

REGIONAL OFFICE INSTRUCTION SHEET

POLICY NUMBER: 91 WBC BV6025

ROUTING INSTRUCTIONS

\_ SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.

25  
60  
BV  
WBC

POLICY FACE SHEET

MULTIPLE COMPANIES

RECORDS RETENTION - PERMANENT

POLICY NO: 91 WBC BV6025      00 RENEWAL  
HOUSING CODE: SA

1. NAMED INSURED AND  
MAILING ADDRESS:

PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

THE NAMED INSURED IS:  
CORPORATION

2. POLICY PERIOD: 08-01-14 TO 08-01-15

PRODUCER'S CODE: 912959  
PRODUCER'S NAME: LOCKTON COMPANIES LLC

BUSINESS OF NAMED INSURED: INSURANCE COMPANIES  
AUDIT PERIOD: ANNUAL

3. ST/CO/PAR PLAN:    AZ A :SP0    NE 5 :SP0    NY A :SP0    TX H :SP0

ACCOUNT NUMBER: 14462927  
PAYOR: INSURED      FREQUENCY: MONTHLY/3 MO DOWN  
PARTICIPATING  
BASIC BROAD FORM GENERATED  
BEST IND = 04

AUDIT (4)  
MARKET SEG ID #: 770  
POLICY SIC CODE: 6411  
INFORMATION MESSAGE: FULLY SUPPORTED

TRANS TYPE: NB      CNTL#:001  
POLICY FACE SHEET    TERMINAL ID: R001V10A  
08-04-14    91 WBC BV6025    (08-01-15)

25 (Policy Provisions: WC 00 00 00 B)

60

BV **INFORMATION PAGE**

WBC **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**INSURER:** SEE ATTACHED ENDORSEMENT

**NCCI Company Number:**

13161

**Company Code:** 9



**POLICY NUMBER:**  
**Previous Policy Number:**

91 WBC BV6025

NEW

Suffix  
LARS RENEWAL  
00

HOUSING CODE: SA

1. **Named Insured and Mailing Address:** PREFERRED PROFESSIONAL  
(No., Street, Town, State, Zip Code) INSURANCE CO.

**FEIN Number:** 470580977

11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

**State Identification Number(s):**

**The Named Insured is:** CORPORATION

**Business of Named Insured:** INSURANCE COMPANIES

**Other workplaces not shown above:** SEE ATTACHED SCHEDULES

2. **Policy Period:** From 08/01/14 To 08/01/15  
12:01 a.m., Standard time at the insured's mailing address.

**Producer's Name:** LOCKTON COMPANIES LLC

1015 NORTH 98TH ST SUITE 101  
OMAHA, NE 68114

**Producer's Code:** 912959

**Issuing Office:** THE HARTFORD

8711 UNIVERSITY EAST DRIVE  
CHARLOTTE NC 28213  
(877) 853-2582

**Total Estimated Annual Premium:** \$7,003

**Deposit Premium:**

**Policy Minimum Premium:** \$329 NY (INCLUDES INCREASED LIMIT MIN. PREM.)

**Audit Period:** ANNUAL

**Installment Term:**

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date

**3. A. Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: AZ (SP0 ), NE (SP0 ), NY (SP0 ), TX (SP0 ).

**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:

<b>Bodily injury by Accident</b>	\$500,000	<b>each accident</b>
<b>Bodily injury by Disease</b>	\$500,000	<b>policy limit</b>
<b>Bodily injury by Disease</b>	\$500,000	<b>each employee</b>

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

ALL STATES EXCEPT ND, OH, WA, WY, AND  
STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

**D. This policy includes these endorsements and schedule:**

WC 99 00 05 WC 00 04 06 WC 00 01 14 WC 00 04 21C WC 00 04 22A  
SEE ENDT

**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.**

<b>Classifications Code Number and Description</b>	<b>Premium Basis Total Estimated Annual Remuneration</b>	<b>Rates Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
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(SEE ATTACHED SCHEDULES)

INCREASED LIMITS PART TWO (9807)	55
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)	20
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION	7,012
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION	6,101
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	6,101
PREMIUM DISCOUNT	-36
EXPENSE CONSTANT (0900)	200
TERRORISM (9740)	379
TERRORISM (9740) PER CAPITA	0
CATASTROPHE (9741)	359
CATASTROPHE (9741) PER CAPITA	0
TOTAL ESTIMATED ANNUAL PREMIUM	7,003

**Total Estimated Annual Premium:** \$7,003

**Deposit Premium:**

**Policy Minimum Premium:** \$329 NY (INCLUDES INCREASED LIMIT MIN. PREM.)

**Interstate/Intrastate Identification Number:** 917928509 /

**Labor Contractors Policy Number:**

**NAICS:**

**SIC:** 6411



## SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED

**Company Code:** A

**Policy Number:** 91 WBC BV6025      **Schedule Number:** 01-02-01

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Location Address of operations covered by this schedule:**

PREFERRED PROFESSIONAL      INSURANCE CO.  
9301 E BELLEVUE ST  
TUCSON      AZ      85715

NAICS:

**FEIN:** 470580977

UIN:

SIC: 6411

NO. OF EMPL: 000001

**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 Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8810 CLERICAL OFFICE EMPLOYEES NOC	73,500	.19	140
TOTAL CLASS PREMIUM			140
INCREASED LIMITS PART TWO (9807) .80 PERCENT			1
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			141
INTERSTATE EXPERIENCE MODIFICATION 917928509			.870
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			123
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			123
TERRORISM (9740)	73,500	.010	7
CATASTROPHE (9741)	73,500	.010	7
TOTAL ESTIMATED ANNUAL PREMIUM			137

Countersigned by \_\_\_\_\_ Authorized Representative

**Form WC 99 00 05**      **(1)** Printed in U.S.A.

**Process Date:** 08/04/14

**Policy Expiration Date:** 08/01/15



## SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

**INSURER:** HARTFORD ACCIDENT AND INDEMNITY COMPANY

**Company Code:** 5

**Policy Number:** 91 WBC BV6025 **Schedule Number:** 01-26-01

**Effective Date:** 08/01/14 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Location Address of operations covered by this schedule:**

PREFERRED PROFESSIONAL INSURANCE CO.  
11605 MIRACLE DR. STE 200  
OMAHA NE 68154

NAICS:

**FEIN:** 470580977 **UIN:**

SIC: 6411

NO. OF EMPL: 000015

**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 Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8723 INSURANCE COMPANIES - INCLUDING CLERICAL & SALESPERSONS	3,519,500	.19	6,687
TOTAL CLASS PREMIUM			6,687
INCREASED LIMITS PART TWO (9807) .80 PERCENT			53
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			20
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			6,760
INTERSTATE EXPERIENCE MODIFICATION 917928509			.870
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			5,881
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			5,881
PREMIUM DISCOUNT .6 PERCENT			-35
EXPENSE CONSTANT (0900)			200
TERRORISM (9740)	3,519,500	.010	352
CATASTROPHE (9741)	3,519,500	.010	352
TOTAL ESTIMATED ANNUAL PREMIUM			6,750

Countersigned by \_\_\_\_\_ Authorized Representative

**Form WC 99 00 05** (1) Printed in U.S.A.

**Process Date:** 08/04/14

**Policy Expiration Date:** 08/01/15



## SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED

**Company Code:** A

**Policy Number:** 91 WBC BV6025      **Schedule Number:** 01-31-01

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Location Address of operations covered by this schedule:**

PREFERRED PROFESSIONAL      INSURANCE CO.  
646 WOOD RD  
GERMANTOWN      NY      12526

NAICS:

**FEIN:** 470580977      **UIN:**      **SIC:** 6411      **NO. OF EMPL:** 000000

**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 Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8742 COLLECTORS, MESSENGERS OR SALESPERSON - OUTSIDE	IF ANY	.49	
8810 CLERICAL OFFICE EMPLOYEES NOC	IF ANY	.23	
INTERSTATE EXPERIENCE MODIFICATION 917928509			.870
NEW YORK STATE ASSESSMENT (0932) 13.80 PERCENT			0
TERRORISM (9740)	0	.040	0
TERRORISM (9740) PER CAPITA 2.9 PERCENT			0
CATASTROPHE (9741)	0	.010	0
CATASTROPHE (9741) PER CAPITA 0.7 PERCENT			0

Countersigned by \_\_\_\_\_ Authorized Representative

**Form WC 99 00 05**      **(1)** Printed in U.S.A.

**Process Date:** 08/04/14

**Policy Expiration Date:** 08/01/15



## SCHEDULE OF OPERATIONS

This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

**INSURER:** TRUMBULL INSURANCE COMPANY

**Company Code:** H

**Policy Number:** 91 WBC BV6025      **Schedule Number:** 01-42-01

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Location Address of operations covered by this schedule:**

PREFERRED PROFESSIONAL      INSURANCE CO.

555 ROUND ROCK W. DRIVE BLVD E

ROUND ROCK      TX 78681

NAICS:

**FEIN:** 470580977      UIN:

SIC: 6411

NO. OF EMPL: 000001

**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 Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8810 CLERICAL OFFICE EMPLOYEES NOC	84,600	.13	110
TOTAL CLASS PREMIUM			110
INCREASED LIMITS PART TWO (9807) 1.00 PERCENT			1
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			111
INTERSTATE EXPERIENCE MODIFICATION 917928509			.870
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			97
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			97
PREMIUM DISCOUNT 1.5 PERCENT			-1
TERRORISM (9740)	84,600	.024	20
TOTAL ESTIMATED ANNUAL PREMIUM			116

Countersigned by \_\_\_\_\_ Authorized Representative

**Form WC 99 00 05**      **(1)** Printed in U.S.A.

**Process Date:** 08/04/14

**Policy Expiration Date:** 08/01/15





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PREMIUM DISCOUNT ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Item 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

### **SCHEDULE**

<b>State</b>	<b>First \$5,000</b>	<b>Next \$95,000</b>	<b>Next \$400,000</b>	<b>Balance</b>
NE	00.0%	3.5%	5.0%	7.0%
TX	00.0%	8.4%	10.5%	11.0%

**Other Policy Numbers:**

Countersigned by \_\_\_\_\_  
Authorized Representative



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE  
TO TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2007**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

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

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

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

**The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.**

You need not do anything further at this time.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

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 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- o 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.
- o Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- o 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.
- o Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

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

### **Schedule**

**State**

**Rate**

**Premium**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

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 2007. 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 resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

### **Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program 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 \$100,000,000 in a Program Year, the United States Government would pay 85% 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**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

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. PLEASE READ IT CAREFULLY.**

**TEXAS NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE  
TO TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2007**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy.

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, 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.

**The premium charge for the coverage your policy provides for terrorism or war losses may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.**

You need not do anything further at this time.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PREMIUM DUE DATE ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

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.**

Countersigned by \_\_\_\_\_  
Authorized Representative





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WORKERS' COMPENSATION BROAD FORM ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL

INSURANCE CO.

11605 MIRACLE HILLS DR STE 200

OMAHA, NE 68154

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

<b><u>SUBJECT</u></b>	<b><u>INDEX</u></b>	<b><u>PAGE</u></b>
<b>SECTION I</b>		2
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## SECTION I

### PARTS ONE and TWO

#### 1. WE WILL ALSO PAY

**D. We Will Also Pay of Part One** (WORKERS' COMPENSATION INSURANCE); and

**E. We Will Also Pay of Part Two** (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

##### **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, **INCLUDING** 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 law; and
5. expenses we incur.

### PART THREE

#### 2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

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 **sixty** days.

### PART SIX

#### 3. Transfer Of Your Rights and Duties

**C. Transfer Of Your Rights and Duties of Part 6** (Conditions) is replaced by the following:

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

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

#### 4. Cancellation

Paragraph 2. of **D. Cancellation of Part 6** (Conditions) is replaced by the following:

2. We may cancel this policy. We must mail or deliver to you not less than **15** days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

#### 5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

## SECTION II

### VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

#### 6. Voluntary Compensation Insurance

##### **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 any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.

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, or otherwise legal resident, and legally employed, in the United States or Canada and 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 the officer's or employee's employment. The officer's or 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 as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

#### **C. Exclusion**

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

#### **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 was shown in Item 3.A. of the Information Page.

This provision 6. does not apply in New Jersey or Wisconsin.

### **EMPLOYERS' LIABILITY STOP GAP COVERAGE**

#### **7. Employers' Liability Stop Gap Coverage**

- A. This coverage only applies in Montana, North Dakota, Ohio, Washington, West Virginia and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
13. bodily injury sustained by any member of the flying crew of any aircraft.
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.
- E. This insurance applies to damages for which you are liable under West Virginia Code Annot. S 23-4-2.

### SECTION III

#### 8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

AZ NE

Countersigned by \_\_\_\_\_  
Authorized Representative



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WORKERS' COMPENSATION BROAD FORM ENDORSEMENT**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL

INSURANCE CO.

11605 MIRACLE HILLS DR STE 200

OMAHA, NE 68154

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

<b><u>SUBJECT</u></b>	<b><u>INDEX</u></b>	<b><u>PAGE</u></b>
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## SECTION I

### PARTS ONE and TWO

#### 1. WE WILL ALSO PAY

**D. We Will Also Pay of Part One** (WORKERS' COMPENSATION INSURANCE); and

**E. We Will Also Pay of Part Two** (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

##### **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, **INCLUDING** 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 law; and
5. expenses we incur.

### PART THREE

#### 2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

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 **sixty** days.

### PART SIX

#### 3. Transfer Of Your Rights and Duties

**C. Transfer Of Your Rights and Duties of Part 6** (Conditions) is replaced by the following:

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

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

#### 4. Cancellation

Paragraph 2. of **D. Cancellation of Part 6** (Conditions) is replaced by the following:

2. We may cancel this policy. We must mail or deliver to you not less than **15** days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

#### 5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

## SECTION II

### VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

#### 6. Voluntary Compensation Insurance

##### **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 any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.

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, or otherwise legal resident, and legally employed, in the United States or Canada and 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 the officer's or employee's employment. The officer's or 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 as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

## **C. Exclusion**

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

## **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 was shown in Item 3.A. of the Information Page.

This provision 6. does not apply in New Jersey or Wisconsin.

## **EMPLOYERS' LIABILITY STOP GAP COVERAGE**

### **7. Employers' Liability Stop Gap Coverage**

- A. This coverage only applies in Montana, North Dakota, Ohio, Washington, West Virginia and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief than an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
13. bodily injury sustained by any member of the flying crew of any aircraft.
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.
- E. This insurance applies to damages for which you are liable under West Virginia Code Annot. S 23-4-2.

### SECTION III

#### 8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

AZ NE

Countersigned by \_\_\_\_\_  
Authorized Representative





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDMENT TO WORKERS' COMPENSATION BROAD FORM  
ENDORSEMENT - EMPLOYERS' LIABILITY STOP GAP COVERAGE**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL

INSURANCE CO.

11605 MIRACLE HILLS DR STE 200

OMAHA, NE 68154

This endorsement changes the Workers'  
Compensation Broad Form Endorsement –  
Employers' Liability Stop Gap Coverage

A. This coverage only applies in North Dakota,  
Ohio, Washington, and Wyoming.

E. This paragraph is removed.

7. Employers' Liability Stop Gap Coverage



## EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14      Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

Item 3.D. of the Information Page is completed to include the following endorsements:

WC 02 04 01C  
WC 99 03 68  
WC 00 04 19  
WC 31 03 08  
WC 42 04 07  
WC 99 03 61

WC 42 01 01  
WC 99 03 59B  
WC 02 06 01  
WC 31 03 19G  
WC 99 02 77  
WC 99 03 71

WC 99 03 00B  
WC 00 04 14  
WC 26 06 01C  
WC 42 03 01F  
WC 99 03 12



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**Policy Number:** 91 WBC BV6025

**Endorsement Number:**

**Effective Date:** 08/01/14 Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** PREFERRED PROFESSIONAL  
INSURANCE CO.  
11605 MIRACLE HILLS DR STE 200  
OMAHA, NE 68154

THE POLICY IS AMENDED TO PROVIDE COVERAGE BY THE FOLLOWING INSURERS  
IN THE FOLLOWING JURISDICTIONS:

INSURER	JURISDICTION
HARTFORD ACCIDENT AND INDEMNITY COMPANY	10448 NE
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT	06155
SENTINEL INSURANCE COMPANY, LIMITED	13161 AZ NY
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT	06155
TRUMBULL INSURANCE COMPANY	19666 TX
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT	06155

THE COVERAGE PROVIDED IN EACH JURISDICTION IS WITH RESPECT TO THE LOCATIONS OF THE NAMED INSURED IN THAT JURISDICTION IN ACCORDANCE WITH THE WORKERS' COMPENSATION LAW OF THAT JURISDICTION. AS USED IN THIS POLICY, "COMPANY," "WE," "US" AND "OUR" MEAN THE MEMBER INSURANCE COMPANIES OF THE HARTFORD INSURANCE GROUP COLLECTIVELY PROVIDING THIS INSURANCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or information of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the Information Page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by \_\_\_\_\_  
Authorized Representative



## IMPORTANT NOTICE

### NEBRASKA WORKERS' COMPENSATION INSURANCE MEDICAL BENEFITS DEDUCTIBLE ELECTION FORM

Nebraska Workers' Compensation law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for medical benefits and applies separately to each claim.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

- ( ) 1. I reject any deductible option and elect that the company pay all benefits due under my policy.
- ( ) 2. I elect one of the following deductibles to be applied to benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

#### PREMIUM REDUCTION HAZARD GROUP

		A	B	C	D	E	F	G
( )	\$ 500	3.8%	2.9%	2.4%	2.0%	1.7%	1.1%	0.8%
( )	\$1,000	5.9%	4.7%	3.9%	3.3%	2.7%	1.8%	1.3%
( )	\$1,500	7.3%	5.8%	4.9%	4.1%	3.4%	2.3%	1.7%
( )	\$2,000	8.4%	6.7%	5.7%	4.8%	4.0%	2.8%	2.1%
( )	\$2,500	9.3%	7.5%	6.4%	5.3%	4.5%	3.1%	2.4%

All claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

<b>Policy Number</b>	
91 WBC BV6025	
<b>Employer Name</b>	<b>Date</b>
PREFERRED PROFESSIONAL INSURANCE CO.	<b>Signature and Title</b>
<b>Agent Name</b>	<b>Date</b>
LOCKTON COMPANIES LLC	<b>Signature</b>

#### Return to

**Issuing Office:** THE HARTFORD

**Address:** 8711 UNIVERSITY EAST DRIVE  
CHARLOTTE

NC 28213



## DEDUCTIBLE NOTICE OF ELECTION TO ACCEPT TEXAS WORKERS COMPENSATION BENEFITS

Texas law permits an employer to obtain Workers' Compensation insurance with a deductible. The deductible applies to benefits payable under Texas Workers' Compensation Law. The insurance applies only to benefits in excess of the deductible amount. The deductible applies separately to each accident or disease regardless of the number of people who sustain injury by such accident or disease or as an annual aggregate or as a combination of both. The deductible plans have been explained to me. Premium reductions are determined based on the deductible selected, and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

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

If a deductible amount is desired, please indicate below.

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

1. \$ \_\_\_\_\_ per accident

2. \$ \_\_\_\_\_ annual aggregate

3. \$ \_\_\_\_\_ /\$ \_\_\_\_\_ per accident/annual aggregate

applied to benefits payable under the Texas Workers' Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement

(monthly, quarterly or other)

( ) No, I do not want a deductible applied to benefits payable under the Texas Workers' Compensation Law

( ) Yes, I do want a deductible policy, but am unable to obtain for the following reason:

PREFERRED PROFESSIONAL  
INSURANCE CO.

\_\_\_\_\_  
Employer Name (print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
91 WBC BV6025  
Policy Number

**WC 66 01 25** Printed in U.S.A.

**Process Date:** 08/04/14

**Policy Expiration Date:** 08/01/15



**Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates**  
(herein called "we, our, and us")

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
  - b) use; and
  - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
  - b) your address;
  - c) your income;
  - d) your payment; or
  - e) your credit history;
- may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
  - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;
- c) insurance companies;

- d) administrators; and
  - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
  - b) pixel tagging; or
  - c) other technologies;
- and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
  - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
  - b) the integrity of;
- Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

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# Reporting a Work-Related Injury is Time Sensitive!

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**Call The Hartford's LossConnect immediately to report a claim.**

**1-800-327-3636**

**Available 24 hours a day, 365 days a year.**

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## The Benefits of Timely Loss Reporting:

Research has shown that faster loss reporting significantly affects loss costs. The sooner we are notified, the sooner we can investigate the accident and coordinate with you, the injured employee, and the medical team to ensure the fastest possible return to health and work.

## The Effect of Timely Reporting on Controlling the Cost of Your Loss:

Average Loss for Closed Claims (Accident Years 2002-2005)	
Report Lag in Days	Percent Change in Loss Costs Compared to First Week Report
Incident Day	-6%
Week 1	0%
Week 2	13%
Week 3 or 4	16%
1 Month or Later	24%

**Statutory requirements also necessitate the prompt initial reporting of the accident causing injury or death. Failure to comply may result in a fineable offense by the State.**

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### Information You'll Need

#### *Company Information*

- o Account Number
- o Location Code (if applicable)
- o Parent Company (or program name)
- o Policy Number

#### *Worker Information*

- o Name, DOB, Address, Phone
- o Social Security Number
- o Age, Gender
- o Marital Status, Number of Dependents
- o Hire Date, Years in Current Position
- o Wage Information

#### *Incident Information*

- o Type of injury (burn, cut, etc.)?
- o Exact body part injured?
- o What caused the accident?
- o Any reason to question the injury?
- o Any witnesses?
- o Address where injury occurred?
- o Where was the injured employee treated?  
(Provide name, address, phone of medical provider.)
- o When was the accident reported to you and by whom (date, time)?

### Network Providers

A listing of more than 400,000 network providers qualified to treat work-related injuries is available online at [www.talispoint.com/hartext](http://www.talispoint.com/hartext) or by calling our Network Referral Unit at 1-800-327-3636 (select 4 at the prompt). Since network referrals are often impacted by state specific rules, please call to learn how to maximize our network capabilities on behalf of your employees.



PRODUCER'S FACT SHEET

NAMED INSURED: POLICY NO: 91WBC BV6025  
 PREFERRED PROFESSIONAL INSURANCE CO.  
 PRODUCER'S NAME: PRODUCER'S CODE: 912959  
 LOCKTON COMPANIES LLC  
 POLICY EFF DATE: 08/01/14 POLICY EXP DATE: 08/01/15  
 ACCOUNT NUMBER: 14462927  
 PAYOR: INSURED BILL FREQUENCY: MONTHLY / 3 MONTH DOWNPAYMENT  
 TRANSACTION TYPE: NEW BUSINESS  
 HOUSING CODE: SA  
 TOTAL ESTIMATED ANNUAL PREMIUM: \$7,003.00

COMMISSION BREAKDOWN			
LOB	EST ANN PREMIUM	COMMISSION	PERCENTAGE
WC	\$6,004.00		6.0
WC	\$97.00		11.0
WC	\$702.00		.0
EXPENSE CONSTANT	\$200.00		.0
TOTAL	\$7,003.00		

FORMS	TITLE
WC 00 00 01A	INFORMATION PAGE
WC 99 00 05	SCHEDULE OF OPERATIONS
WC 00 04 06	PREMIUM DISCOUNT ENDORSEMENT
WC 00 01 14	NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007
WC 00 04 21C	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
WC 00 04 22A	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC 02 04 01C	ARIZONA ALCOHOL AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT
WC 42 01 01	TEXAS NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007
WC 99 03 00B	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC 99 03 68	EXTENSION OF THE INFO.PAGE-ITEM 3.D. - ENDORSEMENTS
WC 99 03 59B	AMENDMENT TO WORKERS' COMPENSATION BROAD FORM ENDORSEMENT - EMPLOYERS' LIABILITY STOP GAP COVERAGE
WC 00 04 14	NOTIFICATION OF CHANGE IN OWNERSHIP
WC 00 04 19	PREMIUM DUE DATE ENDORSEMENT
WC 02 06 01	ARIZONA CANCELLATION ENDORSEMENT
WC 26 06 01C	NEBRASKA CANCELLATION AND NON RENEWAL ENDORSEMENT

THE COMMISSION RATE IS TENTATIVE AND SUBJECT TO ADJUSTMENT

TERMINAL ID: R001V10A  
 PRODUCER'S FACT SHEET PAGE 1 CONTINUED ON NEXT PAGE

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WC 31 03 08	LIMIT OF LIABILITY ENDORSEMENT
WC 31 03 19G	NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT
WC 42 03 01F	TEXAS AMENDATORY ENDORSEMENT
WC 42 04 07	TEXAS - AUDIT PREMIUM AND RETROSPECTIVE PREMIUM ENDORSEMENT
WC 99 02 77	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY PARTICIPATING DIVIDEND PROVISIONS
WC 99 03 12	IN WITNESS CLAUSE ENDORSEMENT - ARIZONA
WC 99 03 61	WORKERS COMPENSATION AND EMPLOYERS LIABILITY PARTICIP ATING DIVIDEND PROVISIONS - NEW YORK
WC 99 03 71	ARIZONA COUNTERSIGNATURE EXCLUSION ENDORSEMENT
G-3418-0	PRODUCER COMPENSATION NOTICE
G-3058-1	POLICY ADJUSTMENT NOTICE
G-3116-2	TEXAS POLICYHOLDER NOTICE
WC 66 00 65C	WORKERS' COMPENSATION PARTICIPATING PROGRAM HARTFORD CASUALTY INSURANCE (SPO) NOTICE
WC 66 01 02W	NEBRASKA WORKERS COMPENSATION INSURANCE MEDICAL BENEFITS DEDUCTIBLE ELECTION FORM
WC 66 01 25	DEDUCTIBLE NOTICE OF ELECTION TO ACCEPT TEXAS WORKERS' COMPENSATION BENEFITS
WC 66 02 48	ARIZONA NOTICE INDEPENDENT CONTRACTORS
WC 66 02 52	TEXAS IMPORTANT NOTICE
WC 66 03 24A	IMPORTANT NOTICE
WC 66 03 30G	PRIVACY POLICY AND PRACTICES OF THE HARTFORD
WC 66 03 37F	IMPORTANT NOTICE TO POLICYHOLDERS - TERRORISM RISK INSURANCE ACT
WC 66 03 84	REPORTING A WORK-RELATED INJURY IS TIME SENSITIVE!
100722	INSURANCE POLICY BILLING INFORMATION
97485-14	AN IMPORTANT MESSAGE TO WORKERS' COMPENSATION POLICYHOLDERS
98456-5	MAINTAINING YOUR PAYROLL RECORDS FOR AUDIT PURPOSES

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TERMINAL ID: R001V10A  
PRODUCER'S FACT SHEET PAGE 2

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