



Workers Compensation And Employers Liability Insurance

Insured Name

KARMICHAEL INC DBA EXPRESS PROS
821 MAINSTREET
HOPKINS, MN 55343

Producer Information

CS&S/ST LOCKTON EXPRESS SERVICES
444 W 47TH ST
STE 900
KANSAS CITY, MO 64112

Policy Number

WC 6 21483204

Producer Processing Code

310-067527

Policy Period

05/01/2018 to 05/01/2019

CNA Branch

KANSAS CITY
7400 College Blvd
Suite 650
Overland Park, KS 66210

Renewal

Thank you for choosing CNA!

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

The Workers' Compensation Claim Kit will help you and your employees take full advantage of CNA's comprehensive services. We work with you, your employees and medical providers to promote workplace safety; control risks; facilitate early return to work when medically appropriate; prevent fraud; and assist you in recognizing your opportunities and responsibilities in managing Workers' Compensation costs.

Go to www.cna.com/claim to obtain information on

- How to report a loss
- How to find a network provider
- PPO panel request

If you have questions or need additional information, you can call CNA customer Service at (877) 574-0540, or send an email to fsmail@cnacentral.com, or contact your independent CNA Insurance Agent.

State Required Posting Notices

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.

Quality Assurance

Questions pertaining to this transaction should be referred to CNA Customer Interaction Center at (877) 574-0540, Option 3. Please submit endorsements through www.cnacentral.com, send endorsement requests to ciet@cna.com or fax (877) 363-8669.



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Workers Compensation And Employers Liability Insurance Policyholder Notice

IMPORTANT INFORMATION FOR OUR MINNESOTA POLICY HOLDERS MINNESOTA SPECIAL COMPENSATION FUND ASSESSMENT

The Minnesota Special Compensation Fund Assessment supports the Department of Labor and Industry's mission to protect Minnesota employees by enforcing the state's mandatory workers compensation coverage requirements, and providing certain benefits and reimbursements on behalf of eligible employees and insurers and collecting the assessments that fund Minnesota workers compensation programs. The Assessment charge is determined by applying the 3.79% assessment to your standard workers' compensation premium developed from the Minnesota exposure under your policy. The Assessment charge (dollar amount) is subject to change on audit.

If you have any questions, please contact your independent CNA agent.



Workers Compensation And Employers Liability Insurance Information Page

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

Policy Information

Coverage Provided By	Policy Number
The Continental Insurance Company a Stock Insurance Company 333 S Wabash Ave Chicago, IL 60604 NCCI Carrier Code: 15113	Policy Number: WC 6 21483204 Renewal of: WC 6 21483204

Item 1 Named Insured and Mailing Address

KARMICHAEL INC DBA EXPRESS PROS
821 MAINSTREET
HOPKINS, MN 55343

Producer Information

CS&S/ST LOCKTON EXPRESS SERVICES
444 W 47TH ST
STE 900
KANSAS CITY, MO 64112

Type of Entity: Corporation (Not Otherwise Classified) **Producer Processing Code:** 310-067527
FEIN Number: 84-0909680

If there are other Named Insureds: See Name and Address Schedule attached.

If there are other work places not shown above: See Name and Address Schedule attached.

Item 2 Policy Period

05/01/2018 to 05/01/2019 at 12:01 a.m. Standard Time at the **Named Insured's** mailing address shown above.

Anniversary Rating Date: NONE

Item 3 A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:

States: MN

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

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

WC000001

Form No: P-33398-E (06-1987)

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Item 3 C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

States: All states except ND, OH, WA, WY and states designated in Item 3A of the Information Page

Item 3 D. This policy includes these endorsements and schedules:

Schedule of Operations, Endorsement Schedule, Named Insured Schedule, Name and Address Schedule and Payment Plan Schedule

Item 4 Estimated Annual Premium

The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans.

All information required below is subject to verification and change by audit.

Adjustment of Premium shall be made: At Policy Expiration

Classification of Operations: See Schedule of Operations Attached

	Estimated Annual Premium	\$527
	Premium Discount	\$0
	Expense Constant	\$170
	Terrorism Premium	\$46
	Catastrophe (O/T Cert Acts of Terror)	\$0
Minimum Premium	\$177	
	Total Estimated Annual Premium	\$743
	Total State Taxes/Assessments/Surcharges	\$26.00
	Total Estimated Cost	\$769.00
Deposit Premium	\$743	

Account Number: 3032518108

Date of Issuance: 03/19/2018

Policy Issuance Office: KANSAS CITY

Countersigned:

Date: _____

By: _____

Authorized Agent

Chairman of the Board

Secretary

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Workers Compensation And Employers Liability Insurance Information Page

Schedule of Operations

Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
State - Minnesota				
	Location 001			
8810	Clerical Office Employees NOC	290,592	0.10	\$291
8742	Salespersons, Collectors Or Messengers - Outside	40,000	0.29	\$116
	Subtotal for Location # 001			\$407
9812	Employers Liability Increased Limits		0.0110	\$4
9848	Employers Liability Increased Limits - Balance To Minimum Premium			\$116
	Total Estimated Standard Premium			\$527
0900	Expense Constant			\$170
9740	Terrorism Premium	330,592	0.0140	\$46
	Total Estimated Premium			\$743
0174	MN Special Compensation Fund Assessment		3.79%	\$26
	Total Estimated Cost			\$769

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Workers Compensation And Employers Liability Insurance Information Page

Schedule of Operations

Policy Totals	Estimated Annual Premium
Estimated Class Premium	\$407
Estimated Standard Premium	\$527
Expense Constant	\$170
Expense Constant State	Minnesota
Terrorism Premium	\$46
Estimated Annual Premium	\$743
Taxes, Fees and Surcharges	\$26
Estimated Cost	\$769

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Form No: P-33398-E (06-1987)

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Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

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Endorsement Schedule

Number	Edition Date	Endorsement Title	Endorsement Number
WC 00 00 00 C	01-2015	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	
G-35224-B	03-1984	INCREASED LIMIT OF LIABILITY ENDORSEMENT	1
WC 00 04 14	07-1990	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	2
WC 00 04 19	01-2001	PREMIUM DUE DATE ENDORSEMENT	3
WC 00 04 22 B	01-2015	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	4
WC 00 04 24	01-2017	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	5
WC 00 04 25	05-2017	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT	6
WC 22 00 00 A	11-2003	MINNESOTA AMENDATORY ENDORSEMENT	7
WC 22 06 01 D	08-2006	MINNESOTA CANCELLATION AND NONRENEWAL ENDORSEMENT	8

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

Number	Edition Date	Form Title
G-18569-D	01-2008	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION - MINNESOTA
G-140370-D	04-2009	PRIVACY POLICY NOTICE
G-144056-I	01-2018	IMPORTANT INFORMATION FOR OUR MINNESOTA POLICY HOLDERS MINNESOTA SPECIAL COMPENSATION FUND ASSESSMENT
CC031605A	12-2014	CNA INSURANCE PREMIUM AUDIT
G-17024-B	10-1992	IMPORTANT INFORMATION NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW
G-18275-F	07-2015	IMPORTANT INFORMATION TO OUR MINNESOTA WORKERS COMPENSATION POLICYHOLDERS SAFETY CONSULTATION SERVICES

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Form No: P-33398-E (06-1987)

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Information Page

Named Insured Schedule

Named Insured	Type of Entity	FEIN	State ID
KARMICHAEL INC DBA EXPRESS PROS	Corporation (Not Otherwise Classified)	84-0909680	MN Unemployment Insurance (UI) Number 988888888888

WC000001

Form No: P-33398-E (06-1987)

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Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

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Information Page

Name and Address Schedule

Location	Entity	Entity Name and Address
1	001	KARMICHAEL INC DBA EXPRESS PROS 821 MAINSTREET HOPKINS, MN 55343

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Form No: P-33398-E (06-1987)

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Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

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PAYMENT PLAN SCHEDULE

PAYMENT PLAN SCHEDULE

THE BILLING FOR THIS POLICY WILL BE FORWARDED TO YOU DIRECTLY FROM CNA.

THIS PREMIUM WILL BE INVOICED BY CNA ON A SEPARATE STATEMENT ACCORDING TO THE PAYMENT OPTION YOU SELECT.

The premium amount for this transaction is:	\$769.00
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Premium	Commission
\$743.00	\$59.44
\$26.00	\$0.00

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Workers Compensation And Employers Liability Insurance Policy Endorsement

INCREASED LIMIT OF LIABILITY ENDORSEMENT

It is agreed that the premium for the increased Limit of Liability Under Part Two-Employers' Liability Insurance shall be determined by applying an increase percentage of 1.10% to the total premium development in all states appearing in Item 3, except as specifically stated below, at manual or adjusted rates, exclusive of the premium for Loss and Expense Constants and Additional Medical Coverage, subject to a minimum premium of \$120.00.

It is further agreed that, in lieu of the increase percentage and minimum premium shown above, the total premium developed at manual or adjusted rates, exclusive of the premium for Loss and Expense Constants and Additional Medical Coverage for the following states shall be subject to the designated increase percentage and minimum premium for determining the premium for increasing the Limit of Liability.

STATE	INCREASE PERCENTAGE	MINIMUM PREMIUM
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TOTAL MINIMUM PREMIUM TO BE CHARGED ON THIS ENDORSEMENT INCLUDED

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: G-35224-B (03-1984)

Endorsement Effective Date:

Endorsement No: 1; Page: 1 of 1

Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

Endorsement Expiration Date:

Policy No: WC 6 21483204

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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.

Form No: WC 00 04 22 B (01-2015)

Endorsement Effective Date:

Endorsement No: 4; Page: 1 of 2

Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

Endorsement Expiration Date:

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Workers Compensation And Employers Liability Insurance Policy Endorsement

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.
 - 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
Refer to the Schedule of Operations		

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 04 22 B (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

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Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

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Workers Compensation And Employers Liability Insurance Policy Endorsement

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
MN	Estimated Annual Premium	2

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 04 24 (01-2017)

Endorsement Effective Date:

Endorsement No: 5; Page: 1 of 1

Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

Endorsement Expiration Date:

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Workers Compensation And Employers Liability Insurance Policy Endorsement

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

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

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

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 04 25 (05-2017)

Endorsement Effective Date:

Endorsement No: 6; Page: 1 of 1

Underwriting Company: The Continental Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

Endorsement Expiration Date:

Policy No: WC 6 21483204

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