



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

SCHEDULE
PAGE 2

THE FOLLOWING POSTING NOTICE DATA IS INTENDED FOR CNA INTERNAL PROCESSING PURPOSES ONLY

TAG	FIELD NAME	FIELD VALUE
001	EMPLOYER NAME	WILLIAM BLAIR & COMPANY, LLC
002	EMPLOYER CITY	CHICAGO
003	EMPLOYER STATE	IL
004	EMPLOYER ZIP	060606
005	EMPLOYER FEIN	362214610
006	INSURANCE CARRIER NAME	THE CONTINENTAL INSURANCE CO.
007	INSURANCE CARRIER BUREAU CODE	0164
008	INSURANCE CARRIER (OR TPA) NAME	THE CONTINENTAL INSURANCE CO.
009	POLICY NUMBER	WC 5 88165648
010	POLICY EFFECTIVE DATE	05/31/2016
011	POLICY EXPIRATION DATE	05/31/2017
012	AGENT NAME	LOCKTON COMPANIES, LLC
013	AGENT STREET ADDRESS	444 W. 47TH ST., #900
014	AGENT CITY	KANSAS CITY
015	AGENT STATE	MO
016	AGENT ZIP	064112
017	AGENT PHONE	816-960-9000
018	ADJUSTING COMPANY NAME	THE CONTINENTAL INSURANCE CO.
019	EMPLOYER STREET ADDRESS	222 W ADAMS ST

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

INSURED

1002000658923103014233774414
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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
	WILLIAM BLAIR & COMPANY, LLC			LOCKTON COMPANIES, LLC	
	222 W ADAMS ST				
	CHICAGO, IL			444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** P O S T I N G N O T I C E S C H E D U L E **

SCHEDULE
PAGE 1

THE FOLLOWING POSTING NOTICES WILL BE ATTACHED TO THE POLICY

ST	CNA FORM	STATE FORM	FORM DESCRIPTION	QTY
CA	G301245B	DWC 7	Workers Compensation Notice	001
CA	G301246B	DWC 7	Workers Compensation Notice (Spanish)	001
CA	WC9493		Whistleblowers Are Protected (English)	001
CA	G301268A		Whistleblowers Are Protected (Spanish)	001
CA	WC9908A	FACT SHEET D	ANSWERS TO YOUR QUESTIONS ABOUT PERMANENT DISABILITY BENEFITS (ENGLISH)	001
CA	WC9916	FACT SHEET D	ANSWERS TO YOUR QUESTIONS ABOUT PERMANENT DISABILITY BENEFITS (SPANISH)	001
CA	WC9236F		TIME OF HIRE PAMPHLET (ENGLISH)	001
CA	WC9271F		TIME OF HIRE PAMPHLET (SPANISH)	001

THE FOLLOWING POSTING NOTICES WILL BE MAILED UNDER SEPARATE COVER

ST	CNA FORM	STATE FORM	FORM DESCRIPTION	QTY
			** N O N E **	

13020066692316030142327M412
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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY
*** PAYMENT PLAN SCHEDULE ***

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** PAYMENT PLAN SCHEDULE **

IT IS AGREED THAT THE TOTAL ESTIMATED PREMIUM SHOWN IN
THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:

EFFECTIVE DATE	PREMIUM
05/31/16	\$55,341.00
TOTAL PREMIUM	\$55,341.00

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

P A R T I C I P A T I N G P R O V I S I O N

YOU SHALL PARTICIPATE IN THE EARNINGS OF THE COMPANY TO THE EXTENT AND UPON THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY IN ACCORDANCE WITH LAW AND MADE APPLICABLE TO THIS POLICY, PROVIDED THAT NO DIVIDEND SHALL BE PAYABLE HEREUNDER UNLESS YOU HAVE COMPLIED WITH THE TERMS OF THE POLICY IN RESPECT TO THE PAYMENT OF PREMIUMS.

UNDER CALIFORNIA LAW IT IS UNLAWFUL FOR AN INSURER TO PROMISE THE FUTURE PAYMENT OF DIVIDENDS UNDER AN UNEXPIRED WORKERS COMPENSATION POLICY OR TO MISREPRESENT THE CONDITIONS FOR DIVIDEND PAYMENT. DIVIDENDS ARE PAYABLE ONLY PURSUANT TO THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OF THE COMPANY FOLLOWING POLICY EXPIRATION.

IT IS A MISDEMEANOR FOR ANY INSURER OR OFFICER OR AGENT THEREOF, OR ANY INSURANCE BROKER OR SOLICITOR, TO PROMISE THE PAYMENT OF FUTURE WORKERS COMPENSATION DIVIDENDS.

THIS ENDORSEMENT FORMS A PART OF THE POLICY AND IS SUBJECT TO THE SAME INCEPTION DATE, UNLESS OTHERWISE STATED. THIS ENDORSEMENT EXPIRES CONCURRENTLY WITH THE POLICY.

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DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

OCCUPATIONAL SAFETY AND HEALTH FUND ASSESSMENT:

The Labor Code created the Occupational Safety and Health Fund Assessment in 2009 to support the mandated activities of the Cal/OSHA program.

The assessment factor for policies effective January 1, 2016 through December 31, 2016 is .001925 of the employers' estimated annual California premium.

The assessment will be shown on your Information Page as "CA Occupational Safety & Health Assmnt."

LABOR ENFORCEMENT & COMPLIANCE FUND ASSESSMENT:

The 2009 Budget Act allowed for the creation of the Division of Labor Standards Enforcement Fund Assessment in to support the mandated activities of the program. The Labor Enforcement and Compliance Fund (LECF) provides a stable funding source for the Division of Labor Standards Enforcement (DLSE), which enforces minimum labor standards and the statutory requirement to carry workers' compensation insurance.

The assessment factor for policies effective January 1, 2016 through December 31, 2016 is .001215 of the employers' estimated annual California premium.

The assessment will be shown on your Information Page as "CA Labor Enforcement Assmnt."

These charges are subject to annual adjustment. For additional information on these surcharges and assessments, please contact your CNA independent agent.

IMPORTANT INFORMATION

CA WC ASSESSMENTS AND SURCHARGES

California statute requires employers to pay a surcharge and several assessments which appear on your policy's Information Page.

FRAUD INVESTIGATION SURCHARGE:

California created the Workers' Compensation Fraud Account, which funds increased investigation and prosecution of workers' compensation fraud. Employers, whether they are insured by an insurance company or through self-insurance, will help fund this account through an annual surcharge to be applied to their estimated annual California premium.

The surcharge factor for policies effective January 1, 2016 through December 31, 2016 is .001741 of the employers' estimated annual California premium.

The surcharge will be shown on your Information Page as "CA Fraud Surcharge."

REVOLVING FUND ASSESSMENT:

The 1989 California reform legislation required employers to pay a portion of the budget of the reorganized Division of Workers' Compensation.

The assessment factor for policies effective January 1, 2016 through December 31, 2016 is .003433 of the employers' estimated annual California premium.

The assessment will be shown on your Information Page as "CA Revolving Fund Assessment."

UNINSURED EMPLOYERS BENEFIT TRUST FUND ASSESSMENT:

The California Department of Industrial Relations established the Uninsured Employers Benefit Trust Fund was established to provide for the payment of non-administrative expenses of the workers compensation program for workers injured while employed by uninsured employers commencing on January 1, 2004.

The assessment factor for policies effective January 1, 2016 through December 31, 2016 is .000532 of the employers' estimated annual California premium.

The assessment will be shown on your Information Page as "CA Uninsured Employer Fund Assmnt."

SUBSEQUENT INJURIES BENEFITS TRUST FUND ASSESSMENT:

The California Department of Industrial Relations established the Subsequent Injuries Benefit Trust Fund to provide for the payment of non-administrative expenses of the workers compensation program for workers who have suffered serious injury and who are suffering from previous and serious permanent disabilities or physical impairments commencing on January 1, 2004.

The assessment factor for policies effective January 1, 2016 through December 31, 2016 is .001191 of the employers' estimated annual California premium.

The assessment will be shown on your Information Page as "CA Subsequent Injuries Fund Assmnt."

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If you have any questions regarding CNA Loss Control Services, please contact the CNA office nearest you at one of the following addresses and phone numbers:

CNA Insurance Companies
San Francisco Branch Office
405 Howard Street, 6th Floor
San Francisco, CA 94105
(800) 262-7161

CNA Insurance Companies
Brea Branch Office
P.O. Box 2300
Brea, CA 92822-2300
(800) 262-8714, ext. 2247

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

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
1515 Clay Street, Suite 1901
Oakland, CA 94612
(510) 286-7000

IMPORTANT INFORMATION

FOR OUR CALIFORNIA WORKERS' COMPENSATION CUSTOMERS

Loss Control Consultation Services: Title 8 of the California law (Labor Code Section 6354.5 and Administrative Code title 8 Section 339.4) requires insurers to offer loss control consultation services to workers' compensation insureds at no additional charge. The services that are offered must be in the form of a plan certified by the Division of Occupational Safety and Health in accordance with Administrative Code Title 8 Section 339.4. As your Workers' Compensation insurance carrier, we encourage you to take steps to provide a safe and healthy place for your employees. While CNA can not assume this responsibility, we can assist you. We are committed to helping California employers provide safe and healthy workplaces for their employees through loss control services appropriate to their individual businesses. When requested in writing, CNA's Loss Control personnel will consult with you regarding your occupational safety and health problems, conditions or methods.

WORKPLACE SURVEY

We can conduct a survey of your premises to identify safety and health hazards and existing physical and management controls of those hazards, which have the potential to affect the frequency and severity of workplace injuries and illnesses. When uncontrolled hazards are noted, we will provide you with written recommendations for improvement. Included in the on-site survey is an evaluation of your loss control management program including discussions with management and where appropriate, non-management personnel with permission of the employer.

REVIEW OF INJURY RECORDS

We can assist you through analysis of employee accidents and previous loss experience in identifying underlying accident causes. A review of loss records with the appropriate personnel can help you identify those factors most related to the specific loss you have experienced.

DEVELOPMENT OF PLAN

We can assist you in developing a comprehensive safety and health program to help minimize workplace accidents including, where appropriate, modifications to your Labor Code Section 6401.7 Injury Prevention Program if needed to address concerns in the plan to improve your loss control experience.

The CNA Insurance Companies makes Loss Control services available to assist you in your loss prevention efforts. We can provide you with materials for your safety program including posters, signs, employee pamphlets on safe work practices, and record keeping forms. In addition, some of the services we offer as part of our Loss Control Consultative Service Program are described below.

Emergency Preparedness
Employee Selection
Industrial Hygiene Sampling
Material Handling
OSHA Training
Safety Audits
Supervisor training

Machinery Guarding Evaluations
Ergonomics
Job Site Inspections
Risk Management Guidelines
Exposure Control and Analysis
Safety and Health Program Development
Customized Training and Consulting

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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, California 94105-2767, Attention: Complaints and Reconsiderations. The WCIRB 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 the WCIRB. The filing address for all appeals to the Insurance Commissioner is:

Administrative Hearing Bureau
California Department of Insurance
45 Fremont Street, 22 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, California 94105-2767, Attention: Policyholder Ombudsman. The policyholder ombudsman can be reached by telephone number is 1-415-778-7159 and the fax number is 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.

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 <http://www.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: CNA Insurance Companies, 555 Mission Street, Suite 200, San Francisco, CA 94105, 415-932-7500 (telephone), 866-622-7503 (fax).

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, California 94105-2767, Attention: Customer Service. Customer Service can be reached by telephone at 1-888-229-2472, and by fax at 415-778-7272.

IMPORTANT INFORMATION

YOUR RIGHT TO RATING AND DIVIDEND INFORMATION

I. INFORMATION AVAILABLE TO YOU

A. Information Available From Us – CNA Insurance Companies

1. General questions regarding your policy should be directed to: **CNA Insurance Companies, 555 Mission Street, Suite 200, San Francisco, CA 94105, telephone number 415-932-7500, fax number 866-622-7503.**
2. **DIVIDEND CALCULATION.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.
3. **CLAIMS INFORMATION.** Pursuant to sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

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

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

1. The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the **California Workers Compensation Uniform Statistical Reporting Plan-1995 (USRP)** and the **California Workers Compensation Experience Rating Plan-1995 (ERP)**. Contact information for the WCIRB is: WCIRB, 1221 Broadway, Suite 900, Oakland, California 94105-2767, 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 USRP 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 contacts 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, California 94105-2767, Attention: Custodian of Records. The Custodian of Records can be reached by telephone at 415-777-0777 and by fax at 415-778-7272.



IMPORTANT INFORMATION

FOR OUR CALIFORNIA POLICY HOLDERS

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 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 rate 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.

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IMPORTANT INFORMATION

FOR OUR CALIFORNIA WORKERS' COMPENSATION POLICYHOLDERS

California AB749 amended Section 3550 of the Labor Code, requiring several additional elements on the workers' compensation posting notice that employers are required to post at their work sites. The notice must be in a conspicuous location frequented by employees, where it can be easily read by employees during the workday. Failure to keep this notice conspicuously posted shall constitute a misdemeanor and be *prima facie* evidence of non-insurance. Failure of an employer to provide this notice shall automatically permit the employee to be treated by his or her personal physician with respect to an injury that occurred during the failure to post the notice. Any employer who violates any of the posting or recordkeeping requirements as prescribed by regulations, shall be assessed a civil penalty of up to \$7,000 for each violation. If you need a posting notice in Spanish, please contact your agent so we can provide you one.

Every employer may provide each new employee a "Facts About Workers' Comp" Pamphlet, either at the time the employee is hired or at the end of the first pay period. This pamphlet is available from the California Workers Compensation Institute (CWCI). You may order these pamphlets directly either on-line at www.cwci.org or by calling them at 510-663-1063 or call your CNA casualty underwriter.

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

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PRIVACY POLICY NOTICE

This notice explains how CNA* protects the privacy of personal information collected about you or your employees under a CNA insurance policy.

Why We Collect Information

We collect information about you or your employees that is necessary to adjust claims made under a CNA insurance policy.

The Type of Information We Collect

Information we receive may include claimant name, address, telephone number, Social Security Number, date of birth, medical treatment records, including information about previous claims or accidents, information about the circumstances of the accident or injury, and the names of witnesses and other contact information.

How We Use the Information

The information we collect is used to administer and process claims, account administration, fraud prevention, and as otherwise required or permitted by federal or state law.

We may share information as required or allowed by law, with:

- Medical providers
- Insurance or workers' compensation regulatory authorities
- Law enforcement
- To others, as permitted by law

How We Protect Information

Protecting your non-public personal information is important to us. We do not share your non-public personal information with anyone unless you agree or, as we are required or allowed by law. We regularly review our security measures and employee education programs to help protect your information, including physical security of our files.

Whom To Contact Regarding Privacy Matters

Please include your name and policy or claim number in any correspondence to us.

CNA Compliance
333 S. Wabash, 24 South
Chicago, IL 60604

*THIS NOTICE IS PROVIDED ON BEHALF OF THE FOLLOWING CNA COMPANIES:

American Casualty Company of Reading, PA
Continental Casualty Company
The Continental Insurance Company
Transportation Insurance Company

Continental Assurance Company
The Continental Insurance Company of New Jersey
National Fire Insurance Company of Hartford
Valley Forge Insurance Company

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IMPORTANT NOTICE

FOR OUR CALIFORNIA WORKERS COMPENSATION POLICYHOLDERS

Companies writing property and casualty insurance in California are required to participate in the California Insurance Guaranty Association (CIGA). If a company becomes insolvent, the CIGA settles unpaid claims and assesses each insurance company for its fair share. California law requires all companies to surcharge policies to recover these assessments. This is a 2% premium surcharge.

This 2% aggregate premium surcharge is shown on the Information Page of your policy. Please contact your CNA agent if you have any questions.

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Division of Payroll – Individual employee's payroll must show the number of hours and amount of payroll for each type of work or the full salary must be charged to the employee's highest rated classification. Division is not available for outside sales persons (8742), auto salesperson (8748), clerical (8810), clerical telecommuter (8871) and drivers (7380).

Subcontractors – CNA requires all subcontractors hired by you to carry Workers Compensation insurance, and to carry General Liability and/or Umbrella Liability limits of at least \$1,000,000 on an occurrence based policy. Prior to allowing a subcontractor to work for you, you should obtain a Certificate of Insurance from the subcontractor evidencing Workers Compensation insurance and these GL and/or Umbrella minimum limits. At final audit, we will examine the Certificates of Insurance for all work subcontracted during the policy term. Any subcontracted work for which we are not provided a Certificate of Issuance demonstrating Workers Compensation insurance or which demonstrates subcontracted work was insured with liability limits less than \$1,000,000., will be converted to ratable payroll on your applicable policies, resulting in additional premium charges owed by you. To prevent such additional premium charges and to reduce the risk of your Workers Compensation and/or General Liability coverages being tapped to cover claims that arise from work performed by your subcontractors, you must obtain certificates of Insurance evidencing Workers Compensation insurance and \$1,000,000 liability limits from all of your subcontractors.

Prevailing Wage – In PA, DE, NJ and CA, contact your CNA premium auditor for details concerning cash payments in lieu of prevailing fringe benefits and the records required.

You can reach the Premium Audit Department by calling:

EAST

CT, DE, DC, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV

CNA Premium Audit Department

1 Meridian Blvd

Wyomissing, PA 19610

Phone: 800-847-2736

Fax: 610-208-6571

ALL OTHER

CNA Premium Audit Department

2405 Lucien Way

Maitland, FL 32794-6240

Phone: 800-847-2736

Fax: 407-919-3610

*PA, DE, NV and UT do not allow overtime credit for Workers' Comp coverage. Overtime credit is allowed in all states for General Liability coverages.

One or more of the CNA companies provide the products and/or services described. This information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Copyright 2014 CNA. All rights reserved. PREM AUDIT FLR 052014

IMPORTANT INFORMATION

CNA INSURANCE PREMIUM AUDIT

An accurate audit benefits you and your business

What is it and why do you need it?

A **premium audit** determines the actual insurance exposures for the coverages you have based on an examination of your operation, records and books of account.

At issuance, your premium is estimated based on your business circumstances and information provided at that time. An audit **verifies the correct exposure of premium base** for your insurance coverage by checking actual figures. After your audit, an adjustment will be made to the premium that was estimated when your policy was issued.

An audit is necessary **after the expiration of a policy with a variable premium base**. Some types of coverage subject to audit are:

- Workers' Compensation
- Premises Operations Liability
- Automobile Liability
- Liquor Liability
- Product Recall and Replacement
- General Liability
- Products Completed Operations
- Garage Liability
- Funeral Directors Liability
- Printer's E&O Correction of Work

Payroll Records Checklist

This list provides a good indication of materials your auditor will need.

- Journals
- Tax Reports
- Vehicle Titles
- Cash Disbursements
- Ledgers
- Individual Earnings Cards
- Registrations or Ownership Tax Reports

You can also expect your auditor to observe your business operations and ask questions about your records.

Keeping good records may save you time and money

If you are eligible for allowable credits based on insurance manual classification and rating rules, you need to provide the necessary records and detail to take advantage of the credits.

Payroll (remuneration for services performed by an employee) is the basis for many of your insurance premiums. Remuneration can include money or substitutes such as:

- Bonuses
- Wages or commissions
- Profit sharing plans
- Overtime
- Statutory payments
- Other substitutes for cash
- Vacation, holiday or sick pay
- Payments for piece work
- Value of board, lodging
- Tool allowance
- Store certificates

Scheduling the Audit

As the time for your audit approaches, a staff auditor from CNA or one of our authorized vendors will contact you to schedule the audit. Our current vendors are: Information Providers Inc. (IPI); and U.S. Insurance Services (USI).

Payroll Records Guidelines

Overtime – show overtime pay in excess of straight time pay separately by employee and in summary by classification of work by state.*

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CALIFORNIA SHORT RATE CANCELATION ENDORSEMENT

It is understood and agreed that this endorsement amends the **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY** as follows:

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

SHORT RATE CANCELATION TABLE FOR A TERM OF ONE YEAR

Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium
1	5%	95-98	37%	219-223	69%
2	6	99-102	38	224-228	70
3-4	7	103-105	39	229-232	71
5-6	8	106-109	40	233-237	72
7-8	9	110-113	41	238-241	73
9-10	10	114-116	42	242-246 (8 mos.)	74
11-12	11	117-120	43	247-250	75
13-14	12	121-124 (4 mos.)	44	251-255	76
15-16	13	125-127	45	256-260	77
17-18	14	128-131	46	261-264	78
19-20	15	132-135	47	265-269	79
21-22	16	136-138	48	270-273 (9 mos.)	80
23-25	17	139-142	49	274-278	81
26-29	18	143-146	50	279-282	82
30-32 (1 mo.)	19	147-149	51	283-287	83
33-36	20	150-153 (5 mos.)	52	288-291	84
37-40	21	154-156	53	292-296	85
41-43	22	157-160	54	297-301	86
44-47	23	161-164	55	302-305 (10 mos.)	87
48-51	24	165-167	56	306-310	88
52-54	25	168-171	57	311-314	89
55-58	26	172-175	58	315-319	90
59-62 (2 mos.)	27	176-178	59	320-323	91
63-65	28	179-182 (6 mos.)	60	324-328	92
66-69	29	183-187	61	329-332	93
70-73	30	188-191	62	333-337 (11 mos.)	94
74-76	31	192-196	63	338-342	95
77-80	32	197-200	64	343-346	96
81-83	33	201-205	65	347-351	97
84-87	34	206-209	66	352-355	98
88-91 (3 mos.)	35	210-214 (7 mos.)	67	356-360	99
92-94	36	215-218	68	361-365 (12 mos.)	100

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 effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

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 or 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.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

OPTIONAL PREMIUM INCREASE ENDORSEMENT - CALIFORNIA

You must provide us, or our authorized representative access to records necessary to perform a payroll verification audit. If you fail to provide access within 90 days after expiration of the policy, you are liable to pay a total premium equal to 3 times our current estimate of the annual premium for your policy. In addition, if you fail to provide access after our third request with 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.

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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

Policy No.

Endorsement No.

Insured

Insurance Company

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
Insured

Policy No.
Insurance Company

Endorsement No.

Countersigned by _____

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00220069231003014423370399



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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned By _____

POLICY AMENDATORY ENDORSEMENT-CALIFORNIA

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

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

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

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

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

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

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

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

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

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.

(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
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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

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 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.

PREMIUM DISCOUNT ENDORSEMENT

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 Items 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

1. State

	First	\$10,000	Estimated Eligible Premium		
			Next	Next	Balance
CA	-		\$190,000	5.1%	6.5% 7.5%

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2. Average percentage discount: REFER TO STATE SCHEDULE/S%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

**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.

- 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.



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

- 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;

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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.

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

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

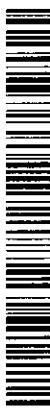
State means any state of the United States of America, and the District of Columbia.

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.

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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

CALIFORNIA WORKERS COMPENSATION NONRENEWAL ENDORSEMENT

It is understood and agreed that this endorsement amends the **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY** as follows:

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

Part Six – Conditions is amended by adding **Condition F. Nonrenewal** as follows:

F. Nonrenewal

We may nonrenew this policy. If we nonrenew, we will send at least 30 days advance written notice to your agent and to you at your last known address. Our notice will state our reasons for nonrenewal. If we do not give 30 days notice, as required, your policy will continue with no change in premium rate, for a period of 60 days after our notice.

We do not need to send notice of nonrenewal for the following:

1. If we transfer or renew your policy with no change in conditions or the rate on which the premium is based, but use another CNA company.
2. If we extend your policy for 90 days or less, after we have given you the 60 day notice.
3. If you have obtained replacement coverage from another company or if you agree in writing, within 60 days of the termination of the policy, to obtain the replacement coverage.
4. If the policy period is for no more than 60 days, and we tell you when we issue the policy that it may not be renewed.
5. If you request 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 have made a written offer to you to renew the policy at a premium rate increase of less than 25%.
 - a. If the premium rate in your governing classification is to be increased 25% 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.

After receiving a notice of nonrenewal, either you or the agent or broker of record on your nonrenewed policy can request, in writing, a premium and loss history report for your account's tenure or for the past three years, whichever is shorter, in addition to loss experience during the current policy year. This information will be provided within 10 business days of receiving the written request.

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 effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT**

In the event of cancellation or other material change of the policy, we will mail advance notice to the person or organization named in the Schedule. The number of days advance notice is shown in the Schedule.

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

Schedule

1. Number of days advance notice: 30

2. Notice will be mailed to:

LOS ANGELES COUNTY
METROPOLITAN TRANSPORTATION
AUTHORITY
ONE GATEWAY PLAZA
LOS ANGELES, CA 90012-2952

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WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS**

This endorsement changes the policy to which it is attached.

It is agreed that **Part One Workers' Compensation Insurance G. Recovery From Others** and **Part Two Employers' Liability Insurance H. Recovery From Others** are amended by adding the following:

We will not enforce our right to recover against persons or organizations. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

PREMIUM CHARGE - \$1,664

The charge will be an amount to which you and we agree that is a percentage of the total standard premium for California exposure. The amount is 2%.

CALIFORNIA WORKERS COMPENSATION PENDING RATE CHANGE ENDORSEMENT

The Workers' Compensation Insurance Rating Bureau (WCIRB) of California has submitted proposed changes in pure premium rates to the Insurance Department for approval. The approval of rates by the Insurance Department may result in rates different from the rates shown on this policy.

We have the right to adjust the policy premium if the proposed rate filing is approved by the Insurance Commissioner and adopted after issuance of this policy. The amount of the adjustment will not exceed the approved California Workers Compensation Rating Bureau pure premium rates adjusted by our current approved loss cost multiplier on file. The effective date of the policy premium adjustment will be the same as the effective date of the pure premium rate approval.

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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

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** NAME AND ADDRESS SCHEDULE ** SCHEDULE
PAGE 1

LOCATION ENTITY ENTITY NAME AND ADDRESS

001 001 WILLIAM BLAIR & COMPANY, LLC
343 SANSOME STREET, 12TH FLOOR
SAN FRANCISCO, CA 94111 FEIN=362214610

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000030000092310030111233370391

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** N A M E D I N S U R E D S C H E D U L E ** SCHEDULE
PAGE 1

WILLIAM BLAIR & COMPANY, LLC
FEIN=362214610

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 2

NUMBER	DESCRIPTION	EDITION DATE
G301195A	IMP. INFO. - POSTING NOTICES AND CLAIM HANDLING	12/11
G301282E	IMP INFO - CA WC ASSESSMENTS AND SURCHARGES	01/16

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 1

NUMBER	DESCRIPTION	EDITION DATE
P31203D	PARTICIPATING PROVISION	01/88
CC72832A	CA SHORT RATE CANCELATION ENDT	01/12
G142625A	CA WORK COMP PENDING RATE CHANGE ENDT	04/02
G19160B	BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	11/97
G20472A	NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDT	10/93
G22212F04	CA WORKERS COMPENSATION NON-RENEWAL ENDT	11/14
WC000000C	WORKERS COMP AND EMPLOYERS LIAB INSURANCE POLICY	01/15
WC000406A	PREMIUM DISCOUNT ENDORSEMENT	08/95
WC000422B	TERRORISM RISK INS PGM RE-AUTH ACT DISCLOSURE ENDT	01/15
WC040301C	POLICY AMENDATORY ENDORSEMENT - CA	10/14
WC040360B	EMPLOYERS LIABILITY COVERAGE AMENDATORY ENDT. - CA	01/15
WC040421	OPTIONAL PREMIUM INCREASE ENDT-CA	01/08
WC040601A	CALIFORNIA CANCELATION ENDORSEMENT	12/93

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

CC031605A	CNA INSURANCE PREMIUM AUDIT	12/14
G140324L	IMP INFO-CA INS GUARANTY FUND SURCH	08/15
G140370D	PRIVACY POLICY NOTICE	04/09
G144222B	IMP INFO FOR OUR CA WC POLICYHOLDERS	01/13
G20593F	IMPORTANT INFO FOR OUR CA WC POLICYHOLDERS	03/14
G20594I	IMP INFO RATING AND DIVIDEND INFO	04/15
G20911E04	IMP INFO - CA LOSS CONTROL SVCS	08/06

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)

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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **

SCHEDULE
PAGE 2

4.

LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	***** POLICY TOTALS *****			
	ESTIMATED CLASS PREMIUM			\$83,180
	ESTIMATED STANDARD PREMIUM			\$51,925
	PREMIUM DISCOUNT			\$2,138-
	EXPENSE CONSTANT			\$200
	TERRORISM PREMIUM			\$3,740
	ESTIMATED PREMIUM			\$53,727
	STATE TAXES/ASSESSMENTS/SURCHARGES			\$1,614
	ESTIMATED COST			\$55,341

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: CALIFORNIA

SCHEDULE
PAGE 1

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	001 8742	SALESPERSONS, COLLECTORS OR MESSENGERS - OUTSIDE	900,000	.54	4,860
	8810	CLERICAL OFFICE EMPLOYEES	17,800,000	.44	78,320
			SUBTOTAL FOR LOCATION 001		\$83,180
	0930	WAIVER OF SUBROGATION		.0200	1,664
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTRASTATE ID. NO: 041834775			84,844 27,150-
	9887	SCHEDULE MODIFICATION ADJ. CREDIT		.9000	5,769-
	0064	PREMIUM DISCOUNT - NON STOCK		.0412	2,138-
	0900	EXPENSE CONSTANT NCCI REVISED PROGRAM			200
	9740	TERRORISM PREMIUM	18,700,000	.0200	3,740
	0988	CALIFORNIA SURCHARGE		2.000%	1,075
	0987	CA REVOLVING FUND ASSESSMENT		.3433%	184
	9711	CA FRAUD SURCHARGE		.1741%	94
	9712	CA UNINSURED EMPLOYER FUND ASSMNT		.0532%	29
	9714	CA SUBSEQUENT INJURIES FUND ASSMNT		.1191%	64
	0939	CA OCCUPATIONAL SAFETY & HEALTH ASSMNT		.1925%	103
	9749	CA LABOR ENFORCEMENT ASSMNT		.1215%	65
		CALIFORNIA DEPOSIT PREMIUM			\$53,727

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
ITEM WILLIAM BLAIR & COMPANY, LLC					
1. 222 W ADAMS ST				444 W. 47TH ST., #900	
CHICAGO, IL				KANSAS CITY	MO 64112
			60606		

FEIN NUMBER: 362214610
INTRASTATE ID NO: 041834775

NCCI CARRIER CODE NO: 15113

OTHER WORK PLACES NOT SHOWN ABOVE: SEE ATTACHED SCHEDULE(S)
YOU ARE A - LIMITED LIABILITY COMP/CORP

2. POLICY PERIOD- 05/31/16 TO 05/31/17 12:01 AM STANDARD TIME AT THE
INSUREDS MAILING ADDRESS.
- 3A. PART ONE OF THIS POLICY APPLIES TO THE WORKERS COMPENSATION LAW AND ANY
OCCUPATIONAL DISEASE LAW OF EACH OF THE STATES LISTED HERE:
CA.
- 3B. PART TWO OF THIS POLICY APPLIES TO EMPLOYERS LIABILITY INSURANCE FOR WORK
IN EACH STATE LISTED IN ITEM 3A: THE LIMITS OF LIABILITY 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
- 3C. PART THREE OF THIS POLICY APPLIES TO OTHER STATES, IF ANY, LISTED HERE:
NONE.
- 3D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES: SEE ATTACHED SCHEDULES
4. 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		EST ANNUAL PREMIUM
SEE ATTACHED		\$51,925
	PREMIUM DISCOUNT	2,138-
	EXPENSE CONSTANT	200
	TERRORISM PREMIUM	3,740
MINIMUM PREMIUM	\$500 TOTAL ESTIMATED ANNUAL PREMIUM	\$53,727
	TOTAL STATE TAXES/ASSESSMENTS/SURCHARGES	\$1,614
	TOTAL ESTIMATED COST	\$55,341
DEPOSIT PREMIUM	\$53,727	

ACCOUNT NUMBER: 3014423337
DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY
COUNTERSIGNED _____

DATE

BY _____

AUTHORIZED AGENT

WC000001 P-144228-A (ED. 01/03)

Thomas F. Mohamed
Chairman of the Board

Jonathon Kauter
Secretary

INSURED

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IMPORTANT INFORMATION TO POLICYHOLDERS

Posting Notices and Claim Handling

Please note that your Workers' Compensation and Employers Liability Policy documents include the following important information that can be found at the back of your policy documents:

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.

Claim Handling Information

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
- Return-to-work job banks
- How to find a network provider
- PPO panel requests
- Claim contact information

If you have questions or need additional information, you can call CNA Customer Service at 1-877-574-0540, or send an email to fsrmail@cnacentral.com, or contact your independent CNA Insurance Agent.

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**YOUR
COMMERCIAL LINES POLICY
FROM CNA**

000013



AG-105623-A

CNA



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
Named Insured And Address					
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST				444 W. 47TH ST., #900	
CHICAGO, IL				KANSAS CITY	MO 64112
			60606		

SCHEDULE
PAGE 3

THE FOLLOWING POSTING NOTICE DATA IS INTENDED FOR CNA INTERNAL PROCESSING PURPOSES ONLY

TAG	FIELD NAME	FIELD VALUE
001	EMPLOYER NAME	WILLIAM BLAIR & COMPANY, LLC
002	EMPLOYER CITY	CHICAGO
003	EMPLOYER STATE	IL
004	EMPLOYER ZIP	060606
005	EMPLOYER FEIN	362214610
006	INSURANCE CARRIER NAME	THE CONTINENTAL INSURANCE CO.
007	INSURANCE CARRIER BUREAU CODE	0164
008	INSURANCE CARRIER (OR TPA) NAME	THE CONTINENTAL INSURANCE CO.
009	POLICY NUMBER	WC 5 88165634
010	POLICY EFFECTIVE DATE	05/31/2016
011	POLICY EXPIRATION DATE	05/31/2017
012	AGENT NAME	LOCKTON COMPANIES, LLC
013	AGENT STREET ADDRESS	444 W. 47TH ST., #900
014	AGENT CITY	KANSAS CITY
015	AGENT STATE	MO
016	AGENT ZIP	064112
017	AGENT PHONE	816-960-9000
018	ADJUSTING COMPANY NAME	THE CONTINENTAL INSURANCE CO.
019	EMPLOYER STREET ADDRESS	222 W ADAMS ST

1992005069231003014423371181
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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** P O S T I N G N O T I C E S C H E D U L E **

SCHEDULE
PAGE 2

ST	CNA FORM	STATE FORM	FORM DESCRIPTION	QTY
TX	WC9687B	OMB-49	NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS COMPENSATION SYSTEM	001
TX	WC9688B	OMB-49S	NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS COMPENSATION SYSTEM (SPANISH)	001
TX	CC72180A	NOTICE 6	NOTICE TO EMPLOYEES CONCERNING WORKERS COMPENSATION IN TEXAS	001
TX	CC72181A	NOTICE 6S	NOTICE TO EMPLOYEES CONCERNING WORKERS COMPENSATION IN TEXAS (SPANISH)	001

THE FOLLOWING POSTING NOTICES WILL BE MAILED UNDER SEPARATE COVER

ST	CNA FORM	STATE FORM	FORM DESCRIPTION	QTY
GA	WC7755p	WC-P1	Official Notice (Panel of Physicians)	001
GA	WC8602e	WC-P1-SP	Official Notice (Panel of Physicians) (Spanish)	001
GA	WC8294d	WC-P2	Official Notice - Conformed Panel	001
GA	WC8603d	WC-P2-SP	Official Notice - Conformed Panel (Spanish)	001

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** P O S T I N G N O T I C E S C H E D U L E **

SCHEDULE
PAGE 1

THE FOLLOWING POSTING NOTICES WILL BE ATTACHED TO THE POLICY

ST	CNA FORM	STATE FORM	FORM DESCRIPTION	QTY
CT	WC8171c		Notice To Employees	001
CT	WC9419a		Notice To Employees (Spanish)	001
DE	WC9872A		Posting Notice	001
IL	WC8145E	ICPN	WORKPLACE NOTICE	001
IL	WC9421C	ICPNSP	WORKPLACE NOTICE (SPANISH)	001
MA	WC7506h		Notice To Employees	001
MA	WC9249b		Notice To Employees (Spanish)	001
NY	G301263A	C-105	Notice Of Compliance/Workers Compensation Law (English/Spanish)	001
TX	WC8285b	Notice 8	Required Workers Compensation Coverage	001
TX	WC8287c	Notice 8S	Required Workers Compensation Coverage (Spanish)	001
TX	WC7518b	Notice 9	Notice Regarding Certain Work-Related Communicable Diseases And Eligibility for Workers Compensation Benefits	001
TX	WC7546c	Notice 9S	Notice Regarding Certain Work-Related Communicable Diseases And Eligibility for Workers Compensation Benefits (Spanish)	001
TX	G301270B		EMPLOYER NOTIFICATION OF OMBUDSMAN PROGRAM TO EMPLOYEES (ENGLISH)	001
TX	G301271B		EMPLOYER NOTIFICATION OF OMBUDSMAN PROGRAM TO EMPLOYEES (SPANISH)	001

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

INSURED

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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY
*** PAYMENT PLAN SCHEDULE ***

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** PAYMENT PLAN SCHEDULE **

IT IS AGREED THAT THE TOTAL ESTIMATED PREMIUM SHOWN IN
THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:

EFFECTIVE DATE	PREMIUM
05/31/16	\$287,162.00
TOTAL PREMIUM	\$287,162.00

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC 444 W. 47TH ST., #900 KANSAS CITY	Agent MO 64112

N E W Y O R K P A R T I C I P A T I N G P L A N

YOU SHALL PARTICIPATE IN THE EARNINGS OF THE COMPANY TO THE EXTENT AND UPON THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY IN ACCORDANCE WITH LAW AND MADE APPLICABLE TO THIS POLICY, PROVIDED THAT NO DIVIDEND SHALL BE PAYABLE HEREUNDER UNLESS YOU HAVE COMPLIED WITH THE TERMS OF THE POLICY IN RESPECT TO THE PAYMENT OF PREMIUMS. DIVIDENDS ARE NOT GUARANTEED AND WILL BE DISTRIBUTED ONLY WHEN APPROVED BY THE BOARD OF DIRECTORS.

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UNDER CALIFORNIA LAW IT IS UNLAWFUL FOR AN INSURER TO PROMISE THE FUTURE PAYMENT OF DIVIDENDS UNDER AN UNEXPIRED WORKERS COMPENSATION POLICY OR TO MISREPRESENT THE CONDITIONS FOR DIVIDEND PAYMENT. DIVIDENDS ARE PAYABLE ONLY PURSUANT TO THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OF THE COMPANY FOLLOWING POLICY EXPIRATION.

IT IS A MISDEMEANOR FOR ANY INSURER OR OFFICER OR AGENT THEREOF, OR ANY INSURANCE BROKER OR SOLICITOR, TO PROMISE THE PAYMENT OF FUTURE WORKERS COMPENSATION DIVIDENDS.

THIS ENDORSEMENT FORMS A PART OF THE POLICY AND IS SUBJECT TO THE SAME INCEPTION DATE, UNLESS OTHERWISE STATED. THIS ENDORSEMENT EXPIRES CONCURRENTLY WITH THE POLICY.

00020060389231030144233370377

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

CC-79196 (ED.06/2014)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

DIVIDEND PROVISION - PARTICIPATING COMPANIES

THE NAME INSURED SHALL BE ENTITLED TO PARTICIPATE IN THE DISTRIBUTION OF THE SURPLUS OF THE COMPANY, AS DETERMINED BY ITS BOARD OF DIRECTORS FROM TIME TO TIME, AFTER APPROVAL IN ACCORDANCE WITH THE PROVISIONS OF THE TEXAS INSURANCE CODE, OF 1951, AS AMENDED.

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DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-15124-A42 (ED. 11/89)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900 KANSAS CITY	MO 64112
			60606		

P A R T I C I P A T I N G P R O V I S I O N

YOU SHALL PARTICIPATE IN THE EARNINGS OF THE COMPANY TO THE EXTENT AND UPON THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY IN ACCORDANCE WITH LAW AND MADE APPLICABLE TO THIS POLICY, PROVIDED THAT NO DIVIDEND SHALL BE PAYABLE HEREUNDER UNLESS YOU HAVE COMPLIED WITH THE TERMS OF THE POLICY IN RESPECT TO THE PAYMENT OF PREMIUMS.

DIVIDENDS ARE PAYABLE ONLY PURSUANT TO THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OF THE COMPANY FOLLOWING POLICY EXPIRATION.

IT IS A MISDEMEANOR FOR ANY INSURER OR OFFICER OR AGENT THEREOF, OR ANY INSURANCE BROKER TO SOLICIT OR, TO PROMISE PAYMENT OF FUTURE WORKERS COMPENSATION DIVIDENDS.

THIS ENDORSEMENT FORMS A PART OF THE POLICY AND IS SUBJECT TO THE SAME INCEPTION DATE UNLESS OTHERWISE STATED. THIS ENDORSEMENT EXPIRES CONCURRENTLY WITH THE POLICY.

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DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-31203-E (ED.10/14)

**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

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IMPORTANT INFORMATION

GEORGIA INSURERS INSOLVENCY POOL ASSESSMENT

The Georgia Legislature has amended the Georgia Insurance Code to provide changes for the surcharge assessment to the Georgia Insurers Insolvency Pool. As a result, the Georgia Insurers Insolvency Pool surcharge is required to be reported as a separate line item on the policy. Effective February 1, 2007, the surcharge will no longer be included as part of your policy rates.

The surcharge has been assessed on your Georgia worker's compensation premium. It is collected at the same time and in the same manner as your workers compensation premium. The surcharge is shown in the Schedule of Operations on the Information page and is described as the "Georgia Insurers Insolvency Pool Assessment."

Please contact your independent CNA producer if you have any questions.

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IMPORTANT INFORMATION

TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS – HEALTH CARE NETWORK PREMIUM CREDIT

Continental Casualty Company, its subsidiaries and affiliates (individually and collectively "CNA") has teamed up with Coventry Workers' Comp Network to offer a healthcare network certified by the Texas Department of Insurance to CNA policyholders. Eligible policyholders who agree to utilize this Texas Health Care Network may receive a premium credit and will benefit from the network's focus on appropriate medical care and getting their injured employees well and back to work. This credit will be applicable as long as you comply with the rules published by the Texas Department of Insurance and continue to utilize the services of the Texas Health Care Network. Employers are required to provide all their employees with the terms and conditions for obtaining health care through the network and obtaining the employee's signature on an acknowledgement form. Workers who live within a network service area are required to choose their treating doctor from a list of network providers. If the injured worker does not live within a network service area, he or she may choose a treating doctor from the approved doctor list. You may be required at first notice of injury to provide a copy of the injured employee's acknowledgement form to CNA. This credit is not available to minimum premium policies.

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IMPORTANT INFORMATION

NEW YORK WORKERS COMPENSATION POLICYHOLDERS STATE ASSESSMENT

The New York State Assessment has decreased from 13.20% to 12.90% for new and renewal policies effective on or after January 1, 2016. The recoupment of this assessment is determined by applying the 12.90% assessment to your standard workers' compensation premium developed from the New York 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.

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New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>	<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>
9157	4.52	4.29	5.4%	9521	4.51	4.78	-5.6%
9158	1.76	1.96	-10.2%	9522	2.83	2.97	-4.7%
9159	1.18	1.08	9.3%	9526	25.35	23.59	7.5%
9160	1.77	1.53	15.7%	9527	27.35	23.49	16.4%
9178	3.11	2.75	13.1%	9534	16.51	13.37	23.5%
9179	5.54	4.85	14.2%	9539	11.28	11.24	0.4%
9180	2.52	2.05	22.9%	9545	9.54	10.79	-11.6%
9182	1.91	1.77	7.9%	9549	3.17	3.59	-11.7%
9186	10.65	9.38	13.5%	9552	15.63	19.07	-18.0%
9220	6.44	5.63	14.4%	9553	8.54	9.69	-11.9%
9402	7.02	6.31	11.3%	9585	1	0.9	11.1%
9403	12.65	11.52	9.8%	9586	0.7	0.64	9.4%
9410	4.43	3.22	37.6%	9600	1.33	1.21	9.9%
9501	2.56	1.86	37.6%	9610	0.7	0.66	6.1%
9505	3.15	2.62	20.2%	9620	1.33	1.05	26.7%

Legend:

A - Loss cost, etc., 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.

Total number of classes: 571

New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>	<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>
8107	4.39	3.74	17.4%	8831	1.52	1.47	3.4%
8111	4.83	4.98	-3.0%	8832	0.54	0.46	17.4%
8116	3.84	2.77	38.6%	8833	1.59	1.1	44.5%
8199	3.77	3.61	4.4%	8838	0.53	0.37	43.2%
8209	7.68	5.99	28.2%	8840	0.47	0.43	9.3%
8215	11.86	10.13	17.1%	8854	3.93	2.72	44.5%
8227	12	11.05	8.6%	8857	1.96	1.36	44.1%
8232	6	5.48	9.5%	8864	3.53	2.73	29.3%
8235	8.27	8.72	-5.2%	8865	3.45	2.81	22.8%
8263	8.17	8.8	-7.2%	8866	3.71	3.62	2.5%
8264	10.17	8.82	15.3%	8868	0.58	0.55	5.5%
8265	9.23	9.21	0.2%	8869	0.79	0.55	43.6%
8280	13.02	9.6	35.6%	8871	0.55	0.46	19.6%
8288	3.61	2.61	38.3%	8901	0.35	0.36	-2.8%
8291	9.81	9.16	7.1%	9014	5.8	5.24	10.7%
8292	8.52	7.56	12.7%	9015	3.3	2.85	15.8%
8293	12.32	9.74	26.5%	9016	8.91	7.38	20.7%
8350	10.01	7.23	38.5%	9019	2.03	2.28	-11.0%
8353	5.64	4.07	38.6%	9025	20.56	19.92	3.2%
8381	2.85	3.16	-9.8%	9026	3.79	3.42	10.8%
8382	2.94	3	-2.0%	9027	16.73	12.17	37.5%
8385	8.05	8.2	-1.8%	9028	3.48	3.17	9.8%
8391	4.29	3.97	8.1%	9029	6.34	6.96	-8.9%
8392	2.17	2.22	-2.3%	9030	4.86	4.55	6.8%
8394	6.45	5.04	28.0%	9040	5.15	5.65	-8.8%
8500	7.99	8.35	-4.3%	9044	4.43	3.22	37.6%
8601	0.66	0.69	-4.3%	9048	3.66	3.6	1.7%
8709	14.62	12.39	18.0%	9051	4	2.91	37.5%
8719	2.19	2.29	-4.4%	9052	3.97	3.38	17.5%
8720	2.33	2.19	6.4%	9055	1.12	0.89	25.8%
8726	2.42	2.19	10.5%	9058	2.1	2.15	-2.3%
8731	2.3	1.82	26.4%	9059	6.69	4.63	44.5%
8742	0.43	0.39	10.3%	9060	1.85	1.98	-6.6%
8745	8.39	6.06	38.4%	9061	1.68	1.71	-1.8%
8747	0.29	0.33	-12.1%	9063	0.93	0.9	3.3%
8748	1.26	1	26.0%	9065	0.79	0.63	25.4%
8751	4.24	4.37	-3.0%	9071	2.04	1.77	15.3%
8755	0.63	0.55	14.5%	9072	2.24	2.2	1.8%
8800	1.82	1.77	2.8%	9074	1.34	1.36	-1.5%
8802	1.17	1	17.0%	9088	8.88	6.55	35.6%
8803	0.1	0.1	0.0%	9089	0.5	0.46	8.7%
8809	0.21	0.2	5.0%	9093	2.16	1.89	14.3%
8810	0.2	0.18	11.1%	9101	4.67	4.63	0.9%
8820	0.18	0.15	20.0%	9102	2.61	2.87	-9.1%
8829	3.75	3.38	10.9%	9149	1.8	1.49	20.8%

0090013

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New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class</u> <u>Code</u>	<u>Oct.</u> <u>2013</u>	<u>Oct.</u> <u>2011</u>	<u>%</u> <u>Change</u>	<u>Class</u> <u>Code</u>	<u>Oct.</u> <u>2013</u>	<u>Oct.</u> <u>2011</u>	<u>%</u> <u>Change</u>
7016	6.06	4.48	35.3%	7538	11.63	13.51	-13.9%
7024	6.72	4.97	35.2%	7539	1.65	1.56	5.8%
7038	3.5	2.63	33.1%	7542	4.68	3.45	35.7%
7046	5.44	4.06	34.0%	7570	1.68	1.69	-0.6%
7047	10.45	7.73	35.2%	7580	4.8	3.54	35.6%
7050	5.41	4.32	25.2%	7590	3.72	3.73	-0.3%
7090	3.88	2.92	32.9%	7600	5.54	4.88	13.5%
7098	6.04	4.51	33.9%	7601	9.31	9.38	-0.7%
7099	8.41	6.68	25.9%	7610	0.45	0.36	25.0%
7133	4.34	4.4	-1.4%	7710	4.04	3.7	9.2%
7197	5.72	5.78	-1.0%	7711	E	E	-5.3%
7201	5.61	4.81	16.6%	7716	E	E	-5.3%
7207	3.57	3.5	2.0%	7720	1.31	1.44	-9.0%
7219	10.88	10.05	8.3%	7723	2.1	2.02	4.0%
7231	10.06	10.04	0.2%	7855	5.13	6.43	-20.2%
7242	20.35	14.8	37.5%	7998	2.77	2.38	16.4%
7309	8.76	10.28	-14.8%	7999	2.3	2.1	9.5%
7313	1.56	1.53	2.0%	8001	2.27	1.64	38.4%
7317	15.94	14.03	13.6%	8006	1.83	1.66	10.2%
7327	17.66	18.14	-2.6%	8008	1.14	1.04	9.6%
7333	8.68	6.42	35.2%	8012	1.38	1.05	31.4%
7335	9.64	7.13	35.2%	8013	0.4	0.42	-4.8%
7337	14.28	10.56	35.2%	8016	0.32	0.26	23.1%
7364	4.33	3.29	31.6%	8017	1.47	1.3	13.1%
7366	12.07	12.5	-3.4%	8018	4.07	3.38	20.4%
7367	11.53	9.81	17.5%	8021	5.11	5.11	0.0%
7368	7.08	6.17	14.7%	8025	2.54	2.18	16.5%
7370	C	C	-14.4%	8031	2.94	2.65	10.9%
7377	7.53	5.94	26.8%	8032	1.14	1.02	11.8%
7380	9.79	7.74	26.5%	8033	3.72	3.08	20.8%
7390	8.41	6.07	38.6%	8034	7.64	7.63	0.1%
7394	5.18	3.83	35.2%	8039	3.23	2.89	11.8%
7395	5.74	4.25	35.1%	8043	1.12	1.06	5.7%
7398	8.09	6.3	28.4%	8044	3.9	3.58	8.9%
7403	5.54	4.32	28.2%	8046	4.36	4.09	6.6%
7405	2.18	1.88	16.0%	8047	1.89	1.55	21.9%
7421	1.41	1.31	7.6%	8048	5.51	5.08	8.5%
7422	2.19	1.62	35.2%	8068	0.74	0.69	7.2%
7431	1.14	0.98	16.3%	8069	1.18	1.04	13.5%
7445	0.44	0.42	4.8%	8072	1.29	1.3	-0.8%
7453	0.42	0.4	5.0%	8090	1.52	1.11	36.9%
7502	1.46	1.14	28.1%	8102	6.14	5.94	3.4%
7515	1.21	1.15	5.2%	8103	4.37	4.02	8.7%
7520	5.51	6.18	-10.8%	8105	3.29	3.09	6.5%
7536	8.23	8.45	-2.6%	8106	7.46	7.13	4.6%

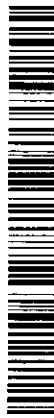
New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>	<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>
4771	8.38	8.44	-0.7%	5547	19.54	23.01	-15.1%
4825	1.16	1.44	-19.4%	5606	3.46	4.12	-16.0%
4828	2.07	2.19	-5.5%	5610	7.27	6.22	16.9%
4829	2.72	2.87	-5.2%	5645	11.36	11.88	-4.4%
4902	3.71	3.22	15.2%	5648	16.56	16.83	-1.6%
4923	2.12	2.14	-0.9%	5651	7.1	8.77	-19.0%
5000	27.09	28.68	-5.5%	5701	14.77	12.66	16.7%
5022	16.05	14.85	8.1%	5703	15.77	13.09	20.5%
5037	28.08	29.65	-5.3%	5709	13.75	18.71	-26.5%
5040	27.62	24.66	12.0%	5951	1.24	1.34	-7.5%
5057	15.51	13.34	16.3%	5954	3.83	3.3	16.1%
5059	29.88	35.15	-15.0%	6003	16.44	14.08	16.8%
5069	47.53	60.61	-21.6%	6005	5.37	4.56	17.8%
5102	12.81	13.46	-4.8%	6017	2.47	2.71	-8.9%
5160	6.64	8.53	-22.2%	6018	14.95	15.32	-2.4%
5183	7.42	7.57	-2.0%	6045	3.82	3.99	-4.3%
5184	8.07	6.93	16.5%	6204	12.93	14.15	-8.6%
5188	5.21	4.51	15.5%	6216	8.1	6.94	16.7%
5190	6.08	5.49	10.7%	6217	8.15	8.5	-4.1%
5191	1.68	1.35	24.4%	6229	6.11	6.71	-8.9%
5192	6.77	6.35	6.6%	6233	6.36	7.71	-17.5%
5193	13.75	13.88	-0.9%	6235	8.34	9.81	-15.0%
5213	16.83	16.58	1.5%	6251	12.59	17.13	-26.5%
5221	11.72	11.99	-2.3%	6252	3.38	4.22	-19.9%
5222	15.42	18.55	-16.9%	6260	A	A	A
5223	8.92	8.1	10.1%	6306	12.91	12.93	-0.2%
5348	7.04	7.24	-2.8%	6319	8.29	8.33	-0.5%
5402	10.57	12.49	-15.4%	6325	8.95	7.6	17.8%
5403	12.11	13.9	-12.9%	6400	8.86	11.19	-20.8%
5428	11.51	10.07	14.3%	6504	6.39	5.31	20.3%
5429	6.92	7.51	-7.9%	6701	12.25	13.85	-11.6%
5443	8.91	8.99	-0.9%	6801	24.09	24.04	0.2%
5445	8.56	8.91	-3.9%	6811	7.72	8.31	-7.1%
5462	12.63	13.09	-3.5%	6824	11.17	8.26	35.2%
5473	26.71	22.98	16.2%	6826	2.53	2.67	-5.2%
5474	9.47	10.48	-9.6%	6834	3.85	3.76	2.4%
5479	8.12	7.61	6.7%	6836	4.25	3.74	13.6%
5480	5.85	7.01	-16.5%	6843	3.68	3.64	1.1%
5491	3.48	3.06	13.7%	6854	2.54	2.59	-1.9%
5506	16.36	13.94	17.4%	6872	27.45	32.22	-14.8%
5507	12.41	13.13	-5.5%	6874	48.33	35.75	35.2%
5508	5.98	6.8	-12.1%	6875	61.75	55.43	11.4%
5536	8.36	7.41	12.8%	6882	4.67	5.07	-7.9%
5538	11.11	9.48	17.2%	6884	36.81	37.36	-1.5%
5545	25.56	25.15	1.6%	6885	51.79	52.46	-1.3%

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New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>	<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>
3643	3.84	2.85	34.7%	4282	0.66	0.49	34.7%
3647	5.2	4.56	14.0%	4298	2.1	1.69	24.3%
3648	4.18	3.68	13.6%	4299	3.35	3.05	9.8%
3681	1.92	1.81	6.1%	4301	5.15	4.57	12.7%
3685	1.86	1.54	20.8%	4304	6.35	4.85	30.9%
3686	1.73	1.46	18.5%	4307	3.11	2.53	22.9%
3724	6.64	7.15	-7.1%	4310	3.5	3.17	10.4%
3726	14.38	14.97	-3.9%	4312	2.24	2.19	2.3%
3737	5.06	5.37	-5.8%	4351	1.79	1.61	11.2%
3807	4.66	3.68	26.6%	4352	0.82	0.91	-9.9%
3808	3.97	4.08	-2.7%	4360	0.31	0.29	6.9%
3821	11.15	11.88	-6.1%	4361	1.01	0.96	5.2%
3823	10.21	7.98	27.9%	4362	0.55	0.49	12.2%
3824	4.22	4	5.5%	4410	7.87	8.48	-7.2%
3826	2.76	2.43	13.6%	4420	11.45	11.91	-3.9%
3827	7.25	6.31	14.9%	4431	4.7	4.47	5.1%
3830	4.47	3.54	26.3%	4432	1.89	1.61	17.4%
3832	3.29	3.49	-5.7%	4439	1.45	1.24	16.9%
3865	2.53	2.26	11.9%	4452	4.45	3.69	20.6%
3881	A	A	A	4459	4.73	4.23	11.8%
4000	5.21	5.59	-6.8%	4470	3.48	3.88	-10.3%
4024	5.68	4.22	34.6%	4475	4.21	4.37	-3.7%
4034	13.35	11.57	15.4%	4476	3.05	2.4	27.1%
4038	4.46	3.31	34.7%	4479	2.91	2.62	11.1%
4053	11.29	12.48	-9.5%	4491	6.46	6.56	-1.5%
4061	8.15	7.05	15.6%	4493	6.07	4.78	27.0%
4062	6.72	5.58	20.4%	4511	0.74	0.72	2.8%
4101	3.45	2.96	16.6%	4557	2.79	2.47	13.0%
4111	3.8	3.45	10.1%	4558	3.29	4.08	-19.4%
4112	3.33	2.77	20.2%	4561	5.46	6	-9.0%
4114	4.14	3.95	4.8%	4568	3.14	3.9	-19.5%
4130	8.11	7.29	11.2%	4583	13.87	11.5	20.6%
4131	4.02	3.42	17.5%	4597	3.25	3.03	7.3%
4133	1.74	1.59	9.4%	4611	2.67	2.49	7.2%
4150	1.96	1.57	24.8%	4628	1.7	1.38	23.2%
4207	1.49	1.27	17.3%	4635	5.45	4.3	26.7%
4239	5.37	3.99	34.6%	4653	2.9	2.27	27.8%
4240	5.06	4.34	16.6%	4665	10.82	9.04	19.7%
4243	4.61	4.43	4.1%	4692	0.82	0.87	-5.7%
4244	4.5	4.34	3.7%	4693	4.37	3.25	34.5%
4250	3.4	3.6	-5.6%	4710	4.33	4.1	5.6%
4251	4.31	3.73	15.5%	4712	4.58	3.72	23.1%
4263	3.67	2.97	23.6%	4720	4.03	3.7	8.9%
4273	3.72	3.97	-6.3%	4751	3.62	3.21	12.8%
4279	4.73	5.02	-5.8%	4767	6.66	6.23	6.9%

New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class</u> <u>Code</u>	<u>Oct.</u> <u>2013</u>	<u>Oct.</u> <u>2011</u>	<u>%</u> <u>Change</u>	<u>Class</u> <u>Code</u>	<u>Oct.</u> <u>2013</u>	<u>Oct.</u> <u>2011</u>	<u>%</u> <u>Change</u>
2670	4.26	3.51	21.4%	3122	7.65	7.35	4.1%
2683	4.42	3.7	19.5%	3126	13.26	11.66	13.7%
2688	1.76	1.59	10.7%	3129	5.67	5.28	7.4%
2689	0.84	0.68	23.5%	3132	3.31	2.65	24.9%
2702	43.38	39.6	9.5%	3145	2.85	2.87	-0.7%
2710	8.02	8.18	-2.0%	3146	3.56	3.42	4.1%
2714	12.04	10.14	18.7%	3169	2.78	2.36	17.8%
2731	5.69	4.84	17.6%	3179	3.24	3.06	5.9%
2735	4	3.72	7.5%	3188	5.63	4.73	19.0%
2737	9.11	7.32	24.5%	3190	2.93	2.19	33.8%
2759	12.32	12.56	-1.9%	3191	3.09	2.3	34.3%
2790	4.25	4.62	-8.0%	3200	3.41	3.01	13.3%
2802	6.29	5.37	17.1%	3220	4.79	5.34	-10.3%
2816	5.2	3.86	34.7%	3227	39.85	37.09	7.4%
2817	5.74	4.83	18.8%	3241	6.67	5.91	12.9%
2818	5	4.33	15.5%	3255	4.48	4.65	-3.7%
2835	3.81	3.72	2.4%	3257	3.81	3.58	6.4%
2841	5.07	5.09	-0.4%	3270	2.35	2.25	4.4%
2881	4.23	3.84	10.2%	3300	4.3	4.42	-2.7%
2883	5.12	5.41	-5.4%	3303	7.58	8.52	-11.0%
2913	2.57	2.19	17.4%	3307	5.25	3.9	34.6%
2916	4.74	4.29	10.5%	3315	4.93	4.18	17.9%
2923	1.83	1.49	22.8%	3336	2.57	2.64	-2.7%
2942	2.13	1.88	13.3%	3365	8.31	9.56	-13.1%
3004	8.07	7.24	11.5%	3372	4.58	3.79	20.8%
3018	11.93	8.86	34.7%	3381	3.39	3.24	4.6%
3022	10.48	11.25	-6.8%	3383	1.03	0.93	10.8%
3027	1.56	1.19	31.1%	3384	0.35	0.32	9.4%
3028	8.87	6.59	34.6%	3385	1.31	1.11	18.0%
3030	8.35	8.05	3.7%	3400	8.59	6.38	34.6%
3040	9.14	9.22	-0.9%	3507	3.69	3.2	15.3%
3041	5.48	4.77	14.9%	3515	3.6	3.21	12.1%
3042	7.56	7.51	0.7%	3548	3.28	2.8	17.1%
3060	22.19	19.51	13.7%	3559	2.38	1.77	34.5%
3064	8.26	6.31	30.9%	3561	2.28	1.96	16.3%
3066	3.93	4.26	-7.7%	3574	1.71	1.7	0.6%
3067	7.25	7.02	3.3%	3581	2.11	1.78	18.5%
3076	5.37	4.82	11.4%	3612	3.74	3.4	10.0%
3081	16.77	17.8	-5.8%	3620	6.37	6.38	-0.2%
3085	9.39	9.47	-0.8%	3629	2.98	3.17	-6.0%
3110	11.26	8.94	26.0%	3632	4.4	4.31	2.1%
3111	7.01	6.47	8.3%	3634	3.41	3.64	-6.3%
3113	3.23	2.4	34.6%	3635	2.95	2.4	22.9%
3114	2.11	1.77	19.2%	3638	2.84	2.43	16.9%
3118	3.02	3.03	-0.3%	3642	2.1	1.61	30.4%

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New York Workers Compensation

LOSS COST COMPARISON — OCTOBER 1, 2013 TO OCTOBER 1, 2011

<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>	<u>Class Code</u>	<u>Oct. 2013</u>	<u>Oct. 2011</u>	<u>% Change</u>
0005	2.25	2.59	-13.1%	2070	6.38	5.48	16.4%
0006	5.47	5.41	1.1%	2081	14.72	13.07	12.6%
0007	4.81	3.55	35.5%	2089	8.72	6.16	41.6%
0031	4.08	4.52	-9.7%	2095	9.91	9.34	6.1%
0034	4.06	4.49	-9.6%	2101	5.05	5.2	-2.9%
0035	2.48	2.29	8.3%	2105	6.55	6.35	3.1%
0042	6.37	6.87	-7.3%	2111	5.94	6.49	-8.5%
0050	4.3	3.9	10.3%	2112	7.05	4.98	41.6%
0106	13.4	13.35	0.4%	2114	5.71	4.8	19.0%
0251	7.23	6.42	12.6%	2121	5.79	4.09	41.6%
0767	1.63	1	63.0%	2143	4.77	3.95	20.8%
0771	4.16	3.38	23.1%	2150	9.38	7.43	26.2%
0908	84.86	71.91	18.0%	2157	11.36	8.03	41.5%
0909	172.21	130.6	31.9%	2172	2.04	1.56	30.8%
0912	767.2	728.73	5.3%	2211	9.22	10.06	-8.3%
0913	320.21	284.79	12.4%	2286	5.14	4.97	3.4%
0917	5.03	4.63	8.6%	2288	11.73	10	17.3%
1170	4.89	5.6	-12.7%	2302	5.84	5.59	4.5%
1320	8.05	5.94	35.5%	2303	7.45	7.85	-5.1%
1430	7.52	7.86	-4.3%	2305	9.94	10.97	-9.4%
1438	4.43	4.81	-7.9%	2362	2.16	2.01	7.5%
1439	6.51	6.92	-5.9%	2380	10.24	7.61	34.6%
1452	5.45	5.39	1.1%	2383	3.32	3.07	8.1%
1463	7.59	8.13	-6.6%	2387	3.48	2.79	24.7%
1470	11.62	9.97	16.5%	2388	4.08	3.37	21.1%
1624	4.13	4.04	2.2%	2402	2.45	2.13	15.0%
1701	5.58	4.65	20.0%	2413	5.14	4.84	6.2%
1710	5.86	6.6	-11.2%	2416	1.91	1.62	17.9%
1741	7.83	7.78	0.6%	2417	5.19	4.49	15.6%
1747	18.6	13.82	34.6%	2501	1.09	1.15	-5.2%
1748	7.44	6.04	23.2%	2503	0.99	0.81	22.2%
1809	10.06	9.3	8.2%	2534	4.2	3.32	26.5%
1810	10.2	9.33	9.3%	2553	2.42	2.51	-3.6%
1853	4.26	3.61	18.0%	2570	5.7	6.1	-6.6%
1860	10.72	7.97	34.5%	2571	3.88	2.88	34.7%
1924	7.51	8.05	-6.7%	2576	7.5	6.3	19.0%
1925	5.73	4.26	34.5%	2578	3.53	2.98	18.5%
2001	7.27	5.14	41.4%	2590	2.77	2.67	3.7%
2002	6.2	4.38	41.6%	2591	4.88	5.11	-4.5%
2003	6.64	6.3	5.4%	2593	5.21	5.37	-3.0%
2014	6.02	6.52	-7.7%	2594	6.39	4.65	37.4%
2021	4.61	3.63	27.0%	2600	5.63	4.97	13.3%
2039	5.08	4.01	26.7%	2623	5.29	4.37	21.1%
2041	3.95	3.73	5.9%	2640	13.55	10.07	34.6%
2065	5.54	5.02	10.4%	2660	4.07	3.54	15.0%

IMPORTANT INFORMATION

NEW YORK WORKERS COMPENSATION

OCTOBER 1, 2013 LOSS COST REVISION EXPLANATORY MEMORANDUM

An overall loss cost level increase of 9.5%, which includes an increase of 9.9% in the average manual loss cost level and no change in the loss costs for terrorism and natural disasters and catastrophic industrial accidents, has been approved by the New York State Insurance Department to become effective on October 1, 2013.

Loss Experience – The latest two policy years of experience produced a 9.1% increase in the overall loss cost level.

Legislative Changes – This revision includes an estimate of the latest cost of the increases in the maximum weekly benefits that were set forth in the 2007 workers compensation reform legislation. In addition, changes promulgated by the Workers Compensation Board in the inpatient hospital fees are also contained in the revision. The overall impact of these changes is an increase of 5.3% in manual loss costs.

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, a -2.3% net trend factor was approved.

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

Classification Loss Costs – Although the average manual loss cost level is increasing by 9.9%, 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.

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IMPORTANT INFORMATION

TO OUR DELAWARE WORKERS' COMPENSATION POLICYHOLDERS

Your policy may qualify as a new business policy as defined in the Delaware Manual of Rules, Classifications and Rates for Workers' Compensation and Employers' Liability Insurance.

New business is defined as all workers' compensation insurance policies except those policies underwritten by an insurance group which also insured the same employer for a policy period expiring immediately prior to the effective date of the policy in question.

You have the right within the first ninety days from the effective date of your new business policy to request in writing that an employee classification review be done for your policy. Under this program, each of your employees' workers' compensation classification assignments will be reviewed under the rules of the Delaware Manual of Rules, Classifications and Rates for Workers' Compensation and Employers Liability Insurance and a classification or classifications applicable for the policy period will be established.

If you wish to request an employee classification review, you must provide us with a list of all of your employees, showing individually their specific duties. We have the right in conjunction with the employee classification review to conduct an audit and/or inspection to determine the proper classification assignment of the employees.

Within sixty days from the date of your request, you will be provided with a report which will show the classification assignment of each listed employee. We will use these classification assignments for premium determination purposes for that policy period unless review by the Delaware Compensation Rating Bureau indicates lower-rated classifications are applicable to the employer's business or employees. Changes in the employer's operations, duties of employees listed or the addition of new employees will not be subject to the classification assignments specified in this report.

If you do not agree with our employee classification report, the Delaware Compensation Rating Bureau shall review your request and our response and will determine the appropriate classification assignments for the listed employees.

This new procedure does not otherwise limit our right or obligation to properly classify your operations based on the actual nature of those operations during the policy period. Please contact your independent CNA agent if you have any questions.

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IMPORTANT INFORMATION

NEW YORK WORKERS' COMPENSATION SECURITY FUND SURCHARGE

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. The surcharge amount will be displayed on the NY State Schedule of Operations along with the description, "NY WC Security Fund Surcharge".

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

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IMPORTANT INFORMATION

FOR OUR ILLINOIS WORKERS' COMPENSATION POLICYHOLDERS REGARDING INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE

Illinois Senate Bill 1903 provides for funding of the Illinois Industrial Commission. The funding is provided by a separately collected policyholder surcharge, the Industrial Commission Operations Fund Surcharge. For IL Workers' compensation policies effective 7-1-2004 and later, IL Senate Bill 2007 reduced the surcharge rate from 1.5% of direct written premium to 1.01% of direct written premium

The Industrial Commission Operations Fund Surcharge must be shown separately on the Information Page of new and renewal policies effective July 1, 2004 and later.

If you have any questions, please contact your CNA producer.

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PRIVACY POLICY NOTICE

This notice explains how CNA* protects the privacy of personal information collected about you or your employees under a CNA insurance policy.

Why We Collect Information

We collect information about you or your employees that is necessary to adjust claims made under a CNA insurance policy.

The Type of Information We Collect

Information we receive may include claimant name, address, telephone number, Social Security Number, date of birth, medical treatment records, including information about previous claims or accidents, information about the circumstances of the accident or injury, and the names of witnesses and other contact information.

How We Use the Information

The information we collect is used to administer and process claims, account administration, fraud prevention, and as otherwise required or permitted by federal or state law.

We may share information as required or allowed by law, with:

- Medical providers
- Insurance or workers' compensation regulatory authorities
- Law enforcement
- To others, as permitted by law

How We Protect Information

Protecting your non-public personal information is important to us. We do not share your non-public personal information with anyone unless you agree or, as we are required or allowed by law. We regularly review our security measures and employee education programs to help protect your information, including physical security of our files.

Whom To Contact Regarding Privacy Matters

Please include your name and policy or claim number in any correspondence to us.

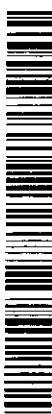
CNA Compliance
333 S. Wabash, 24 South
Chicago, IL 60604

*THIS NOTICE IS PROVIDED ON BEHALF OF THE FOLLOWING CNA COMPANIES:

American Casualty Company of Reading, PA
Continental Casualty Company
The Continental Insurance Company
Transportation Insurance Company

Continental Assurance Company
The Continental Insurance Company of New Jersey
National Fire Insurance Company of Hartford
Valley Forge Insurance Company

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IMPORTANT INFORMATION

CONNECTICUT WORKERS' COMPENSATION SECOND INJURY FUND SURCHARGE

The Connecticut Second Injury Fund Surcharge will be evaluated each year and any changes will be effective at the beginning of the fiscal period on July 1st. This surcharge for the Fund is assessable to new and renewal policies with effective dates of July 1st and thereafter.

The surcharge has been assessed on your Connecticut workers' compensation premium. It will be collected at the same time and in the same manner as your workers' compensation premium. The surcharge will be shown on the Information page and described as "Connecticut Second Injury Fund Surcharge."

Please contact your independent CNA agent if you have any questions.

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IMPORTANT INFORMATION FOR TEXAS POLICYHOLDERS

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY
CALL OUR TOLL-FREE TELEPHONE NUMBER AT**

1-800-262-1113

ALSO

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: <http://www.tdi.texas.gov>

E-mail: ConsumerProtection@tdi.state.gov

PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim, you should contact your agent or the company 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.

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Division of Payroll – Individual employee's payroll must show the number of hours and amount of payroll for each type of work or the full salary must be charged to the employee's highest rated classification. Division is not available for outside sales persons (8742), auto salesperson (8748), clerical (8810), clerical telecommuter (8871) and drivers (7380).

Subcontractors – CNA requires all subcontractors hired by you to carry Workers Compensation insurance, and to carry General Liability and/or Umbrella Liability limits of at least \$1,000,000 on an occurrence based policy. Prior to allowing a subcontractor to work for you, you should obtain a Certificate of Insurance from the subcontractor evidencing Workers Compensation insurance and these GL and/or Umbrella minimum limits. At final audit, we will examine the Certificates of Insurance for all work subcontracted during the policy term. Any subcontracted work for which we are not provided a Certificate of Issuance demonstrating Workers Compensation insurance or which demonstrates subcontracted work was insured with liability limits less than \$1,000,000., will be converted to ratable payroll on your applicable policies, resulting in additional premium charges owed by you. To prevent such additional premium charges and to reduce the risk of your Workers Compensation and/or General Liability coverages being tapped to cover claims that arise from work performed by your subcontractors, you must obtain certificates of Insurance evidencing Workers Compensation insurance and \$1,000,000 liability limits from all of your subcontractors.

Prevailing Wage – In PA, DE, NJ and CA, contact your CNA premium auditor for details concerning cash payments in lieu of prevailing fringe benefits and the records required.

You can reach the Premium Audit Department by calling:

EAST CT, DE, DC, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV

CNA Premium Audit Department

1 Meridian Blvd

Wyomissing, PA 19610

Phone: 800-847-2736

Fax: 610-208-6571

ALL OTHER CNA Premium Audit Department

2405 Lucien Way

Maitland, FL 32794-6240

Phone: 800-847-2736

Fax: 407-919-3610

*PA, DE, NV and UT do not allow overtime credit for Workers' Comp coverage. Overtime credit is allowed in all states for General Liability coverages.

One or more of the CNA companies provide the products and/or services described. This information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Copyright 2014 CNA. All rights reserved.

PREM AUDIT FLR 052014

IMPORTANT INFORMATION

CNA INSURANCE PREMIUM AUDIT

An accurate audit benefits you and your business

What is it and why do you need it?

A **premium audit** determines the actual insurance exposures for the coverages you have based on an examination of your operation, records and books of account.

At issuance, your premium is estimated based on your business circumstances and information provided at that time. An audit **verifies the correct exposure of premium base** for your insurance coverage by checking actual figures. After your audit, an adjustment will be made to the premium that was estimated when your policy was issued.

An audit is necessary **after the expiration of a policy with a variable premium base**. Some types of coverage subject to audit are:

- Workers' Compensation
- Premises Operations Liability
- Automobile Liability
- Liquor Liability
- Product Recall and Replacement
- General Liability
- Products Completed Operations
- Garage Liability
- Funeral Directors Liability
- Printer's E&O Correction of Work

Payroll Records Checklist

This list provides a good indication of materials your auditor will need.

- Journals
- Tax Reports
- Vehicle Titles
- Cash Disbursements
- Ledgers
- Individual Earnings Cards
- Registrations or Ownership Tax Reports

You can also expect your auditor to observe your business operations and ask questions about your records.

Keeping good records may save you time and money

If you are eligible for allowable credits based on insurance manual classification and rating rules, you need to provide the necessary records and detail to take advantage of the credits.

Payroll (remuneration for services performed by an employee) is the basis for many of your insurance premiums. Remuneration can include money or substitutes such as:

- Bonuses
- Wages or commissions
- Profit sharing plans
- Overtime
- Statutory payments
- Other substitutes for cash
- Vacation, holiday or sick pay
- Payments for piece work
- Value of board, lodging
- Tool allowance
- Store certificates

Scheduling the Audit

As the time for your audit approaches, a staff auditor from CNA or one of our authorized vendors will contact you to schedule the audit. Our current vendors are: Information Providers Inc. (IPI); and U.S. Insurance Services (USI).

Payroll Records Guidelines

Overtime – show overtime pay in excess of straight time pay separately by employee and in summary by classification of work by state.*

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DEDUCTIBLE NOTICE OF ELECTION

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

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

If a deductible amount is desired, please indicate below.

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

1. \$ _____ per accident

2. \$ _____ per claim

3. \$ _____ medical-only

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

_____ (monthly, quarterly or other)

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

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

The deductible plans have been explained to me.

Signature and Title

WILLIAM BLAIR & COMPANY, LLC

Employer Name (print or type)

Date

Insurance Company

WC5 88165634

Address

05/31/16

Policy No.

Effective Date

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IMPORTANT INFORMATION

FOR OUR GEORGIA COMMERCIAL POLICYHOLDERS

From the member companies of CNA Insurance (CNA)

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

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TEXAS – AUDIT PREMIUM AND RETROSPECTIVE PREMIUM ENDORSEMENT

Section D of Part Five of the policy is replaced by the following provision:

PART FIVE – PREMIUM**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. The billing statement or invoice for audit additional premiums and/or retrospective additional premiums establishes the date that the premium is due.

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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

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

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

The premium for this endorsement is shown in the Schedule.

Schedule**1. () Specific Waiver**

Name of person or organization

(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 LOCATIONS AND OPERATIONS**3. Premium:**

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: SEE SCHD

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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 shall 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 shall, 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: SHOULD ANY DISPUTE ARISE ABOUT YOUR PREMIUM OR ABOUT A CLAIM THAT YOU HAVE FILED, CONTACT THE AGENT OR WRITE TO THE COMPANY THAT ISSUED THE POLICY. IF THE PROBLEM IS NOT RESOLVED, YOU MAY ALSO WRITE THE TEXAS DEPARTMENT OF INSURANCE, CONSUMER PROTECTION (111-1A), P.O. BOX 149091, AUSTIN, TEXAS 78714-9091, FAX # (512) 475-1771. THIS NOTICE OF COMPLAINT PROCEDURE IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART OR CONDITION OF THIS POLICY.

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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.)

Barcode
Endorsement Effective
Insured

Policy No.

Barcode
Endorsement No.
Premium

Insurance Company

Countersigned by _____

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(Ed. 6-14)

3 of 3

PART FIVE—PREMIUM

A. **Our Manuals** is amended by adding this sentence:

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

C. **Remuneration**

Number 2 is amended to read:

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

E. **Final Premium**

Number 2 is amended to read:

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

PART SIX—CONDITIONS

A. **Inspection** is amended by adding this sentence:

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

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

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

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

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 may also decline to renew it. We must give you written notice of cancelation 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 cancelation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancelation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancelation 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 shall be a cancelation of this policy effective when the other policy starts.

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.



(Ed. 10-13)

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

**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 EFFECTIVE DATE</u>	<u>THIRD QUARTER PAYROLL</u>
4/1/12 thru 3/31/13	2011
4/1/13 thru 3/31/14	2012
4/1/14 thru 3/31/15	2013
4/1/15 thru 3/31/16	2014
4/1/16 thru 3/31/17	2015
4/1/17 thru 3/31/18	2016

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 nine 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.

For online entry of the information requested on this form refer to: <http://cpap.nycirb.org/>

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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

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

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.

Company Name

Continental Insurance Company

0000013
0002006069231030144233370353**Notes:**

1. Notices of issuance, termination and cancellation of the workers compensation and employers liability insurance policy are regulated by Sections 63 and 65B (for policies issued through the Massachusetts Assigned Risk Pool) of Chapter 152 Massachusetts Workers' Compensation Law and Section 187C of Massachusetts General Laws Chapter 175. Additionally, midterm cancellation of the workers compensation and employers liability insurance policy is regulated by Section 55A of Chapter 152 Massachusetts Workers' Compensation Law.
2. Pursuant to Massachusetts General Laws Chapter 110G, section 7(c), "If a law requires a record to be in writing, an electronic record satisfies the law."
3. This endorsement must be attached to a policy showing Massachusetts in Item 3.A. of the Information Page.

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by

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
GET ADDRESS FOR PROCESSING BRA

Commissioner of Insurance
Division of Insurance
Department of Banking and Insurance
1000 Washington Street, 8th Floor
Boston, MA 02118-2218

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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.)

Barcode
Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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.

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.

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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

Policy No.

Endorsement No.
Premium

Insurance Company

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

Premium \$

Insurance Company

Countersigned by _____

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.

0002006669231030144233370350

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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.

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.

0000013

0002006069231003014423370348

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

GEORGIA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

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

This endorsement adds to Part Five—Premium, Condition G. Audit, the following provision:

If you do not allow us to examine and audit all of your records that relate to this policy, we may utilize a payroll amount of three times the estimated payroll for purposes of determining final premium.

Note:

This endorsement must be used if Georgia is named in Item 3.A. of the Information Page. It must be attached to the policy at inception.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

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.

0000013

00020086069231003014423370348



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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

CONNECTICUT NONRENEWAL ENDORSEMENT

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

Add the following to **Part Six – Conditions** of the policy:

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 via registered mail, certified mail or by mail evidenced by a certificate of mailing, or deliver to the named insured at the address shown in the policy, at least sixty (60) days advance notice of our intention not to renew.

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.

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

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.

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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

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by _____

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

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

(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
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0000913

00020060692310030144233370346

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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.

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	Rate	Premium
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0090013

002006069221003014423370345

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

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.

060013

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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

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

WC 00 04 14

(Ed. 7-90)

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PREMIUM DISCOUNT ENDORSEMENT

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 Items 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**1. State**

	First	Next	<u>Estimated Eligible Premium</u>	
			Next	Balance
CT	\$10,000	9.1%	11.3%	12.3%
DE	—	9.1%	11.3%	12.3%
GA	—	9.1%	11.3%	12.3%
IL	—	9.1%	11.3%	12.3%
MA	—	9.1%	11.3%	12.3%

2. Average percentage discount: REFER TO STATE SCHEDULE/S%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

PREMIUM DISCOUNT ENDORSEMENT

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

Estimated Eligible Premium

1. <u>State</u>	First	Next	Next	
	\$5,000	\$95,000	\$400,000	Balance
NY	-	10.9%	12.6%	14.4%
TX	-	9.5%	11.9%	12.4%

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0002005068231003014423370343

2. Average percentage discount: Refer to State Schedule/s%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule see the Premium Discount Endorsement attached to your policy number:



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

ANY PERSON OR ORGANIZATION ON WHOSE BEHALF YOU ARE REQUIRED TO OBTAIN THIS WAIVER OF OUR RIGHT TO RECOVER FROM UNDER A WRITTEN CONTRACT OR AGREEMENT.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

**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.

0000013

000200000692310030144233370342



- 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.

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.

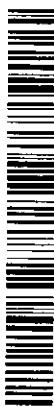
B. Notice

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



- 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.

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

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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

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**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.

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
IL	1.40%	\$150
MA	2.00%	\$75
NY	.00%	\$150
TX	1.40%	\$150

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TOTAL MINIMUM PREMIUM TO BE CHARGED ON THIS ENDORSEMENT

INCLUDED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** NAME AND ADDRESS SCHEDULE **
SCHEDULE
PAGE 2

LOCATION ENTITY ENTITY NAME AND ADDRESS

008 001 WILLIAM BLAIR & COMPANY, LLC
NO SPECIFIC LOCATION
ANY CITY , GA 99998 FEIN=362214610

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



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Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

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				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
			60606	444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112

** NAME AND ADDRESS SCHEDULE **
SCHEDULE
PAGE 1

LOCATION	ENTITY	ENTITY NAME AND ADDRESS
001	001	WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL 60606 FEIN=362214610
002	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY, MA 99998 FEIN=362214610
004	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY, CT 99998 FEIN=362214610
005	001	WILLIAM BLAIR & COMPANY, LLC 666 5TH AVENUE, 14TH FLOOR NEW YORK, NY 10103 FEIN=362214610
006	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY, DE 99998 FEIN=362214610
007	001	WILLIAM BLAIR & COMPANY, LLC 6500 RIVER PLACE RD AUSTIN, TX 78730 FEIN=362214610

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

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STANDARD WORKERS COMPENSATION
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				222 W ADAMS ST	
				CHICAGO, IL	
			60606	444 W. 47TH ST., #900 KANSAS CITY	MO 64112

** N A M E D I N S U R E D S C H E D U L E **

SCHEDULE
PAGE 1

WILLIAM BLAIR & COMPANY, LLC
FEIN=362214610

WILLIAM BLAIR INVESTMENT MANAGEMENT LLC
FEIN=472614791

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WC000001 P-33398-E (ED. 6/87)



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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

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				222 W ADAMS ST	
				CHICAGO, IL	
			60606	444 W. 47TH ST., #900 KANSAS CITY	MO 64112

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 3

NUMBER	DESCRIPTION	EDITION DATE
G300383B	GA INSURERS INSOLVENCY POOL ASSESSMENT	02/07
G301195A	IMP. INFO. - POSTING NOTICES AND CLAIM HANDLING	12/11
WC310618	NY WORK COMP PHN OF RIGHT TO APPEAL	03/15

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POLICY ISSUING OFFICE: KANSAS CITY

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

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Named Insured And Address					Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 2

NUMBER	DESCRIPTION	EDITION DATE
WC200601A	MASSACHUSETTS CANCELLATION ENDORSEMENT	07/08
WC310308	NEW YORK LIMIT OF LIABILITY ENDORSEMENT	04/84
WC310319G	NY CONSTRUCTION CLASS PREMIUM ADJUST PGM EXPL ENDT	10/13
WC420301G	TEXAS AMENDATORY ENDORSEMENT	06/14
WC420304B	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	06/14
WC420407	TEXAS AUDIT PREMIUM AND RETRO PREM ENDORSEMENT	03/02

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

CC031605A	CNA INSURANCE PREMIUM AUDIT	12/14
G115114D	IMP INFO-TX CONTACT INFO (ENGLISH)	06/15
G116814H	IMPORTANT INFO - TX LOSS CONTROL SERVICES	10/13
G119122L	IMP INFO-CT SECOND INJ FUND	07/08
G138944A	IMP NOTICE TO OUR GA COMMERCIAL POLICYHOLDERS	10/00
G140370D	PRIVACY POLICY NOTICE	04/09
G145060C	IMP INFO IL INDUSTRIAL COMM SURCH	07/04
G145740A	IMP INFO NY WC SECURITY FUND SURCHARGE	10/04
G16215D	GA NOTICE OF ELECTION TO ACCEPT OR REJECT DED	03/10
G17877D	TX DEDUCTIBLE NOTICE OF ELECTION	06/14
G18014A07	IMP. INFO TO OUR DE WC POLICYHOLDERS	99/99
G20268V	IMP INFO - NY WC POLICYHOLDERS RATE CHANGE	10/13
G20889Y	IMP INFO - NY WC POLICYHOLDERS STATE ASSESSMENT	01/16
G300285B	IMP INFO TX HEALTH CARE NETWORK PREMIUM CREDIT	01/08

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

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WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900 KANSAS CITY	MO 64112
			60606		

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 1

NUMBER	DESCRIPTION	EDITION DATE
P15124A42	DIVIDEND PROVISION - PARTICIPATING COMPANIES	11/89
P31203E	PARTICIPATING PROVISION	10/14
CC79196	NEW YORK PARTICIPATING PLAN	06/14
G35224B	COVERAGE B - INCREASED LIMIT OF LIABILITY	03/84
WC000000C	WORKERS COMP AND EMPLOYERS LIAB INSURANCE POLICY	01/15
WC000313	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDT.	04/84
WC000406	PREMIUM DISCOUNT ENDORSEMENT	08/84
WC000406A	PREMIUM DISCOUNT ENDORSEMENT	08/95
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	07/90
WC000419	PREMIUM DUE DATE ENDORSEMENT	01/01
WC000421D	CATASTROPHE (O/T CERT ACTS OF TERRORISM) PREM ENDT	01/15
WC000422B	TERRORISM RISK INS PGM RE-AUTH ACT DISCLOSURE ENDT	01/15
WC060301	CONNECTICUT APPLICATION OF WORK. COMP. INS. ENDT.	04/84
WC060303C	CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT	07/11
WC060601	CONNECTICUT NONRENEWAL ENDORSEMENT	01/03
WC070601	DELAWARE NONRENEWAL ENDORSEMENT	07/88
WC100402	GA NON-COOPERATION WITH PREMIUM AUDIT ENDT	01/13
WC100601B	GEORGIA CANCELATION NONRENEWAL AND CHANGE ENDT	07/14
WC120601E	ILLINOIS AMENDATORY ENDORSEMENT	01/15
WC200301	MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT	04/84
WC200302A	MASSACHUSETTS - ASSESSMENT CHARGE	09/08
WC200303D	MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT	08/10
WC200405	MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT	06/01

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

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WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
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CHICAGO, IL				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: TEXAS SCHEDULE
PAGE 7

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST ANN	TOTAL REMUN	RATE PER \$100	EST ANNUAL PREMIUM
	007 8810	CLERICAL OFFICE EMPLOYEES NOC		3,050,000	.10	3,050
	8742	SALESPERSONS, C M - OUTSIDE		1,100,000	.17	1,870
			SUBTOTAL FOR LOCATION 007			\$4,920
	0930	WAIVER OF SUBROGATION			.0200	98
	9812	EMPLOYERS LIABILITY INCREASED LIMITS			.0140	70
0000013	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633				5,088 1,730-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK				\$3,358 347-
	9740	TERRORISM PREMIUM		4,150,000	.0200	830
		TOTAL ESTIMATED PREMIUM				\$3,841
		TOTAL ESTIMATED COST				\$3,841
		***** POLICY TOTALS *****				
		ESTIMATED CLASS PREMIUM				\$355,040
		TOTAL ESTIMATED STANDARD PREMIUM				\$183,311
		TOTAL ALL RISK ADJUSTMENT PROGRAM				\$0
		ESTIMATED STANDARD PREMIUM				\$183,311
		PREMIUM DISCOUNT				\$16,416-
		EXPENSE CONSTANT				\$338
		TERRORISM PREMIUM				\$86,867
		CATASTROPHE (O/T CERT ACTS OF TERROR)				\$26,372
		ESTIMATED PREMIUM				\$280,472
		STATE TAXES/ASSESSMENTS/SURCHARGES				\$6,690
		ESTIMATED COST				\$287,162

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



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Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

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				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: NEW YORK UNEMPLOYMENT NUMBER 31-99998 SCHEDULE PAGE 6

4.	LOC CLASS NO.	CLASSIFICATION OF OPERATIONS CODE	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	005	CLERICAL OFFICE EMPLOYEES NOC & D	15,400,000	.18	27,720
	8742	SALESPERSONS, OUTSIDE	1,000,000	.37	3,700
		SUBTOTAL FOR LOCATION 005			\$31,420
	0930	WAIVER OF SUBROGATION		.0200	628
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633			32,048 10,896-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$21,152 2,406-
	9740	TERRORISM PREMIUM	16,400,000	.0480	7,872
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	16,400,000	.0080	1,312
	0932	TOTAL ESTIMATED PREMIUM NY STATE ASSESSMENT			\$27,930 3,913
	9749	NY SECURITY FUND SURCHARGE		12.90%	0
		TOTAL ESTIMATED COST			\$31,843

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** S C H E D U L E O F O P E R A T I O N S **
STATE: MASSACHUSETTS SCHEDULE
PAGE 5

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	002 8742	SALESPERSONS, COLLECTORS OR MESSENGERS - OUTSIDE	850,000	.16	1,360
	8810	CLERICAL OFFICE EMPLOYEES NOC	10,500,000	.08	8,400
			SUBTOTAL FOR LOCATION 002		\$9,760
	9037	RATE DEVIATION PREMIUM ADJ - CREDIT		.7500	2,440-
	0930	WAIVER OF SUBROGATION		.0200	146
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0200	146
0000013		TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			7,612
	9898	FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633		.6600	2,588-
		TOTAL ESTIMATED STANDARD PREMIUM			\$5,024
	0277	ALL RISK ADJUSTMENT PROGRAM	1.0000		0
	0063	PREMIUM DISCOUNT - STOCK	.0860		432-
	0900	EXPENSE CONSTANT NCCI REVISED PROGRAM			338
	9740	TERRORISM PREMIUM	11,350,000	.0300	3,405
		TOTAL ESTIMATED PREMIUM			\$8,335
	0988	MASSACHUSETTS ASSESSMENT		5.75%	370
		TOTAL ESTIMATED COST			\$8,705

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
	WILLIAM BLAIR & COMPANY, LLC			LOCKTON COMPANIES, LLC	
	222 W ADAMS ST				
	CHICAGO, IL			444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** S C H E D U L E O F O P E R A T I O N S **
STATE: ILLINOIS SCHEDULE
PAGE 4

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
001	8742	SALESPERSONS, COLLECTORS OR MESSENGERS - OUTSIDE	4,000,000	.28	11,200
	8810	CLERICAL OFFICE EMPLOYEES NOC	244,500,000	.12	293,400
			SUBTOTAL FOR LOCATION 001		\$304,600
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0140	4,264
	0930	WAIVER OF SUBROGATION		.0200	6,177
000013		TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			315,041
	9898	FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633		.6600	107,114-
	9887	SCHEDULE MODIFICATION ADJ. CREDIT		.7200	58,220-
		TOTAL ESTIMATED STANDARD PREMIUM			\$149,707
	0063	PREMIUM DISCOUNT - STOCK		.0860	12,880-
	9740	TERRORISM PREMIUM	248,500,000	.0300	74,550
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	248,500,000	.0100	24,850
		TOTAL ESTIMATED PREMIUM			\$236,227
	0988	INDUSTRIAL COMMISSION OPERATIONS FUND		1.01%	2,386
		TOTAL ESTIMATED COST			\$238,613

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POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: GEORGIA SCHEDULE
PAGE 3

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	008 8810	CLERICAL OFFICE EMPLOYEES NOC	350,000	.12	420
			SUBTOTAL FOR LOCATION 008		\$420
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0110	5
	0930	WAIVER OF SUBROGATION		.0200	8
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633		.6600	433 147-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK		.0874	\$286 25-
	9740	TERRORISM PREMIUM	350,000	.0100	35
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	350,000	.0100	35
	0988	TOTAL ESTIMATED PREMIUM GA-INSURERS INSOLVENCY POOL ASSESSMENT			\$331 0
		TOTAL ESTIMATED COST			\$331

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)

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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: DELAWARE SCHEDULE
PAGE 2

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	006 0951	SALESPERSONS - OUTSIDE	IF ANY	.56	0
	0953	OFFICE	1,400,000	.24	3,360
			SUBTOTAL FOR LOCATION 006		\$3,360
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0110	37
	0930	WAIVER OF SUBROGATION		.0200	68
000013	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR			3,465 62-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$3,403 293-
	9740	TERRORISM PREMIUM	1,400,000	.0100	140
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	1,400,000	.0100	140
		TOTAL ESTIMATED PREMIUM			\$3,390
		TOTAL ESTIMATED COST			\$3,390

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: CONNECTICUT SCHEDULE
PAGE 1

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	004 8810	CLERICAL OFFICE EMPLOYEES NOC	350,000	.16	560
		SUBTOTAL FOR LOCATION 004			\$560
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0110	6
	0930	WAIVER OF SUBROGATION		.0200	11
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633			577 196-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$381 33-
	9740	TERRORISM PREMIUM	350,000	.0100	35
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	350,000	.0100	35
	0988	TOTAL ESTIMATED PREMIUM CONNECTICUT ASSESSMENT FUND			\$418 9
	0987	CT SECOND INJURY FUND SURCHARGE		1.90%	12
		TOTAL ESTIMATED COST		2.75%	\$439

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)

INSURED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
ITEM WILLIAM BLAIR & COMPANY, LLC					
1. 222 W ADAMS ST				444 W. 47TH ST., #900	
CHICAGO, IL				KANSAS CITY	MO 64112
			60606		

FEIN NUMBER: 362214610
INTERSTATE ID NO: 910153633

NCCI CARRIER CODE NO: 15113

OTHER WORK PLACES NOT SHOWN ABOVE: SEE ATTACHED SCHEDULE(S)
YOU ARE A - LIMITED LIABILITY COMP/CORP

2. POLICY PERIOD- 05/31/16 TO 05/31/17 12:01 AM STANDARD TIME AT THE
INSUREDS MAILING ADDRESS.
- 3A. PART ONE OF THIS POLICY APPLIES TO THE WORKERS COMPENSATION LAW AND ANY
OCCUPATIONAL DISEASE LAW OF EACH OF THE STATES LISTED HERE:
CT,DE,GA,IL,MA,NY,TX.
- 3B. PART TWO OF THIS POLICY APPLIES TO EMPLOYERS LIABILITY INSURANCE FOR WORK
IN EACH STATE LISTED IN ITEM 3A: THE LIMITS OF LIABILITY 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
- 3C. PART THREE OF THIS POLICY APPLIES TO OTHER STATES, IF ANY, LISTED HERE:
ALL STATES EXCEPT CA, ND, OH, WA, WY, AK,
AND STATES LISTED IN ITEM 3A OF THE INFORMATION PAGE
- 3D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES: SEE ATTACHED SCHEDULES

4. 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 EST ANNUAL
PREMIUM

SEE ATTACHED

\$183,311

16,416-

338

86,867

26,372

MINIMUM PREMIUM

\$900 TOTAL ESTIMATED ANNUAL PREMIUM \$280,472

\$6,690

TOTAL STATE TAXES/ASSESSMENTS/SURCHARGES

\$287,162

TOTAL ESTIMATED COST

DEPOSIT PREMIUM

\$280,472

ACCOUNT NUMBER: 3014423337

DATE OF ISSUE: 06/02/16

POLICY ISSUING OFFICE: KANSAS CITY

COUNTERSIGNED

DATE

BY

AUTHORIZED AGENT

WC000001 P-33398-E (ED. 6/87)

Thomas F. Mohamed
Chairman of the Board

Joshua Kerton
Secretary

INSURED

IMPORTANT INFORMATION

TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS – ACCIDENT PREVENTION SERVICES

Pursuant to Texas Labor Code §411.066, CNA Insurance Companies is required to notify its policyholders that accident prevention services are available from CNA Insurance Companies at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene, and industrial health services. CNA Insurance Companies 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 CNA Insurance Companies at 866-262-0540 and riskcontrolwebinfo@cna.com for accident prevention services or 866-262-0540 and riskcontrolwebinfo@cna.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 CNA Insurance Companies 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.

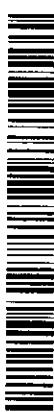
As your workers' compensation insurance carrier, we encourage you to take steps to provide a safe and healthy workplace for your employees. While CNA cannot assume this responsibility, we can assist you with the following services:

1. Survey of your premises to identify actual or potential areas of loss;
2. Recommendations based on said survey;
3. Training of supervisory personnel;
4. Consultations on risk control;
5. Analysis of previous accidents;
6. Industrial hygiene services;
7. Industrial health programs; and
8. Return-to-work coordination.

CNA Insurance Companies also provide many useful risk control and return-to-work reference and training materials at our website which is available to all policyholders 24 hours per day with no need for special passwords or registration. To obtain printable copies of these materials and to learn about other Risk Control services provided by CNA, go to <http://www.cna.com/riskcontrol> or <http://www.cna.com/returntowork>.

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NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION GEORGIA

Georgia statutes permit an employer to buy Workers' Compensation insurance with a deductible. The deductible applies to benefits payable under Georgia 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. Georgia law requires a deductible in the amount of \$100, \$200, \$300, \$400, \$500, \$1,000, \$1,500, \$2,000 or \$2,500 to be offered to each policyholder except employers who are approved to self-insure and group self-insurance funds established pursuant to Article 5 of Chapter 34. Premium reductions are determined based on the deductible amount selected, and the hazard grade that is given to your classifications on your policy.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the total amount of each claim, but you must reimburse the insurance company within 60 days after they send you notice that payment of reimbursement is due. If you fail to reimburse the insurance company, they may cancel your Workers' Compensation insurance policy, by giving you 10 (ten) days notice. Any resulting premium may be applied to the deductible amount owed.

If a deductible is desired, please indicate below.

Yes, I want a deductible of
(Select only one.)

1. \$ _____ per claim.

2. \$ _____ /\$ _____ per claim/annual aggregate.

The deductible will be applied to benefits under the Georgia Workers' Compensation Law. I understand that the company will pay the entire claim amount, including the deductible, and then seek reimbursement from me. The deductible plans have been explained to me.

No, I do not want the deductible applied to benefits payable under the Georgia Workers' Compensation Law.

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

You will be billed on a quarterly basis for any amounts that you must reimburse to CNA Companies.

Signed by:

Authorized Representative of Named Insured

Title

Date

WILLIAM BLAIR & COMPANY, LLC

Named Insured

WC5 88165634

Policy Number

05/31/16

Effective Date of Policy

Please complete this form by indicating your choice to either accept or reject the deductible offering and by providing your signature and information in the space provided. Please return the completed form to us at: Endorsement Department, 2405 Lucien Way, Maitland FL 32751, or fax it to us at: 877-363-8669.



IMPORTANT INFORMATION TO POLICYHOLDERS

Posting Notices and Claim Handling

Please note that your Workers' Compensation and Employers Liability Policy documents include the following important information that can be found at the back of your policy documents:

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.

Claim Handling Information

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
- Return-to-work job banks
- How to find a network provider
- PPO panel requests
- Claim contact information

If you have questions or need additional information, you can call CNA Customer Service at 1-877-574-0540, or send an email to fsrmail@cnacentral.com, or contact your independent CNA Insurance Agent.

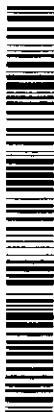
000013

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**YOUR
COMMERCIAL LINES POLICY
FROM CNA**

0000013



AG-105623-A

CNA



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END OF COPY



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY
*** PAYMENT PLAN SCHEDULE ***

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** PAYMENT PLAN SCHEDULE **

IT IS AGREED THAT THE TOTAL ESTIMATED PREMIUM SHOWN IN
THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:

EFFECTIVE DATE	PREMIUM	COMMISSION %
05/31/16	\$1,614.00	0.0
05/31/16	\$53,727.00	8.0
TOTAL PREMIUM	\$55,341.00	

0000013

00020060692310030144233370319

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)





333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

APPLICABLE PARTICIPATING PLANS

PLAN NUMBER/ DIVIDEND SCHEDULE	APPLICABLE STATES	COMMISSION SCALE
40-46	CA	8%

0000013

0002006069231003014423370318

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-31203-D (ED. 1/88)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

P A R T I C I P A T I N G P R O V I S I O N

YOU SHALL PARTICIPATE IN THE EARNINGS OF THE COMPANY TO THE EXTENT AND UPON THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY IN ACCORDANCE WITH LAW AND MADE APPLICABLE TO THIS POLICY, PROVIDED THAT NO DIVIDEND SHALL BE PAYABLE HEREUNDER UNLESS YOU HAVE COMPLIED WITH THE TERMS OF THE POLICY IN RESPECT TO THE PAYMENT OF PREMIUMS.

UNDER CALIFORNIA LAW IT IS UNLAWFUL FOR AN INSURER TO PROMISE THE FUTURE PAYMENT OF DIVIDENDS UNDER AN UNEXPIRED WORKERS COMPENSATION POLICY OR TO MISREPRESENT THE CONDITIONS FOR DIVIDEND PAYMENT. DIVIDENDS ARE PAYABLE ONLY PURSUANT TO THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OF THE COMPANY FOLLOWING POLICY EXPIRATION.

IT IS A MISDEMEANOR FOR ANY INSURER OR OFFICER OR AGENT THEREOF, OR ANY INSURANCE BROKER OR SOLICITOR, TO PROMISE THE PAYMENT OF FUTURE WORKERS COMPENSATION DIVIDENDS.

THIS ENDORSEMENT FORMS A PART OF THE POLICY AND IS SUBJECT TO THE SAME INCEPTION DATE, UNLESS OTHERWISE STATED. THIS ENDORSEMENT EXPIRES CONCURRENTLY WITH THE POLICY.

0000013

0002005069231003014423370317

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-31203-D (ED. 1/88)

PREMIUM DISCOUNT ENDORSEMENT

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 Items 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**1. State**

CA	First	Next	Estimated Eligible Premium	Next	Balance
	\$10,000	\$190,000	\$1,550,000	6 .5%	7 .5%
	-	5 .1%			

0039013

2. Average percentage discount: REFER TO STATE SCHEDULE/S%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

000200669231030144233370316



WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT**

In the event of cancellation or other material change of the policy, we will mail advance notice to the person or organization named in the Schedule. The number of days advance notice is shown in the Schedule.

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

Schedule

1. Number of days advance notice: 30

2. Notice will be mailed to:

LOS ANGELES COUNTY
METROPOLITAN TRANSPORTATION
AUTHORITY
ONE GATEWAY PLAZA
LOS ANGELES, CA 90012-2952

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS**

This endorsement changes the policy to which it is attached.

It is agreed that **Part One Workers' Compensation Insurance G. Recovery From Others** and **Part Two Employers' Liability Insurance H. Recovery From Others** are amended by adding the following:

We will not enforce our right to recover against persons or organizations. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

PREMIUM CHARGE - \$1,664

The charge will be an amount to which you and we agree that is a percentage of the total standard premium for California exposure. The amount is 2.%.

0000013

00920060692310030144233370316





333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
Named Insured And Address				Agent	
WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL 60606				LOCKTON COMPANIES, LLC 444 W. 47TH ST., #900 KANSAS CITY	MO 64112

** NAME AND ADDRESS SCHEDULE ** SCHEDULE
PAGE 1

LOCATION ENTITY ENTITY NAME AND ADDRESS

001	001	WILLIAM BLAIR & COMPANY, LLC 343 SAN SOME STREET, 12TH FLOOR SAN FRANCISCO , CA 94111	FEIN=362214610
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0000013

0002006069231003014423370314

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



AGENT



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
				60606	

** NAMED INSURED SCHEDULE **

SCHEDULE
PAGE 1

WILLIAM BLAIR & COMPANY, LLC
FEIN=362214610

0000013

00020060692310030144233370313

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



AGENT



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
				60606	

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 2

NUMBER	DESCRIPTION	EDITION DATE
G301195A	IMP. INFO. - POSTING NOTICES AND CLAIM HANDLING	12/11
G301282E	IMP INFO - CA WC ASSESSMENTS AND SURCHARGES	01/16

0060013

0002006692310030144233370312

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 1

NUMBER	DESCRIPTION	EDITION DATE
P31203D	PARTICIPATING PROVISION	01/88
CC72832A	CA SHORT RATE CANCELATION ENDT	01/12
G142625A	CA WORK COMP PENDING RATE CHANGE ENDT	04/02
G19160B	BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	11/97
G20472A	NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDT	10/93
G22212F04	CA WORKERS COMPENSATION NON-RENEWAL ENDT	11/14
WC000000C	WORKERS COMP AND EMPLOYERS LIAB INSURANCE POLICY	01/15
WC000406A	PREMIUM DISCOUNT ENDORSEMENT	08/95
WC000422B	TERRORISM RISK INS PGM RE-AUTH ACT DISCLOSURE ENDT	01/15
WC040301C	POLICY AMENDATORY ENDORSEMENT - CA	10/14
WC040360B	EMPLOYERS LIABILITY COVERAGE AMENDATORY ENDT. - CA	01/15
WC040421	OPTIONAL PREMIUM INCREASE ENDT-CA	01/08
WC040601A	CALIFORNIA CANCELATION ENDORSEMENT	12/93

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

CC031605A	CNA INSURANCE PREMIUM AUDIT	12/14
G140324L	IMP INFO-CA INS GUARANTY FUND SURCH	08/15
G140370D	PRIVACY POLICY NOTICE	04/09
G144222B	IMP INFO FOR OUR CA WC POLICYHOLDERS	01/13
G20593F	IMPORTANT INFO FOR OUR CA WC POLICYHOLDERS	03/14
G20594I	IMP INFO RATING AND DIVIDEND INFO	04/15
G20911E04	IMP INFO - CA LOSS CONTROL SVCS	08/06

06069231003014422337031

0002006069231003014422337031

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **

SCHEDULE
PAGE 2

4.

LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
***** POLICY TOTALS *****				
	ESTIMATED CLASS PREMIUM			\$83,180
	ESTIMATED STANDARD PREMIUM			\$51,925
	PREMIUM DISCOUNT			\$2,138-
	EXPENSE CONSTANT			\$200
	TERRORISM PREMIUM			\$3,740
	ESTIMATED PREMIUM			\$53,727
	STATE TAXES/ASSESSMENTS/SURCHARGES			\$1,614
	ESTIMATED COST			\$55,341

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000203606923103014423370310

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



AGENT



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: CALIFORNIA SCHEDULE
PAGE 1

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
001	8742	SALESPERSONS, COLLECTORS OR MESSENGERS - OUTSIDE	900,000	.54	4,860
	8810	CLERICAL OFFICE EMPLOYEES	17,800,000	.44	78,320
			SUBTOTAL FOR LOCATION 001		\$83,180
	0930	WAIVER OF SUBROGATION		.0200	1,664
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTRASTATE ID. NO: 041834775			84,844 27,150-
	9887	SCHEDULE MODIFICATION ADJ. CREDIT		.9000	5,769-
	0064	PREMIUM DISCOUNT - NON STOCK		.0412	2,138-
	0900	EXPENSE CONSTANT NCCI REVISED PROGRAM			200
	9740	TERRORISM PREMIUM	18,700,000	.0200	3,740
	0988	CALIFORNIA SURCHARGE		2.000%	1,075
	0987	CA REVOLVING FUND ASSESSMENT		.3433%	184
	9711	CA FRAUD SURCHARGE		.1741%	94
	9712	CA UNINSURED EMPLOYER FUND ASSMNT		.0532%	29
	9714	CA SUBSEQUENT INJURIES FUND ASSMNT		.1191%	64
	0939	CA OCCUPATIONAL SAFETY & HEALTH ASSMNT		.1925%	103
	9749	CA LABOR ENFORCEMENT ASSMNT		.1215%	65
		CALIFORNIA DEPOSIT PREMIUM			\$53,727

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000200606892310030144223370309

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-144228-A (ED. 01/03)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165648

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165648	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
ITEM WILLIAM BLAIR & COMPANY, LLC					
1. 222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

FEIN NUMBER: 362214610
INTRASTATE ID NO: 041834775

NCCI CARRIER CODE NO: 15113

OTHER WORK PLACES NOT SHOWN ABOVE: SEE ATTACHED SCHEDULE(S)
YOU ARE A - LIMITED LIABILITY COMP/CORP

2. POLICY PERIOD- 05/31/16 TO 05/31/17 12:01 AM STANDARD TIME AT THE
INSUREDS MAILING ADDRESS.
- 3A. PART ONE OF THIS POLICY APPLIES TO THE WORKERS COMPENSATION LAW AND ANY
OCCUPATIONAL DISEASE LAW OF EACH OF THE STATES LISTED HERE:
CA.
- 3B. PART TWO OF THIS POLICY APPLIES TO EMPLOYERS LIABILITY INSURANCE FOR WORK
IN EACH STATE LISTED IN ITEM 3A: THE LIMITS OF LIABILITY 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
- 3C. PART THREE OF THIS POLICY APPLIES TO OTHER STATES, IF ANY, LISTED HERE:
NONE.
- 3D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES: SEE ATTACHED SCHEDULES

4. 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	EST ANNUAL PREMIUM
SEE ATTACHED	\$51,925
	2,138-
	200
	3,740
MINIMUM PREMIUM	\$500 TOTAL ESTIMATED ANNUAL PREMIUM
	TERRORISM PREMIUM
	\$53,727
	TOTAL STATE TAXES/ASSESSMENTS/SURCHARGES
	\$1,614
DEPOSIT PREMIUM	TOTAL ESTIMATED COST
	\$55,341

ACCOUNT NUMBER: 3014423337
DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY
COUNTERSIGNED _____

DATE

BY

AUTHORIZED AGENT

WC000001 P-144228-A (ED. 01/03)

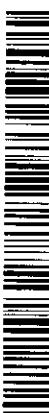
Thomas F. Mohamed
Chairman of the Board

John Linton
Secretary

AGENT

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00020060692310030144233370308





Help Us to Serve You Better

Every effort has been made to produce a quality product for our customers. If you find an error or discrepancy in this product, please return this form or contact our office for immediate processing.

Agency	Policy Number
LOCKTON COMPANIES, LLC	5 88165648
Team Contact(s)	Phone Number
CUST INTER CTR	877-574-0540
CAD2137	Fax Number
	877-363-8669

Policy received as requested, please endorse as indicated below.

Policy in error, please correct as indicated below.

Corrective Action Requested

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0002006068231003014423370306

END OF COPY



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY
*** PAYMENT PLAN SCHEDULE ***

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL 60606	Agent LOCKTON COMPANIES, LLC 444 W. 47TH ST., #900 KANSAS CITY MO 64112

** PAYMENT PLAN SCHEDULE **

IT IS AGREED THAT THE TOTAL ESTIMATED PREMIUM SHOWN IN
THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:

EFFECTIVE DATE	PREMIUM	COMMISSION %
05/31/16	\$6,690.00	0.0
05/31/16	\$280,472.00	8.0
TOTAL PREMIUM	\$287,162.00	

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0002006669231003014423337035

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

APPLICABLE PARTICIPATING PLANS

PLAN NUMBER/ DIVIDEND SCHEDULE	APPLICABLE STATES	COMMISSION SCALE
40-46	NY	8%

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00020060692310030144233370304

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

CC-79196 (ED.06/2014)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

APPLICABLE PARTICIPATING PLANS

PLAN NUMBER/ DIVIDEND SCHEDULE	APPLICABLE STATES	COMMISSION SCALE
40-46	TX	8%

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0002006069231003014233370303

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-15124-A42 (ED. 11/89)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
Named Insured And Address					
WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL				LOCKTON COMPANIES, LLC	Agent
60606				444 W. 47TH ST., #900 KANSAS CITY	MO 64112

APPLICABLE PARTICIPATING PLANS

PLAN NUMBER/ DIVIDEND SCHEDULE	APPLICABLE STATES	COMMISSION SCALE
40-46	CT	8%
40-46	DE	8%
40-46	GA	8%
40-46	IL	8%
40-46	MA	8%
40-46	NY	8%

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0002006069231003014233370302

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-31203-E (ED.10/14)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				LOCKTON COMPANIES, LLC	Agent
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

N E W Y O R K P A R T I C I P A T I N G P L A N

YOU SHALL PARTICIPATE IN THE EARNINGS OF THE COMPANY TO THE EXTENT AND UPON THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY IN ACCORDANCE WITH LAW AND MADE APPLICABLE TO THIS POLICY, PROVIDED THAT NO DIVIDEND SHALL BE PAYABLE HEREUNDER UNLESS YOU HAVE COMPLIED WITH THE TERMS OF THE POLICY IN RESPECT TO THE PAYMENT OF PREMIUMS. DIVIDENDS ARE NOT GUARANTEED AND WILL BE DISTRIBUTED ONLY WHEN APPROVED BY THE BOARD OF DIRECTORS.

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UNDER CALIFORNIA LAW IT IS UNLAWFUL FOR AN INSURER TO PROMISE THE FUTURE PAYMENT OF DIVIDENDS UNDER AN UNEXPIRED WORKERS COMPENSATION POLICY OR TO MISREPRESENT THE CONDITIONS FOR DIVIDEND PAYMENT. DIVIDENDS ARE PAYABLE ONLY PURSUANT TO THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OF THE COMPANY FOLLOWING POLICY EXPIRATION.

IT IS A MISDEMEANOR FOR ANY INSURER OR OFFICER OR AGENT THEREOF, OR ANY INSURANCE BROKER OR SOLICITOR, TO PROMISE THE PAYMENT OF FUTURE WORKERS COMPENSATION DIVIDENDS.

0002006069231003014423370301
THIS ENDORSEMENT FORMS A PART OF THE POLICY AND IS SUBJECT TO THE SAME INCEPTION DATE, UNLESS OTHERWISE STATED. THIS ENDORSEMENT EXPIRES CONCURRENTLY WITH THE POLICY.

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

CC-79196 (ED. 06/2014)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
Named Insured And Address				Agent	
WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL 60606				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900 KANSAS CITY	MO 64112

DIVIDEND PROVISION - PARTICIPATING COMPANIES

THE NAME INSURED SHALL BE ENTITLED TO PARTICIPATE IN THE DISTRIBUTION OF THE SURPLUS OF THE COMPANY, AS DETERMINED BY ITS BOARD OF DIRECTORS FROM TIME TO TIME, AFTER APPROVAL IN ACCORDANCE WITH THE PROVISIONS OF THE TEXAS INSURANCE CODE, OF 1951, AS AMENDED.

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00020066692310030144233370300

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-15124-A42 (ED. 11/89)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL 60606	Agent LOCKTON COMPANIES, LLC 444 W. 47TH ST., #900 KANSAS CITY MO 64112

P A R T I C I P A T I N G P R O V I S I O N

YOU SHALL PARTICIPATE IN THE EARNINGS OF THE COMPANY TO THE EXTENT AND UPON THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OF THE COMPANY IN ACCORDANCE WITH LAW AND MADE APPLICABLE TO THIS POLICY, PROVIDED THAT NO DIVIDEND SHALL BE PAYABLE HEREUNDER UNLESS YOU HAVE COMPLIED WITH THE TERMS OF THE POLICY IN RESPECT TO THE PAYMENT OF PREMIUMS.

DIVIDENDS ARE PAYABLE ONLY PURSUANT TO THE CONDITIONS DETERMINED BY THE BOARD OF DIRECTORS OR OTHER GOVERNING BOARD OF THE COMPANY FOLLOWING POLICY EXPIRATION.

IT IS A MISDEMEANOR FOR ANY INSURER OR OFFICER OR AGENT THEREOF, OR ANY INSURANCE BROKER TO SOLICIT OR, TO PROMISE PAYMENT OF FUTURE WORKERS COMPENSATION DIVIDENDS.

THIS ENDORSEMENT FORMS A PART OF THE POLICY AND IS SUBJECT TO THE SAME INCEPTION DATE UNLESS OTHERWISE STATED. THIS ENDORSEMENT EXPIRES CONCURRENTLY WITH THE POLICY.

DATE OF ISSUE: 06/02/16 160531
POLICY ISSUING OFFICE: KANSAS CITY

P-31203-E (ED.10/14)

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 LOCATIONS AND OPERATIONS**3. Premium:**

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: SEE SCHD

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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.

Company Name

Continental Insurance Company

00020060692310030144233370298

Notes:

1. Notices of issuance, termination and cancellation of the workers compensation and employers liability insurance policy are regulated by Sections 63 and 65B (for policies issued through the Massachusetts Assigned Risk Pool) of Chapter 152 Massachusetts Workers' Compensation Law and Section 187C of Massachusetts General Laws Chapter 175. Additionally, midterm cancellation of the workers compensation and employers liability insurance policy is regulated by Section 55A of Chapter 152 Massachusetts Workers' Compensation Law.
2. Pursuant to Massachusetts General Laws Chapter 110G, section 7(c), "If a law requires a record to be in writing, an electronic record satisfies the law."
3. This endorsement must be attached to a policy showing Massachusetts in Item 3.A. of the Information Page.

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
GET ADDRESS FOR PROCESSING BRA

Commissioner of Insurance
Division of Insurance
Department of Banking and Insurance
1000 Washington Street, 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
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

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 [if] 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.

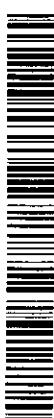
3. Named Insured

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.

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0002006069231003014423370297

PREMIUM DISCOUNT ENDORSEMENT

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 Items 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**1. State**

	First	Next	<u>Estimated Eligible Premium</u>	
			Next	Balance
CT	\$10,000	9 .1%	11.3%	12.3%
DE	—	9 .1%	11.3%	12.3%
GA	—	9 .1%	11.3%	12.3%
IL	—	9 .1%	11.3%	12.3%
MA	—	9 .1%	11.3%	12.3%

2. Average percentage discount: REFER TO STATE SCHEDULE/S%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

PREMIUM DISCOUNT ENDORSEMENT

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.

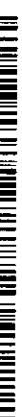
Schedule

Estimated Eligible Premium

1. <u>State</u>	First	Next	Next	
	\$5,000	\$95,000	\$400,000	Balance
NY	—	10.9%	12.6%	14.4%
TX	—	9.5%	11.9%	12.4%

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2. Average percentage discount: Refer to State Schedule/s%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule see the Premium Discount Endorsement attached to your policy number:



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

ANY PERSON OR ORGANIZATION ON WHOSE BEHALF YOU ARE REQUIRED TO OBTAIN THIS WAIVER OF OUR RIGHT TO RECOVER FROM UNDER A WRITTEN CONTRACT OR AGREEMENT.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**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.

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
IL	1.40%	\$150
MA	2.00%	\$75
NY	.00%	\$150
TX	1.40%	\$150

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TOTAL MINIMUM PREMIUM TO BE CHARGED ON THIS ENDORSEMENT

INCLUDED



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
Named Insured And Address					
WILLIAM BLAIR & COMPANY, LLC					
222 W ADAMS ST					
CHICAGO, IL					
60606					
LOCKTON COMPANIES, LLC					
444 W. 47TH ST., #900					
KANSAS CITY					
MO 64112					

** NAME AND ADDRESS SCHEDULE **
SCHEDULE
PAGE 2

LOCATION ENTITY ENTITY NAME AND ADDRESS

008	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY , GA 99998	FEIN=362214610
-----	-----	---	----------------

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	
				222 W ADAMS ST	
				CHICAGO, IL	
			60606	444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112

** NAME AND ADDRESS SCHEDULE **
SCHEDULE
PAGE 1

LOCATION ENTITY ENTITY NAME AND ADDRESS

001	001	WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL 60606	FEIN=362214610
002	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY, MA 99998	FEIN=362214610
004	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY, CT 99998	FEIN=362214610
005	001	WILLIAM BLAIR & COMPANY, LLC 666 5TH AVENUE, 14TH FLOOR NEW YORK, NY 10103	FEIN=362214610
006	001	WILLIAM BLAIR & COMPANY, LLC NO SPECIFIC LOCATION ANY CITY, DE 99998	FEIN=362214610
007	001	WILLIAM BLAIR & COMPANY, LLC 6500 RIVER PLACE RD AUSTIN, TX 78730	FEIN=362214610

060692310

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DATE OF ISSUE: 06/02/16
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Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634		05/31/16	05/31/17	THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	
				222 W ADAMS ST	
				CHICAGO, IL	
			60606	444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112

** N A M E D I N S U R E D S C H E D U L E **

SCHEDULE
PAGE 1

WILLIAM BLAIR & COMPANY, LLC
FEIN=362214610

WILLIAM BLAIR INVESTMENT MANAGEMENT LLC
FEIN=472614791

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 3

NUMBER	DESCRIPTION	EDITION DATE
G300383B	GA INSURERS INSOLVENCY POOL ASSESSMENT	02/07
G301195A	IMP. INFO. - POSTING NOTICES AND CLAIM HANDLING	12/11
WC310618	NY WORK COMP PHN OF RIGHT TO APPEAL	03/15

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POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC 222 W ADAMS ST CHICAGO, IL				LOCKTON COMPANIES, LLC 444 W. 47TH ST., #900 KANSAS CITY	
			60606		MO 64112

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 2

NUMBER	DESCRIPTION	EDITION DATE
WC200601A	MASSACHUSETTS CANCELLATION ENDORSEMENT	07/08
WC310308	NEW YORK LIMIT OF LIABILITY ENDORSEMENT	04/84
WC310319G	NY CONSTRUCTION CLASS PREMIUM ADJUST PGM EXPL ENDT	10/13
WC420301G	TEXAS AMENDATORY ENDORSEMENT	06/14
WC420304B	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	06/14
WC420407	TEXAS AUDIT PREMIUM AND RETRO PREM ENDORSEMENT	03/02

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

CC031605A	CNA INSURANCE PREMIUM AUDIT	12/14
G115114D	IMP INFO-TX CONTACT INFO (ENGLISH)	06/15
G116814H	IMPORTANT INFO - TX LOSS CONTROL SERVICES	10/13
G119122L	IMP INFO-CT SECOND INJ FUND	07/08
G138944A	IMP NOTICE TO OUR GA COMMERCIAL POLICYHOLDERS	10/00
G140370D	PRIVACY POLICY NOTICE	04/09
G145060C	IMP INFO IL INDUSTRIAL COMM SURCH	07/04
G145740A	IMP INFO NY WC SECURITY FUND SURCHARGE	10/04
G16215D	GA NOTICE OF ELECTION TO ACCEPT OR REJECT DED	03/10
G17877D	TX DEDUCTIBLE NOTICE OF ELECTION	06/14
G18014A07	IMP. INFO TO OUR DE WC POLICYHOLDERS	99/99
G20268V	IMP INFO - NY WC POLICYHOLDERS RATE CHANGE	10/13
G20889Y	IMP INFO - NY WC POLICYHOLDERS STATE ASSESSMENT	01/16
G300285B	IMP INFO TX HEALTH CARE NETWORK PREMIUM CREDIT	01/08

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
				60606	

** ENDORSEMENT SCHEDULE **

SCHEDULE
PAGE 1

NUMBER	DESCRIPTION	EDITION DATE
P15124A42	DIVIDEND PROVISION - PARTICIPATING COMPANIES	11/89
P31203E	PARTICIPATING PROVISION	10/14
CC79196	NEW YORK PARTICIPATING PLAN	06/14
G35224B	COVERAGE B - INCREASED LIMIT OF LIABILITY	03/84
WC000000C	WORKERS COMP AND EMPLOYERS LIAB INSURANCE POLICY	01/15
WC000313	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDT.	04/84
WC000406	PREMIUM DISCOUNT ENDORSEMENT	08/84
WC000406A	PREMIUM DISCOUNT ENDORSEMENT	08/95
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	07/90
WC000419	PREMIUM DUE DATE ENDORSEMENT	01/01
WC000421D	CATASTROPHE (O/T CERT ACTS OF TERRORISM) PREM ENDT	01/15
WC000422B	TERRORISM RISK INS PGM RE-AUTH ACT DISCLOSURE ENDT	01/15
WC060301	CONNECTICUT APPLICATION OF WORK. COMP.INS. ENDT.	04/84
WC060303C	CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT	07/11
WC060601	CONNECTICUT NONRENEWAL ENDORSEMENT	01/03
WC070601	DELAWARE NONRENEWAL ENDORSEMENT	07/88
WC100402	GA NON-COOPERATION WITH PREMIUM AUDIT ENDT	01/13
WC100601B	GEORGIA CANCELATION NONRENEWAL AND CHANGE ENDT	07/14
WC120601E	ILLINOIS AMENDATORY ENDORSEMENT	01/15
WC200301	MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT	04/84
WC200302A	MASSACHUSETTS - ASSESSMENT CHARGE	09/08
WC200303D	MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT	08/10
WC200405	MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT	06/01

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
WILLIAM BLAIR & COMPANY, LLC					
222 W ADAMS ST					
CHICAGO, IL					
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: TEXAS

SCHEDULE
PAGE 7

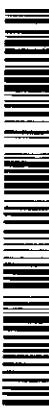
4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	007 8810	CLERICAL OFFICE EMPLOYEES NOC	3,050,000	.10	3,050
	8742	SALESPERSONS, C M - OUTSIDE	1,100,000	.17	1,870
		SUBTOTAL FOR LOCATION 007			\$4,920
	0930	WAIVER OF SUBROGATION		.0200	98
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0140	70
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633			5,088
	0063	TOTAL ESTIMATED STANDARD PREMIUM			\$3,358
	9740	PREMIUM DISCOUNT - STOCK		.1033	347-
		TERRORISM PREMIUM	4,150,000	.0200	830
		TOTAL ESTIMATED PREMIUM			\$3,841
		TOTAL ESTIMATED COST			\$3,841
		***** POLICY TOTALS *****			
		ESTIMATED CLASS PREMIUM			\$355,040
		TOTAL ESTIMATED STANDARD PREMIUM			\$183,311
		TOTAL ALL RISK ADJUSTMENT PROGRAM			\$0
		ESTIMATED STANDARD PREMIUM			\$183,311
		PREMIUM DISCOUNT			\$16,416-
		EXPENSE CONSTANT			\$338
		TERRORISM PREMIUM			\$86,867
		CATASTROPHE (O/T CERT ACTS OF TERROR)			\$26,372
		ESTIMATED PREMIUM			\$280,472
		STATE TAXES/ASSESSMENTS/SURCHARGES			\$6,690
		ESTIMATED COST			\$287,162

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POLICY ISSUING OFFICE: KANSAS CITY

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STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: NEW YORK UNEMPLOYMENT NUMBER 31-99998 SCHEDULE
PAGE 6

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	005 8810	CLERICAL OFFICE EMPLOYEES NOC & D	15,400,000	.18	27,720
	8742	SALESPERSONS, OUTSIDE	1,000,000	.37	3,700
		SUBTOTAL FOR LOCATION 005			\$31,420
	0930	WAIVER OF SUBROGATION		.0200	628
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633			32,048 10,896-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$21,152 2,406-
	9740	TERRORISM PREMIUM	16,400,000	.0480	7,872
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	16,400,000	.0080	1,312
	0932	TOTAL ESTIMATED PREMIUM NY STATE ASSESSMENT			\$27,930 3,913
	9749	NY SECURITY FUND SURCHARGE			0
		TOTAL ESTIMATED COST			\$31,843

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



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Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Agent	
				LOCKTON COMPANIES, LLC	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: MASSACHUSETTS SCHEDULE
PAGE 5

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	002 8742	SALESPERSONS, COLLECTORS OR MESSENGERS - OUTSIDE	850,000	.16	1,360
	8810	CLERICAL OFFICE EMPLOYEES NOC	10,500,000	.08	8,400
			SUBTOTAL FOR LOCATION 002		\$9,760
	9037	RATE DEVIATION PREMIUM ADJ - CREDIT		.7500	2,440-
	0930	WAIVER OF SUBROGATION		.0200	146
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0200	146
		TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			7,612
	9898	FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633		.6600	2,588-
		TOTAL ESTIMATED STANDARD PREMIUM			\$5,024
	0277	ALL RISK ADJUSTMENT PROGRAM	1.0000		0
	0063	PREMIUM DISCOUNT - STOCK	.0860		432-
	0900	EXPENSE CONSTANT NCCI REVISED PROGRAM			338
	9740	TERRORISM PREMIUM	11,350,000	.0300	3,405
		TOTAL ESTIMATED PREMIUM			\$8,335
	0988	MASSACHUSETTS ASSESSMENT		5.75%	370
		TOTAL ESTIMATED COST			\$8,705

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Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
	WILLIAM BLAIR & COMPANY, LLC			LOCKTON COMPANIES, LLC	
	222 W ADAMS ST				
	CHICAGO, IL			444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** S C H E D U L E O F O P E R A T I O N S **
STATE: ILLINOIS SCHEDULE
PAGE 4

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	001 8742	SALESPERSONS, COLLECTORS OR MESSENGERS - OUTSIDE	4,000,000	.28	11,200
	8810	CLERICAL OFFICE EMPLOYEES NOC	244,500,000	.12	293,400
			SUBTOTAL FOR LOCATION 001		\$304,600
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0140	4,264
	0930	WAIVER OF SUBROGATION		.0200	6,177
		TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			315,041
0000013	9898	FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633		.6600	107,114-
	9887	SCHEDULE MODIFICATION ADJ. CREDIT		.7200	58,220-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$149,707
	9740	TERRORISM PREMIUM	248,500,000	.0300	74,550
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	248,500,000	.0100	24,850
	0988	TOTAL ESTIMATED PREMIUM INDUSTRIAL COMMISSION OPERATIONS FUND		1.01%	\$236,227
		TOTAL ESTIMATED COST			2,386
					\$238,613

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Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** S C H E D U L E O F O P E R A T I O N S **
STATE: GEORGIA SCHEDULE
PAGE 3

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	008 8810	CLERICAL OFFICE EMPLOYEES NOC	350,000	.12	420
		SUBTOTAL FOR LOCATION 008			\$420
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0110	5
	0930	WAIVER OF SUBROGATION		.0200	8
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633			433 147-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$286 25-
	9740	TERRORISM PREMIUM	350,000	.0100	35
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	350,000	.0100	35
	0988	TOTAL ESTIMATED PREMIUM GA-INSURERS INSOLVENCY POOL ASSESSMENT			\$331 0
		TOTAL ESTIMATED COST			\$331

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DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

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333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
	WILLIAM BLAIR & COMPANY, LLC			LOCKTON COMPANIES, LLC	
	222 W ADAMS ST				
	CHICAGO, IL			444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

** S C H E D U L E O F O P E R A T I O N S **
STATE: DELAWARE SCHEDULE
PAGE 2

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	006 0951	SALESPERSONS - OUTSIDE	IF ANY	.56	0
	0953	OFFICE	1,400,000	.24	3,360
			SUBTOTAL FOR LOCATION 006		\$3,360
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0110	37
	0930	WAIVER OF SUBROGATION		.0200	68
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR		.9820	3,465 62-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$3,403 293-
	9740	TERRORISM PREMIUM	1,400,000	.0100	140
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	1,400,000	.0100	140
		TOTAL ESTIMATED PREMIUM			\$3,390
		TOTAL ESTIMATED COST			\$3,390

060692310

00320060692310030144233370283

DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY

WC000001 P-33398-E (ED. 6/87)



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
				WILLIAM BLAIR & COMPANY, LLC	LOCKTON COMPANIES, LLC
				222 W ADAMS ST	
				CHICAGO, IL	
				444 W. 47TH ST., #900	
				KANSAS CITY	MO 64112
			60606		

** S C H E D U L E O F O P E R A T I O N S **
STATE: CONNECTICUT SCHEDULE
PAGE 1

4.	LOC CLASS NO. CODE	CLASSIFICATION OF OPERATIONS	EST TOTAL ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
	004 8810	CLERICAL OFFICE EMPLOYEES NOC	350,000	.16	560
		SUBTOTAL FOR LOCATION 004			\$560
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		.0110	6
	0930	WAIVER OF SUBROGATION		.0200	11
	9898	TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION FINAL EXPERIENCE MOD EFF 05/31/16 USING FACTOR INTERSTATE ID. NO: 910153633		.6600	577 196-
	0063	TOTAL ESTIMATED STANDARD PREMIUM PREMIUM DISCOUNT - STOCK			\$381 33-
	9740	TERRORISM PREMIUM	350,000	.0100	35
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)	350,000	.0100	35
	0988	TOTAL ESTIMATED PREMIUM CONNECTICUT ASSESSMENT FUND			\$418 9
	0987	CT SECOND INJURY FUND SURCHARGE		1.90%	12
		TOTAL ESTIMATED COST		2.75%	\$439

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AGENT



333 S Wabash
Chicago, Illinois 60604

STANDARD WORKERS COMPENSATION
AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE - RENEWAL OF WC 5 88165634

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
WC 5 88165634	05/31/16	05/31/17		THE CONTINENTAL INSURANCE CO.	060692310
				Named Insured And Address	Agent
ITEM WILLIAM BLAIR & COMPANY, LLC				LOCKTON COMPANIES, LLC	
1. 222 W ADAMS ST					
CHICAGO, IL				444 W. 47TH ST., #900	
			60606	KANSAS CITY	MO 64112

FEIN NUMBER: 362214610
INTERSTATE ID NO: 910153633

NCCI CARRIER CODE NO: 15113

OTHER WORK PLACES NOT SHOWN ABOVE: SEE ATTACHED SCHEDULE(S)
YOU ARE A - LIMITED LIABILITY COMP/CORP

2. POLICY PERIOD- 05/31/16 TO 05/31/17 12:01 AM STANDARD TIME AT THE
INSUREDS MAILING ADDRESS.
- 3A. PART ONE OF THIS POLICY APPLIES TO THE WORKERS COMPENSATION LAW AND ANY
OCCUPATIONAL DISEASE LAW OF EACH OF THE STATES LISTED HERE:
CT, DE, GA, IL, MA, NY, TX.
- 3B. PART TWO OF THIS POLICY APPLIES TO EMPLOYERS LIABILITY INSURANCE FOR WORK
IN EACH STATE LISTED IN ITEM 3A: THE LIMITS OF LIABILITY 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
- 3C. PART THREE OF THIS POLICY APPLIES TO OTHER STATES, IF ANY, LISTED HERE:
ALL STATES EXCEPT CA, ND, OH, WA, WY, AK,
AND STATES LISTED IN ITEM 3A OF THE INFORMATION PAGE
- 3D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES: SEE ATTACHED SCHEDULES
4. 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	EST ANNUAL PREMIUM
SEE ATTACHED	\$183,311
MINIMUM PREMIUM	16,416-338
PREMIUM DISCOUNT	
EXPENSE CONSTANT	
TERRORISM PREMIUM	86,867
CATASTROPHE (O/T CERT ACTS OF TERROR)	26,372
\$900 TOTAL ESTIMATED ANNUAL PREMIUM	\$280,472
TOTAL STATE TAXES/ASSESSMENTS/SURCHARGES	\$6,690
TOTAL ESTIMATED COST	\$287,162
DEPOSIT PREMIUM	\$280,472

ACCOUNT NUMBER: 3014423337
DATE OF ISSUE: 06/02/16
POLICY ISSUING OFFICE: KANSAS CITY
COUNTERSIGNED _____

DATE

BY _____

AUTHORIZED AGENT

WC000001 P-33398-E (ED. 6/87)

Thomas F. Horan
Chairman of the Board

John Kontron
Secretary

AGENT

009200669231030144233370281





Help Us to Serve You Better

Every effort has been made to produce a quality product for our customers. If you find an error or discrepancy in this product, please return this form or contact our office for immediate processing.

Agency	Policy Number
LOCKTON COMPANIES, LLC	5 88165634
Team Contact(s)	Phone Number
CUST INTER CTR	877-574-0540
CAD2137	Fax Number
	877-363-8669

THANK YOU FOR CHOOSING CNA. TO COMPLETE OUR RECORDS AND COMPLY WITH THE WORK COMP BOARD PLEASE FORWARD THE INSURED'S UNEMPLOYMENT NUMBER THE NUMBER APPEARING ON THE POLICY IS A DEFAULT NUMBER. YOU MAY FAX THIS TO OUR ENDORSEMENT TEAM AT 877-363-8669.

Corrective Action Requested

0000013



ACCOUNT NUMBER
3014423337

POLICY NUMBER

5088165634

PRODUCER BILL

5088165648

PRODUCER BILL

0000013

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