Premium \$ Included

NEW HAMPSHIRE CERTIFIED MANAGED CARE ENDORSEMENT

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

You may receive up to a ten percent (10%) premium credit if you subscribe to the services of an approved Managed Care Program.

In order to receive this credit, you are enrolled by your insurance company or subscribe individually to obtain the services of a Certified Managed Care Program. Certified Managed Care Programs are programs that are approved by the New Hampshire Department of Labor and ratified by the New Hampshire Advisory Council on Workers' Compensation.

The managed care credit is to be applied in a multiplicative manner, after the application of the experience modification factor. Also, all other credits/debits must be applied in a multiplicative manner, after the application of the experience modification factor and the managed care credit and before the application of the expense constant or premium discount, if any.

The credit can only be issued at inception of the policy. Minimum premium policies are not eligible for this credit. The credit is not applicable to assigned risk 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

Policy No.

Endorsement No.

Premium Included

Insured

RWD9435435-05

Employbridge Holding Company

Insurance Company

Countersigned by _____

XL Insurance America, Inc.

WC 28 04 02 A

(Ed. 7-03)

NEW HAMPSHIRE PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If the approval of the pending rate change filing results in changes to the rates on this policy, we will issue an endorsement within 60 days of the effective date of rates approved by the regulatory authority to show the new rates and their effective date.

If New Hampshire is shown in Item 3.A. of the Information Page, this endorsement applies to that state.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 28 04 04

(Ed. 1-08)

NEW HAMPSHIRE SOLE REPRESENTATIVE ENDORSEMENT

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

Condition E, "Sole Representative," of the policy is replaced by the following:

"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 or to give us notice of cancellation. If we cancel this policy, we will give each named insured notice of cancellation."

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 28 06 01

(Ed. 4-84)

NEW HAMPSHIRE AMENDATORY ENDORSEMENT

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

For New Hampshire coverage, the Cancelation condition of the policy is amended and replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us.
2. We may cancel this policy. We will file a written termination notice with the Commissioner of the Department of Labor and will send a copy to you.
3. In case of nonpayment of premium, the cancelation will take effect 30 days after the termination notice is filed.
4. In case of cancelation for reasons other than nonpayment of premium, cancelation will take effect 45 days after the notice of termination is filed.
5. If you have obtained coverage from another insurance carrier or have qualified as a self-insurer, cancelation is effective on the date you obtained the coverage or qualified as a self-insurer.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 28 06 04

(Ed. 4-92)

NOTICE

The Information Page of your Workers' Compensation and Employers' Liability Insurance Policy contains line items for (1) a Second Injury Fund Surcharge and (2) an Uninsured Employers' Fund Surcharge. Each surcharge amount represents a percentage of your total estimated standard premium and will be subject to adjustment when the final audited standard premium is determined. Explanations of these surcharges are provided below.

SECOND INJURY FUND

The New Jersey Workers' Compensation Law established the Second Injury Fund to provide benefits to workers who become permanently and totally disabled as a result of work-related injury or occupational disease when that worker had been previously partially disabled. The Law also requires that the Fund provide annual adjustments to certain persons permanently and totally disabled and to certain dependents of deceased workers.

Through 1988, the Second Injury Fund was financed by an annual assessment upon insurance carriers. Such assessment was included in your standard premium via the manual premium rate(s) shown in your policy Information Page.

Effective January 1, 1989 an amendment to the Law requires that the present financing be replaced by a direct surcharge shown as a separate "Second Injury Fund Surcharge" line on your policy Information Page. It will no longer be included in the manual premium rate. This new system will discourage other states from imposing retaliatory taxes on New Jersey based insurance companies and ultimately aid cost containment efforts.

UNINSURED EMPLOYERS' FUND

The New Jersey Workers' Compensation Law requires every employer to provide workers' compensation coverage through purchase of a workers' compensation and employers' liability insurance policy. Failure to provide such coverage results in a fine and/or criminal action by the Department of Labor as well as continued liability by benefit payments to an injured worker.

The Uninsured Employers Fund was established by Law to provide benefits to an injured worker when the employer has failed to comply with the insurance provisions of the Law and is unable to provide the required benefits. Through 1988 total financing of the Fund was derived from fines imposed upon uninsured employers.

Effective January 1, 1989 an amendment to the Law, requires that the present financing be supplemented by a direct surcharge shown as a separate "Uninsured Employers Fund Surcharge" line on your policy Information Page. This method will assure the delivery of benefits to injured workers and the surcharge will cease whenever the year end balance of the Fund exceeds \$500,000.

NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the Information Page.

With respect to Exclusion C5, this insurance does not cover any and all intentional wrongs within the exception allowed by N.J.S.A. 34:15-8 including but not limited to, bodily injury caused or aggravated by an intentional wrong committed by you or your employees, or bodily injury resulting from an act or omission by you or your employees, which is substantially certain to result in injury.

With respect to Exclusion C7, we will defend any claim, proceeding or suit for damages where bodily injury is alleged. We have the right to investigate and settle. We will not defend or continue to defend after the applicable limits of insurance have been paid. Such policy limits include any legal costs assessed against you on behalf of your employee(s).

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to an infant under the age of 18 years in a proceeding made pursuant to Article 2 as provided in N.J.S.A. 34:15-10.

This insurance does not provide for the payment of any common law negligence damages or other damages when the provisions of Article 2 of the New Jersey Workers Compensation Law have been rejected by you and your employee(s) as provided in N.J.S.A. 34:15-9.

With respect to paragraph F., the "Other Insurance" provision is replaced with the following:

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.

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C-7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned By _____

NEW JERSEY SOLE PROPRIETORS AND PARTNERS COVERAGE ENDORSEMENT

An election was made by the individual proprietor or all partners actively performing services for this business to be deemed to be employees for the purpose of receipt of benefits under the New Jersey Workers Compensation Law. The premium for this policy will include the remuneration of the individual proprietor, all partners in any partnership, including all partners in a limited liability partnership or all members in a limited liability company. The premium shall be determined in accordance with Part Five A – “Premium”, in this policy.

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

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

Endorsement Effective

Policy No.
RWD9435435-05Endorsement No.
Premium \$ Included

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Countersigned by _____

**NEW JERSEY CONSTRUCTION CLASSIFICATION
PREMIUM ADJUSTMENT ENDORSEMENT**

The premium for this policy may be adjusted by a New Jersey Construction Classification Premium Credit. The credit, if applicable, was not available when the policy was issued. If you qualify, we will issue an endorsement to include the credit after it is calculated.

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on

(DATE)

at 12:01 A.M. standard time, forms a part of

Policy No. RWD9435435-05

Endorsement No.

of the XL Insurance America, Inc.
(NAME OF INSURANCE COMPANY)

issued to Employbridge Holding Company

Premium (if any) \$ Included

Authorized Representative

NEW JERSEY LARGE RISK—LARGE DEDUCTIBLE ENDORSEMENT

1. This endorsement applies to the insurance provided by:
Part One (Workers Compensation Insurance)
Part Two (Employers Liability Insurance) and
Part Three (Other States Insurance)
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under Part One, Part Two or Part Three of the policy, except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including allocated loss adjustment expense which arises out of any claim or suit we defend, where you elect to include such expense.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amounts. The contract of insurance shall be fully enforceable by your employees or their dependents against us in accordance with NJSA 34:15-83.

Deductible—Each Occurrence/Each Claim

5. The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined, including allocated loss adjustment expense if elected by you, for bodily injury to one or more employees as the result of any one accident or for disablement of one employee due to bodily injury by disease.

Deductible—Policy Aggregate

6. The amount stated in the Schedule as aggregate is the most you must reimburse us for the sum of all indemnity and medical benefits, damages, and allocated loss adjustment expense if elected by you, because of bodily injury by accident or bodily injury by disease for the policy period.
 - a. If we cancel the policy, the aggregate amount stated in the Schedule will be reduced to a pro rata amount based on the time this policy was in force.
 - b. If you cancel the policy as a result of your retiring from business, the aggregate deductible amount will be reduced to a pro rata amount based on the time this policy was in force.
 - c. If you cancel the policy for any reason other than retiring from business, the aggregate deductible amount will not be reduced.
 - d. If this policy is issued for a term of less than one year, the aggregate deductible amount will not be reduced.

Effect of Deductible on Limits of Liability

7. The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the loss reimbursement amount(s) applicable to any claim for accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific loss reimbursement amount. The payment of loss adjustment expense, where such expense is elected by you, will not affect the limits of liability.

Allocated Loss Adjustment Expense

8. Allocated loss adjustment expense, which is electable by you, means claims expenses directly allocated by us to a particular claim. Such expense shall not include cost of investigation or the salaries and traveling expenses of our employees other than those salaried employees who perform services which can be directly allocated to the handling of a particular claim.

Recovery From Others

9. If we recover any payments made under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - a. First, to any payments made by us in excess of the deductible amount; and
 - b. Then the remainder, if any, will be applied to reduce the deductible amount reimbursable by you. Cancelation

Cancellation

10. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this policy for nonpayment in accordance with the provisions of statute. We will remain fully responsible for the full amount of all claims incurred prior to the effective date of cancelation.

Sole Representation

11. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - a. Changes to this endorsement
 - b. Obligations to receive premiums
 - c. Giving or receiving notice of cancelation

Your Duties and Understandings

12. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us for adjustment and payment, regardless of their severity or cost. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

Other Rights and Duties

13. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - a. Our right and duty to defend any claim, proceeding or suit against you and
 - b. Your duties if injury occurs.

Additional Charges

14. The surcharges for the Second Injury Fund and Uninsured Employers Fund and the premium charge for the expense constant are not part of the Large Risk—Large Deductible Program but are included in the total cost of the coverage provided by the policy to which this endorsement is attached.

Schedule**Coverage****Deductible Amount Basis**

Bodily Injury by Accident	\$ 2,000,000	each accident
Bodily Injury by Disease	\$ 2,000,000	each employee
All Covered Bodily Injury	\$ None (Dollar Amount or "None")	aggregate

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium \$ Included

NEW MEXICO SAFETY DEVICE COVERAGE ENDORSEMENT

Section 52-1-10 of the New Mexico Workers' Compensation Law may make you liable for the payment of additional benefits in the case of bodily injury to employees resulting from your failure to supply safety devices. The benefits payable under Part One (Workers Compensation Insurance) includes these additional benefits.

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

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

Endorsement Effective

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 30 03 01

(Ed. 4-84)

**NEW MEXICO WORKERS COMPENSATION PREMIUM ADJUSTMENT PROGRAM
FOR QUALIFYING CLASSIFICATIONS ENDORSEMENT**

The premium for the policy may be adjusted by New Mexico Workers Compensation Premium Adjustment credits and Offset to Experience Rating debit. The credits and debit were not available when the policy was issued. If you qualify, or if estimated credits and estimated debit have been applied, we will issue an endorsement to show the proper premium adjustment credits and debit after they are calculated.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

RWD9435435-05

Premium Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

WC 30 04 01 A

(Ed. 7-93)

NEW MEXICO CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

D. Cancellation

1. You may cancel this policy by giving us advance written notice stating when the cancellation is to take effect.
2. At any time during the policy period, regardless of the number of days the policy has been in effect, we may cancel this policy for nonpayment of premium when due. We must give written notice to you at least 10 days prior to the effective date of the cancellation.
3. If the policy has been in effect less than 60 days and is not a renewal policy, we may cancel this policy without cause by giving written notice to you at least 10 days prior to the effective date of the cancellation. The cancellation effective date must fall within this period of less than 60 days.
4. Subject to Subsection 2 above, if the policy has been in effect for 60 days or more or is a renewal, we may cancel this policy only for one or more of the following reasons:
 - a. The policy was obtained through material misrepresentation, fraudulent statements, omissions or concealment of fact material to the acceptance of the risk or to the hazard assumed by us. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - b. Willful and negligent acts or omissions by you have substantially increased the hazards insured against. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - c. You presented a claim based on fraud or material misrepresentation. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - d. There has been a substantial change in the risk assumed by us since the policy was issued. We must give written notice to you at least 30 days prior to the effective date of cancellation.
 - e. Revocation or suspension of driver's license of the named insured or other operator who either resides in the same household or customarily operates the vehicle. We must give written notice to you at least 15 days prior to the effective date of cancellation.
5. We will give the required Notice of Cancellation stating the reason(s) for cancellation before the cancellation is effective. The notice will state the time that the cancellation is to take effect. The written notice of cancellation will be sent to your last address of record with us.

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

F. Nonrenewal

1. If we decide not to renew this policy, we must give you written notice of our intention at least 30 days prior to the expiration of the policy. The written notice of nonrenewal will be sent to your last address of record with us.
2. This nonrenewal section does not apply to any policy of insurance issued to an insured that has its principal place of business outside the state of New Mexico.

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.
RWD9435435-05

Endorsement No.
Premium: Included

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by_____

NEW YORK LIMIT OF LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New York is shown in Item 3.A. of the Information Page.

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to your employees if the bodily injury arises out of and in the course of employment that is subject to and is compensable under the Workers' Compensation Law of New York.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

NEW YORK SOLE PROPRIETORS, PARTNERS AND MEMBERS OF LLC'S, PSLC'S, AND RLLP'S COVERAGE ENDORSEMENT

An election was made on behalf of each sole proprietor, partner or LLC, PSLC, RLLP and member as defined in Rule IX(B)(1) of the New York Workers Compensation and Employers Liability Manual named in the Schedule to be subject to the Workers' Compensation Law. The premium basis for the policy includes the remuneration of such persons.

Schedule

Sole Proprietor: All Sole Proprietors

Partners: All Partners

Members: All Members

Notes:

1. To be attached to a policy affording coverage under the New York Workers' Compensation Law for sole proprietors, partner and members of LLC's, PSLC's or RLLP's, etc, who have elected to be covered.
2. Individuals may be designated by naming them or by describing them in the endorsement schedule, as for example:
 - a. all partners;
 - b. all members;
 - c. each person named in Item 4 of the Information 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

Insured

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No. RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 31 03 13 B

(Ed. 2-11)

**NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
EXPLANATORY ENDORSEMENT**

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

The declarations section of this policy will show a credit of 0.00% if you are not eligible for this credit, or if you are eligible for this credit and have not yet applied for a credit. Credits are earned for average wages in excess of \$23.24 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit:

0042	5057	5193	5429	5491	5606	6003	6229	6325	9526
3365	5059	5213	5443	5506	5610	6005	6233	6400	9527
3724	5069	5221	5445	5507	5645	6017	6235	6701	9534
3726	5102	5222	5462	5508	5648	6018	6251	7536	9539
3737	5160	5223	5473	5536	5651	6045	6252	7538	9545
5000	5183	5348	5474	5538	5701	6204	6260	7601	9549
5022	5184	5402	5479	5545	5703	6216	6306	7855	9553
5037	5188	5403	5480	5547	5709	6217	6319		8227
5040	5190	5428							

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing) for the third quarter, as reported to taxing authorities, for the year preceding the policy date. Total payroll is to continue to be reported for employees engaged in the construction of one or two-family residential housing. For example:

<u>Policy Inception Date</u>	<u>Third Quarter Payroll</u>
4/1/16 thru 3/31/17	2015
4/1/17 thru 3/31/18	2016
4/1/18 thru 3/31/19	2017
4/1/19 thru 3/31/20	2018
4/1/20 thru 3/31/21	2019
4/1/21 thru 3/31/22	2020

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately four months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York Compensation Insurance Rating Board.

Credits are calculated by the New York Compensation Insurance Rating Board. You must submit a completed application to: Attention: Field Services Department, New York Compensation Insurance Rating Board, 733 Third Avenue, New York, New York 10017.

Applications must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the policy effective and expiration date, however, it must be accompanied by a letter stating the reason for the delay. Under no circumstances will an application be accepted for any policy if it is received after the expiration date of the policy. For short-term policies the application must be received prior to the expiration date of the short-term policy. If it is received after the policy expiration, no credit will be calculated.

The New York Workers Compensation and Employers Liability Insurance Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.

(Ed. 1-18)

For online entry of the information requested on this form refer to: <http://www.nycirb.org/cpap>

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 31 03 19 I

(Ed. 1-18)

NEW YORK PENDING PAYROLL LIMITATION AND PREMIUM DIFFERENTIAL ENDORSEMENT

The Construction Employment Payroll Limitation Law (S7744/A11294) requires a payroll limitation and territory premium differential on policies for all employers subject to the Law. The code(s) currently on your policy may be subject to the Law.

The requirements of the Law may be applied during the policy period or may be applied at time of audit.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium: Included

Countersigned by _____

WC 31 04 04 A

(Ed.05-17)

**NEW YORK FOREIGN VOLUNTARY COMPENSATION AND
EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M., standard time, forms a part of
(Date)

Policy No. RWD9435435-05 Endorsement No. _____ Premium \$ Included _____

of the XL Insurance America, Inc.
(NAME OF INSURANCE COMPANY)

issued to Employbridge Holding Company

Authorized Representative

This endorsement adds Foreign Voluntary Compensation Insurance to the policy.

Section 1. Employees Covered

- A. This coverage applies only to employees you hire within the limits of the United States of America while they are traveling or temporarily residing outside the United States of America, its territories or possessions or Canada for a period no longer than ninety days.
- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.
- C. This insurance does not apply to any employees who are employed to work at locations within the following country or countries:

All locations, except any country or other location that currently has in place a Travel Warning issued by the United States Department of State.

Section 2. How This Insurance Applies

This insurance applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease. Endemic diseases are those which are peculiar to a locality or region.

- A. An employee included in the group of employees described in Item 1. of the Schedule of this endorsement must sustain the bodily injury.
- B. The bodily injury must arise out of and occur in the course of employment necessary or incidental to work in a state, country or subdivision of a country listed in Item 1. of the Schedule of this endorsement.

- C. Bodily injury by accident must be during the policy period.
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions causing or aggravating such bodily injury must occur during the policy period.

Section 3. Exclusions

This insurance does not cover:

- A. Bodily injury arising from any direct or indirect consequence of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.
- B. Compensation or benefits imposed by any nonoccupational, disability benefits law, plan or any similar law or plan; and
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under the law. If this is not possible, we will reimburse you for amounts you are required to pay.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6—Reparation Expense.
- B. We have the option of requesting you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - (1) Release you and us in writing from all responsibility for the bodily injury or death;
 - (2) Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement; and
 - (3) Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions of a workers compensation law, plan or any similar law or plan may hold you or us legally liable to any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If benefits are payable under a workers compensation or occupational disease law of any state, country or subdivision of a country other than the United States of America, its territories or possessions or Canada, we will reimburse you up to, but not in excess of, the cost of benefits that have been payable under the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend any suit or proceeding against you outside of the United States of America, its territories or possessions or Canada.
- D. The coverage Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any state, county or subdivision of a country.

Section 6. Repatriation Expense

This section only applies to coverage provided for in Sections 4. and 6. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to employees. In the event an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee or accident.

The policy does not afford coverage for repatriation expenses unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B of Part Two—Employers Liability of the policy with respect to the coverage this endorsement provides:

- A. We Will Pay

We will pay, on your behalf, all sums that you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any state or country or subdivision of a country other than the United States of America, its territories or possessions or Canada by any of your employees arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

- A. We will reimburse you for all reasonable expenses you incur, including attorneys' fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend any suit or any proceeding brought against you outside the United States of America, its territories or possessions or Canada.
- B. The limit of our liability under Part Two will be in accordance with the following provisions:

The words "damages because of bodily injury by accident or disease, including resulting in death" in Part Two include damages for care and loss of services. These words also include damages for which you are liable because of suits or claims other bring against you to recover the damages obtained from such others because of bodily injury your employees sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to bodily injury by accident is the total limit of our liability for all damages because of bodily injury by accident including resulting death that one or more employees sustains.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to bodily injury by disease is the total limit of our liability for all damages because of bodily injury by disease including resulting death that one or more employees sustains in any one state, country or subdivision of a country outside the United States of America, its territories or possessions or Canada listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

Section 8. Premium

In addition to the provisions of Part V—Premium of the policy, the following provisions will apply to this endorsement:

- A. We will compute the premium for this coverage in accordance with Part Five of the policy, upon all remuneration paid to employees while traveling or temporarily residing outside the United States of America, its territories or possessions or Canada for a period of no longer than 90 days.
- B. We will determine the premium for this coverage on the basis of the workers compensation rules, classifications and rates in accordance with the manuals we use for the state workers compensation law designated in Item 1. of the Schedule of this endorsement.
- C. You must maintain payroll records for any employees covered by the provisions of this endorsement.

Section 9. Other Insurance

The following provision replaces Section E of Part One and Section F of Part Two of the policy with respect to the coverage this endorsement provides:

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

1. Name(s) of Employees	State or Country of Operations	Designated Workers Compensation Law
All officers and employees	All locations, except any country or other location that currently has in place a Travel Warning issued by the United States Department of State.	New York
2. Limits of Liability for Repatriation Expense		
\$ 15,000 Each employee		
\$ 50,000 Each accident		
3. Limits of Liability for Part Two—Employers Liability		
\$ 1,000,000 Bodily Injury by accident each accident		
\$ 1,000,000 Bodily Injury by disease each employee		
\$ 1,000,000 Bodily Injury by disease policy limit		

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. RWD9435435-05

Endorsement No.

Insured

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT

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

The **Cancellation** Condition of the policy is replaced by this Condition:

D. Cancellation and Nonrenewal

1. You may cancel this policy.

If you 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.

- (a) If this policy has been in effect for fewer than 60 days and is not a renewal policy, we may cancel this policy for any reason by giving you at least 30 days prior written notice of cancellation and the reasons for cancellation by registered or certified mail, return receipt requested.
- (b) If this policy has been in effect for at least 60 days or is a renewal policy, we may not cancel this policy without your prior written consent, except for any one of the following reasons:
 - (1) Nonpayment of premium in accordance with the policy terms.
 - (2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in obtaining the policy, continuing the policy, or presenting a claim under the policy.
 - (3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.
 - (4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.
 - (5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.
 - (6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by us.
 - (7) Loss of facultative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.
 - (8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk.
 - (9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.
 - (10) You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.
- (c) If we cancel for any of the reasons listed in paragraph (b), we must provide you with at least 15 days prior written notice of cancellation stating the precise reason for cancellation. We may provide this notice by registered or certified mail, return receipt requested, to you and any other person designated in the policy to receive notice of cancellation at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Whenever notice of cancellation is given by registered or certified mail, cancellation will not be effective unless and until that method is employed and completed. Notice of cancellation may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send notice as provided in this paragraph to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest.

- (d) Cancellation for nonpayment of premium is not effective if the amount due is paid before the effective date stated in the notice of cancellation.
3. We may refuse to renew this policy:
- If this policy is for a term of one year or less, we must provide you with notice of nonrenewal at least 45 days prior to the expiration date of the policy.
 - If this policy is for a term of more than one year or for an indefinite term, then to nonrenew the policy at the policy anniversary date we must provide you with notice of nonrenewal at least 45 days prior to the anniversary date of the policy.
 - The notice of nonrenewal must state the precise reason for nonrenewal. Failure to send this notice, as provided in paragraphs 3 and 5, to any other person designated in the policy to receive this notice invalidates the nonrenewal only as to that other person's interest.
 - Any nonrenewal attempted or made that is not in compliance with paragraphs (a), (b) and (c) is not effective. Paragraphs (a), (b) and (c) do not apply if you have obtained insurance elsewhere, have accepted replacement coverage, or have requested or agreed to nonrenewal.
4. Whenever we lower coverage limits, raise deductibles, or raise premium rates for reasons within our exclusive control and other than at your request, we will mail you written notice of the change at least 30 days in advance of the effective date of the change. As used in this paragraph, the phrase, "reasons within our exclusive control" does not mean experience modification changes, exposure changes, or loss cost rate changes.
5. We must provide the notice required by paragraphs 3 and 4 by mail to you and any other person designated in the policy to receive this notice at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Mailing copies of the notice by regular first-class mail satisfies the notice requirements of paragraphs 3, 4 and 5.
6. We will also send copies of the notice required by this endorsement to the agent or broker of record, though failure to send copies of the notice to the agent or broker of record will not invalidate a cancellation or nonrenewal. Mailing copies of the notice by regular first-class mail to the agent or broker of record satisfies the requirements of this paragraph. Notice of nonrenewal may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium Included

OHIO EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement applies only to work in Ohio.

- A. Part One (Workers Compensation Insurance) does not apply to work in Ohio.
- B. Part Two (Employers Liability Insurance) applies to work in Ohio as though it were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. **Exclusions** is changed by adding these exclusions.

C. Exclusions

This insurance does not cover:

- 5. bodily injury intentionally caused or aggravated by you, or bodily injury resulting from an act which is determined to have been committed by you with the belief that an injury is substantially certain to occur;
- 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of Ohio or otherwise fail to comply with that law.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 34 03 01 C

(Ed. 3-10)

OKLAHOMA EMPLOYERS LIABILITY INTENTIONAL TORT EXCLUSION ENDORSEMENT

Part Two—Employers Liability Insurance, C—Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you, or bodily injury that you knew or should have known was substantially certain to occur from an act caused, committed, or aggravated by you;

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 35 03 03

(Ed. 03-11)

OKLAHOMA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by an Oklahoma Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 35 04 04

(Ed. 7-96)

OKLAHOMA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT

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

The **Cancellation** Condition in Part Six (Conditions) of the policy is replaced by the following condition:

D. Cancellation

1. You may cancel this policy. You must mail or deliver to us not less than 30 days advance written notice stating when the cancellation is to take effect. Cancellation of coverage will be effective at 12:01 a.m. thirty (30) days after the date the cancellation notice is received by us, unless a later date is specified in the notice to us. You may cancel this policy effective less than 30 days after written notice is received by us where you have obtained other coverage or have become a self-insurer.
2. We may cancel this policy. We will mail to you advance written notice stating when the cancellation is to take effect.
 - a. At any time during the policy period, we may cancel for nonpayment of premium. If we cancel for nonpayment of premium, we will mail notice of cancellation to you and to the Workers Compensation Commission at least 10 days before the cancellation is to take effect.
 - b. If we cancel this policy for a reason other than nonpayment of premium, we will mail notice of cancellation to you and to the Workers Compensation Commission at least 30 days before the cancellation is to take effect.
 - c. If this policy has been in effect for more than 45 business days or is a renewal policy, we may cancel for only one or more of the following reasons:
 - (1) Nonpayment of premium;
 - (2) Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted under it;
 - (3) Discovery of willful or reckless acts or omissions on the part of the named insured which increase any hazard insured against;
 - (4) The occurrence of a change in the risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed;
 - (5) A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against;
 - (6) A determination by the Insurance Commissioner that the continuation of the policy would place the insurer in violation of the insurance laws of this state;
 - (7) Conviction of the named insured of a crime having as one of its necessary elements an act increasing any hazard insured against; or
 - (8) Loss of or substantial changes in applicable reinsurance.
3. Mailing notice of cancellation to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
4. The policy period will end on the day and hour stated in the cancellation notice.
5. 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.

Part 6 (Conditions) of the policy is amended by adding the following provisions:

F. Nonrenewal

1. If we elect not to renew this policy, we will mail or deliver written notice of nonrenewal to you at least 45 days before:
 - a. The expiration date of this policy; or
 - b. An anniversary date of this policy, if it is written for a term longer than one year or with no fixed expiration date.
2. Any notice of nonrenewal will be mailed or delivered to you at the mailing address shown in Item 1 of the Information Page. If notice is mailed:
 - a. It will be considered to have been given to you on the day it is mailed.
 - b. Proof of mailing will be sufficient proof of notice.

(Ed. 2-14)

3. If notice of nonrenewal is not mailed or delivered at least 45 days before the expiration date or an anniversary date of this policy, coverage will remain in effect until 45 days after notice is given. Earned premium for such extended period of coverage will be calculated pro rata based on the rates applicable to the expiring policy.
4. We will not provide notice of nonrenewal if:
 - a. We, or another company within the same insurance group, have offered to issue a renewal policy; or
 - b. You have obtained replacement coverage or have agreed in writing to obtain replacement coverage.
5. If we have provided the required notice of nonrenewal as described above, and thereafter extend the policy for a period of 90 days or less, we will not provide an additional nonrenewal notice with respect to the period of extension.

G. Notice of Premium or Coverage Changes Upon Renewal

1. If we elect to renew this policy, we will give written notice of any premium increase, change in deductible, or reduction in limits or coverage, to you, at the mailing address shown in Item 1 of the Information Page.
2. Any such notice will be mailed or delivered to you at least 45 days before:
 - a. The expiration date of this policy; or
 - b. An anniversary date of this policy, if it is written for a term longer than one year or with no fixed expiration date.
3. If notice is mailed:
 - a. It will be considered to have been given to you on the day it is mailed.
 - b. Proof of mailing will be sufficient proof of notice.
4. If you accept the renewal, the premium increase or deductible, limits or coverage changes will be effective the day following the prior policy's expiration or anniversary date.
5. If notice is not mailed or delivered at least 45 days before the expiration date or anniversary date of this policy, the premium, deductible, limits and coverage in effect prior to the changes will remain in effect until the earlier of:
 - a. 45 days after notice is given; or
 - b. The effective date of replacement coverage obtained by you.
6. If you then elect not to renew, any earned premium for the resulting extended period of coverage will be calculated pro rata at the lower of the new rates or rates applicable to the expiring policy.
7. We will not provide notice of the following:
 - a. Changes in a rate or plan filed with or approved by the Insurance Commissioner or filed pursuant to the Property and Casualty Competitive Loss Cost Rating Act and applicable to an entire class of business; or
 - b. Changes based upon the altered nature of extent of the risk insured; or
 - c. Changes in policy forms filed with or approved by the Insurance Commissioner and applicable to an entire class of business.

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

OKLAHOMA FRAUD WARNING ENDORSEMENT

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

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 35 06 03

(Ed. 12-93)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT - OKLAHOMA

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

Number of Days Notice: 90

Oklahoma law requires ten (10) days notice when cancelling a policy for nonpayment and forty-five (45) days notice when cancelling a policy for all reasons except nonpayment. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in **PART SIX – CONDITIONS, D. Cancelation** of the Workers' Compensation and Employers' Liability Insurance Policy or is increased to the number of days shown in the Schedule above.

All other terms and conditions remain the same.

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.
RWD9435435-05

Endorsement No.

Insured
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Countersigned by _____

WC 99 00 14

Ed. 2/08

OREGON LIMITS OF LIABILITY ENDORSEMENT

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

The limits of our liability under Part Two of the policy are:

Bodily Injury by Accident \$500,000 or the amount shown in Item 3.B. of the Information Page, whichever is greater, each accident

Bodily Injury by Disease \$500,000 or the amount shown in Item 3.B. of the Information Page, whichever is greater, policy limit

Bodily Injury by Disease \$500,000 or the amount shown in Item 3.B. of the Information Page, whichever is greater, each employee

This change applies to the insurance this policy provides for Oregon operations only.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 36 03 06

(Ed.1-02)

OREGON CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by an Oregon Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, or if an estimated factor has been applied, we will issue an endorsement to show the proper premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 36 04 02

(Ed. 1-91)

OREGON PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

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

**PART FIVE
PREMIUM**

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

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 36 04 06

(Ed. 10-01)

OREGON CANCELLATION ENDORSEMENT

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

The **Cancellation** Condition of the policy is replaced by this Condition:

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. If you provide for other insurance or self-insurance, your cancellation of coverage will take effect upon the effective date of that insurance.
2. We may cancel this policy. We will mail to you advance written notice stating when the cancellation is to take effect.
 - a. If we cancel based on our decision not to offer insurance to all employers within your premium category, we will mail the notice of cancellation at least 90 days before the cancellation is to take effect.
 - b. If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.
 - c. If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take effect.
3. Mailing notice to you at your last known mailing address will be sufficient to prove notice.
4. The policy period will end at 12:00 midnight on the day stated in the cancellation notice.
5. When coverage is placed with another carrier as of the policy expiration date, a rejected renewal policy shall be withdrawn without charge, provided notice of nonrenewal is mailed and postmarked on or before the expiration date and is received from the insured by the insurer no later than 10 calendar days after said expiration date.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 36 06 01 E

(Ed. 1-08)

OREGON CONFIDENTIALITY ENDORSEMENT

We may furnish you with certain documentation that includes confidential information. As used in this endorsement, "confidential information" means any and all medical and vocational claim records and information about an injured worker. We make this information available to you for the sole purpose of assisting us to manage, defend, or adjust claims.

1. You agree to hold all information provided by us in trust and confidence.
2. You and your employees must not disclose confidential information about an injured worker to anyone except us unless required to do so by law or with written consent of the injured worker. You will take steps necessary to protect the confidentiality of information about injured workers, including obtaining specific contractual promises from your employees and agents not to disclose any confidential information except as provided in this endorsement. You must not use confidential information for purposes other than those necessary to directly further the purposes of this endorsement.
3. You must not use confidential information in such a manner that is likely to allow other persons to know the name or identity of an injured worker, or allow other persons to know any other particulars of a worker's injury claim, except for those matters over which you as an employer have the ability and the right to direct and control. In no case can you use confidential information either singly or in concert to discriminate unlawfully against any injured worker.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 36 06 02

(Ed. 01-11)

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OREGON WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.
6. The basis for the Workers Compensation Premium Assessment will be premium earned prior to any premium credits or modifications for the large deductible provision.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.

b. Employers Liability

- i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
- ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:

- (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;

- Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

F. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

G. Cancellation

1. We will delete this deductible provision not more than 10 days following discovery that you on three occasions within the policy period know of but fail to properly report all claims, or, if you on any occasion within the policy period make direct payments of claim costs.
2. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the provisions of ORS 656.427. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

H. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

I. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

J. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
 (b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
 (d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
 (Enter Rate)

But in no event less than \$ _____
 (Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
 (Percentage of Standard Premium)

But in no event less than \$ _____
 (Dollar Amount)

(c) No Aggregate Limit applies.

3. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and the aggregate amount;
 or

(b) _____ Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. _____ Reimbursed by you for total amount of expense regardless of deductible limit(s); or

ii. _____ Shared pro rata between you and us; or

iii. _____ Fully paid by us in return for a flat charge payable by you

Flat charge: \$ _____
 (Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

4. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

- i. _____ Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____
- ii. _____ Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____
- iii. _____ Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____
- iv. _____ Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

- i. _____ Reimbursed by you at a rate of _____ times exposure base of _____ per _____; or
- ii. _____ Reimbursed by you as a flat charge of _____ against the policy.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

PENNSYLVANIA 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 (ANC).

The charge is determined by applying the ANC Multiplier to the ANC Basis shown in the table below:

ANC Basis	ANC Multiplier
Estimated Annual Premium	Two times

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

The application of the ANC is subject to the following conditions:

- a) Carriers must comply with all applicable state laws and/or regulations related to audits of workers compensation insurance policies.
- b) The Audit Noncompliance Charge Endorsement is optional. When used, the Audit Noncompliance Charge Endorsement and/or applicable state-specific endorsement must be attached to the policy at inception of the policy term being audited.
- c) The carrier must make two attempts to obtain the audit information and/or complete the audit. At each attempt, the carrier must notify the employer regarding the specific required records and the amount of the ANC to be applied if the employer continues to refuse to comply with the audit.
- d) The carrier must adequately document the audit file regarding the above attempts to obtain the required audit information.

These ANC conditions apply to mail/email, telephone, computer (remote access), and physical audits, unless otherwise provided by state law.

The scenarios listed below may occur and are treated as follows:

If an ANC is applied and the employer...	Then the carrier...
Pays the ANC and later allows the audit	<ul style="list-style-type: none"> Performs the final audit and determines the final policy premium based on the results of the audit; and Refunds the ANC to the employer, or applies the ANC amount to any outstanding balance on the policy <p>Submits a unit statistical correction report to remove the ANC from the previously reported Unit Statistical data.</p>
Does not pay the ANC but later allows the audit	Performs the final audit and determines the final policy premium based on the results of the audit
Pays the ANC but does not later allow the audit	Does not change the previously reported: <ul style="list-style-type: none"> Unit Statistical data Noncompliance transactions
Does not pay the ANC and does not later allow the audit.	

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium \$ Included

SPECIAL PENNSYLVANIA ENDORSEMENT—INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 37 06 01

(Ed. 4-84)

PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. surveys;
2. consultation or advice; or
3. inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. if the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. to consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. if any acts of omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual, malice, or gross negligence.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 37 06 02

(Ed. 4-84)

PENNSYLVANIA ACT 86-1986 ENDORSEMENT**NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM**

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

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
 - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1.a. and 1.b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return of unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

PENNSYLVANIA EMPLOYER ASSESSMENT ENDORSEMENT

Act 57 of 1997 requires that ". . . the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation supersedes Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry."

EMPLOYER ASSESSMENT FORMULA:

Employer	=	Act of 1997 Employer	X	Employer Assessment
Assessment		Assessment Factor		Premium Base

Act 57 of 1997 Employer Assessment Factor

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

Employer Assessment Premium Base

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

CODE 0938

EMPLOYER ASSESSMENT FACTOR	0.0232
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EMPLOYER ASSESSMENT	\$ 15,770
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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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by_____

Endorsement No.
Premium Included

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENNSYLVANIA WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if:

- (a) this endorsement is issued for a term of less than (1) year; or
- (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this endorsement.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

i. Reimbursed by you for total amount of expense regardless of deductible limit(s); orii. Shared pro rata between you and us; oriii. Fully paid by us in return for a flat charge payable by you

Flat charge: \$

(Enter Dollar Amount)

iv. Paid by us (Insurer).

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____iv. Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

i. Reimbursed by you at a rate of _____ times exposure base of _____ per _____; orii. Reimbursed by you as a flat charge of _____ against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

- (a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or
(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

RHODE ISLAND SHORT RATE CANCELLATION ENDORSEMENT

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

The cancellation condition in the Workers Compensation and Employers Liability Insurance Policy—Part Five Premium, E. Final Premium, states that if this policy is cancelled by you, the final premium will be more than pro rata but not less than the policy minimum premium.

The final premium will be calculated as follows based on the Short-Rate Cancellation Table attached to this endorsement:

If . . .	Then . . .
This policy is cancelled by you, except when retiring from this business	<p>Unless a different method has been filed by the carrier and approved by the appropriate regulatory authority, the premium for the cancelled policy must be calculated by using either the short-rate percentage or short-rate factor as follows, based on the Short Rate Cancellation Table located in Appendix B:</p> <p>Steps based on short-rate percentage:</p> <ol style="list-style-type: none">1. Determine the payroll developed during the period the policy was in effect.2. Determine the full policy payroll by using the following formula: $\frac{\text{number of days for which the policy was written}}{\text{number of days the policy was in effect}} \times \text{actual payroll}$ <ol style="list-style-type: none">3. Apply authorized rates to such payroll.4. Calculate the extended number of days by using the following formula. If the policy was written for a one-year period, the extended number of days is the number of days the policy was in effect: $\frac{\text{number of days the policy was in effect}}{\text{number of days for which the policy was written}} \times 365$ <ol style="list-style-type: none">5. Based on the extended number of days, apply the short-rate percentage shown in the Short Rate Cancellation Table located in the Appendix to the full policy premium calculated in step 3. This result is the short-rate manual premium.6. If applicable:<ul style="list-style-type: none">• Apply any pricing programs• Apply any experience rating modification• Apply any premium discount based on the final earned total standard premium• Add the short-rate portion of the expense constant but not less than \$15• Apply catastrophe provisions based on the earned manual premium

	<p>7. The total earned premium for the short-rate cancelled policy must not be less than the annual minimum premium applicable to the policy.</p> <p>Steps based on the short-rate factor:</p> <ol style="list-style-type: none">1. Determine the payroll developed during the period that the policy was in effect.2. Apply authorized rates to such payroll.3. Based on the number of days that the policy was in effect, determine the applicable short-rate factor shown in the Short Rate Cancellation Table located in Appendix B.4. Apply the short-rate factor to the premium calculated on the basis of the earned premium for the period that the policy was in effect in step 2. This result is the short-rate manual premium.5. If applicable:<ul style="list-style-type: none">• Apply any pricing programs• Apply any experience rating modification• Apply any premium discount based on the final earned total standard premium• Add the short-rate portion of the expense constant but not less than \$15• Apply catastrophe provisions based on the earned manual premium6. The total earned premium for the short-rate cancelled policy must not be less than the annual minimum premium applicable to the policy.
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(Ed. 01-15)

SHORT RATE CANCELLATION TABLE

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
1	5%	18.2482	46	23%	1.8250	91	35%	1.4038
2	6	10.9489	47	23	1.7861	92	36	1.4283
3	7	8.5158	48	24	1.8250	93	36	1.4129
4	7	6.3869	49	24	1.7877	94	36	1.3979
5	8	5.8394	50	24	1.7520	95	37	1.4216
6	8	4.8662	51	24	1.7176	96	37	1.4068
7	9	4.6924	52	25	1.7548	97	37	1.3923
8	9	4.1058	53	25	1.7216	98	37	1.3781
9	10	4.0552	54	25	1.6899	99	38	1.4010
10	10	3.6496	55	26	1.7255	100	38	1.3870
11	11	3.6496	56	26	1.6947	101	38	1.3733
12	11	3.3455	57	26	1.6650	102	38	1.3598
13	12	3.3689	58	26	1.6362	103	39	1.3820
14	12	3.1283	59	27	1.6704	104	39	1.3688
15	13	3.1630	60	27	1.6425	105	39	1.3557
16	13	2.9653	61	27	1.6156	106	40	1.3774
17	14	3.0056	62	27	1.5895	107	40	1.3645
18	14	2.8386	63	28	1.6222	108	40	1.3519
19	15	2.8818	64	28	1.5969	109	40	1.3395
20	15	2.7377	65	28	1.5723	110	41	1.3605
21	16	2.7812	66	29	1.6038	111	41	1.3482
22	16	2.6547	67	29	1.5799	112	41	1.3362
23	17	2.6980	68	29	1.5566	113	41	1.3243
24	17	2.5856	69	29	1.5341	114	42	1.3447
25	17	2.4821	70	30	1.5643	115	42	1.3330
26	18	2.5270	71	30	1.5423	116	42	1.3215
27	18	2.4334	72	30	1.5208	117	43	1.3414
28	18	2.3465	73	30	1.5000	118	43	1.3301
29	18	2.2656	74	31	1.5291	119	43	1.3189
30	19	2.3117	75	31	1.5087	120	43	1.3079
31	19	2.2371	76	31	1.4888	121	44	1.3273
32	19	2.1672	77	32	1.5169	122	44	1.3164
33	20	2.2121	78	32	1.4974	123	44	1.3057
34	20	2.1471	79	32	1.4785	124	44	1.2951
35	20	2.0857	80	32	1.4600	125	45	1.3140
36	20	2.0278	81	33	1.4870	126	45	1.3036
37	21	2.0716	82	33	1.4689	127	45	1.2933
38	21	2.0171	83	33	1.4512	128	46	1.3117
39	21	1.9654	84	34	1.4774	129	46	1.3016
40	21	1.9162	85	34	1.4600	130	46	1.2916
41	22	1.9585	86	34	1.4430	131	46	1.2817
42	22	1.9119	87	34	1.4264	132	47	1.2996
43	22	1.8674	88	35	1.4517	133	47	1.2899
44	23	1.9079	89	35	1.4354	134	47	1.2802
45	23	1.8655	90	35	1.4194	135	47	1.2708

SHORT RATE CANCELLATION TABLE (cont'd)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
136	48%	1.2882	181	60%	1.2099	226	70%	1.1305
137	48	1.2788	182	60	1.2033	227	70	1.1255
138	48	1.2696	183	61	1.2167	228	70	1.1206
139	49	1.2867	184	61	1.2101	229	71	1.1317
140	49	1.2775	185	61	1.2035	230	71	1.1267
141	49	1.2684	186	61	1.1970	231	71	1.1219
142	49	1.2595	187	61	1.1906	232	71	1.1170
143	50	1.2762	188	62	1.2037	233	72	1.1279
144	50	1.2674	189	62	1.1974	234	72	1.1231
145	50	1.2586	190	62	1.1910	235	72	1.1183
146	50	1.2500	191	62	1.1848	236	72	1.1136
147	51	1.2663	192	63	1.1977	237	72	1.1089
148	51	1.2578	193	63	1.1914	238	73	1.1195
149	51	1.2493	194	63	1.1853	239	73	1.1149
150	52	1.2653	195	63	1.1792	240	73	1.1102
151	52	1.2569	196	63	1.1732	241	73	1.1056
152	52	1.2487	197	64	1.1858	242	74	1.1161
153	52	1.2405	198	64	1.1798	243	74	1.1115
154	53	1.2562	199	64	1.1739	244	74	1.1070
155	53	1.2481	200	64	1.1680	245	74	1.1025
156	53	1.2401	201	65	1.1804	246	74	1.0980
157	54	1.2554	202	65	1.1745	247	75	1.1083
158	54	1.2475	203	65	1.1687	248	75	1.1038
159	54	1.2396	204	65	1.1630	249	75	1.0994
160	54	1.2319	205	65	1.1573	250	75	1.0950
161	55	1.2469	206	66	1.1694	251	76	1.1052
162	55	1.2392	207	66	1.1638	252	76	1.1008
163	55	1.2316	208	66	1.1582	253	76	1.0964
164	55	1.2241	209	66	1.1526	254	76	1.0921
165	56	1.2388	210	67	1.1645	255	76	1.0878
166	56	1.2313	211	67	1.1590	256	77	1.0979
167	56	1.2240	212	67	1.1535	257	77	1.0936
168	57	1.2384	213	67	1.1481	258	77	1.0893
169	57	1.2311	214	67	1.1428	259	77	1.0851
170	57	1.2238	215	68	1.1544	260	77	1.0810
171	57	1.2167	216	68	1.1491	261	78	1.0908
172	58	1.2308	217	68	1.1438	262	78	1.0866
173	58	1.2237	218	68	1.1385	263	78	1.0825
174	58	1.2167	219	69	1.1500	264	78	1.0784
175	58	1.2097	220	69	1.1448	265	79	1.0881
176	59	1.2236	221	69	1.1396	266	79	1.0840
177	59	1.2167	222	69	1.1345	267	79	1.0800
178	59	1.2098	223	69	1.1294	268	79	1.0759
179	60	1.2235	224	70	1.1406	269	79	1.0719
180	60	1.2167	225	70	1.1356	270	80	1.0815

(Ed. 01-15)

SHORT RATE CANCELLATION TABLE (cont'd)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
271	80%	1.0775	316	90%	1.0396	361	100%	1.0111
272	80	1.0735	317	90	1.0363	362	100	1.0083
273	80	1.0696	318	90	1.0330	363	100	1.0055
274	81	1.0790	319	90	1.0298	364	100	1.0027
275	81	1.0751	320	91	1.0380	365	100	1.0000
276	81	1.0712	321	91	1.0347			
277	81	1.0673	322	91	1.0315			
278	81	1.0635	323	91	1.0283			
279	82	1.0728	324	92	1.0364			
280	82	1.0689	325	92	1.0332			
281	82	1.0651	326	92	1.0301			
282	82	1.0614	327	92	1.0269			
283	83	1.0705	328	92	1.0238			
284	83	1.0667	329	93	1.0318			
285	83	1.0630	330	93	1.0286			
286	83	1.0593	331	93	1.0255			
287	83	1.0556	332	93	1.0224			
288	84	1.0646	333	94	1.0303			
289	84	1.0609	334	94	1.0272			
290	84	1.0572	335	94	1.0242			
291	84	1.0536	336	94	1.0211			
292	85	1.0625	337	94	1.0181			
293	85	1.0589	338	95	1.0259			
294	85	1.0553	339	95	1.0229			
295	85	1.0517	340	95	1.0198			
296	85	1.0481	341	95	1.0169			
297	86	1.0569	342	95	1.0139			
298	86	1.0534	343	96	1.0216			
299	86	1.0498	344	96	1.0186			
300	86	1.0463	345	96	1.0156			
301	86	1.0429	346	96	1.0127			
302	87	1.0515	347	97	1.0203			
303	87	1.0480	348	97	1.0174			
304	87	1.0446	349	97	1.0145			
305	87	1.0411	350	97	1.0116			
306	88	1.0497	351	97	1.0087			
307	88	1.0462	352	98	1.0162			
308	88	1.0429	353	98	1.0133			
309	88	1.0395	354	98	1.0105			
310	88	1.0361	355	98	1.0076			
311	89	1.0445	356	99	1.0150			
312	89	1.0412	357	99	1.0122			
313	89	1.0379	358	99	1.0094			
314	89	1.0346	359	99	1.0065			
315	90	1.0429	360	99	1.0038			

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 38 04 01 B

(Ed.01-15)

RHODE ISLAND DIRECT LIABILITY STATUTE ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Rhode Island is shown in Item 3.A. of the Information Page.

1. Your employee, or the persons entitled to sue you for damages in the event of the death of the employee, may add us as a defendant in a suit against you to recover damages because of bodily injury or death to your employee.
2. We are directly liable to pay to your injured employee, or to the persons entitled to sue you for damages in the event of the death of your employee, the damages for which you are liable.

This endorsement is subject to all provisions of Part Two (Employers Liability Insurance) that do not conflict with the direct liability statute (Section 28.36.11) of the Rhode Island Workers' Compensation Law.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 38 06 01

(Ed. 4-84)

SOUTH DAKOTA DIRECT ACTION STATUTE ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because South Dakota is shown in Item 3.A. of the Information Page.

1. Your injured employee, or the persons entitled to sue you for damages in the event of the death of the employee, may add us as a defendant in a suit against you to recover damages because of bodily injury or death to your employee.
2. We are directly liable to pay to your injured employee, or to the persons entitled to sue you for damages in the event of the death of the employee, the damages for which you are liable.

This endorsement is subject to all provisions of Part Two (Employers Liability Insurance) that do not conflict with the direct action statute (Section 58-20-12) of the South Dakota Workers' Compensation Law.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 40 06 01 A

(Ed. 07-11)

SOUTH DAKOTA MANAGED CARE ENDORSEMENT

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

This endorsement provides for the payment of benefits under the workers compensation law of South Dakota to provide medical services and health care to injured workers for compensable injuries and diseases by means of a managed care program which meets the requirements established by the Department of Labor.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.
RWD9435435-05

Endorsement No.
Premium Included

Countersigned by _____

WC 40 06 03

(Ed. 1-94)

SOUTH DAKOTA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

The **Cancellation** Condition in Part Six (Conditions) of the policy is replaced by this Condition:

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.
 - a. We must file a notice of intention in the office of the State Department of Labor or other officer in charge of the administration of the workers compensation law at least 10 days prior to cancellation due to nonpayment of premiums. Any policy cancelled for reasons other than nonpayment of premium requires at least 20 days notification before the effective cancellation date. This notice of intention must state the date of cancellation.
 - b. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation due to nonpayment of premiums is to take effect. Any policy cancelled for reasons other than nonpayment of premium requires at least 20 days written notification before the effective cancellation date.
 - c. Mailing that notice to you at your last known place of residence will be sufficient to prove notice.
 - d. If the employer is a partnership, the notice may be given to any one of the partners.
 - e. If the employer is a corporation, the notice may be given to any agent or officer of the corporation upon whom legal process may be served.
3. After sixty days from the effective date of policy issuance, a notice of cancellation may not be issued unless it is based upon at least one of the following reasons:
 - a. Nonpayment of premium
 - b. Discovery of fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy, or in presenting a claim under the policy
 - c. Discovery of acts or omissions on the part of the named insured that increase any hazard insured against
 - d. The occurrence of a change in the risk that substantially increases any hazard insured against after insurance coverage has been issued
 - e. A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof that substantially increases any hazard insured against
 - f. A determination by the director of the Division of Insurance that the continuation of the policy would jeopardize a company's solvency or would place the insurer in violation of the insurance laws of this state
 - g. Violation or breach by the insured of any policy terms or conditions
 - h. Such other reasons as are approved by the director of the Division of Insurance
4. The policy period will end on the day and hour stated in the cancellation notice.
5. 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.

Nonrenewal

1. We may elect not to renew. We will mail or deliver to you and your agent not less than 60 days advance written notice stating our intention not to renew this policy. Mailing notice to you at your last known address will be sufficient to prove notice.
2. A notice of nonrenewal is not required if the policyholder is transferred to an insurer that is a member of the same insurance group as the previous insurer and notice of such transfer is given in the form adopted by rule by the Division of Insurance.
3. The policy provisions control if the policy provides for a notice of refusal to renew that exceeds 60 days.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

TENNESSEE PENDING LOSS COST AND ASSIGNED RISK RATE ENDORSEMENT

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

The premium for the policy is determined (in part) by the product of loss costs developed and filed by the National Council on Compensation Insurance, Inc., and/or an assigned risk loss cost multiplier developed by the Tennessee Department of Commerce and Insurance.

A loss cost filing and/or a change to the assigned risk loss cost multiplier is being considered by the proper regulatory authority. The approval and/or modification of either (or both) may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TENNESSEE WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

The aggregate will not be reduced if the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Maximum Loss Content

1. As an alternative to an Aggregate Deductible Limit for Workers Compensation, you may agree to a Multiple Line/Multiple Policy Maximum Loss Content. Under this arrangement the maximum amount of payments by you for any reimbursement within a deductible, loss limit or retained limit for any policy listed in the schedule on the deductible endorsement, shall be limited to the amount specified as the Maximum Loss Content in that schedule.

The insured and insurer may agree to state the Maximum Loss Content as a negotiated rate per \$100 of final audited payroll, or other exposure base specified on the deductible endorsement, subject to a negotiated minimum aggregate.

As an alternative, the insured and insurer may also agree to state Maximum Loss Content as a negotiated percentage of final audited standard premium.

The Maximum Loss Content charge is the component intended to provide for the amount of loss (and ALAE, if applicable) expected to exceed the established Maximum Loss Content. If a Maximum Loss Content is selected, the aggregate deductible limit charge to be included in the Deductible Premium formula is negotiated by the insured and insurer.

E. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.

- (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
- Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.
- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
- Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

G. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

H. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this endorsement.

I. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

J. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

K. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
(b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
(d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

(c) No Aggregate Limit applies.

3. Maximum Loss Content (applicable only if 2. (c) of this Schedule is selected). (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
(Enter Rate)

But in no event less than \$ _____
(Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
(Percentage of Standard Premium)

But in no event less than \$ _____
(Dollar Amount)

Schedule of Policy Numbers for which the Maximum Loss Content is applicable

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

- (a) Included in the deductible – each accident limit and included in the aggregate amount; or
(b) Excluded from the deductible – each accident limit and the aggregate amount; and

(The option that applies is indicated by "x").

- i. Reimbursed by you for total amount of expense regardless of deductible limit(s); or
ii. Shared pro rata between you and us; or
iii. Fully paid by us in return for a flat charge payable by you

Flat charge: \$ _____
(Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

- i. Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____
ii. Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____
iii. Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____
iv. Reimbursed by you at an amount \$ _____
of

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

- i. Reimbursed by you at a rate of times exposure base of per
; or
ii. Reimbursed by you as a flat charge of against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

(a) Will be billed to you at a rate of \$0.19973 per \$100 of audited payroll; or

(b) Will be billed to you using rates on Declaration Page.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

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.

(Ed. 7-17)

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:

THE DISPUTE RESOLUTION PROCESS**THIS DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS.**

Proceed as follows if you have a dispute about your policy related to:

- Rates,
- The application or interpretation of rules contained in the various National Council on Compensation Insurance, Inc. (NCCI) manuals (including, but not limited to, classification codes and experience rating),
- Rating programs,
- Endorsements, or
- Forms.

First, contact the carrier that issued the policy and attempt to resolve the dispute directly. If the dispute is not directly resolved with the carrier, then contact NCCI, to ask for assistance through the dispute resolution process described in NCCI's **Basic Manual**. You may obtain dispute resolution services only after you have made a reasonable attempt to first resolve the dispute directly with the carrier and have paid undisputed premium that may be 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 [regulatoryassurance @ ncci.com](mailto:regulatoryassurance@ncci.com).

NCCI will first work with you and the carrier to try to resolve the dispute. If you are unable to resolve the dispute to your satisfaction with NCCI's help, then you may ask NCCI to refer the dispute to the Texas Appeals Board (Board). NCCI is the Administrator to the Texas Appeals Board, and a staff member from TDI, appointed by the Commissioner, serves as the chair of the Board.

Within 30 calendar days of the date that the Appeals Board issues a decision, the policyholder may appeal the decision to the Texas Department of Insurance. To appeal a decision of the Appeals Board, contact the Texas Department of Insurance, Office of the Chief Clerk, Mail Code 113-2A, P.O. Box 149104, Austin, TX 78714-9104; or by fax to 512-490-1064; or by email to chiefclerk@tdi.texas.gov.

THIS NOTICE OF THE DISPUTE RESOLUTION PROCESS IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.**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, System Monitoring and Oversight, 7551 Metro Center Drive, Suite 100, MS-8, Austin, TX 78742; or by fax to 512-490-1030; or by e-mail to DWC-ComplaintResolution@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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

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

(X) 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: Included**

The premium charge for this endorsement shall be 2 percent 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: \$50,751

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

TEXAS SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT

Pursuant to Section 406.097, Labor Code, sole proprietors, partner(s) or corporate executive officer(s) of the named insured are covered under this workers compensation policy, unless specifically excluded from coverage through an endorsement to the policy. Such persons may be named in the Schedule below and the premium basis for the policy shall include their remuneration.

For employees excluded from workers compensation coverage by law, an election has been made by or on behalf of each person described in "Others" in the Schedule to be subject to the workers compensation law of the state named in the Schedule. Such persons shall be named in the Schedule below and the premium basis for the policy shall include their remuneration.

Schedule

Persons	State
Sole Proprietor:	All Sole Proprietor
Partners:	All Partners
Officers:	All Officers
State	Texas
Others:	

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05

Countersigned by _____

Endorsement No.
Premium \$ Included

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and to the Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under the large risk deductible plan in accordance of provisions of the Large Risk Alternative Rating Option where applicable and any Notice of Election (NOE) signed by you.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including Allocated Loss Adjustment Expenses(s), where you have elected to include such expense as indicated in the Schedule, which arises out of any claim or suit we defend.
5. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amount. This does not release you from your obligation to reimburse us.

B. Deductible – Each Accident

1. The deductible can apply on a Per Accident or Per Employee basis, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - a. Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits for bodily injury or disease to any one employee as the result of any one accident.
 - b. Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee – The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury or disease to any one employee as the result of any one accident.

All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all indemnity and medical benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the aggregate depending upon the option selected by you, as indicated in the Schedule.

D. Effect of Deductible on Employers Liability Limits

1. The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

E. Allocated Loss Adjustment Expense

1. **“Allocated Loss Adjustment Expense”** (or “ALAE”) encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
 - (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - Expert medical or other testimony;
 - Autopsy;
 - Witnesses and summonses;
 - Copies of documents such as birth and death certificates and medical treatment records;
 - Arbitration fees;
 - Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a Claim;
 - Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a Claim;
 - Appeal bond costs and appeal filing fees.

- (c) Medical cost containment expenses incurred with respect to a particular Claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
 - Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - Preferred provider Network/Organization expenses.
 - Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular Claim and are required to be performed by statute or regulation.

The following shall not be included as "Allocated Loss Adjustment Expense":

- (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
- (b) Fees paid to independent Claims professionals or attorneys (hired to perform the function of Claim investigation normally performed by Claim adjusters for developing and investigating a Claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims).
- (c) Expenses which are defined as either an indemnity or medical loss.

F. Recovery From Others

1. If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

G. Cancellation

1. If you fail to reimburse us for any amounts as required by this endorsement, or, if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation, and you will remain fully responsible for reimbursing us.

H. Sole Representative

1. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement;

- (b) Obligations to receive premiums; or
- (c) Giving or receiving notice of cancellation.

I. Your Duties and Understanding

1. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

J. Other Rights and Duties

1. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
 - (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

SCHEDULE

1. Deductible Amount

Workers Compensation and Employers Liability combined \$ 2,000,000

OR

Workers Compensation

(a) \$ _____ Per Accident
 (b) \$ _____ Per Employee

Employers Liability

(c) \$ _____ Per Accident
 (d) \$ _____ Per Employee

2. Aggregate Deductible Limit is \$ _____

It is adjusted based on: (The option that applies is indicated by "x").

(a) _____ Negotiated rate of _____ per \$100 of audited payroll
 (Enter Rate)

But in no event less than \$ _____
 (Dollar Amount)

(b) _____ Negotiated percentage of standard premium _____
 (Percentage of Standard Premium)

But in no event less than \$ _____
 (Dollar Amount)

(c) No Aggregate Limit applies.

3. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

(a) Included in the deductible – each accident limit and included in the aggregate amount; or

(b) _____ Excluded from the deductible – each accident limit and _____ the aggregate
 amount; and

(The option that applies is indicated by "x").

i. _____ Reimbursed by you for total amount of expense regardless of deductible limit(s); or

ii. _____ Shared pro rata between you and us; or

iii. _____ Fully paid by us in return for a flat charge payable by you

Flat charge: \$ _____
 (Enter Dollar Amount)

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR
 ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

4. Claims Handling and other associated expenses:

(a) Claim Handling is: (The options that apply are indicated by "x").

- i. _____ Reimbursed by you as a percentage charge for each loss;
Percentage charge: _____
- ii. _____ Reimbursed by you as a flat charge for each claim;
Flat charge per claim: \$ _____
- iii. _____ Reimbursed by you as a flat charge against the policy;
Flat charge: \$ _____
- iv. _____ Reimbursed by you at an amount of \$ _____

(b) Charge other than claim handling is: (The options that apply are indicated by "x").

- i. _____ Reimbursed by you at a rate of _____ per \$100 of payroll; or
- ii. _____ Reimbursed by you as a flat charge of _____ against the policy.

All other terms and conditions remain the same.

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.: RWD9435435-05 Endorsement No.: _____

Insured: Employbridge Holding Company

Insurance Company: XL Insurance America, Inc.

Countersigned by: _____

UTAH WAIVER OF SUBROGATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Utah 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. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule. Our waiver of rights does not release your employees' rights against third parties and does not release our authority as trustee of claims against third parties.

Schedule

Where required by written agreement signed prior to loss.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

UTAH WORKPLACE SAFETY PROGRAM ENDORSEMENT

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

This endorsement is to inform you that you may be required to establish a workplace safety program and of the premium increase which will occur for failure or refusal to establish such a program.

You may be required to establish such a program if:

1. You have an experience modification factor of 1.00 or higher as determined by NCCI; or
2. You have a three-year loss ratio of 100% or higher.

If you are required to implement a workplace safety program, the program must include a written accident and injury reduction plan and must be reviewed annually.

Your premiums may be increased by 5% over any existing rates and premium modifications for failure or refusal to establish a workplace safety program. If an increase has been made to your premium for failure or refusal to establish a workplace safety program, the amount of the increase is listed in the Schedule below.

Schedule

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
Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD9435435-05
Countersigned by _____

Endorsement No.
Premium Included

UTAH CANCELLATION ENDORSEMENT

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

Cancellation Section (D) of Part Six – Conditions is replaced by the following:

A. Cancellation

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. If this policy has been previously renewed or has been in effect for at least 60 days, the provisions of this paragraph 2 apply. We may cancel this policy for one of the following reasons:
 - a. You fail to pay all premiums when due;
 - b. A material misrepresentation;
 - c. A substantial change in the risk assumed, unless we should reasonably have foreseen the change or contemplated the risk when entering into the contract;
 - d. Substantial breaches of contractual duties, conditions or warranties.

We will mail or deliver to you not less than 30-days advance written notice stating when the cancellation is to take effect, except in the event you fail to pay your premiums when due, in which case we will mail or deliver to you not less than 10-days advance written notice stating when the cancellation is to take effect. Should we cancel for non-payment of premiums, we must state this as the reason for the cancellation on our notice of cancellation. Should we cancel for any of the other reasons above, we must either state the facts on which our decision is based or notify you of your right to make a written request for that information. Mailing a cancellation notice via first class mail to you at your mailing address last known to us will be sufficient to prove notice.

3. If this policy has not previously been renewed and has been in effect less than 60 days, we may cancel the policy for any reason and without a statement of reasons. We will deliver to you not less than 10-days advance written notice stating when the cancellation is to take effect.
4. The policy period will end on the day and hour stated in the cancellation notice.

B. Renewal/Nonrenewal

1. You have the right to have the insurance renewed unless:
 - a. The policy has been cancelled;
 - b. The policy is expressly designated as nonrenewable;
 - c. You fail to pay the renewal premium by the due date. We will mail the renewal notice to you not more than 45 days nor less than 14 days prior to the renewal effective date. The renewal notice will include the estimated renewal premium, how it may be paid, and state that failure to pay the renewal premium by the due date extinguishes your right to the renewal; or
 - d. We give you 30-days notice of nonrenewal prior to the expiration or the anniversary date. We must deliver or send the notice by first class mail to your last known mailing address.

-
2. If we offer to renew the policy but on less favorable terms or at higher rates, the new terms or rates will take effect on the renewal date if we delivered or sent by first class mail to you notice of the new terms or rates at least 30 days prior of the expiration date of the prior policy. The prior notice requirement does not apply if the only change is a rate increase generally applicable to your class of business, a rate increase resulting from a classification change, or a policy form change made to make the form consistent with Utah law.

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

RWD9435435-05

Premium \$ Included

Employbridge Holding Company

Countersigned by _____

Insurance Company

XL Insurance America, Inc.

VERMONT LAW ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Vermont is shown in Item 3.A. of the Information Page.

1. We may not limit our liability to pay damages if a judgment for damages is entered against you and we continue the suit or other action without your consent.
2. No action will lie against us to recover for a loss under this insurance unless it is brought within one year after the amount of loss is made certain either by agreement between the parties with our consent or by actual trial and final judgment. If you are bankrupt or insolvent, anyone who obtains such a judgment or agreement has a right of action against us to recover under the policy to the extent that insurance is provided for the damages or loss.
3. If you pay a judicial judgment or claim for any of our liability under this insurance, that will not bar you from an action or right of action against us.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 44 06 01

(Ed. 4-84)

VERMONT CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

D. Cancellation and Nonrenewal

1. You may cancel this policy. You will 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 by certified mail to you and to the Commissioner of Labor (Commissioner) not less than 45 days' advance written notice stating when the cancellation is to take effect. Mailing notice by certified mail to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice
4. We may elect not to renew the policy. We must mail by certified mail to you and to the Commissioner 45 days' advance written notice stating when the nonrenewal is to take effect. If we do not give 45 days' notice, the policy will automatically be extended for 45 days from the date the notice is received by you and the Commissioner.
5. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. We offer to continue the insurance by delivery of a renewal contract to you, or
 - b. You notify us in writing that you do not want to renew the policy, or
 - c. You obtain other insurance or a guarantee contract, or you establish and maintain, to the satisfaction of the Commissioner, security for compensation.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

VIRGINIA AMENDATORY ENDORSEMENT

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

For Virginia insurance, Part Six D. (Conditions—Cancelation) is replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us. You must provide written notice of your cancelation, including the date of and reasons for the cancelation, to the Workers Compensation Commission.
2. We may cancel this policy. We will provide you with 30 days notice of cancelation. We will provide the Workers Compensation Commission with immediate notice of such cancelation. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
3. In the event of cancelation by you or us, you must provide 30 days written notice of the cancelation to your covered employees.
4. We may nonrenew your policy. We will provide 30 days notice to you and to the Workers Compensation Commission of our decision to nonrenew. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
5. If you fail to pay the premium due on this policy, we may cancel the policy by providing 10 days notice to you and to the Workers Compensation Commission.

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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 45 06 02

(Ed. 7-93)

VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Virginia Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after 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

Employbridge Holding Company

Insurance Company

XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium Included

Countersigned by _____

WC 45 06 04

(Ed. 1-97)

WEST VIRGINIA CANCELLATION ENDORSEMENT

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

Part Six, D (Conditions—Cancellation) is replaced by:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us by stating when the cancellation is to take effect.
2. We may cancel this policy at any time by providing you thirty (30) days advance written notice.
3. Notwithstanding #2 above, if you fail to pay any premium due or refuse to comply with a premium audit under this policy, we may cancel the policy by providing you ten (10) days advance written notice.
4. We may also choose not to renew this policy by providing sixty (60) days advance written notice.
5. Our mailing of the Notice of Cancellation or Non-Renewal to your mailing address as listed in Item 1 of the information page will be sufficient notice of our intent to cancel. We will also provide notice of the cancellation or non-renewal of the policy to the West Virginia Insurance Commissioner at least ten (10) days prior to the effective date of the termination, within ten (10) days of receipt of your request for cancellation, as applicable.

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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 47 06 01

(Ed. 7-08)

FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

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

This endorsement adds the following provisions to Part Five—Premium, G. Audit, of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return voluntary audit requests or refuse to cooperate in completing a final physical audit, you must pay a premium to us not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
2. We document the audit file regarding the above attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records, we send a letter by certified mail to you advising you of the specific records that are required and the premium that will be charged if you continue to refuse access to the records.

If you do not provide all of the specific records required and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or re-open the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all of the specific records required to complete the premium audit process within the three year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the 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

Employbridge Holding Company
Insurance Company
XL Insurance America, Inc.

Policy No.

RWD9435435-05

Endorsement No.

Premium \$ Included

Countersigned by _____

WC 09 04 07

(Ed. 7-13)