



## Workers Compensation And Employers Liability Insurance

**Insured Name**

MCCORMICK TAYLOR, INC.  
2001 MARKET ST FL 10  
TWO COMMERCE SQUARE  
PHILADELPHIA, PA 19103-7044

**Policy Number**

WC 5 90786728

**Policy Period**

11/15/2018 to 11/15/2019

Renewal

**Producer Information**

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

**Producer Processing Code**

310-060692

**CNA Branch**

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

**Thank you for choosing CNA!**

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

**Claim Services**

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

Go to [www.cna.com/claim](http://www.cna.com/claim) to obtain information on

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

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

**Risk Control Services**

To learn more about our award winning Risk Control Services and how to improve your bottom line, please email us at [riskcontrolwebinfo@cna.com](mailto:riskcontrolwebinfo@cna.com), call (866) 262-0540 or visit [www.cna.com/riskcontrol](http://www.cna.com/riskcontrol) and [www.cna.com/returntowork](http://www.cna.com/returntowork).

**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.



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**FLORIDA WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION  
- OPTIONAL DEDUCTIBLE AND/OR COINSURANCE PROGRAMS**

The Florida Department of Insurance has approved a \$2,500 benefits deductible for workers' compensation. The benefits deductible is applicable to policies with effective dates on or after January 1, 1994. An up-front premium credit is not available with the \$2,500 benefits deductible program. You may choose this program only if you are not participating in one of our other optional deductible and/or coinsurance programs.

The optional deductible and/or coinsurance programs are listed below. Please indicate whether or not you want to elect one of these programs by initialing the appropriate choice below.

**DEDUCTIBLE PROGRAM**

Florida law permits an employer to buy workers' compensation insurance with a deductible. In the event you select a deductible, we will pay the benefits directly to the person(s) entitled to them and obtain reimbursement from you for the deductible portion of the loss. The deductible applies per claim and shall be available in the amounts of \$500, \$1,000, \$1,500, \$2,000, or \$2,500.

\_\_\_\_\_, Yes, I want a deductible of \$ \_\_\_\_\_ applied to each compensable claim under my  
Workers' Compensation Policy with the resulting premium reduction applied to my policy.  
(Initials)

\_\_\_\_\_, No, I do not want the deductible described above.  
(Initials)

**COINSURANCE PROGRAM**

Florida law also permits an option for you to purchase a workers' compensation insurance policy with a coinsurance provision for a reduced premium. This provision binds you to pay 20% and us to pay 80% of the coinsurance amount of benefits due per claim. We will pay 100% of the benefits payable for each compensable claim directly to the person(s) entitled to them and you will reimburse us for our payments of your portion of the claim based on the coinsurance provision. Coinsurance amounts of \$5,000, \$10,000, \$15,000, \$20,000, or \$21,000 per compensable claim are available.

\_\_\_\_\_, Yes, I want the coinsurance provision with a coinsurance amount of \$ \_\_\_\_\_ applied to  
each compensable claim under my workers' compensation policy with the resulting premium  
reduction applied to my policy.  
(Initials)

\_\_\_\_\_, No, I do not want the coinsurance provision described above.  
(Initials)

**COINSURANCE/DEDUCTIBLE PROGRAM**

Florida law also permits an option for you to purchase a workers' compensation insurance policy with a coinsurance and deductible provision for a reduced premium. The associated coinsurance provision is \$21,000 and binds you to pay 20% and us to pay 80% of the coinsurance amount of benefits due per claim. This provision also includes deductible options of \$500, \$1,000, \$1,500, \$2,000, and \$2,500 per compensable claim. We will pay 100% of the benefits payable for each compensable claim directly to the person(s) entitled to them and you will reimburse us for our payments of your portion of the claim based on the coinsurance/deductible provision.



**Workers Compensation And Employers Liability Insurance**  
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Yes, I want the coinsurance/deductible provision with a coinsurance amount of \$21,000 and deductible amount of \$ \_\_\_\_\_ applied to each compensable claim under my workers' compensation policy with the resulting premium reduction applied to my policy.

\_\_\_\_\_  
(Initials)

No, I do not want the coinsurance/deductible provision described above.

\_\_\_\_\_  
(Initials)

**INTERMEDIATE DEDUCTIBLE PROGRAM**

Florida law permits an employer to buy workers' compensation insurance with an intermediate deductible. In the event you select an intermediate deductible, we will pay the benefits directly to the person(s) entitled to them and obtain reimbursement from you for the deductible portion of the loss. The deductible applies per claim and shall be available in the amounts of \$5,000, \$10,000, \$20,000, and \$25,000, \$50,000, and \$75,000.

Yes, I want an intermediate deductible of \$ \_\_\_\_\_ applied to each compensable claim under my workers' compensation policy with the resulting premium reduction applied to my policy.

\_\_\_\_\_  
(Initials)

No, I do not want the deductible described above.

\_\_\_\_\_  
(Initials)

I understand that only one option may be selected and this coverage selection will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise in writing.

Signed by:

\_\_\_\_\_  
Authorized Representative of Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
MCCORMICK TAYLOR, INC.

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
WC 5 90786728

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date



# Workers Compensation And Employers Liability Insurance Application

## DEDUCTIBLE NOTICE OF ELECTION - TEXAS

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 for the following reason: \_\_\_\_\_  
\_\_\_\_\_

The deductible plans have been explained to me.

Signature and Title		Date
MCCORMICK TAYLOR, INC.		2001 MARKET ST FL 10 TWO COMMERCE SQUARE PHILADELPHIA, PA 19103-7044
Employer Name(print or type)	Address	
Valley Forge Insurance Company	WC 5 90786728	11/15/2018
Insurance Company	Policy No.	Effective Date

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, 500 Colonial Center Parkway, Lake Mary, FL 32746, or fax it to us at: 877-363-8669.

UWS Rev 10/31/2014.

Form No: G-17877-D (06-2014)  
Application; Page: 1 of 1  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
Policy Page: 5 of 127



**Workers Compensation And Employers Liability Insurance**  
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**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION ILLINOIS**

Illinois law permits an employer to buy workers' compensation insurance with a deductible. The deductible is for medical benefits only and applies to each accident.

Please show whether or not you want the deductible by initialing the appropriate choice below.

In the event the employer elects the \$1,000 deductible provision, the insurance carrier will pay the medical provider(s) directly and obtain reimbursement from the employer for the deductible portion of the loss.

\_\_\_\_\_  
(initials) Yes, I want a deductible of \$1,000 applied to medical benefits under the Illinois Workers' Compensation Law

\_\_\_\_\_  
(initials) No, I do not want the deductible described in this notice.

I understand this coverage selection will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise.

Signed by:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**MCCORMICK TAYLOR, INC.**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**WC 5 90786728**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Date**

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, 500 Colonial Center Parkway, Lake Mary, FL 32746, or fax it to us at: 877-363-8669.



**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR MAINE WORKERS  
COMPENSATION**

Maine Law permits an employer to buy Workers' Compensation insurance with a deductible. The deductible shall be available for indemnity benefits in amounts of \$1,000 and \$5,000 per claim for medical benefits in the amounts of \$250 or \$500 per occurrence.

Initial the appropriate choice or choices below to indicate whether you want the indemnity deductible, the medical deductible, both deductibles or no deductible.

**A) INDEMNITY BENEFITS DEDUCTIBLE**

If an employer elects either a \$1,000 or \$5,000 deductible, the insurance carrier will pay the medical provider(s) directly and obtain reimbursement from the employer for the deductible portion of the loss.

\_\_\_\_\_  
(initials) Yes, I want an indemnity deductible of \$1,000 per claim applied to my Workers' Compensation Policy.

\_\_\_\_\_  
(initials) Yes, I want an indemnity deductible of \$5,000 per claim applied to my Workers' Compensation Policy.

\_\_\_\_\_  
(initials) No, I do not want the deductible described in this notice.

**B) MEDICAL BENEFITS DEDUCTIBLE**

If an insured elects either a \$250 or \$500 deductible, he or she will pay the medical expenses up to the amount of the deductible. This medical deductible does not apply to policies which are retrospectively rated.

Some insureds are required by statute to carry this medical deductible - The \$500 medical deductible is mandatory for those insureds with an estimated annual premium over 500% of the premium qualifying for experience rating AND who have more than 10 employees. (Employers in the logging and lumbering industries, including drivers, and sawmill industries are exempt).

\_\_\_\_\_  
(initials) Yes, I want a medical deductible or am required to have a medical deductible of \$500 per occurrence applied to my Workers' Compensation Policy.

\_\_\_\_\_  
(initials) Yes, I want a medical deductible of \$250 per occurrence applied to my Workers' Compensation Policy.

\_\_\_\_\_  
(initials) No, I do not want a medical deductible and I am not required to have one.

Signed by:

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
MCCORMICK TAYLOR, INC.

\_\_\_\_\_  
**Named Insured**

\_\_\_\_\_  
WC 5 90786728

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Date**



# Workers Compensation And Employers Liability Insurance Application

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

Delaware Law permits an employer to buy workers' compensation insurance with a deductible. The deductible is for death and medical benefits and applies to each accident. You are not required to choose a deductible program. However, if you do so choose, it is to be understood that your insurance company will administer and pay all claims and that you will reimburse the insurance company for payments it makes within the amount of the deductible selected. Failure to reimburse the insurance company for such deductible amounts within 30 days can result in cancellation of coverage.

Please indicate whether or not you want the deductible by initialing the appropriate choice below.

\_\_\_\_\_ Yes, I want a deductible of \_\_\_\_\_ applied to death and medical benefits under the Delaware Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown below.

\_\_\_\_\_ No, I do not want the deductible described in this notice.

I understand that in accordance with 19 Del. C. §2372, I have the option of modifying the above deductible program choice at the time of renewal of my workers' compensation insurance policy with the insurance company named below.

Signed by: \_\_\_\_\_  
**Authorized Representative of Named Insured**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
MCCORMICK TAYLOR, INC.  
**Named Insured**

\_\_\_\_\_  
WC 5 90786728  
**Policy Number**

\_\_\_\_\_  
Valley Forge Insurance Company  
**Insurance Company**

\_\_\_\_\_  
**Date**

The deductible credit applies to total premium after application of experience modification, if any. The dollar amount of the premium reduction resulting from application of the deductible credit is to be recorded in Item 4 of the Information Page under **Code 9663**.

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, 500 Colonial Center Parkway, Lake Mary, FL 32746, or fax it to us at: 877-363-8669.

Form No: G-87887-C (01-2008)  
Application; Page: 1 of 1  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
Policy Page: 8 of 127





**Workers Compensation And Employers Liability Insurance**  
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**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR  
WORKERS' COMPENSATION SOUTH CAROLINA**

State statutes permit an employer to buy Workers' Compensation insurance with a deductible. The deductible applies per claim and shall be available in the following amounts:

\$100	\$1000
\$200	\$1500
\$300	\$2000
\$400	\$2500
\$500	

Please indicate whether or not you want the deductible by initialing the appropriate choice below.

\_\_\_\_\_ Yes, I want a deductible of \_\_\_\_\_ applied to each compensable claim under my Workers' Compensation Policy.

\_\_\_\_\_ No, I do not want the deductible described in this notice.

I understand this coverage selection will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise.

Signed by: \_\_\_\_\_  
**Authorized Representative of Named Insured**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
MCCORMICK TAYLOR, INC.

\_\_\_\_\_  
**Named Insured**

\_\_\_\_\_  
WC 5 90786728

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Date**

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, 500 Colonial Center Parkway, Lake Mary, FL 32746, or fax it to us at: 877-363-8669.



**NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS**

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate Holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate Holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

All other terms and conditions of the policy remain unchanged.

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



**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](mailto:riskcontrolwebinfo@cna.com) for accident prevention services or 866-262-0540 and [riskcontrolwebinfo@cna.com](mailto: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 which 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>.



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.\*

**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:**

<b>EAST</b>	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
<b>ALL OTHER</b>	CNA Premium Audit Department 500 Colonial Center Parkway Lake Mary, FL 32746 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



**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is Refer to the Schedule of Operations, and does not include any charges for the portion of losses covered by the United States government under the Act.

Insured Name: MCCORMICK TAYLOR, INC.

Underwriting Company: Valley Forge Insurance Company



## Workers Compensation And Employers Liability Insurance Policyholder Notice

### IMPORTANT INFORMATION FOR OUR MAINE POLICY HOLDERS RISK CONTROL SERVICES AVAILABLE

As part of the Maine Workers' Compensation Reform Act and as your Workers' Compensation insurance carrier, we encourage you to take steps to provide a safe and healthy place for your employees. While CNA cannot assume this responsibility, we can assist you. When requested, CNA'S Loss Control Department will consult with you regarding your occupational safety and health problems, conditions, or methods. Where warranted, our Loss Control services include work site surveys, accident cause analysis, and consultation on a broad variety of technical Loss Control problems. These services that are provided to you will be based on the size of your operation, the hazards present, and your previous loss experience. To request a workplace health and safety consultation, please contact your CNA Loss Control Office located at:

CNA Insurance Companies  
53 State Street, Suite 501  
Boston, MA 02109  
1-800-972-5550

We will respond to your request within 30 days of receipt of your request. If we perform an on-site visit, we will provide you with a copy of our report describing the purpose of our visit, a summary of the findings of the on-site visit and evaluation and the recommendation developed as a result of the evaluation.

Also as a part of the Reform Act, all Workers Compensation policies must provide information on the percentage of premiums attributable to medical, indemnity and administrative expenses. Carriers must also disclose the percentages of premium expended during the previous year by the insurer for claims paid, loss control and other administrative cost, medical provider expenses, attorney's fees and private investigation costs. The following exhibit shows Maine 2004 Workers' Compensation costs expressed as dollars and percentages of earned premium:

<u>ITEM</u>	<u>DOLLARS</u>	<u>PERCENTAGE</u>
Incurred Medical Losses	\$2,640,000	83.2%
Incurred Indemnity Losses	1,819,000	57.3
Administrative Expenses	470,000	14.8
Loss Control	35,000	1.1
Earned Premium	3,172,000	100.0

The following exhibit shows the percentages of Maine premium expended in 2004 for the following expenses:

<u>ITEM</u>	<u>PERCENTAGE</u>
Claims Paid	47.5% *
Loss Control and Other Administrative Expenses	15.9
Medical Provider Expenses	* *
Attorney's Fees and Private Investigation Fees	0.9

\* – undeveloped losses (140.6% if developed)

\* \* – included in other expenses

If you have any question regarding our loss control services, please contact your CNA Loss Control Office shown above.



**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.





**IMPORTANT INFORMATION - IMPORTANT NOTICE TO OUR INSURED**  
**ARIZONA POSTING NOTICES AND REPORTING FORM**

The posting notice informs employees that a claim may be made for a condition, infection, disease or disability involving or relating to the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS). The notice shall be conspicuously posted immediately adjacent to the current Notice to Employees WC8424b required by A.R.S. Section 23-906.D.

In the event of a "significant exposure", the reporting form shall be completed, dated, signed no later than ten (10) calendar days of the employee's work exposure to Bodily Fluids and returned to the employer by the employee or the employee's authorized representative. The reporting form is not a claim form. It is used to notify the employer of the occurrence of an incident which may be a "significant exposure". An injured worker should still follow normal procedure to receive benefits under the Workers' Compensation laws of Arizona.

"Significant exposure" has been defined in A.R.S. 23-1043.02 as "...contact of an employee's ruptured or broken skin or mucous membrane with a person's blood or body fluids, other than tears, saliva or perspiration, of a magnitude that the centers for disease control have epidemiologically demonstrated can result in transmission of the human immunodeficiency virus." For purpose of filing a claim under this section, "significant exposure" does not include sexual activity or illegal drug use.

In addition, rule R4-13-164 states each insurance carriers or claim processors shall provide the employer with the posting notice and reporting form for further distribution to injured workers. As a result of this rule, and a service to our policyholders, we are providing posting notices and reporting forms to all of our policyholders.

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



**Workers Compensation And Employers Liability Insurance**  
**Policyholder Notice**

**IMPORTANT INFORMATION - FOR FLORIDA POLICYHOLDERS**

**TO OBTAIN INFORMATION ABOUT YOUR COVERAGE OR  
TO RECEIVE ASSISTANCE IN RESOLVING  
A COMPLAINT, YOU MAY CALL OUR FLORIDA  
BRANCH OFFICE TELEPHONE NUMBER  
1-877-574-0540**

**PREMIUM OR CLAIM DISPUTES**

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

**ATTACH THIS NOTICE TO YOUR POLICY:**

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



NOTICE OF RIGHTS AND DUTIES

Pennsylvania law requires employers to notify employees of their rights and duties regarding medical services provided under the Workers' Compensation Law (the Act). This notice will provide you a summary of the applicable provisions of Section 306(f.1) of the Act.

1. The employer must provide payment in accordance with the Workers' Compensation Act for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. In addition, the employer shall provide payment for hospital treatment, orthopedic appliances, and prostheses in accordance with the Act.
2. Your employer has established a medical panel, which includes at least six designated health care providers, no more than four of whom are coordinated care organization and no fewer than three of whom are physicians. The employer has not included on this list a physician or health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list.
3. If you suffer a workplace injury, you are required to visit one of the physicians or other health care providers so designated and must continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit. If you wish to change physicians during this ninety (90) day period you must review your employer's panel and select a new physician from the panel. If you do not comply with the above, your employer may not have to pay for the medical services rendered during such applicable period.
4. Subsequent treatment, after the ninety (90) day period, may be provided by any health care provider of your choice. However, if you are then provided treatment from a non-designated health care provider, you must notify your employer within five (5) days of the first visit to that health care provider. Failure to so notify your employer may relieve your employer from liability for the payment for the services rendered prior to appropriate notice.
5. Your employer will ask that you sign the acknowledgment below which verifies that you have been informed and understand these rights and duties, and will provide a copy to you.

**ACKNOWLEDGMENT OF RIGHTS AND DUTIES**

I hereby acknowledge that the employer has provided me with a copy of "Notice Regarding Work Related Injuries". I have been informed of and I understand my rights and duties pertaining to medical treatment for work related injuries thereunder.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee



**IMPORTANT INFORMATION TO OUR PENNSYLVANIA WORKERS' COMPENSATION  
POLICYHOLDERS - COST CONTAINMENT**

Dear Policyholder:

The Pennsylvania Legislature recently enacted Act 57 which amended workers' compensation reform Act 44. Some of the section under Act 57 law affecting you became effective August 23, 1996. There are many opportunities to reduce costs from the Workers' Compensation system provided by the law. This letter will provide you with information and tips on cost containment, as well as provide you with the necessary forms to comply with the law.

**1. Designated Health Care Provider Panel**

- The law allows for a panel of six (6) health care providers, which, if posted by the employer, requires injured employees to visit a designated provider for 90 days.
  - Only four (4) of the providers may be Coordinated Care Organizations (CCO) certified by the Department of Health.
  - At least three (3) of the providers must be physicians.
  - The sixth provider may be a provider of your choice.
- The enclosed Notice To Employees, form **G-88147-C37** must be completed by you, listing your panel of health care providers. This notice alerting employees of this designated panel must be posted in a prominent location at each of your business sites. It must also be posted in areas used for treating workplace injuries.
- You will be required to select a sixth provider for your panel because the prior law only provides for a five (5) provider panel. You will also be required to decide whether a CCO is right for you. An efficient way to bring your panel into compliance, at least in the short term, is to transpose your current five (5) panel provider list on to the new notice, and then select a sixth.
- If any of the providers on your panel are "employed, owned or controlled" by you, you must indicate this interest on the notice. When reporting a claim, it is important to identify whether the provider selected by the claimant is a member of your panel.
- After the initial 90 day period, your employee is entitled to visit a provider which is not on the designated (six) 6 provider panel. However, he or she must notify you of this within five (5) days from the date of first treatment with this non-designated provider. If you are not so notified, you are not required to pay for these services if the services are later found to be unreasonable or unnecessary via utilization review.
- In the event a posted panel physician recommends invasive surgery, the employee may seek a second opinion with a physician of his or her choice. If the employee chooses to undergo the invasive surgery, the employee must use a posted physician for the treatment.
- Providers must provide you with periodic reports, with the initial report due ten (10) days after commencing treatment. No payment is required by you until this report is filed. The Department of Labor has developed a form for this report.
- If you dispute the amount of the provider's charges or the reasonableness or necessity of medical treatment, you may file an Application for Fee Review or request for utilization review (as applicable) with the Department of Labor.



## **2. Notice of Rights and Duties**

- It is imperative that your employees read, sign and date form **G-20411-B37**, Notice of Rights and Duties. We recommend that an orientation session be held with your employees to review this notice and sign the acknowledgment.
- If an employee refuses to sign the notice, print the words "REFUSE TO SIGN", the employee's name, then sign your name and date on the notice.

At the time of hire, a copy of the signed or unsigned notice should be provided to the employee. Additionally, if an injury occurs, you should provide the employee with a copy of the signed or unsigned notice as soon as circumstances become practical.

## **3. Workplace Safety Credit**

- You may establish a workplace safety committee. If it is certified by the Department of Labor you will be entitled to a 5% discount on your premium, reflected upon the renewal following certification. You must notify CNA of your certification in order to qualify.

## **4. Anti-Fraud Provision**

- The law contains tough anti-fraud provisions applicable to employees, employers, health care providers, insurers and attorneys. Those convicted of committing fraud will be guilty of a third degree felony. Please note that a fraud is committed by an employer "where a knowingly false or fraudulent statement is made to an employee with regard to entitlement to compensation benefits, with the intent to discourage that employee from claiming benefits or pursuing a claim."

If you have any questions or additional forms are needed, please contact your broker or independent CNA agent.



**IMPORTANT INFORMATION FOR OUR PENNSYLVANIA POLICY HOLDERS  
ACCIDENT PREVENTION SERVICES**

TO: CNA Workers' Compensation policyholders doing business in the State of Pennsylvania.

CNA Insurance Companies maintains and provides accident and illness prevention services as required by the nature of the policyholder's business or its operations, in accordance with the Pennsylvania Workers' Compensation Act.

As your Workers' Compensation carrier, we encourage you to take steps to provide a safe and healthy place for your employees. While CNA cannot assume this responsibility, we can assist you. When requested, CNA's Loss Control Department will consult with you regarding:

- Industrial Health Services Surveys
- Recommendations
- Training Programs
- Consultations
- Analyses of Accident Causes
- Industrial Hygiene
- Industrial Health Services

If you would like more information please call us or write to us at:

CNA Insurance Companies – Risk Control Department

One PPG Place

29<sup>th</sup> Floor, Suite 2920 & Suite 2921

Pittsburgh, PA 15222

(412) 562-4100



## Workers Compensation And Employers Liability Insurance Policyholder Notice

### IMPORTANT INFORMATION TO OUR PENNSYLVANIA WORKERS' COMPENSATION POLICYHOLDERS - WORKPLACE SAFETY PROGRAM

Pennsylvania's Act 44 of 1993 introduced legislation establishing a Workplace Safety Program. Under the program, you, the employer, may establish a workplace safety committee and receive a 5% premium discount. Your workplace safety committee must be certified by the Department of Labor and Industry. If certified, at the next renewal of your policy, not the policy period in effect when the certification is issued, the 5% discount will be applied to your Pennsylvania workers' compensation premium.

To receive certification for your workplace safety committee, application LIBC-372 must be completed and returned to the:

Department of Labor and Industry  
Bureau of Occupational and Industrial Safety  
Workers' Compensation Certification Unit  
P. O. Box 68570  
Harrisburg, PA 17106-8570

You should contact the Bureau of Occupational and Industrial Safety Workers' Compensation Certification Unit at (717) 772-1635 for an application.

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



**Workers Compensation And Employers Liability Insurance**  
**Policyholder Notice**

**IMPORTANT INFORMATION FOR OUR FLORIDA POLICY HOLDERS SAFETY CONSULTATIVE SERVICES**

TO: CNA Workers' Compensation policyholders doing business in the State of Florida

As your Workers' Compensation insurance carrier, we encourage you to take steps to provide a safe and healthy place for your employees. While CNA cannot assume this responsibility, we can assist you. When requested in writing, CNA's safety staff will consult with you regarding your occupational safety and health problems, conditions or methods. Where warranted, our safety services include work site surveys, accident cause analysis, and consultation on a broad variety of technical safety problems. These services which are provided at no additional cost to you will be based on the size of your operation, the hazards present, and your previous loss experience.

Please use the attached form to contact us by letter or call (877) 574-0540.

Date: \_\_\_\_\_

To: Risk Control Department  
Attn: Risk Control Director  
CNA Insurance  
500 Colonial Center Parkway  
Lake Mary, FL 32746

\_\_\_\_\_ Yes, my company would appreciate assistance in safety consultative services described in comments.

\_\_\_\_\_ No, my company does not need assistance in safety consultative services, but will contact you in the future when we may need your help.

Comments:

MCCORMICK TAYLOR, INC.

(Company Name)

(Name)

2001 MARKET ST FL 10, TWO COMMERCE SQUARE,  
PHILADELPHIA, PA 19103-7044

(Address/City/State/Zip)

(Title)

215-701-5425

(Phone: Area/Number)





**Workers Compensation And Employers Liability Insurance**  
**Policyholder Notice**

**IMPORTANT INFORMATION TO VIRGINIA POLICYHOLDERS - CONTACT INFORMATION**

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact your insurance company at:

CNA Insurance  
3957 Westerre Parkway  
Richmond, VA 23233  
800-787-6682

If you have been unable to contact or obtain satisfaction from your agent or the company, you may contact the Virginia Bureau of Insurance at:

Property and Casualty Division  
Bureau of Insurance  
PO Box 1157  
Richmond, Virginia 23218  
In-state toll free calls 1-800-552-7945  
Out-of-state calls 804-371-9185

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



**Workers Compensation And Employers Liability Insurance**  
**Policyholder Notice**

**IMPORTANT INFORMATION TO POLICYHOLDERS**

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact your insurance company at:

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

If you have been unable to contact or obtain satisfaction from your agent or the company, you may contact the Virginia Bureau of Insurance at:

State Corporation Commission  
Bureau of Insurance, Property and Casualty Division  
PO Box 1157  
Richmond, Virginia 23218  
  
In-state toll free calls 1-800-552-7945  
Out-of-state calls 804-371-9185

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



**IMPORTANT INFORMATION NOTICE**

The Information Page of your Workers' Compensation and Employers Liability Insurance Policy contains line items for (1) a Second Injury Fund Surcharge and (2) an Uninsured Employer's Fund Surcharge. Each surcharge amount represents a percentage of your total estimated standard premium and will be subject to adjustment when the final audited standard premium is determined. Explanations of these surcharges are provided below.

**SECOND INJURY FUND**

The New Jersey Workers' Compensation Law established the Second Injury Fund to provide benefits to workers who become permanently and totally disabled as a result of work-related injury or occupational disease when that worker had been previously partially disabled. The Law also requires that the Fund provide annual adjustments to certain persons permanently and totally disabled and to certain dependents of deceased workers.

Through 1988, The Second Injury Fund was financed by an annual assessment upon insurance carriers. Such assessment was included in your standard premium via the manual premium rate(s) shown in your policy Information Page.

Effective January 1, 1989 an amendment to the Law requires that the present financing be replaced by a direct surcharge shown as a separate "Second Injury Fund Surcharge" line on your policy Information Page. It will no longer be included in the manual premium rate. This new system will discourage other states from imposing retaliatory taxes on New Jersey based insurance companies and ultimately aid cost containment efforts.

**UNINSURED EMPLOYERS FUND**

The New Jersey Workers' Compensation Law requires every employer to provide workers' compensation coverage through purchase of a workers' compensation and employers liability insurance policy. Failure to provide such coverage results in a fine and/or criminal action by the Department of Labor as well as continued liability for benefit payments to an injured worker.

The Uninsured Employers Fund was established by Law to provide benefits to an injured worker when the employer has failed to comply with the insurance provisions of the Law and is unable to provide the required benefits. Through 1988 total financing of the Fund was derived from fines imposed upon uninsured employers.

Effective January 1, 1989 an amendment to the Law requires that the present financing be supplemented by a direct surcharge shown as a separate "Uninsured Employers Fund Surcharge" line on your policy Information Page. This method will assure the delivery of benefits to injured workers and the surcharge will cease whenever the year end balance of the Fund exceeds \$500,000.



**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 (12-99).O. BOX 149104**

**AUSTINPage 1, TX 78714-9104**

**FAX (512) 490-1007**

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

**E-mail: [ConsumerProtection@tdi.state.gov](mailto: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.



**IMPORTANT INFORMATION PENNSYLVANIA WORKERS' COMPENSATION EMPLOYER ASSESSMENT**

Pennsylvania Act 57 of 1997 requires that assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation Supersedes Fund and the Workmen's Compensation Administration Fund shall be collected from policyholders through insurers and remitted to the Pennsylvania Department of Labor and Industry.

**EMPLOYER ASSESSMENT FORMULA**

$$\text{Employer Assessment} = \text{Employer Assessment Factor} \times \text{Employer Assessment Premium Base}$$

The employer assessment factor is the factor proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner. The employer assessment premium base is the total policy premium plus the amount of any small deductible premium credit or any large deductible premium credit.

The assessment is applicable to all new and renewal policies effective on or after October 1, 1999. The assessment will be shown on the Information Page and Schedule as the Pennsylvania Tax Assessment.



**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  
151 N. Franklin St.  
Chicago, IL 60606

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

American Casualty Company of Reading PA	Continental Assurance Company
Continental Casualty Company	The Continental Insurance Company of New Jersey
The Continental Insurance Company	National Fire Insurance Company of Hartford
Transportation Insurance Company	Valley Forge Insurance Company



## Workers Compensation And Employers Liability Insurance Policyholder Notice

### 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.



**IMPORTANT INFORMATION DRUG-FREE CREDIT PROGRAM AVAILABLE TO FLORIDA EMPLOYERS**

If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, you can apply for a 5% premium credit for Florida locations. Certification is subject to physical inspection by the insurer. Recertification is required annually. Your policy is subject to additional premium for reimbursement of the premium credit, and to the policy's cancellation provisions if it is determined that you misrepresented your compliance with Florida law.

If you are interested in applying for Florida's Drug-Free Workplace Program premium credit, please ask your agent to send you application Form 09-1 (NC3010). If your agent doesn't have access to the form, your agent can direct us to send you a copy.

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





## Workers Compensation And Employers Liability Insurance Policyholder Notice

### 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.



**AVISO IMPORTANTE PARA ASEGURADOS EN TEXAS**

**PARA OBTENER INFORMACION O PARA SOMETER UNA QUEJA, USTED PUEDE DE TELEFONO GRATIS:  
LLAMAR A NUESTRO NUMERO DE TELEFONO GRATIS:**

**1-800-262-1113**

**ADEMAS**

**USTED PUEDE COMMUNICARSE CON EL DEPARTAMENTO DE SEGUROS DE  
TEXAS PARA OBTENER INFORMACION ACERCA DE COMPANIAS,  
COBERTURAS, DERECHOS O QUEJAS AL  
1-800-252-3439**

**PUEDE ESCRIBIR AL DEPARTAMENTO DE SEGUROS DE TEXAS:**

**P.O. BOX 149104  
AUSTIN, TX 78714-9104  
FAX (512) 490-1007**

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

**E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)**

**DISPUTAS SOBRE PRIMAS O RECLAMOS**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con su agente o la compania primero. Si no se resuleve la disputa, puede entonces comunicarse con el departamento (TDI).

**UNA ESTE AVISO A SU POLIZA:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.



## Workers Compensation And Employers Liability Insurance Policyholder Notice

### IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION CUSTOMERS DOING BUSINESS AS GENERAL CONTRACTORS IN THE STATE OF TEXAS

Texas workers' compensation law allows an employer to elect not to purchase workers' compensation coverage for its employees. General contractors may (but are not required to) agree in writing to provide workers' compensation coverage for their subcontractors and their subcontractors' employees. This agreement makes the general contractor the employer of the subcontractor and the subcontractor's employees only for purposes of the state's workers' compensation laws.

The Texas Department of Insurance, Division of Workers' Compensation, has a specific form, the DWC Form-83, for documenting such an agreement, which is available on the Division's Web site. The DWC Form-83 should be filed with both CNA and the Division within 10 days of execution. If a signed DWC Form-83 is not filed indicating your election and consent to establish an employer-employee relationship with any given subcontractor, you will not be charged for coverage of any such uninsured subcontractors at the time of your workers' compensation policy's premium audit, and each such subcontractor will remain uninsured. **Injuries to any uninsured subcontractors will not be subject to the coverage provided under your workers' compensation policy.**

If you have any questions, please contact your authorized CNA representative.



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

Policy Information

Coverage Provided By	Policy Number
Valley Forge Insurance Company a Stock Insurance Company 151 N Franklin St Chicago, IL 60606  <b>NCCI Carrier Code: 15032</b>	<b>Policy Number:</b> WC 5 90786728 <b>Renewal of:</b> WC 5 90786728

Item 1 Named Insured and Mailing Address

MCCORMICK TAYLOR, INC.  
2001 MARKET ST FL 10  
TWO COMMERCE SQUARE  
PHILADELPHIA, PA 19103-7044

Producer Information

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

**Type of Entity:** Corporation (Not Otherwise Classified) **Producer Processing Code:** 310-060692  
**FEIN Number:** 23-1683759  
**Intrastate ID No.:** 372114062

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

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

Item 2 Policy Period

11/15/2018 to 11/15/2019 at 12:01 a.m. Standard Time at the **Named Insured's** mailing address shown above.

**Anniversary Rating Date:** NONE

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

**States:** AZ, DE, FL, IL, ME, MD, NJ, NC, PA, SC, TX, VA

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

<b>Bodily Injury by Accident</b>	\$1,000,000	each accident
<b>Bodily Injury by Disease</b>	\$1,000,000	policy limit
<b>Bodily Injury by Disease</b>	\$1,000,000	each employee

WC000001

Form No: P-33398-E (06-1987)  
Information Page; Page: 1 of 2  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
Policy Page: 36 of 127



# Workers Compensation And Employers Liability Insurance Information Page

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

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

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

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

**Item 4 Estimated Annual Premium**

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

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

**Adjustment of Premium shall be made:** At Policy Expiration

**Classification of Operations:** See Schedule of Operations Attached

	<b>Estimated Annual Premium</b>	\$75,904
	<b>Premium Discount</b>	(\$5,311)
	<b>Expense Constant</b>	\$270
	<b>Terrorism Premium</b>	\$15,040
	<b>Catastrophe (O/T Cert Acts of Terror)</b>	\$6,019
<b>Minimum Premium</b>	\$1,028	
	<b>Total Estimated Annual Premium</b>	\$91,922
	<b>Total State Taxes/Assessments/Surcharges</b>	\$1,914.00
	<b>Total Estimated Cost</b>	\$93,836.00
<b>Deposit Premium</b>	\$91,922	

**Account Number:** 3023346787

**Date of Issuance:** 11/28/2018

**Policy Issuance Office:** KANSAS CITY

Countersigned:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Agent

Chairman of the Board

Secretary

WC000001

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

Information Page; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 37 of 127



# Workers Compensation And Employers Liability Insurance Information Page

## Schedule of Operations

Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Arizona</b>				
	Location 011			
8601F	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.32	\$0
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	371,700	0.29	\$1,078
	Subtotal for Location # 011			\$1,078
9037	Rate Deviation Premium Adjustment - Credit		0.8000	(\$216)
0930	Waiver Of Subrogation		0.0200	\$22
9812	Employers Liability Increased Limits		0.0110	\$9
	Total Premium subject to Experience Modification			\$893
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$250
	Total Estimated Standard Premium			\$1,143
0063	Premium Discount - Stock		0.0796	(\$91)
9740	Terrorism Premium	371,700	0.0100	\$37
9741	Catastrophe (O/T Cert Acts Of Terror)	371,700	0.0100	\$37
	Total Estimated Premium			\$1,126
	Total Estimated Cost			\$1,126

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Delaware</b>				
	Location 002			
0955	Engineering Consulting Firm - All Types Of Engineering	727,200	0.38	\$2,763
0955	Engineering Consulting Firm - All Types Of Engineering	If Any	0.60	\$0
	Subtotal for Location # 002			\$2,763
9812	Employers Liability Increased Limits		0.0110	\$30
0930	Waiver Of Subrogation		0.0200	\$55
	Total Premium subject to Experience Modification			\$2,848
9898	Final Experience Modification Effective 11/15/2018 Intrastate ID: 072114062		0.9950	(\$14)
9887	Schedule Modification Adjustment Credit		0.7800	(\$623)
	Total Estimated Standard Premium			\$2,211
0063	Premium Discount - Stock		0.0791	(\$175)
0900	Expense Constant			\$270
9740	Terrorism Premium	727,200	0.0130	\$95
9741	Catastrophe (O/T Cert Acts Of Terror)	727,200	0.0130	\$95
	Total Estimated Premium			\$2,496
	Total Estimated Cost			\$2,496

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Florida</b>				
	Location 013			
8601	Architect Or Engineering Firm-Including Salespersons & Drivers	If Any	0.61	\$0
	Subtotal for Location # 013			\$0
	Location 014			
8601	Architect Or Engineering Firm-Including Salespersons & Drivers	If Any	0.61	\$0
	Subtotal for Location # 014			\$0
	Location 015			
8601	Architect Or Engineering Firm-Including Salespersons & Drivers	If Any	0.61	\$0
	Subtotal for Location # 015			\$0
0930	Waiver Of Subrogation		0.0000	\$0
9812	Employers Liability Increased Limits		0.0140	\$0
	Total Premium subject to Experience Modification			\$0
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$0
9740	Terrorism Premium		0.0100	\$0
	Total Estimated Premium			\$0
	Total Estimated Cost			\$0

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Illinois</b>				
	Location 017			
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.48	\$0
	Subtotal for Location # 017			\$0
0930	Waiver Of Subrogation		0.0200	\$0
9812	Employers Liability Increased Limits		0.0140	\$0
	Total Premium subject to Experience Modification			\$0
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$0
9740	Terrorism Premium		0.0400	\$0
9741	Catastrophe (O/T Cert Acts Of Terror)		0.0200	\$0
	Total Estimated Premium			\$0
0988	Industrial Commission Operations Fund Surcharge		1.01%	\$0
	Total Estimated Cost			\$0

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Maine</b>				
	Location 012			
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	101,700	0.31	\$315
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.40	\$0
	Subtotal for Location # 012			\$315
0930	Waiver Of Subrogation		0.0200	\$6
9812	Employers Liability Increased Limits		0.0110	\$3
	Total Premium subject to Experience Modification			\$324
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$91
	Total Estimated Standard Premium			\$415
0063	Premium Discount - Stock		0.0795	(\$33)
9740	Terrorism Premium	101,700	0.0070	\$7
9741	Catastrophe (O/T Cert Acts Of Terror)	101,700	0.0130	\$13
	Total Estimated Premium			\$402
0987	ME Administrative Fund Assessment		2.77%	\$11
9711	ME Supplemental Benefits Fund Surcharge		0%	\$0
	Total Estimated Cost			\$413

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Maryland</b>				
	Location 003			
8603	Architectural Or Engineering Firm--Clerical	77,300	0.06	\$46
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.56	\$0
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	186,800	0.39	\$729
8603	Drafting Company--Clerical	7,879,700	0.06	\$4,728
8742	Salespersons Or Collectors--Outside	If Any	0.30	\$0
	Subtotal for Location # 003			\$5,503
0930	Waiver Of Subrogation		0.0200	\$110
9812	Employers Liability Increased Limits		0.0110	\$61
	Total Premium subject to Experience Modification			\$5,674
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$1,589
9887	Schedule Modification Adjustment Credit		0.7800	(\$1,598)
	Total Estimated Standard Premium			\$5,665
0063	Premium Discount - Stock		0.0789	(\$447)
9740	Terrorism Premium	8,143,800	0.0590	\$4,805
9741	Catastrophe (O/T Cert Acts Of Terror)	8,143,800	0.0150	\$1,222
	Total Estimated Premium			\$11,245
	Total Estimated Cost			\$11,245

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - New Jersey</b>				
	Location 004			
8601	Architect Or Engineer - Consulting NPD	131,800	0.83	\$1,094
8601	Architect Or Engineer - Consulting NPD	If Any	1.25	\$0
8810	Clerical Office Employees NOC	201,700	0.22	\$444
8810	Draftsmen	4,585,480	0.22	\$10,088
8742	Salespersons-Outside	If Any	0.44	\$0
	Subtotal for Location # 004			\$11,626
6199	Additional Premium For Increased Limits Charges Part Two Coverage - Other Than Admiralty/FELA		0.0140	\$163
	Total Premium subject to Experience Modification			\$11,789
9898	Final Experience Modification Effective 11/15/2018 Intrastate ID: 293306130		0.9220	(\$920)
9887	Schedule Modification Adjustment Credit		0.8000	(\$2,174)
	Total Estimated Standard Premium			\$8,695
9740	Terrorism Premium	4,918,980	0.0300	\$1,476
9741	Catastrophe (O/T Cert Acts Of Terror)	4,918,980	0.0100	\$492
	Total Estimated Premium			\$10,663
0935	Second Injury Fund Surcharge		5.15%	\$560
0936	Uninsured Employers Fund Surcharge		0.12%	\$13
	Total Estimated Cost			\$11,236

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<b>State - North Carolina</b>				
	Location 010			
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	376,700	0.42	\$1,582
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.81	\$0
	Subtotal for Location # 010			\$1,582
0930	Waiver Of Subrogation		0.0200	\$32
9812	Employers Liability Increased Limits		0.0110	\$17
	Total Premium subject to Experience Modification			\$1,631
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$457
	Total Estimated Standard Premium			\$2,088
0063	Premium Discount - Stock		0.0790	(\$165)
9740	Terrorism Premium	376,700	0.0080	\$30
9741	Catastrophe (O/T Cert Acts Of Terror)	376,700	0.0150	\$57
	Total Estimated Premium			\$2,010
	Total Estimated Cost			\$2,010

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Pennsylvania</b>				
	Location 001			
0955	Engineering Consulting Firm - All Types Of Engineering	23,933,300	0.36	\$86,160
0955	Engineering Consulting Firm - All Types Of Engineering	If Any	0.58	\$0
	Subtotal for Location # 001			\$86,160
	Location 007			
0955	Engineering Consulting Firm - All Types Of Engineering	If Any	0.36	\$0
	Subtotal for Location # 007			\$0
	Location 008			
0955	Engineering Consulting Firm - All Types Of Engineering	If Any	0.36	\$0
	Subtotal for Location # 008			\$0
	Location 009			
0955	Engineering Consulting Firm - All Types Of Engineering	If Any	0.36	\$0
	Subtotal for Location # 009			\$0
9812	Employers Liability Increased Limits		0.0140	\$1,206
0930	Waiver Of Subrogation		0.0200	\$1,723
	Total Premium subject to Experience Modification			\$89,089
9898	Final Experience Modification Effective 11/15/2018 Intrastate ID: 372114062		0.7670	(\$20,758)
9887	Schedule Modification Adjustment Credit		0.7800	(\$15,033)
	Total Estimated Standard Premium			\$53,298
0063	Premium Discount - Stock		0.0790	(\$4,211)
9740	Terrorism Premium	23,933,300	0.0340	\$8,137
9741	Catastrophe (O/T Cert Acts Of Terror)	23,933,300	0.0170	\$4,069
	Total Estimated Premium			\$61,293
0938	Pennsylvania Tax Assessment		2.17%	\$1,330
	Total Estimated Cost			\$62,623

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - South Carolina</b>				
	Location 005			
8603	Architectural Or Engineering Firm--Clerical	If Any	0.10	\$0
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.59	\$0
8601	Architectural Or Engineering Firm--Including Salespersons & Drivers	If Any	0.97	\$0
8603	Drafting Company--Clerical	337,200	0.10	\$337
8742	Salespersons Or Collectors--Outside	If Any	0.56	\$0
	Subtotal for Location # 005			\$337
0930	Waiver Of Subrogation		0.0200	\$7
9812	Employers Liability Increased Limits		0.0110	\$4
	Total Premium subject to Experience Modification			\$348
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$97
	Total Estimated Standard Premium			\$445
0063	Premium Discount - Stock		0.0787	(\$35)
9740	Terrorism Premium	337,200	0.0070	\$24
9741	Catastrophe (O/T Cert Acts Of Terror)	337,200	0.0100	\$34
	Total Estimated Premium			\$468
	Total Estimated Cost			\$468

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Texas</b>				
	Location 016			
8601	Architect Or Engineer - Consulting	If Any	0.18	\$0
	Subtotal for Location # 016			\$0
0930	Waiver Of Subrogation		0.0200	\$0
9812	Employers Liability Increased Limits		0.0140	\$0
	Total Premium subject to Experience Modification			\$0
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$0
9740	Terrorism Premium		0.0200	\$0
	Total Estimated Premium			\$0
	Total Estimated Cost			\$0

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Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
<b>State - Virginia</b>				
	Location 006			
8601	Architectural Or Engineering Firm & Drivers	114,100	0.51	\$582
8601	Architectural Or Engineering Firm & Drivers	If Any	0.88	\$0
8603	Architectural Or Engineering Firm--Clerical	115,700	0.12	\$139
8603	Drafting Company--Clerical	843,600	0.12	\$1,012
8742	Salespersons Or Collectors--Outside	If Any	0.29	\$0
	Subtotal for Location # 006			\$1,733
0930	Waiver Of Subrogation		0.0200	\$35
9812	Employers Liability Increased Limits		0.0110	\$19
	Total Premium subject to Experience Modification			\$1,787
9898	Final Experience Modification Effective 11/15/2018 Interstate ID: 911549115		1.2800	\$500
9887	Schedule Modification Adjustment Credit		0.8500	(\$343)
	Total Estimated Standard Premium			\$1,944
0063	Premium Discount - Stock		0.0792	(\$154)
9740	Terrorism Premium	1,073,400	0.0400	\$429
	Total Estimated Premium			\$2,219
	Total Estimated Cost			\$2,219

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Policy Totals	Estimated Annual Premium
Estimated Class Premium	\$110,881
Estimated Standard Premium	\$75,904
Premium Discount	(\$5,311)
Expense Constant	\$270
Expense Constant State	Delaware
Terrorism Premium	\$15,040
Catastrophe Premium	\$6,019
Estimated Annual Premium	\$91,922
Taxes, Fees and Surcharges	\$1,914
Estimated Cost	\$93,836

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Endorsement Schedule

Number	Edition Date	Endorsement Title	Endorsement Number
WC 00 00 00 C	01-2015	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	
CNA87380PA	11-2016	NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT - PENNSYLVANIA	1
CNA87380XX	11-2016	NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT	2
G-35224-B	03-1984	INCREASED LIMIT OF LIABILITY ENDORSEMENT	3
G-124506-A	03-1997	VIRGINIA ESTIMATED PREMIUM AUDITS	4
WC 00 01 06 A	04-1992	LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT	5
WC 00 03 01 A	02-1989	ALTERNATE EMPLOYER ENDORSEMENT	6
WC 00 03 01 A	02-1989	ALTERNATE EMPLOYER ENDORSEMENT	7
WC 00 03 01 A	02-1989	ALTERNATE EMPLOYER ENDORSEMENT	8
WC 00 03 01 A	02-1989	ALTERNATE EMPLOYER ENDORSEMENT	9
WC 00 03 01 A	02-1989	ALTERNATE EMPLOYER ENDORSEMENT	10
WC 00 03 11 A	08-1991	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT	11
WC 00 03 13	04-1984	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT	12
WC 00 04 04	04-1984	PENDING RATE CHANGE ENDORSEMENT	13
WC 00 04 06 A	07-1995	PREMIUM DISCOUNT ENDORSEMENT	14
WC 00 04 14	07-1990	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	15
WC 00 04 19	01-2001	PREMIUM DUE DATE ENDORSEMENT	16
WC 00 04 21 D	01-2015	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT	17
WC 00 04 22 B	01-2015	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	18
WC 00 04 24	01-2017	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	19
WC 00 04 25	05-2017	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT	20
WC 02 06 01 A	09-2015	ARIZONA CANCELATION ENDORSEMENT	21

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WC 07 06 01	07-1988	DELAWARE NONRENEWAL ENDORSEMENT	22
WC 09 03 03	08-2005	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT	23
WC 09 04 03 B	01-2015	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT	24
WC 09 04 07	07-2013	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT	25
WC 09 06 06	10-1998	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT	26
WC 12 06 01 E	01-2015	ILLINOIS AMENDATORY ENDORSEMENT	27
WC 18 06 01	04-1984	MAINE INSPECTION IMMUNITY ENDORSEMENT (TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)	28
WC 18 06 03 A	06-1995	MAINE CANCELLATION AND NON RENEWAL ENDORSEMENT	29
WC 18 06 04	05-1988	MAINE FINAL PREMIUM AUDIT ENDORSEMENT	30
WC 18 06 06	04-1999	MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY WITHIN SEVEN DAYS ENDORSEMENT	31
WC 18 06 07 A	07-2011	MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT	32
WC 19 04 02 A	10-2017	MARYLAND ALCOHOL AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT	33
WC 19 06 01 G	10-2017	MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT	34
WC 19 06 02	01-2014	MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT	35
WC 29 03 01	04-1984	NEW JERSEY PART TWO LIMIT OF LIABILITY ENDORSEMENT	36
WC 29 03 06 B	07-2007	NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT	37
WC 29 03 09 A	07-2005	NEW JERSEY LIMITED OTHER STATES INSURANCE ENDORSEMENT	38
WC 32 03 01 D	07-2018	NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT	39
WC 32 06 01 A	07-2010	CANCELLATION AND NON-RENEWAL ENDORSEMENT	40

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WC 37 04 01	01-2017	PENNSYLVANIA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	41
WC 37 06 01	04-1984	SPECIAL PENNSYLVANIA ENDORSEMENT-INSPECTION OF MANUALS	42
WC 37 06 02	04-1984	PENNSYLVANIA NOTICE	43
WC 37 06 03 A	08-1995	PENNSYLVANIA ACT 86-1986 ENDORSEMENT	44
WC 42 03 01 H	07-2016	TEXAS AMENDATORY ENDORSEMENT	45
WC 42 03 04 B	06-2014	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT	46
WC 42 04 07	03-2002	TEXAS-AUDIT PREMIUM AND RETROSPECTIVE PREMIUM ENDORSEMENT	47
WC 45 06 02	07-1993	VIRGINIA AMENDATORY ENDORSEMENT	48

## PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

Number	Edition Date	Form Title
G-87887-C	01-2008	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR DELAWARE WORKERS' COMPENSATION
G-17877-D	06-2014	DEDUCTIBLE NOTICE OF ELECTION TEXAS
G-41896-C	01-2008	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION ILLINOIS
G-16327-E09	04-2008	FLORIDA WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION - OPTIONAL DEDUCTIBLE AND/OR COINSURANCE PROGRAMS
G-43596-B18	07-2014	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR MAINE WORKERS COMPENSATION
G-118302-B	01-2008	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION SOUTH CAROLINA
G-43332-G	07-2004	IMPORTANT INFORMATION TO VIRGINIA POLICYHOLDERS - CONTACT INFORMATION
G-20411-B37	07-2004	NOTICE OF RIGHTS AND DUTIES
G-147212-A	07-2004	IMPORTANT INFORMATION DRUG-FREE CREDIT PROGRAM AVAILABLE TO FLORIDA EMPLOYERS
G-300399-A	08-2015	AVISO IMPORTANTE PARA ASEGURADOS EN TEXAS
G-43955-A29	01-2004	IMPORTANT INFORMATION NOTICE
G-20412-D37	12-2002	IMPORTANT INFORMATION TO OUR PENNSYLVANIA WORKERS' COMPENSATION POLICYHOLDERS - COST CONTAINMENT

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Number	Edition Date	Form Title
G-134832-B	04-2005	IMPORTANT INFORMATION PENNSYLVANIA EMPLOYER ASSESSMENT
G-18014-A07	01-2004	IMPORTANT INFORMATION TO OUR DELAWARE WORKERS' COMPENSATION POLICYHOLDERS
CC031605A	12-2014	CNA INSURANCE PREMIUM AUDIT
G-115114-D	06-2015	IMPORTANT INFORMATION FOR TEXAS POLICYHOLDERS
G-300774-A	06-2009	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION CUSTOMERS DOING BUSINESS AS GENERAL CONTRACTORS IN THE STATE OF TEXAS
G-20447-F	09-2014	IMPORTANT INFORMATION FOR OUR PENNSYLVANIA POLICY HOLDERS ACCIDENT PREVENTION SERVICES
G-18249-A02	06-1992	IMPORTANT INFORMATION IMPORTANT NOTICE TO OUR INSURED'S ARIZONA POSTING NOTICES AND REPORTING FORM
G-140370-D	04-2009	PRIVACY POLICY NOTICE
G-116814-H	10-2013	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS - ACCIDENT PREVENTION SERVICES
CC68021A	02-2013	NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS
G-43333-D	08-1996	IMPORTANT INFORMATION IMPORTANT INFORMATION TO POLICYHOLDERS
G-20928-C37	12-2002	IMPORTANT INFORMATION TO OUR PENNSYLVANIA WORKERS' COMPENSATION POLICYHOLDERS - WORKPLACE SAFETY PROGRAM
G-300285-B	01-2008	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS - HEALTH CARE NETWORK PREMIUM CREDIT
G-18683-A09	01-1999	IMPORTANT INFORMATION FOR FLORIDA POLICYHOLDERS
G-17600-D	02-2014	IMPORTANT INFORMATION FOR OUR MAINE POLICY HOLDERS RISK CONTROL SERVICES AVAILABLE
G-145060-C	07-2004	IMPORTANT INFORMATION FOR OUR ILLINOIS WORKERS' COMPENSATION POLICYHOLDERS REGARDING INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE
G-41415-H	07-2014	IMPORTANT INFORMATION FOR OUR FLORIDA POLICY HOLDERS SAFETY CONSULTATIVE SERVICES
CC81865A	01-2015	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

WC000001

Form No: P-33398-E (06-1987)  
Information Page; Page: 4 of 4  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
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**Workers Compensation And Employers Liability Insurance**  
Information Page

**Named Insured Schedule**

Named Insured	Type of Entity	FEIN	State ID
MCCORMICK TAYLOR, INC.	Corporation (Not Otherwise Classified)	23-1683759	ME Unemployment Insurance (UIAN) Number 0752403000
MCCORMICK TAYLOR, INC.	Corporation (Not Otherwise Classified)	23-1683759	NJ Taxpayer ID Code 231683759000
MCCORMICK TAYLOR, INC.	Corporation (Not Otherwise Classified)	23-1683759	

WC000001

Form No: P-33398-E (06-1987)  
Information Page; Page: 1 of 1  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
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**Workers Compensation And Employers Liability Insurance**  
Information Page

**Name and Address Schedule**

Location	Entity	Entity Name and Address
1	001	MCCORMICK TAYLOR, INC. 2001 MARKET ST FL 10 2 COMMERCE SQ PHILADELPHIA, PA 19103-7066
2	001	MCCORMICK TAYLOR, INC. 56 W MAIN ST STE 300 CHRISTIANA, DE 19702-1503
3	001	MCCORMICK TAYLOR, INC. 509 S EXETER ST FL 4 BALTIMORE, MD 21202-4382
4	001	MCCORMICK TAYLOR, INC. 700 E GATE DR STE 201 MOUNT LAUREL, NJ 08054-3804
5	001	MCCORMICK TAYLOR, INC. NO SPECIFIC LOCATION ANY CITY, SC 99998
6	001	MCCORMICK TAYLOR, INC. 4951 LAKE BROOK DR STE 275 GLEN ALLEN, VA 23060-9284
7	001	MCCORMICK TAYLOR, INC. 2015 KOHN RD HARRISBURG, PA 17110
8	001	MCCORMICK TAYLOR, INC. 2040 MARKET ST APT 1122 PHILADELPHIA, PA 19103-3369
9	001	MCCORMICK TAYLOR, INC. 329 INNOVATION BLVD STE 116 STATE COLLEGE, PA 16803-6612
10	001	MCCORMICK TAYLOR, INC. 5400 TRINITY RD RALEIGH, NC 27607-6001

WC000001

Form No: P-33398-E (06-1987)  
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Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

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**Workers Compensation And Employers Liability Insurance**  
Information Page

Location	Entity	Entity Name and Address
11	001	MCCORMICK TAYLOR, INC. NO SPECIFIC LOCATION ANY CITY, AZ 99998
12	001	MCCORMICK TAYLOR, INC. NO SPECIFIC LOCATION ANY CITY, ME 99998
13	001	MCCORMICK TAYLOR, INC. 3030 N ROCKY POINT DR W ROCKY POINT CTR ROCKY POINT, FL 33607-5803
14	001	MCCORMICK TAYLOR, INC. 1301 RIVERPLACE BLVD STE 1000 10TH FL JACKSONVILLE, FL 32207-9047
15	001	MCCORMICK TAYLOR, INC. 12724 GRAN BAY PKWY W STE 200 JACKSONVILLE, FL 32258-9492
16	001	MCCORMICK TAYLOR, INC. 1790 HUGHES LANDING BLVD STE 500 THE WOODLANDS, TX 77380-1693
17	001	MCCORMICK TAYLOR, INC. 10 S DEARBORN ST FL 48 CHICAGO, IL 60603-2300

WC000001

Form No: P-33398-E (06-1987)  
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PAYMENT PLAN SCHEDULE

PAYMENT PLAN SCHEDULE

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

Effective Date	Premium	
11/15/2018	\$93,836.00	
Total Cost	\$93,836.00	

WC000001

Form No: P-33398-E (06-1987)  
Information Page; Page: 1 of 1  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
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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 insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the



shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO**

**EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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



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

**C. Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies,

acts or omissions;

8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued there under, 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.

**F. Other Insurance**

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

**G. Limits of Liability**

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

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

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

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

damages because of bodily injury by disease to any one employee.

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

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

**H. Recovery From Others**

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

**I. Actions Against Us**

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

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

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

**PART THREE**

**OTHER STATES INSURANCE**

**A. How This Insurance Applies**

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





4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

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

**PART FOUR**

**YOUR DUTIES IF INJURY OCCURS**

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

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE—PREMIUM**

**A. Our Manuals**

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

**B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual

exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

**C. Remuneration**

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

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

**D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

**E. Final Premium**

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

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



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

**F. Records**

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

**G. Audit**

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

**PART SIX—CONDITIONS**

**A. Inspection**

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

rights we have under this provision.

**B. Long Term Policy**

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

**C. Transfer of Your Rights and Duties**

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

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

**D. Cancellation**

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

**E. Sole Representative**

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





**Workers Compensation And Employers Liability Insurance  
Policy Endorsement**

**NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT - PENNSYLVANIA**

This endorsement modifies insurance provided under the **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**:

In the event of cancellation or material change that reduces or restricts coverage during the policy period, we agree to send prior written notice in the manner prescribed, to the person or organization listed in the Schedule.

**SCHEDULE**

**1. Number of days advance notice:**

For nonpayment of premium:

15

For material change:

60

**2. Name and Address of Person or Organization:**

PENNDOT CENTRAL OFFICE, KEYSTONE BUILDING, 400 NORTH STREET, HARRISBURG, PA  
17120\nCERTIFICATE HOLDERS ON FILE

All other terms and conditions of the policy remain unchanged.

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

Form No: CNA87380PA (11-2016)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 1; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 65 of 127



**Workers Compensation And Employers Liability Insurance  
Policy Endorsement**

**NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT**

This endorsement modifies insurance provided under the **WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**:

In the event of cancellation or material change that reduces or restricts coverage during the policy period, we agree to send prior written notice in the manner prescribed, to the person or organization listed in the Schedule.

**SCHEDULE**

**1. Number of days advance notice:**

For nonpayment of premium:

10

For any other reason:

30

**2. Name and Address of Person or Organization:**

CERTIFICATE HOLDERS ON FILE

All other terms and conditions of the policy remain unchanged.

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

Form No: CNA87380XX (11-2016)

Endorsement Effective Date:

Endorsement No: 2; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 66 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### INCREASED LIMIT OF LIABILITY ENDORSEMENT

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

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

STATE	INCREASE PERCENTAGE	MINIMUM PREMIUM
FL	1.40%	\$120.00
IL	1.40%	\$150.00
PA	1.40%	\$150.00

TOTAL MINIMUM PREMIUM TO BE CHARGED ON THIS ENDORSEMENT INCLUDED

All other terms and conditions of the policy remain unchanged.

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

Form No: G-35224-B (03-1984)  
Endorsement Effective Date:  
Endorsement No: 3; Page: 1 of 1  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
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VIRGINIA ESTIMATED PREMIUM AUDITS

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

**PART FIVE – PREMIUM** is amended by replacing the first paragraph to **Section E. Final Premium**, with the following paragraph.

**Section 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 you fail to allow us to review your records, or if you fail to return your payroll information after we request the audit information through the postal system, within sixty days after we request the information, we may estimate your final premium, and if we do, the estimate will be based on 150% of the payroll that was used to determine your estimated annual premium when your policy was issued or last amended. We may change this final estimate, if you allow us to review your records. If the final premium is more than the premium you paid 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 on the policy.

**PART FIVE – PREMIUM** is amended by adding the following paragraph to **Section G. Audits**.

**Section G. – Audits**

If you fail to allow us to review your records, or if you fail to return your payroll information after we request the audit information through the postal system, within sixty days after we request the information, we may make an estimate of your final payroll records. Our final premium for your policy, if estimated, will be based on 150% of the payroll that was used to determine your estimated annual premium when your policy was issued, or last amended. We may change our final premium audit figures, if you allow us to review your records.

All other terms and conditions of the policy remain unchanged.

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

Form No: G-124506-A (03-1997)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 4; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 68 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

#### C. **Workers' Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

#### Schedule

State	Longshore and Harbor Workers' Compensation Act Coverage Percentage
Arizona	12.0%
Delaware	58.0%
Maine	30.0%
Maryland	44.0%
New Jersey	50.0%
North Carolina	92.0%
Pennsylvania	60.68%
South Carolina	65.0%
Virginia	72.0%

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

Form No: WC 00 01 06 A (04-1992)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 5; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 69 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 01 06 A (04-1992)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 5; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 70 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

#### Schedule

- |                                                    |                                                                              |
|----------------------------------------------------|------------------------------------------------------------------------------|
| 1. <u>Alternate Employer</u>                       | <u>Address</u>                                                               |
| PHI SERVICE CORP.                                  | 1301 RIVERPLACE BOULEVARD SUITE 1000<br>(10TH FLOOR); JACKSONVILLE, FL 32207 |
| 2. <u>State of Special or Temporary Employment</u> |                                                                              |
| 3. <u>Contract or Project</u>                      |                                                                              |

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 01 A (02-1989)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 6; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 71 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

#### Schedule

- |                                                    |                                                                              |
|----------------------------------------------------|------------------------------------------------------------------------------|
| 1. <u>Alternate Employer</u>                       | <u>Address</u>                                                               |
| PONTOON SOLUTIONS, INC                             | 1301 RIVERPLACE BOULEVARD SUITE 1000<br>(10TH FLOOR); JACKSONVILLE, FL 32207 |
| 2. <u>State of Special or Temporary Employment</u> | FL                                                                           |
| 3. <u>Contract or Project</u>                      |                                                                              |

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 01 A (02-1989)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 7; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 72 of 127





## Workers Compensation And Employers Liability Insurance Policy Endorsement

### ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

#### Schedule

- | <u>1. Alternate Employer</u>                                                    | <u>Address</u>                                                                                   |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| BEELINE.COM, INC.                                                               | 12724 GRAN BAY PARKWAY WEST, SUITE<br>200; JACKSONVILLE, FL 32258                                |
| <u>2. State of Special or Temporary Employment</u> NEWARK, DE & EDISON PL, D.C. |                                                                                                  |
| <u>3. Contract or Project</u>                                                   | ENVIRONMENTAL ONE SITE SUPPORT FOR PEPCO HOLDINGS<br>PEPCO701 NINTH ST., NW, WASHINGTON DC 20068 |

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 01 A (02-1989)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 8; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 73 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

#### Schedule

- |                                                    |                                             |
|----------------------------------------------------|---------------------------------------------|
| 1. <u>Alternate Employer</u>                       | <u>Address</u>                              |
| EXELON BUSINESS SERVICES COMPANY, LLC.             | 10 S DEARBORN ST 48TH FL, CHICAGO, IL 60603 |
| 2. <u>State of Special or Temporary Employment</u> | FL                                          |
| 3. <u>Contract or Project</u>                      |                                             |

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 01 A (02-1989)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 9; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 74 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

#### Schedule

- |                                                    |                                                                 |
|----------------------------------------------------|-----------------------------------------------------------------|
| 1. <u>Alternate Employer</u>                       | <u>Address</u>                                                  |
| SUMMIT MIDSTREAM PARTNERS LLC AND ITS AFFILIATES   | 1790 HUGHES LANDING BLVD, SUITE 500,<br>THE WOODLANDS, TX 77380 |
| 2. <u>State of Special or Temporary Employment</u> | TX                                                              |
| 3. <u>Contract or Project</u>                      |                                                                 |

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 01 A (02-1989)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 10; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 75 of 127



**VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Insurance to the policy.

**A. How This Insurance Applies**

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

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

**C. Exclusions**

This insurance does not cover:

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

**D. Before We Pay**

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

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

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

**E. Recovery From Others**

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

Form No: WC 00 03 11 A (08-1991)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 11; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 76 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

#### Schedule

<u>Employees</u>	<u>State of Employment</u>	<u>Designated Workers' Compensation Law</u>
ALL OFFICERS AND EMPLOYEES NOT SUBJECT TO THE WORKERS COMPENSATION LAW	ANY STATE SHOWN IN ITEM 3.A. OF THE INFORMATION PAGE EXCLUDING: NJ	THE STATE WHERE THE INJURY TAKES PLACE

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 11 A (08-1991)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 11; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 77 of 127



**Workers Compensation And Employers Liability Insurance  
Policy Endorsement**

**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 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.

The premium charge for the endorsement is reflected in the Schedule of Operations.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 03 13 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 12; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 78 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

#### Schedule

State

Florida

South Carolina

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 04 04 (04-1984)

Endorsement Effective Date:

Endorsement No: 13; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 79 of 127



# Workers Compensation And Employers Liability Insurance Policy Endorsement

## 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	Estimated Eligible Premium			
	First \$10,000	Next \$190,000	Next \$1,550,000	Balance
Arizona	-	9.1%	11.3%	12.3%
Delaware	-	9.1%	11.3%	12.3%
Maine	-	9.1%	11.3%	12.3%
Maryland	-	9.1%	11.3%	12.3%
North Carolina	-	9.1%	11.3%	12.3%
Pennsylvania	-	9.1%	11.3%	12.3%
South Carolina	-	9.1%	11.3%	12.3%
Virginia	-	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:				

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 04 06 A (07-1995)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 14; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 80 of 127





## Workers Compensation And Employers Liability Insurance Policy Endorsement

### 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.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 04 14 (07-1990)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 15; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 81 of 127



**Workers Compensation And Employers Liability Insurance  
Policy Endorsement**

**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.**

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 04 19 (01-2001)

Endorsement Effective Date:

Endorsement No: 16; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 82 of 127



**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
Refer to the Schedule of Operations		

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 00 04 21 D (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 17; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 83 of 127



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

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

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

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 18; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 84 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
  - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

### Schedule

State	Rate	Premium
Refer to the Schedule of Operations		

All other terms and conditions of the policy remain unchanged.

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

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

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 18; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

### AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5—Premium, E. (Final Premium) of this policy.

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

**Note:**

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

SCHEDULE		
State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
AZ	Estimated Annual Premium	2
DE	Estimated Annual Premium	2
IL	Estimated Annual Premium	2
ME	Estimated Annual Premium	2
MD	Estimated Annual Premium	2
NJ	Estimated Annual Premium	2
NC	Estimated Annual Premium	3
SC	Estimated Annual Premium	2
VA	Estimated Annual Premium	2

All other terms and conditions of the policy remain unchanged.

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

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

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 19; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 86 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

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

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

All other terms and conditions of the policy remain unchanged.

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

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

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 20; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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ARIZONA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. If you cancel or fail to renew this policy, we must promptly notify the Industrial Commission of Arizona.
3. We may cancel this policy if you fail to pay premium when due, or when one or both of the parties to a professional employer agreement terminate the agreement.
4. If we cancel or nonrenew this policy, we must mail or deliver to you and the Industrial Commission of Arizona at least 30 days' notice of the cancellation or nonrenewal. Mailing that notice to you at your mailing address shown in Item 1. of the Information Page will be sufficient to prove notice. If we nonrenew this policy and fail to give you notice of nonrenewal, coverage will not extend beyond the policy period.
5. The policy period will end on the day and hour stated in the cancellation or nonrenewal notice.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 02 06 01 A (09-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 21; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 88 of 127





**Workers Compensation And Employers Liability Insurance**  
**Policy Endorsement**

**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.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 07 06 01 (07-1988)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 22; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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**Workers Compensation And Employers Liability Insurance  
Policy Endorsement**

**FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 09 03 03 (08-2005)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 23; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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**FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
  - a. The act is an act of terrorism.
  - b. The act is violent or dangerous to human life, property or infrastructure.
  - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
  - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

**Limitation of Liability**

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.

Form No: WC 09 04 03 B (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 24; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

- b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

### Schedule

Rate per \$100 of Remuneration

Refer to the Schedule of Operations

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 09 04 03 B (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 24; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

### FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

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

This endorsement adds the following provisions to Part Five—Premium, G. Audit, of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return voluntary audit requests or refuse to cooperate in completing a final physical audit, you must pay a premium to us not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
2. We document the audit file regarding the above attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records, we send a letter by certified mail to you advising you of the specific records that are required and the premium that will be charged if you continue to refuse access to the records.

If you do not provide all of the specific records required and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or re-open the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all of the specific records required to complete the premium audit process within the three year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the policy.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 09 04 07 (07-2013)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 25; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 93 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 09 06 06 (10-1998)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 26; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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**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;

Form No: WC 12 06 01 E (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 27; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

- 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.
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 insureds 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.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 12 06 01 E (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 27; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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**MAINE INSPECTION IMMUNITY ENDORSEMENT**  
**(TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)**

**THE FOLLOWING LIMITS OUR LIABILITY**

We, the insurance company, our agents, employees, or service contractors, are not liable for damages from injury, death or loss occurring as a result of any act or omission in the furnishing of or the failure to furnish insurance inspection services related to, in connection with or incidental to the issuance or renewal of a policy of property or casualty insurance.

This exemption from liability does not apply:

- A. If the injury, loss or death occurred during the actual performance of inspection services and was proximately caused by our negligence or by the negligence of our agents, employees or service contractors;
- B. To any inspection services required to be performed under the provisions of a written service contract or defined loss prevention program;
- C. In any action against us, our agents, employees, or service contractors for damages proximately caused by our acts or omissions which are determined to constitute a crime, actual malice or gross negligence; or,
- D. If we fail to provide this written notice to the insured whenever a policy is issued or when new policy forms are issued upon renewal.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 18 06 01 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 28; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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MAINE CANCELATION AND NONRENEWAL ENDORSEMENT

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

The **Cancellation** Condition of the policy is replaced by this Condition:

**Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you and to the Workers Compensation Board not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice. If you have obtained a workers compensation and employers liability insurance policy from another insurance company, or have otherwise secured your obligation to provide compensation, and such insurance or other security becomes effective prior to the expiration date of the notice period, the policy period will end on the effective date of such other insurance or security.
4. If this policy has been renewed or has been in effect for 60 days or more, we may cancel only for one of the following reasons:
  - a. Nonpayment of premium;
  - b. Fraud or a material misrepresentation was made in obtaining the policy, continuing the policy or presenting a claim under the policy;
  - c. The risk accepted when the policy was issued has substantially increased;
  - d. Your failure to comply with reasonable loss control recommendations;
  - e. A substantial breach of contractual duties, conditions or warranties under the policy;
  - f. The Superintendent has determined that continuation of the policy could jeopardize our solvency or place us in violation of the law.

**Nonrenewal**

We may elect not to renew the policy. We will mail or deliver to you not less than 30 days advance written notice. A post office certificate of mailing to you at your last known address will be conclusive proof of receipt of that notice on the third calendar day after mailing.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 18 06 03 A (06-1995)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 29; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 98 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### MAINE FINAL PREMIUM AUDIT ENDORSEMENT

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

Part Five (Premium), Condition E, Final Premium, and Condition G, Audit, are changed by adding these conditions:

#### **E. Final Premium**

We are required by Maine regulation to complete our final premium audit not later than 120 days after the policy period ends.

If we are unable to examine and audit your records because of your failure to cooperate, we will mail advance written notice to you stating the reasons for our inability to establish the final premium. Your final premium will be established no later than 120 days from the time we are able to complete the examination and audit of your records.

If we have not established the final premium within the 120-day time limitation, we may not bill or collect any additional premium that exceeds the latest billed annual premium.

#### **G. Audit**

You may request a final premium audit to determine whether you are entitled to a refund, if we have not established the final premium within the 120-day time limit. You will mail or deliver written notice to us requesting the audit.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 18 06 04 (05-1988)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 30; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

### MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY WITHIN SEVEN DAYS ENDORSEMENT

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

Employer's First Report of Occupational Injury or Disease, form WCB-1, required to be filed for injuries arising out of and in the course of an employee's employment that has caused the employee to lose a day's work shall be reported to and received by the Workers' Compensation Board within SEVEN days after the employer receives notice or knowledge of the injury, as provided by 30-A M.R.S.A. sec. 303. First Reports of Injury can be mailed, electronically submitted or faxed to the Workers' Compensation Board at 207-287-5895.

Contact us immediately if an injury occurs which may be required to be reported to the Workers' Compensation Board.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 18 06 06 (04-1999)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 31; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 100 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT

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

Title 39-A of Maine Revised Statute Annotated, sections 355A through section 356 establishes the Maine Supplemental Benefits Fund to reimburse insurers and self-insurers for their payments of compensation to employees made pursuant to 39-A M.R.S.A. § 213(3),(4).

We are authorized pursuant to 39-A M.R.S.A. § 356 to collect a surcharge from you to pay the assessments required pursuant to 39-A M.R.S.A. § 154(3). Your surcharge will be calculated in accordance with 39-A M.R.S.A. § 154(3)(B-1).

#### Schedule

Surcharge: 0%

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 18 06 07 A (07-2011)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 32; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 101 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### MARYLAND ALCOHOL AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT

This endorsement provides notice that the premium for your policy may be affected by the Maryland Alcohol- and Drug-Free Workplace Premium Credit.

You may qualify for a premium credit if you have established and maintain an alcohol- and drug-free workplace policy that includes one or more of the qualifying programs included in section 11-329 of Maryland Code, Insurance.

You may request a premium credit by submitting a written statement to us certifying that you have established and maintain an alcohol- and drug-free workplace policy that includes one or more of the qualifying programs in accordance with Section 11-329 of Maryland Code, Insurance and our filed and approved rating program rules.

We have the right to require additional information to verify that you have established and maintain a qualifying program.

Your certification is required for each policy year that you receive the premium credit.

Your policy is subject to additional premium, for reimbursement of premium credit, and cancellation provisions of the policy if we determine that you misrepresented your compliance with the program rules.

Minimum premium policies are not eligible for this premium credit. The premium credit must not be used to reduce the premium below the minimum premium.

#### Schedule

#### Premium Credit

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 19 04 02 A (10-2017)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 33; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 102 of 127



MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
4. The provisions in D-2 and D-3 do not apply to the cancellation of a policy or binder during the 45-day underwriting period in accordance with Section 12-106 of Maryland Code, Insurance. Refer to Section 12-106 of Maryland Code, Insurance for the cancellation provisions that apply during the 45-day underwriting period.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 19 06 01 G (10-2017)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 34; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 103 of 127



**MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT**

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

1. Your policy is subject to a 45-day underwriting period beginning on the effective date of coverage. In accordance with Md. Code Ann. Ins. §12-106, if we discover a material risk factor during the underwriting period, we may:
  - a. Cancel this policy during the underwriting period if you do not meet our underwriting standards; or
  - b. Recalculate your premium from the effective date of the policy if you meet our underwriting standards.A material risk factor means a risk factor that:
  - Was incorrectly recorded or not disclosed by the insured in an application for insurance;
  - Was in existence on the date of the application; and
  - Modifies estimated annual premium charged on the policy in accordance with the rates and supplementary rating information filed by the carrierA material risk factor does not include:
  - Information that constitutes a material misrepresentation; or
  - A change initiated by an insured, including any request by the insured that results in a change in coverage, change in deductible or other change to a policy.
2. If we recalculate your premium because we discovered a material risk factor during the underwriting period, we will provide to you, by certificate of mailing or by delivery of electronic means in accordance with Md. Code Ann. Ins. §27-601.2, written notice of the following information by no later than the end of the underwriting period:
  - a. The amount of the recalculated premium;
  - b. The reason for the increase or reduction in the premium; and
  - c. Your right to cancel this policy and receive a pro rata refund of any premium paid by notifying us of the cancellation.
3. If you cancel this policy following receipt of a notice of recalculated premium, you will receive a pro rata refund of any premium paid, regardless of whether your policy is a retrospectively rated policy.
4. Nothing in this endorsement prohibits us from conducting an audit in accordance with the provisions of your policy or charging and collecting the final premium based on the results of the audit.
5. This endorsement does not apply if your policy is a renewal policy.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 19 06 02 (01-2014)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 35; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 104 of 127





## Workers Compensation And Employers Liability Insurance Policy Endorsement

### NEW JERSEY PART TWO LIMIT OF LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the Information Page.

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 Jersey.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 29 03 01 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 36; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 105 of 127



**NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the Information Page.

With respect to Exclusion C5, this insurance does not cover any and all intentional wrongs within the exception allowed by N.J.S.A. 34:15-8 including but not limited to, bodily injury caused or aggravated by an intentional wrong committed by you or your employees, or bodily injury resulting from an act or omission by you or your employees, which is substantially certain to result in injury.

With respect to Exclusion C7, we will defend any claim, proceeding or suit for damages where bodily injury is alleged. We have the right to investigate and settle. We will not defend or continue to defend after the applicable limits of the insurance have been paid. Such policy limits include any legal costs assessed against you on behalf of your employee(s).

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to an infant under the age of 18 years in a proceeding made pursuant to Article 2 as provided in N.J.S.A. 34:15-10.

This insurance does not provide for the payment of any common law negligence damages or other damages when the provisions of Article 2 of the New Jersey Workers Compensation Law have been rejected by you and your employee(s) as provided in N.J.S.A. 34:15-9.

With respect to paragraph F., the "Other Insurance" provision is replaced with the following:

**F. Other Insurance**

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

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 29 03 06 B (07-2007)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 37; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 106 of 127



NEW JERSEY LIMITED OTHER STATES INSURANCE ENDORSEMENT

**Part Three—Other States Insurance** is amended to read:

**A. How This Insurance Applies**

1. We will pay promptly, when due, the benefits required of you by the workers' compensation law of any state not listed in Item 3.A. of the Information Page, if all of the following conditions are met:
  - a. The employee claiming benefits was employed under a contract of hire made in a state listed in Item 3.A. of the Information Page and was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
  - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers' compensation coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers' compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
  - c. The duration of the work being performed by the employee claiming benefits in a state other than those listed in item 3.A. of the Information Page is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in item 1 above, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers' compensation law.

**IMPORTANT NOTICE!**

**If you hire any employees outside of New Jersey to work principally outside of New Jersey or you begin operations in any state other than New Jersey, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this Limited Other States Endorsement does not satisfy the requirements of that state's workers' compensation law.**

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 29 03 09 A (07-2005)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 38; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 107 of 127



NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT

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

The **Cancellation** Condition of the policy is replaced by this Condition:

**D. Cancellation and Nonrenewal**

1. You may cancel this policy.

If you cancel this policy, you must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy.

(a) If this policy has been in effect for fewer than 60 days and is not a renewal policy, we may cancel this policy for any reason by giving you at least 30 days prior written notice of cancellation and the reasons for cancellation by registered or certified mail, return receipt requested.

(b) If this policy has been in effect for at least 60 days or is a renewal policy, we may not cancel this policy without your prior written consent, except for any one of the following reasons:

- (1) Nonpayment of premium in accordance with the policy terms.
- (2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in obtaining the policy, continuing the policy, or presenting a claim under the policy.
- (3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.
- (4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.
- (5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.
- (6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by us.
- (7) Loss of facultative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.
- (8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk.
- (9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.
- (10) You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.

Form No: WC 32 03 01 D (07-2018)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 39; Page: 1 of 3

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 108 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

- (c) If we cancel for any of the reasons listed in paragraph (b), we must provide you with at least 15 days prior written notice of cancellation stating the precise reason for cancellation. We may provide this notice by registered or certified mail, return receipt requested, to you and any other person designated in the policy to receive notice of cancellation at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Whenever notice of cancellation is given by registered or certified mail, cancellation will not be effective unless and until that method is employed and completed. Notice of intent to cancel given by registered or certified mail shall be conclusively presumed completed three days after the notice is sent if, on the same day that notice is sent by registered or certified mail, the insurer also provides notice by first-class mail and by electronic means if available as defined in G.S. 58-2-255(a) to the insured and any other person designated in the policy to receive notice. Any such supplemental notice given by electronic means shall be effective for the limited purpose of establishing this conclusive presumption. Notice of cancellation may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send notice as provided in this paragraph to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest.
- (d) Cancellation for nonpayment of premium is not effective if the amount due is paid before the effective date stated in the notice of cancellation.
3. We may refuse to renew this policy:
- (a) If this policy is for a term of one year or less, we must provide you with notice of nonrenewal at least 45 days prior to the expiration date of the policy.
- (b) If this policy is for a term of more than one year or for an indefinite term, then to nonrenew the policy at the policy anniversary date we must provide you with notice of nonrenewal at least 45 days prior to the anniversary date of the policy.
- (c) The notice of nonrenewal must state the precise reason for nonrenewal. Failure to send this notice, as provided in paragraphs 3 and 5, to any other person designated in the policy to receive this notice invalidates the nonrenewal only as to that other person's interest.
- (d) Any nonrenewal attempted or made that is not in compliance with paragraphs (a), (b) and (c) is not effective. Paragraphs (a), (b) and (c) do not apply if you have obtained insurance elsewhere, have accepted replacement coverage, or have requested or agreed to nonrenewal.
4. Whenever we lower coverage limits, raise deductibles, or raise premium rates for reasons within our exclusive control and other than at your request, we will mail you written notice of the change at least 30 days in advance of the effective date of the change. As used in this paragraph, the phrase, "reasons within our exclusive control" does not mean experience modification changes, exposure changes, or loss cost rate changes.
5. We must provide the notice required by paragraphs 3 and 4 by mail to you and any other person designated in the policy to receive this notice at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Mailing copies of the notice by regular first-class mail satisfies the notice requirements of paragraphs 3, 4 and 5.
6. We will also send copies of the notice required by this endorsement to the agent or broker of record, though failure to send copies of the notice to the agent or broker of record will not invalidate a cancellation or nonrenewal. Mailing copies of the notice by regular first-class mail to the agent or broker of record satisfies the requirements of this paragraph. Notice of nonrenewal may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure.

Form No: WC 32 03 01 D (07-2018)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 39; Page: 2 of 3

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 109 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 32 03 01 D (07-2018)  
Endorsement Effective Date:  
Endorsement No: 39; Page: 3 of 3  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
Policy Page: 110 of 127



**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

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

It is hereby understood and agreed that all cancellation provisions in the policy addressing the required number of days notice for cancellation by us or non-renewal by us are amended as follows:

- a. 30 days notice will be given for notice of cancellation for non-payment of premium.
- b. 60 days notice will be given for notice of cancellation for any other reason.
- c. 60 days notice will be given for non-renewal.

Notwithstanding the provisions above, in no event will the number of days notice for cancellation or for non-renewal be fewer than the number of days required by North Carolina law.

In the event of cancellation or nonrenewal of the policy, we will mail notice to the named insured, and to the additional person(s) or organization(s) named in the Schedule below, as required by North Carolina law:

**SCHEDULE**

PENNDOT CENTRAL OFFICE  
KEYSTONE BUILDING  
400 NORTH STREET  
HARRISBURG, PA 17120

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 32 06 01 A (07-2010)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 40; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

### PENNSYLVANIA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge (ANC).

The charge is determined by applying the ANC Multiplier to the ANC Basis shown in the table below:

ANC BASIS	ANC MULTIPLIER
Estimated Annual Premium	Two Times

If you allow us to examine and audit all of your records after we have applied an ANC, we will remove the ANC and revise your premium in accordance with our manuals and Part 5 – Premium, E. (Final Premium) of this policy.

The application of the ANC is subject to the following conditions:

- a) Carriers must comply with all applicable state laws and/or regulations related to audits of workers compensation insurance policies.
- b) The Audit Noncompliance Charge Endorsement is optional. When used, the Audit Noncompliance Charge Endorsement and/or applicable state-specific endorsement must be attached to the policy at inception of the policy term being audited.
- c) The carrier must make two attempts to obtain the audit information and/or complete the audit. At each attempt, the carrier must notify the employer regarding the specific required records and the amount of the ANC to be applied if the employer continues to refuse to comply with the audit.
- d) The carrier must adequately document the audit file regarding the above attempts to obtain the required audit information.

These ANC conditions apply to mail/email, telephone, computer (remote access), and physical audits, unless otherwise provided by state law.

Form No: WC 37 04 01 (01-2017)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 41; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

The scenarios listed below may occur and are treated as follows:

If an ANC is applied and the employer	Then the carrier
Pays the ANC and later allows the audit	<ul style="list-style-type: none"><li>• Performs the final audit and determines the final policy premium based on the results of the audit; and</li><li>• Refunds the ANC to the employer, or applies the ANC amount to any outstanding balance on the policy</li></ul> <p>Submits a unit statistical correction report to remove the ANC from the previously reported Unit Statistical data.</p>
Does <b>not</b> pay the ANC but later allows the audit	Performs the final audit and determines the final policy premium based on the results of the audit
Pays the ANC but does <b>not</b> later allow the audit	Does not change the previously reported: <ul style="list-style-type: none"><li>• Unit Statistical data</li><li>• Noncompliance transactions</li></ul>
Does not pay the ANC and does <b>not</b> later allow the audit.	

All other terms and conditions of the policy remain unchanged.

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



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### SPECIAL PENNSYLVANIA ENDORSEMENT - INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 37 06 01 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 42; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 114 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. surveys;
2. consultation or advice; or
3. inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. if the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. to consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. if any acts or omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual malice, or gross negligence.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 37 06 02 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 43; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 115 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### PENNSYLVANIA ACT 86-1986 ENDORSEMENT NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM

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

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

#### Nonrenewal

1. We may elect not to renew the policy. We will mail each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
  - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. you fail to pay all premiums when due; or
  - c. you obtain other insurance as a replacement of the policy.

#### Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

#### Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
  - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
  - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1a. and 1b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return or unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

Form No: WC 37 06 03 A (08-1995)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 44; Page: 1 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 116 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 37 06 03 A (08-1995)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 44; Page: 2 of 2

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 117 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### TEXAS AMENDATORY ENDORSEMENT

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

#### GENERAL SECTION

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

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

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

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

#### PART ONE—WORKERS COMPENSATION INSURANCE

**E. Other Insurance** is amended by adding this sentence:

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

**F. Payments You Must Make**

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

**H. Statutory Provisions**

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

#### PART TWO—EMPLOYERS LIABILITY INSURANCE

**C. Exclusions**

Sections 2 and 3 are amended to add:

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

Section 6 is amended to read:

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

**D. We Will Defend**

This Section is amended by deleting the last sentence.

#### PART FOUR—YOUR DUTIES IF INJURY OCCURS

Number 6 of this part is amended to read:

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

#### PART FIVE—PREMIUM

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

Form No: WC 42 03 01 H (07-2016)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 45; Page: 1 of 4

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

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

### C. Remuneration

Number 2 is amended to read:

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

### E. Final Premium

Number 2 is amended to read:

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

## PART SIX—CONDITIONS

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

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

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

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

### D. Cancellation is amended to read:

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

Form No: WC 42 03 01 H (07-2016)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 45; Page: 2 of 4

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

4. If another insurance company notifies the Texas Department of Insurance—Division of Workers' Compensation that it is insuring you as an employer, such notice must be a cancelation of this policy effective when the other policy starts.

Add the following to the policy:

### **PART SEVEN—OUR DUTY TO YOU FOR CLAIM NOTIFICATION**

#### **A. Claims Notification**

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

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

#### **COMPLAINT NOTICE:**

#### **THE DISPUTE RESOLUTION PROCESS**

#### **THIS DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS.**

Proceed as follows if you have a dispute about your policy related to:

- Rates,
- The application or interpretation of rules contained in the various National Council on Compensation Insurance, Inc. (NCCI) manuals (including, but not limited to, classification codes and experience rating),
- Rating programs,
- Endorsements, or
- Forms.

First, contact the carrier that issued the policy and attempt to resolve the dispute directly. If the dispute is not directly resolved with the carrier, then contact NCCI, to ask for assistance through the dispute resolution process described in the Texas Miscellaneous Rules section of NCCI's *Basic Manual*. You may obtain dispute resolution services only after you have made a reasonable attempt to first resolve the dispute directly with the carrier and have paid undisputed premium that may be due to the carrier.

Send your request for assistance by mail to NCCI, Regulatory Assurance Department—Dispute Resolution Services, 901 Peninsula Corporate Circle, Boca Raton, FL 33487-1362; or by fax to 561-893-5043; or by email to [regulatoryassurance@ncci.com](mailto:regulatoryassurance@ncci.com).

NCCI will first work with you and the carrier to try to resolve the dispute. If you are unable to resolve the dispute to your satisfaction with NCCI's help, then you may ask NCCI to refer the dispute to the Texas Appeals Panel (Appeals Panel). The Appeals Panel consists of two insurance company representatives, an agent representative, a small employer, and a large employer, all appointed by the Texas Commissioner of Insurance. NCCI is the Administrator to the Texas Appeals Panel, and a staff member from TDI, appointed by the Commissioner, serves as the chair of the Panel.

Form No: WC 42 03 01 H (07-2016)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 45; Page: 3 of 4

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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## Workers Compensation And Employers Liability Insurance Policy Endorsement

Within 30 days of the date that the Appeals Panel issues a decision, any party to the dispute may appeal the decision to the Texas Department of Insurance. To appeal a decision of the Appeals Panel, contact the Texas Department of Insurance, Office of the Chief Clerk, Mail Code 113-2A, P.O. Box 149104, Austin, TX 78714-9104; or by fax to 512-490-1064; or by email to [chiefclerk@tdi.texas.gov](mailto:chiefclerk@tdi.texas.gov).

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

### **CLAIM COMPLAINT:**

If there is a workers compensation claim complaint involving one of your employees, then contact the Texas Department of Insurance—Division of Workers' Compensation, System Monitoring and Oversight, 7551 Metro Center Drive, Suite 100, MS-8, Austin, TX 78742; or by fax to 512-490-1030; or by e-mail to [DWC-ComplaintResolution@tdi.texas.gov](mailto:DWC-ComplaintResolution@tdi.texas.gov).

**THIS NOTICE IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.**

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 42 03 01 H (07-2016)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 45; Page: 4 of 4

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 121 of 127



**Workers Compensation And Employers Liability Insurance**  
**Policy Endorsement**

**TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

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

The premium for this endorsement is shown in the Schedule.

**Schedule**

1. ☐ Specific Waiver

Name of person or organization

☒ Blanket Waiver

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

2. Operations: All Texas Operations

3. Premium:

The premium charge for this endorsement shall be 2% 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: Refer to Schedule of Operations

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 42 03 04 B (06-2014)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 46; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 122 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### 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.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 42 04 07 (03-2002)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 47; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

Policy Page: 123 of 127



## Workers Compensation And Employers Liability Insurance Policy Endorsement

### VIRGINIA AMENDATORY ENDORSEMENT

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

For Virginia insurance, Part Six D. (Conditions - Cancellation) is replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us. You must provide written notice of your cancellation, including the date of and reasons for the cancellation, to the Workers Compensation Commission.
2. We may cancel this policy. We will provide you with 30 days notice of cancellation. We will provide the Workers Compensation Commission with immediate notice of such cancellation. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
3. In the event of cancellation by you or us, you must provide 30 days written notice of the cancellation to your covered employees.
4. We may nonrenew your policy. We will provide 30 days notice to you and to the Workers Compensation Commission of our decision to nonrenew. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
5. If you fail to pay the premium due on this policy, we may cancel the policy by providing 10 days notice to you and to the Workers Compensation Commission.

All other terms and conditions of the policy remain unchanged.

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

Form No: WC 45 06 02 (07-1993)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 48; Page: 1 of 1

Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728

Policy Effective Date: 11/15/2018

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POSTING NOTICE SCHEDULE

THE FOLLOWING POSTING NOTICES WILL BE ATTACHED TO THE POLICY

State	CNA Form	State Form	Form Description	Qty
AZ	WC7912B	ICA 04-615-01	WORK EXPOSURE TO BODILY FLUIDS (ENGLISH)	1
AZ	WC7921B	ICA 04-615-01	WORK EXPOSURE TO BODILY FLUIDS (SPANISH)	1
AZ	WC8424D		NOTICE TO EMPLOYEES/AVISO A LOS EMPLEADOS	1
AZ	WC9786A		WORK EXPOSURE TO MRS, SPINAL MENINGITIS, TB	1
DE	WC9872A		POSTING NOTICE	1
IL	WC8145E	ICPN	WORKPLACE NOTICE	1
IL	WC9421C	ICPNSP	WORKPLACE NOTICE (SPANISH)	1
ME	G301255B	WCB-90	WORKERS COMPENSATION-NOTICE TO EMPLOYEES	1
NJ	WC7511B2	Form 16 NJA	NOTICE	1
NJ	WC8863	Form 17NJ	NOTICE (SPANISH)	1
NC	WC1534P	Form 17	WORKERS' COMPENSATION NOTICE TO INJURED WORKERS AND EMPLOYERS	1
NC	WC8932D	Forma 17	WORKERS' COMPENSATION NOTICE TO INJURED WORKERS AND EMPLOYERS (SPANISH)	1
PA	WC7826G	LIBC-500	REMEMBER: IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY	4
SC	WC9864A		WORKERS COMPENSATION COMPLIANCE POSTER	1
TX	WC8285B	Notice 8	REQUIRED WORKERS COMPENSATION COVERAGE	1
TX	WC8287C	Notice 8S	REQUIRED WORKERS COMPENSATION COVERAGE (SPANISH)	1
TX	WC7518B	Notice 9	NOTICE REGARDING CERTAIN WORK-RELATED COMMUNICABLE DISEASES AND ELIGIBILITY FOR WORKERS COMPENSATION BENEFITS	1



**Workers Compensation And Employers Liability Insurance**  
**Policy Schedule**

**THE FOLLOWING POSTING NOTICES WILL BE ATTACHED TO THE POLICY**

State	CNA Form	State Form	Form Description	Qty
TX	WC7546C	Notice 9S	NOTICE REGARDING CERTAIN WORK-RELATED COMMUNICABLE DISEASES AND ELIGIBILITY FOR WORKERS COMPENSATION BENEFITS (SPANISH)	1
TX	WC9687B	OMB-49	NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS COMPENSATION SYSTEM	1
TX	WC9688B	OMB-49S	NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS COMPENSATION SYSTEM (SPANISH)	1
TX	CC72180A	NOTICE 6	NOTICE TO EMPLOYEES CONCERNING WORKERS COMPENSATION IN TEXAS	1
TX	CC72181A	NOTICE 6S	NOTICE TO EMPLOYEES CONCERNING WORKERS COMPENSATION IN TEXAS (SPANISH)	1
TX	G301270C		NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL (ENGLISH)	1
TX	G301271C		NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL (SPANISH)	1
VA	WC7964P	VWC-1	WORKERS COMPENSATION NOTICE	1
VA	WC9170B	VWC-1(SP)	WORKERS COMPENSATION NOTICE (SPANISH)	1

**THE FOLLOWING POSTING NOTICES WILL BE MAILED UNDER SEPARATE COVER**

State	CNA Form	State Form	Form Description	Qty
FL	WC8846B	DFS-F4-1548	WORKERS COMP WORKS FOR YOU	3
FL	WC8907B	DFS-F4-2026	WORKERS COMP WORKS FOR YOU (SPANISH)	3
MD	C24	C-24	WORKERS COMPENSATION IN MARYLAND (ENGLISH/SPANISH)	1

Form No: CNA82027XX (03-2015)  
Policy Schedule; Page: 2 of 3  
Underwriting Company: Valley Forge Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 90786728  
Policy Effective Date: 11/15/2018  
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**Workers Compensation And Employers Liability Insurance**  
**Policy Schedule**

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

Tag	Field Name	Field Value
001	EMPLOYER NAME	MCCORMICK TAYLOR, INC.
002	EMPLOYER CITY	PHILADELPHIA
003	EMPLOYER STATE	PA
004	EMPLOYER ZIP	19103
005	EMPLOYER FEIN	231683759
006	INSURANCE CARRIER NAME	VALLEY FORGE INSURANCE COMPANY
007	INSURANCE CARRIER BUREAU CODE	0046
008	INSURANCE CARRIER (OR TPA) NAME	VALLEY FORGE INSURANCE COMPANY
009	POLICY NUMBER	WC 5 90786728
010	POLICY EFFECTIVE DATE	11/15/2018
011	POLICY EXPIRATION DATE	11/15/2019
012	AGENT NAME	LOCKTON COMPANIES, LLC
013	AGENT STREET ADDRESS	444 W 47TH ST STE 900
014	AGENT CITY	KANSAS CITY
015	AGENT STATE	MO
016	AGENT ZIP	64112
017	AGENT PHONE	816-960-9000
018	ADJUSTING COMPANY NAME	VALLEY FORGE INSURANCE COMPANY
019	EMPLOYER STREET ADDRESS	2001 MARKET ST FL 10 2 COMMERCE SQ