

EMC Insurance Companies

EMPLOYERS MUTUAL CASUALTY COMPANY (15539) PRIOR POLICY: 5N0-43-51-14
RENEWAL INFORMATION PAGE WC000001A
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

THIS INFORMATION PAGE ALONG WITH THE 'POLICY
PROVISIONS' COMPLETES THE NUMBERED POLICY.

* POLICY NUMBER *
* 5 N 0 - 4 3 - 5 1---15 *

ITEM 1

N A M E D I N S U R E D :

P R O D U C E R :

WEATHERCRAFT CO. OF
SCOTTSBLUFF
2401 E 8TH ST
NORTH PLATTE NE 69101-2677

LOCKTON COMPANIES, LLC
1015 N 98TH ST STE 101
OMAHA NE 68114-2357

AGENT: AB 8210
AGENT PHONE: 402-970-6100
JACK H. STRUYK JR

AGENCY BILL

PHONE NUMBER: 308-534-3480
INSURED IS: CORPORATION
BUS DESC: ROOFING
INTERSTATE ID: 917416869
FED. EMPLOYER'S ID: 470584390
CO UNEMPLOYMENT ACCOUNT NUMBER: 000000
SIC CODE: 1761

ITEM 2 POLICY PERIOD:12:01 A.M., STANDARD TIME AT THE INSURED'S MAILING ADDRESS
FROM: DEC/31/14 TO: DEC/31/15

IMPORTANT NOTICE - NOTICE OF AVAILABILITY OF ACCIDENT PREVENTION SERVICES
AND RETURN TO WORK COORDINATION SERVICES-TEXAS (WC8517)

EMC INSURANCE COMPANIES IS REQUIRED TO NOTIFY ITS POLICYHOLDERS THAT ACCIDENT PREVENTION SERVICES ARE AVAILABLE FROM EMC 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. EMC 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 §413.22. IF YOU WOULD LIKE MORE INFORMATION, CONTACT EMC INSURANCE AT 972-470-5200 AND LOSSCONTROL@EMCINS.COM FOR ACCIDENT PREVENTION SERVICES OR 972-470-5200 AND LOSSCONTROL@EMCINS.COM FOR RETURN-TO- 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 EMC INSURANCE COMPANIES FAILS TO RESPOND TO YOUR REQUEST FOR ACCIDENT PREVENTION SERVICES OR RETURN-TO- COORDINATION SERVICES, YOU MAY FILE A COMPLAINT WITH THE TDI-DWC IN WRITING AT [HTTP://WWW.TDI.TEXAS.GOV](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.

ITEM 3

- A. WORKERS' COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS' COMPENSATION LAW OF THE STATES LISTED HERE; CO, KS, SD, TX
B. EMPLOYERS' LIABILITY INS.: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3.A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE

COPYRIGHT 1983 NATIONAL COUNCIL ON COMPENSATION INSURANCE
ISSUED FROM: EMC INSURANCE CO, PO BOX 2070, OMAHA, NE 68103
DATE OF ISSUE: 11/13/14 (BPP) COUNTERSIGNED BY:

DATE:

FORM WC7002 ED. 09/86 (BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMC Insurance Companies

PAGE 2

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15
WC000001A

BODILY INJURY BY ACCIDENT \$ 1,000,000 EACH ACCIDENT
BODILY INJURY BY DISEASE \$ 1,000,000 EACH EMPLOYEE
BODILY INJURY BY DISEASE \$ 1,000,000 POLICY LIMIT

C. OTHER STATES INS: PART THREE OF THE POLICY APPLIES TO ALL STATES EXCEPT ME, ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A SHOWN ABOVE.

D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES:

0405B(02/06)*, 0417*, IL7004(12/12)*, IL7130A(04/01)*,
IL7131A(04/01)*, IL7602(01/99)*, IL7604(01/99)*, IL8044(07/07)*,
IL8383.5(01/08)*, IL8576(09/09)*, WC000000B(07/11)*, WC000114(01/14)*,
WC000301A(02/89)*, WC000313(04/84)*, WC000406A(07/95)*,
WC000414(07/90)*, WC000419(01/01)*, WC000421C(09/08)*,
WC000422A(09/08)*, WC050402(11/90)*, WC050404(01/12)*,
WC150401A(01/10)*, WC150405(03/96)*, WC150601A(01/87)*,
WC400601A(07/11)*, WC400603(01/94)*, WC400605B(04/06)*,
WC420101(01/14)*, WC420301F(01/00)*, WC420407(03/02)*, WC7003(09/86)*,
WC7005(07/11)*, WC7145(01/08)*, WC7146(01/08)*, WC8493(06/01)*,
WC8517(11/05)*, WC8536(01/10)*

ITEM 4

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF . ESTIMATED
RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION. ANNUAL
REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT. . PREMIUM

SEE CLASSIFICATION OF OPERATIONS SCHEDULE ATTACHED

PREMIUM SUBTOTAL - SEE SCHEDULE ATTACHED	.\$	35,516.00
ADJUSTMENT FOR DEBIT/CREDIT SCHEDULE MODIFICATION	.\$	8,794.00
LESS: ESTIMATED PREMIUM DISCOUNT	.\$	-3,121.00
BLANKET WAIVER OF OUR RIGHT TO RECOVER	.\$	300.00
EXPENSE CONSTANT	.\$	250.00

MINIMUM PREMIUM \$1620
SOUTH DAKOTA

ESTIMATED POLICY PREMIUM . \$ 41,739.00

SOUTH DAKOTA POLICY FEE . \$ 14.00
TOTAL ESTIMATED POLICY PREMIUM . \$ 41,753.00

INTERIM ADJUSTMENTS WILL BE MADE: ANNUALLY

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ISSUED FROM: EMC INSURANCE CO, PO BOX 2070, OMAHA, NE 68103
DATE OF ISSUE: 11/13/14 (BPP) COUNTERSIGNED BY:

DATE:

FORM WC7002 ED. 09/86 (BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY

INSTALLMENT PREMIUM PAYMENT
SCHEDULE

POLICY PERIOD: 12/31/2014 TO 12/31/2015

* POLICY NUMBER *
* 5 N 0 - 4 3 - 5 1 ---15 *

NAMED INSURED

PRODUCER

WEATHERCRAFT CO. OF
SCOTTSBLUFF

2401 E 8TH ST

NORTH PLATTE, NE.
69101-2677

LOCKTON COMPANIES, LLC

1015 N 98TH ST STE 101

OMAHA, NE.

68114-2357

AGENT NO. AB-8210

THE (ADVANCE/ESTIMATED) PREMIUM WILL BE DUE AS FOLLOWS:

SCHEDULE	INSTALLMENT	*STATE	TOTAL
DUE DATE	AMOUNT	SURCHARGE(S)	INSTALLMENT
			AMOUNT
12/31/14	3481.00	1.13	3482.13
01/31/15	3478.00	1.17	3479.17
02/28/15	3478.00	1.17	3479.17
03/31/15	3478.00	1.17	3479.17
04/30/15	3478.00	1.17	3479.17
05/31/15	3478.00	1.17	3479.17
06/30/15	3478.00	1.17	3479.17
07/31/15	3478.00	1.17	3479.17
08/31/15	3478.00	1.17	3479.17
09/30/15	3478.00	1.17	3479.17
10/30/15	3478.00	1.17	3479.17
11/30/15	3478.00	1.17	3479.17
TOTAL	41739.00	14.00	41753.00

*REFER TO YOUR POLICY DOCUMENTS FOR INFORMATION ON STATE REQUIRED SURCHARGES.

THIS INSTALLMENT SCHEDULE WILL NOT BE REVISED BY ANY FUTURE ENDORSEMENT
RESULTING IN PREMIUM CHANGES, UNLESS APPROVED BY THE COMPANY.

PLACE OF ISSUE: OMAHA, NE

DATE OF ISSUE: 11/13/2014

EMPLOYERS MUTUAL CASUALTY COMPANY (15539)

POLICY NUMBER: 5N0-43-51---15

WEATHERCRAFT CO. OF

EFF DATE: 12/31/14

EXP DATE: 12/31/15

WORKERS COMPENSATION POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*0405B	02-06	WC & GROUP BENEFITS PRIVACY NOTICE	
*0417	-	SPECIAL INTEREST/ADD.NAMED INSUREDS	
*IL7004	12-12	MUTUAL POLICY PROVISIONS	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7602	01-99	COLORADO COMPANY ELIMINATION	
*IL7604	01-99	KANSAS COMPANY ELIMINATION	
*IL8044	07-07	IMPORTANT NOTICE - TEXAS COMPLIANCE	
*IL8383.5	01-08	DISCL PURSUANT TERRSM RISK INS. ACT PREMIUM THROUGH 12/31/14 PREMIUM BEYOND 12/31/14	WAIVED \$ 107
*IL8576	09-09	MEDICARE IMPT NOTICE TO POLICYHOLDER	
*WC000000B	07-11	WC AND EMPLOYERS LIABILITY INSURANCE	
*WC000114	01-14	PENDING LAW CHG TO TERRORISM RISK IN	
*WC000301A	02-89	ALTERNATE EMPLOYER ENDORSEMENT ALTERNATE EMPLOYER: UNION PACIFIC RAILROAD COMPANY ADDRESS: 1400 DOUGLAS ST, OMAHA NE 68179 STATE OF SPECIAL OR TEMPORARY EMPLOYMENT: CO KS SD TX CONTRACT OR PROJECT: VARIOUS ROOFING PROJECTS	
*WC000313	04-84	WAIVER OF OUR RIGHT TO RECOVER THIS AGREEMENT SHALL NOT OPERATE DIRECTLY OR INDIRECTLY TO BENEFIT ANYONE NOT NAMED BELOW: ANY OR ALL PERSONS OR ORGANIZATIONS SUBJECT TO A WRITTEN CONTRACT REQUIRING SUCH A WAIVER AGREEMENT "ANY OR ALL PERSONS OR ORGANIZATIONS SUBJECT TO A WRITTEN CONTRACT REQUIRING SUCH A WAIVER AGREEMENT"	
*WC000406A	07-95	PREMIUM DISCOUNT ENDORSEMENT	
*WC000414	07-90	NOTIFICATION OF CHANGE IN OWNERSHIP	
*WC000419	01-01	PREMIUM DUE DATE ENDORSEMENT	
*WC000421C	09-08	CATASTROPHE O/T CERT ACTS TERRORISM	
*WC000422A	09-08	TERRORISM REAUTHORIZATION ACT END.	
*WC050402	11-90	CO CLASSIFICATION ENDORSEMENT	
*WC050404	01-12	CO-NON-COOPERATION W/PREM AUDIT SURC	
*WC150401A	01-10	KANSAS FINAL PREMIUM ENDORSEMENT	
*WC150405	03-96	KS LOSS COST CHANGE ENDORSEMENT	
*WC150601A	01-87	KS CANCEL & NONRENEWAL ENDST	
*WC400601A	07-11	SD-DIRECT ACTION STATUTE ENDORSEMENT	
*WC400603	01-94	SD MANAGED CARE ENDORSEMENT	

DATE OF ISSUE: 11/13/14

(CONTINUED)

FORM: IL7131A (ED. 04-01)

007

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PAGE NO: 2

EMPLOYERS MUTUAL CASUALTY COMPANY (15539)

POLICY NUMBER: 5N0-43-51---15

WEATHERCRAFT CO. OF

EFF DATE: 12/31/14

EXP DATE: 12/31/15

WORKERS COMPENSATION POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*WC400605B	04-06	SD CANCELLATION/NONRENEWAL END	
*WC420101	01-14	TX-PENDING LAW CHG TO TERRORISM RISK	
*WC420301F	01-00	TX AMENDATORY ENDORSEMENT	
*WC420407	03-02	TX AUDIT PREM & RETRO PREM END	
*WC7003	09-86	WORKERS COMPENSATION SCHEDULE	
*WC7005	07-11	WC QUICK REFERENCE	
*WC7145	01-08	TX TERRISM RISK PRGM REATHRZTON ACT	
*WC7146	01-08	TX. TERRORISM PREMIUM END.	
*WC8493	06-01	IMPORTANT NOTICE TO POLICYHOLDERS	
*WC8517	11-05	RETURN TO WORK SERVICES - TEXAS	
*WC8536	01-10	SD-NOTIFICATION LETTER WC W>\$5000	

DATE OF ISSUE: 11/13/14

FORM: IL7131A (ED. 04-01)

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5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY (15539)
WEATHERCRAFT CO. OFPOLICY NUMBER: SN0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15

This disclosure is attached to your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act. This disclosure does not grant any coverage or change the terms and conditions of any coverage under the policy.

D I S C L O S U R E P U R S U A N T T O
T E R R O R I S M R I S K I N S U R A N C E A C T

S C H E D U L E

Terrorism Premium (Certified Acts)

- A. Premium through end of year 12/31/14 waived.
- B. Premium beyond the date specified above \$107.00
(Refer to paragraph D. below)

A. DISCLOSURE OF PREMIUM:

In accordance with the Federal Terrorism Risk Insurance Act we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under that act. The portion of your premium attributable to such coverage is shown in the schedule of this disclosure or in the policy Declarations.

B. DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. PREMIUM BEYOND THE YEAR SPECIFIED IN THE SCHEDULE ABOVE:

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act. The federal program established by the Act is scheduled to terminate at the end of the year specified in the Schedule of this endorsement, unless extended by the federal government. If the federal program is extended, the premium shown in (B) in the Schedule shall be attributable to coverage for terrorism acts certified under the act. If the federal program terminates, your policy will still contain coverage for acts of terrorism unless you have elected to exclude the coverage. The premium shown in (B) of the schedule shall be attributable to that coverage for terrorism.

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DATE OF ISSUE: 11/13/14

(continued)

EMPLOYERS MUTUAL CASUALTY COMPANY (15539)

POLICY NUMBER: 5N0-43-51---15

WEATHERCRAFT CO. OF

EFF DATE: 12/31/14

EXP DATE: 12/31/15

This disclosure is attached to your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act. This disclosure does not grant any coverage or change the terms and conditions of any coverage under the policy.

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

THE FOLLOWING STATEMENT IS REQUIRED TO BE PART OF THE DISCLOSURE NOTICE IN MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.

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DATE OF ISSUE: 11/13/14

FORM: IL8383.5 (01-08)

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5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY (15539)

N A M E D I N S U R E D E N D O R S E M E N T

POLICY PERIOD: FROM 12/31/14 TO 12/31/15

* POLICY NUMBER *
* 5 N 0 - 4 3 - 5 1 ---15 *

N A M E D I N S U R E D :

P R O D U C E R :

WEATHERCRAFT CO. OF
SCOTTSBLUFF
2401 E 8TH ST
NORTH PLATTE NE 69101-2677LOCKTON COMPANIES, LLC
1015 N 98TH ST STE 101
OMAHA NE 68114-2357

AGENCY BILL

AGENT: AB 8210
AGENT PHONE: 402-970-6100
JACK H. STRUYK JR-----
T H I S E N D O R S E M E N T C H A N G E S T H E P O L I C Y .
P L E A S E R E A D I T C A R E F U L L Y .
-----*-----*
* ENDORSEMENT EFFECTIVE DATES: 12/31/14 TO 12/31/15 *
*-----*IT IS HEREBY AGREED AND UNDERSTOOD THAT THE NAMED INSURED
IS AMENDED TO READ AS FOLLOWS:1ST NAMED INSURED:
WEATHERCRAFT CO. OF SCOTTSBLUFFNO. 02:
WEATHERCRAFT CO. OF NORTH PLATTENO. 03:
OVERHEAD DOOR CO. OF SCOTTSBLUFFNO. 04:
WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF MCCOOKNO. 05:
WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF LEXINGTONNO. 06:
WGB COMPANIES, INC.NO. 10:
WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF BRUSH, CONO. 11:
HPR, INC. (DBA)HIGH PLAINS ROOFING CO.PLACE OF ISSUE: OMAHA, NE
DATE OF ISSUE: 11/13/14

(CONTINUED)

FORM: IL7130A (ED. 04-01)

007 JO

5N04351 1501

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EMPLOYERS MUTUAL CASUALTY COMPANY (15539)

POLICY NO: 5N0-43-51---15

WEATHERCRAFT CO. OF

EFF DATE: 12/31/14

EXP DATE: 12/31/15

NAMED INSURED ENDORSEMENT
CONTINUED

NO. 13:

WNWK, INC. (DBA) OVERHEAD DOOR OF NORTHWEST KANSAS

NO. 14:

WEATHERCRAFT CO. OF NORTH PLATTE

(DBA) WEATHERCRAFT CO OF CENTRAL SOUTH DAKOTA

NO. 15:

WHOLESALE ROOFING SUPPLY, INC.

NO. 16:

E.E.L. INVESTMENTS

NO. 20:

ERIC STAR PROPERTIES

NO. 21:

DUFF ROOFING

NO. 22:

WGB COMPANIES

(DBA) WEATHERCRAFT CO OF GARDEN CITY

NO. 23:

HOME PRIDE COMPANIES, INC.

PLACE OF ISSUE: OMAHA, NE

DATE OF ISSUE: 11/13/14

FORM: IL7130A (ED. 04-01)

007

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5N04351 1501

EMC Insurance Companies

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF
INTERSTATE ID: 917416869

POLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15

EXTENSION OF INFORMATION PAGE
ITEM 4 - CLASSIFICATION OF OPERATIONS SCHEDULE

WC000001A

C O L O R A D O

(001) UNKNOWN

BRUSH, CO. 80723

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 2

FULL TIME: 2

PART TIME:

SIC: 1761

CLASSIFICATION PHRASEOLOGY	.CODE .	ESTIMATED .	RATES	ESTIMATED
	. NO. .	ANNUAL .	PER \$100	ANNUAL
		. REMUNERATION .	REMUNERATION	PREMIUM
STORAGE WAREHOUSE NOC	.8292 .	IF ANY.	7.63 .	0.00
CLERICAL OFFICE EMPLOYEES NOC	.8810 .	40,000.	0.32 .	128.00
SHEET METAL WORK-INSTALLATION & D	.5535 .	25,000.	13.67 .	3,418.00
ROOFING ALL KINDS & D	.5551 .	45,000.	26.21 .	11,795.00
CONTRACTORS PERMANENT YARD	.8227 .	15,000.	5.75 .	863.00
ALTERNATE EMPLOYER ENDORSEMENT	.9689 .	.	.\$	100.00
EMPLOYERS LIABILITY	.9812 .	.	.\$	179.00
PREMIUM FOR INCR LIMITS PART TWO.	.	.	.	.

SUBJECT PREMIUM . \$ 16,483.00

MODIFIED PREMIUM - EXP. MOD. APPLIED
(0.840) . \$ 13,846.00

SCHEDULE MODIFICATION DEBIT 9889 . \$ 3,462.00

STATE TOTAL ESTIMATED STANDARD PREMIUM . \$ 17,308.00

CLASS CODE - 0063 ESTIMATED PREMIUM DISCOUNT . \$ -1,241.00

BLANKET WAIVER OF OUR RIGHT TO RECOVER - CODE 9656 . \$ 300.00

TERRORISM - CODE 9740 (RATE .02) . \$ 25.00

CATASTROPHE (OTHER THAN CERT ACTS) - CODE 9741 (RATE .02) . \$ 25.00

STATE TOTAL PREMIUM . \$ 16,417.00

K A N S A S

(002) UNKNOWN

GARDEN CITY, KS. 67846

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 2

FULL TIME: 2

PART TIME:

SIC: 1761

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM WC7003 ED. 09/86 (BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14EXP DATE: 12/31/15
WC000001A

CLASSIFICATION PHRASEOLOGY	.CODE . . NO. .	ESTIMATED ANNUAL . REMUNERATION.	RATES PER \$100 . REMUNERATION	ESTIMATED ANNUAL PREMIUM
MILLWRIGHT WORK NOC & D	.3724 .	80,000.	5.99 .	\$ 4,792.00
SHEET METAL WORK-INSTALLATION & D	.5535 .	IF ANY.	6.17 .	\$ 0.00
ROOFING ALL KINDS & D	.5551 .	IF ANY.	20.30 .	\$ 0.00
CONTRACTOR EXECUTIVE SUPERVISOR OR. CONSTRUCTION SUPERINTENDENT	.5606 . .	IF ANY. .	1.50 . .	\$ 0.00
STORAGE WAREHOUSE NOC	.8292 .	IF ANY.	6.40 .	\$ 0.00
SALESPERSONS, COLLECTORS, OR MESSENGERS - OUTSIDE	.8742 . .	75,000. .	0.53 . .	\$ 398.00
CLERICAL OFFICE EMPLOYEES NOC	.8810 .	78,000.	0.29 .	\$ 226.00
CONTRACTORS PERMANENT YARD	.8227 .	14,000.	4.72 .	\$ 661.00
EMPLOYERS LIABILITY PREMIUM FOR INCR LIMITS PART TWO.	.9812 . .	. .	.\$ .	67.00

SUBJECT PREMIUM . \$ 6,144.00

MODIFIED PREMIUM - EXP. MOD. APPLIED
(0.840) . \$ 5,161.00

SCHEDULE MODIFICATION DEBIT 9889 . \$ 1,290.00

STATE TOTAL ESTIMATED STANDARD PREMIUM . \$ 6,451.00

CLASS CODE - 0063 ESTIMATED PREMIUM DISCOUNT . \$ -455.00

TERRORISM - CODE 9740 (RATE .02) . \$ 49.00

CATASTROPHE (OTHER THAN CERT ACTS) - CODE 9741 (RATE .02) . \$ 49.00

STATE TOTAL PREMIUM . \$ 6,094.00

S O U T H D A K O T A

(003) UNKNOWN

CHAMBERLAIN, SD. 57325

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 2

FULL TIME: 2

PART TIME:

SIC: 1761

CLASSIFICATION PHRASEOLOGY	.CODE . . NO. .	ESTIMATED ANNUAL . REMUNERATION.	RATES PER \$100 . REMUNERATION	ESTIMATED ANNUAL PREMIUM
MILLWRIGHT WORK NOC & D	.3724 .	IF ANY.	9.85 .	\$ 0.00

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM WC7003 ED. 09/86 (BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMC Insurance Companies

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EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

EFF DATE: 12/31/14

POLICY NUMBER: 5N0-43-51---15

EXP DATE: 12/31/15

WC000001A

CLERICAL OFFICE EMPLOYEES NOC	.8810	IF ANY.	0.38	0.00
SHEET METAL WORK-INSTALLATION & D	.5535	40,000.	9.21	3,684.00
CONTRACTOR EXECUTIVE SUPERVISOR OR	.5606	IF ANY.	3.13	0.00
CONSTRUCTION SUPERINTENDENT	.	.	.	.
ROOFING ALL KINDS & D	.5551	60,000.	24.91	14,946.00
SALESPERSONS, COLLECTORS, OR	.8742	65,000.	0.63	410.00
MESSENGERS - OUTSIDE	.	.	.	.
CARPENTRY DETACHED ONE OR TWO	.5645	IF ANY.	18.06	0.00
FAMILY DWELLINGS	.	.	.	.
CONTRACTORS PERMANENT YARD	.8227	IF ANY.	6.39	0.00
EMPLOYERS LIABILITY	.9812	.	.\$	209.00
PREMIUM FOR INCR LIMITS PART TWO.	.	.	.	.

SUBJECT PREMIUM . \$ 19,249.00-----
MODIFIED PREMIUM - EXP. MOD. APPLIED .
(0.840) . \$ 16,169.00-----
SCHEDULE MODIFICATION DEBIT 9889 . \$ 4,042.00-----
STATE TOTAL ESTIMATED STANDARD PREMIUM . \$ 20,211.00

CLASS CODE - 0063 ESTIMATED PREMIUM DISCOUNT . \$ -1,425.00

TERRORISM - CODE 9740 (RATE .02) . \$ 33.00

CATASTROPHE (OTHER THAN CERT ACTS) - CODE 9741 (RATE .02) . \$ 33.00

STATE SUBTOTAL . \$ 18,852.00

SOUTH DAKOTA POLICY FEE . \$ 14.00

STATE TOTAL PREMIUM . \$ 18,866.00-----
T E X A S

(004) UNKNOWN

AUSTIN, TX. 73301

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 0

FULL TIME: 0

PART TIME:

SIC: 1761

CLASSIFICATION PHRASEOLOGY	.CODE .	ESTIMATED	RATES	ESTIMATED
	. NO. .	ANNUAL	PER \$100	ANNUAL
		REMUNERATION	REMUNERATION	PREMIUM
ROOFING ALL KINDS & D	.5551	IF ANY.	21.73	0.00
CONTRACTOR EXECUTIVE SUPERVISOR OR	.5606	IF ANY.	1.70	0.00

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM WC7003 ED. 09/86 (BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

PAGE 4

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

EFF DATE: 12/31/14

POLICY NUMBER: 5N0-43-51---15

EXP DATE: 12/31/15

WC000001A

CONSTRUCTION SUPERINTENDENT

EMPLOYERS LIABILITY .9812 . . . \$ 1.00
PREMIUM FOR INCR LIMITS PART TWO. . . .-----
SUBJECT PREMIUM . \$ 1.00
-----MODIFIED PREMIUM - EXP. MOD. APPLIED .
(0.840) . \$ 1.00
-----SCHEDULE MODIFICATION DEBIT 9889 . \$.00
-----STATE TOTAL ESTIMATED STANDARD PREMIUM . \$ 1.00
-----STATE TOTAL PREMIUM . \$ 1.00

W Y O M I N G

(005) VARIOUS

CHEYENNE, WY. 82001

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 0

FULL TIME: 0

PART TIME:

SIC: 1761

CLASSIFICATION PHRASEOLOGY . CODE . ESTIMATED . RATES . ESTIMATED
. NO. . ANNUAL . PER \$100 . ANNUAL
. . REMUNERATION . REMUNERATION . PREMIUM
-----EMPLOYER'S LIABILITY COVERAGE .9139 . . . \$ 125.00
-----SUBJECT PREMIUM . \$ 125.00
-----STATE TOTAL ESTIMATED STANDARD PREMIUM . \$ 125.00
-----STATE TOTAL PREMIUM . \$ 125.00

ESTIMATED POLICY PREMIUM . \$ 41,489.00

EXPENSE CONSTANT . \$ 250.00

SOUTH DAKOTA POLICY FEE . \$ 14.00

TOTAL ESTIMATED POLICY PREMIUM . \$ 41,753.00

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM WC7003 ED. 09/86 (BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

EFF DATE: 12/31/14

POLICY NUMBER: 5N0-43-51---15
EXP DATE: 12/31/15

NAMED INSURED'S

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE
NAMED INSURED IS AMENDED TO READ AS FOLLOWS:

- 01 WEATHERCRAFT CO. OF SCOTTSBLUFF
CO UI: 00000000
KS UI:
SD UI:
TX UI:
WY UI:
LOCATIONS: 001, 002, 003, 004, 005
- 02 WEATHERCRAFT CO. OF NORTH PLATTE
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 03 OVERHEAD DOOR CO. OF SCOTTSBLUFF
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 04 WEATHERCRAFT CO. OF NORTH PLATTE
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 05 WEATHERCRAFT CO. OF NORTH PLATTE
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 06 WGB COMPANIES, INC.
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM 0417

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51---15

EFF DATE: 12/31/14

EXP DATE: 12/31/15

- 10 WEATHERCRAFT CO. OF NORTH PLATTE
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 11 HPR, INC. (DBA)HIGH PLAINS ROOFING CO.
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 13 WNWK, INC. (DBA)OVERHEAD DOOR OF NORTHWEST KANSAS
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 14 WEATHERCRAFT CO. OF NORTH PLATTE
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 15 WHOLESALE ROOFING SUPPLY, INC.
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 16 E.E.L. INVESTMENTS
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004
- 20 ERIC STAR PROPERTIES
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM 0417

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

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EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: SN0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15

21 DUFF ROOFING
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004

22 WGB COMPANIES
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004

23 HOME PRIDE COMPANIES, INC.
CO UI: 000000
KS UI:
SD UI:
TX UI:
LOCATIONS: 001, 002, 003, 004

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

FORM 0417

(BPP) ANN RATING DATE: 12/31/14 007 JO SN04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14

EXP DATE: 12/31/15

NAMED INSURED'S CODING SHEET

NAME LINK CODE

001 WEATHERCRAFT CO. OF SCOTTSBLUFF
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 00000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

001 WEATHERCRAFT CO. OF SCOTTSBLUFF
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

001 WEATHERCRAFT CO. OF SCOTTSBLUFF
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

001 WEATHERCRAFT CO. OF SCOTTSBLUFF
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

001 WEATHERCRAFT CO. OF SCOTTSBLUFF
VARIOUS
CHEYENNE, WY 82001
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

002 WEATHERCRAFT CO. OF NORTH PLATTE
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

EFF DATE: 12/31/14

POLICY NUMBER: 5N0-43-51---15

EXP DATE: 12/31/15

STATUS AS OF

002 WEATHERCRAFT CO. OF NORTH PLATTE
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

002 WEATHERCRAFT CO. OF NORTH PLATTE
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

002 WEATHERCRAFT CO. OF NORTH PLATTE
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

003 OVERHEAD DOOR CO. OF SCOTTSBLUFF
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

003 OVERHEAD DOOR CO. OF SCOTTSBLUFF
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

003 OVERHEAD DOOR CO. OF SCOTTSBLUFF
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

003 OVERHEAD DOOR CO. OF SCOTTSBLUFF

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: 5N0-43-51--15
EFF DATE: 12/31/14 EXP DATE: 12/31/15
STATUS AS OFUNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:004 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF MCCOOK
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:004 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF MCCOOK
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:004 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF MCCOOK
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:004 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF MCCOOK
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:005 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF LEXINGTON
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:ISSUED FROM: OMAHA, NE
DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51---15

EFF DATE: 12/31/14

EXP DATE: 12/31/15

STATUS AS OF

005 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF LEXINGTON
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

005 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF LEXINGTON
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

005 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF LEXINGTON
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

006 WGB COMPANIES, INC.
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

006 WGB COMPANIES, INC.
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

006 WGB COMPANIES, INC.
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMC Insurance Companies

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EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15

STATUS AS OF
PART TIME:

NUMBER OF EMPLOYEES: FULL TIME: 2

006 WGB COMPANIES, INC.
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0

PART TIME:

010 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF BRUSH, CO
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2

PART TIME:

010 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF BRUSH, CO
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2

PART TIME:

010 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF BRUSH, CO
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2

PART TIME:

010 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO. OF BRUSH, CO
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0

PART TIME:

011 HPR, INC. (DBA)HIGH PLAINS ROOFING CO.
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51---15

EFF DATE: 12/31/14 EXP DATE: 12/31/15

STATUS AS OF

UI: 000000

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

011 HPR, INC. (DBA)HIGH PLAINS ROOFING CO.

UNKNOWN

GARDEN CITY, KS 67846

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

011 HPR, INC. (DBA)HIGH PLAINS ROOFING CO.

UNKNOWN

CHAMBERLAIN, SD 57325

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

011 HPR, INC. (DBA)HIGH PLAINS ROOFING CO.

UNKNOWN

AUSTIN, TX 73301

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

013 WNWK, INC. (DBA)OVERHEAD DOOR OF NORTHWEST KANSAS

UNKNOWN

BRUSH, CO 80723

FEIN: 470584390

UI: 000000

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

013 WNWK, INC. (DBA)OVERHEAD DOOR OF NORTHWEST KANSAS

UNKNOWN

GARDEN CITY, KS 67846

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

013 WNWK, INC. (DBA)OVERHEAD DOOR OF NORTHWEST KANSAS

UNKNOWN

CHAMBERLAIN, SD 57325

FEIN: 470584390

UI:

SIC CODE: 1761

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMC Insurance Companies

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EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51--15
EFF DATE: 12/31/14 EXP DATE: 12/31/15

STATUS AS OF
PART TIME:

NUMBER OF EMPLOYEES: FULL TIME: 2

013 WNWK, INC. (DBA)OVERHEAD DOOR OF NORTHWEST KANSAS
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

014 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO OF CENTRAL SOUTH DAKOTA
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

014 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO OF CENTRAL SOUTH DAKOTA
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

014 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO OF CENTRAL SOUTH DAKOTA
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

014 WEATHERCRAFT CO. OF NORTH PLATTE
(DBA)WEATHERCRAFT CO OF CENTRAL SOUTH DAKOTA
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

015 WHOLESALE ROOFING SUPPLY, INC.
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

EFF DATE: 12/31/14

POLICY NUMBER: 5N0-43-51---15

EXP DATE: 12/31/15

STATUS AS OF

UI: 000000

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

015

WHOLESALE ROOFING SUPPLY, INC.

UNKNOWN

GARDEN CITY, KS 67846

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

015

WHOLESALE ROOFING SUPPLY, INC.

UNKNOWN

CHAMBERLAIN, SD 57325

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

015

WHOLESALE ROOFING SUPPLY, INC.

UNKNOWN

AUSTIN, TX 73301

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

016

E.E.L. INVESTMENTS

UNKNOWN

BRUSH, CO 80723

FEIN: 470584390

UI: 000000

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

016

E.E.L. INVESTMENTS

UNKNOWN

GARDEN CITY, KS 67846

FEIN: 470584390

UI:

SIC CODE: 1761

NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

016

E.E.L. INVESTMENTS

UNKNOWN

CHAMBERLAIN, SD 57325

FEIN: 470584390

UI:

SIC CODE: 1761

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMC Insurance Companies

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EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUF

POLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15

STATUS AS OF
PART TIME:

NUMBER OF EMPLOYEES: FULL TIME: 2

016 E.E.L. INVESTMENTS
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES:

FULL TIME: 0 PART TIME:

020 ERIC STAR PROPERTIES
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES:

FULL TIME: 2 PART TIME:

020 ERIC STAR PROPERTIES
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES:

FULL TIME: 2 PART TIME:

020 ERIC STAR PROPERTIES
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES:

FULL TIME: 2 PART TIME:

020 ERIC STAR PROPERTIES
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES:

FULL TIME: 0 PART TIME:

021 DUFF ROOFING
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES:

FULL TIME: 2 PART TIME:

ISSUED FROM: OMAHA, NE
DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15
STATUS AS OF

021	DUFF ROOFING UNKNOWN GARDEN CITY, KS 67846 FEIN: 470584390 UI: SIC CODE: 1761 NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:
021	DUFF ROOFING UNKNOWN CHAMBERLAIN, SD 57325 FEIN: 470584390 UI: SIC CODE: 1761 NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:
021	DUFF ROOFING UNKNOWN AUSTIN, TX 73301 FEIN: 470584390 UI: SIC CODE: 1761 NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:
022	WGB COMPANIES (DBA) WEATHERCRAFT CO OF GARDEN CITY UNKNOWN BRUSH, CO 80723 FEIN: 470584390 UI: 000000 SIC CODE: 1761 NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:
022	WGB COMPANIES (DBA) WEATHERCRAFT CO OF GARDEN CITY UNKNOWN GARDEN CITY, KS 67846 FEIN: 470584390 UI: SIC CODE: 1761 NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:
022	WGB COMPANIES (DBA) WEATHERCRAFT CO OF GARDEN CITY UNKNOWN CHAMBERLAIN, SD 57325 FEIN: 470584390 UI: SIC CODE: 1761 NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

ISSUED FROM: OMAHA, NE

DATE OF ISSUE: 11/13/14 (BPP)

(BPP) ANN RATING DATE: 12/31/14 007 JO 5N04351 1501

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: 5N0-43-51---15
EFF DATE: 12/31/14 EXP DATE: 12/31/15
STATUS AS OF

022 WGB COMPANIES
(DBA) WEATHERCRAFT CO OF GARDEN CITY
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

023 HOME PRIDE COMPANIES, INC.
UNKNOWN
BRUSH, CO 80723
FEIN: 470584390
UI: 000000
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

023 HOME PRIDE COMPANIES, INC.
UNKNOWN
GARDEN CITY, KS 67846
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

023 HOME PRIDE COMPANIES, INC.
UNKNOWN
CHAMBERLAIN, SD 57325
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 2 PART TIME:

023 HOME PRIDE COMPANIES, INC.
UNKNOWN
AUSTIN, TX 73301
FEIN: 470584390
UI:
SIC CODE: 1761
NUMBER OF EMPLOYEES: FULL TIME: 0 PART TIME:

EMPLOYERS MUTUAL CASUALTY COMPANY
WEATHERCRAFT CO OF SCOTTSBLUFPOLICY NUMBER: 5N0-43-51--15
EFF DATE: 12/31/14

EXP DATE: 12/31/15

WC000406A

P R E M I U M D I S C O U N T E N D O R S E M E N T

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.

S C H E D U L E

		ESTIMATED ELIGIBLE PREMIUM			BALANCE
		FIRST	NEXT	NEXT	
COLORADO	\$ 10,000 0.0%	\$ 190,000 9.1%	\$ 1,550,000 11.3%		12.3%
KANSAS	\$ 10,000 0.0%	\$ 190,000 9.1%	\$ 1,550,000 11.3%		12.3%
SOUTH DAKOTA	\$ 10,000 0.0%	\$ 190,000 9.1%	\$ 1,550,000 11.3%		12.3%
TEXAS	\$ 5,000 0.0%	\$ 95,000 8.4%	\$ 400,000 10.5%		11.0%

2. AVERAGE PERCENTAGE DISCOUNT:

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:

IMPORTANT NOTICE

Workers' Compensation Laws in the states covered by this policy may make you responsible for workers' compensation benefits due to an employee of a contractor (or subcontractor) doing work for you, unless such contractor (or subcontractor) has workers' compensation insurance in force covering the work performed by the contractor (or subcontractor) or is otherwise exempt from obtaining coverage. You should secure satisfactory evidence from the contractor (or subcontractor) doing work for you that it is operating under the applicable Workers' Compensation Act or is otherwise exempt. You should secure satisfactory evidence to that effect, preferably by securing a Certificate of Insurance from the contractor (or subcontractor), to be retained by you and to be available to our payroll auditor at the time of audit. If a Certificate of Insurance is not obtained, you will need to provide documentation establishing an independent contractor relationship. An Independent Contractor Statement form is available from EMC Insurance for this purpose upon request. Lack of such evidence requires a statement of wages earned by employees of such contractors (or subcontractors) upon which you will be charged the appropriate premium. Failure to cooperate with a payroll audit and to supply the payroll records of your contractors (or subcontractors), will result in the use of the full contract price of the work performed during the policy period by the contractor (or subcontractor) and may result in additional premium charges.

SOUTH DAKOTA WORKPLACE SAFETY POLICYHOLDER NOTICE

South Dakota Annual workplace safety review services provision 58-20-21 requires all insurers writing workers compensation insurance in South Dakota to offer to conduct or contract for annual workplace safety review services to each of its insureds whose policy premium is five thousand dollars or more unless the insured has five or fewer employees. Safety review services shall be conducted at least once every three years. Any recommendations for improved safety procedures will be mailed to the insured.

In order to comply with the law, our company can arrange for safety inspections to be made of your workplace aimed at identifying safety and health hazards. If you desire these services, merely complete the request form at the end of this notice and return it to the address shown below by registered mail.

It is our sincere desire to help resolve your safety problems promptly and completely. There is no additional charge to you for this service.

ATTENTION: Risk Improvement Department – A Workers Compensation safety inspection is requested.

Named Insured: _____

Address: _____

Location To Be Inspected: _____

Name of Person to Contact: _____

Phone Number: _____ Policy Number: _____

Signed by: _____

(Policyholder)

Mail to: EMC Insurance Companies
P.O. Box 2070
Omaha, NE 68103-2070

WORKERS' COMPENSATION DISCLOSURE FORM
IMPORTANT NOTICE TO POLICYHOLDERS

1. Notice Of Change In Rate By Classification

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

2. Notice Of Policyholder's Right To Appeal Classification

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

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

If you disagree with your insurer or the insurer's authorized representative on the employee classification assignment, you may appeal to the Workers' Compensation Classification Appeal Board by filing written notice with said board within thirty (30) days after you have exhausted all appeal review procedures provided by the insurer.

Your request should be sent to the Secretary of the Colorado Workers' Compensation Classification Appeals Board, %National Council on Compensation Insurance, Inc. (NCCI), 7220 West Jefferson Avenue, Suite 310, Lakewood, CO 80235. Written instructions for your appearance before the Colorado Workers' Compensation Classification Appeals Board will be furnished by the Secretary of the board. The board will render a decision as to whether a misclassification has occurred.

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

3. Notice Of Availability Of Medical Case Management Services

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

IMPORTANT NOTICE TO POLICYHOLDERS

Re: New Federal Claim Information Reporting Requirements

New federal reporting requirements for claims involving parties potentially eligible for Medicare are now in place. With your continued cooperation, EMC Insurance Companies will be able to meet these new reporting responsibilities.

To help us comply with the new requirements, **you simply need to make sure you report all claims to your agent or EMC Insurance Companies.** If you choose to pay a claim, or attempt to settle a claim on your own, you may become responsible for these new reporting requirements.

For specific information on Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), go to www.cms.hhs.gov/MandatoryInsRep/ or consult with your attorney.



IMPORTANT NOTICE

To obtain information or to make a complaint:
You may call EMC Insurance Companies toll free
telephone number for information or to make a
complaint at:

1-800-223-0562

You may also write to EMC Insurance Companies at:
P.O. Box 1739
Main Office
Wichita, KS 67201-1739

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

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, Texas 78714-9104
FAX: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-Mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

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

ATTACH THIS NOTICE TO YOUR POLICY:

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

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:
Usted puede llamar al numero de telefono gratis de
EMC Insurance Companies para informacion o para
someter una queja al:

1-800-223-0562

Usted tambien puede escribir a EMC Insurance
Companies:

P.O. Box 1739
Main Office
Wichita, KS 67201-1739

Pueda comunicarse con el Departamento de Seguros
de Texas para obtener informacion acerca de
compañias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, Texas 78714-9104
FAX: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-Mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PREMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un
reclamo, debe comunicarse con el agente primero.
Si no se resuelve 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.

QUICK REFERENCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
READ YOUR POLICY CAREFULLY

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IMPORTANT: This Quick Reference is not part of the Workers Compensation and Employers Liability Policy and does not provide coverage. Refer to the Workers Compensation and Employers Liability Policy itself for actual contractual provisions.

EMC[®] Employers Mutual Casualty Company

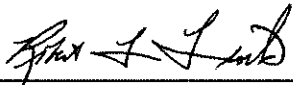
Home Office Des Moines, Iowa

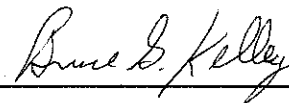
NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

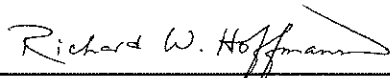
 Secretary

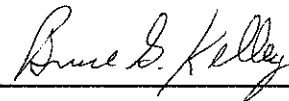
 President

EMC[®] EMCASCO Insurance Company

Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

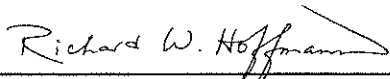
 Secretary

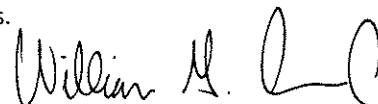
 President

EMC[®] Union Insurance Company of Providence

Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

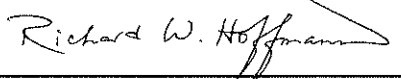
 Secretary

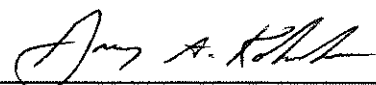
 President

EMC[®] EMCASCO Insurance Company

Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

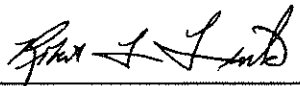
 Secretary

 President

EMC[®] Dakota Fire Insurance Company

Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC[®] Hamilton Mutual Insurance Company

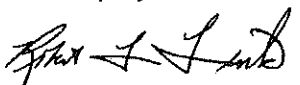
Home Office Des Moines, Iowa


NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC Property & Casualty Company

Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Bruce E. Kelley President

EMC Employers Mutual Casualty Company

Home Office Des Moines, Iowa

(Applicable in the State of Texas)

MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

John J. Lind Secretary

Bruce E. Kelley President

COLORADO COMPANY ELIMINATION ENDORSEMENT

The Colorado Insurance Department requires the company to explain by this endorsement that:

**Employers Mutual Casualty Company,
EMCASCO Insurance Company and
Union Insurance Company of Providence**

are licensed to do an insurance business in Colorado, but:

**Dakota Fire Insurance Company
Illinois EMCASCO Insurance Company and
EMC Property and Casualty Company**

are not licensed companies in Colorado.

This endorsement in no way affects the coverage under the policy/bond to which it is attached but is intended only to clarify the name of the issuing company.

KANSAS COMPANY ELIMINATION ENDORSEMENT

The Kansas Insurance Department requires the company to explain by this endorsement that:

**Employers Mutual Casualty Company,
EMCASCO Insurance Company and
Union Insurance Company of Providence**

are licensed to do an insurance business in Kansas, but:

**EMC Property & Casualty Company
Dakota Fire Insurance Company
Illinois EMCASCO Insurance Company and
Hamilton Mutual Insurance Company**

are not licensed companies in Kansas and reference to such is hereby deleted from the policy.

This endorsement in no way affects the coverage under the policy/bond to which it is attached but is intended only to clarify the name of the issuing company.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

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

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

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

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

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

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 7-11)

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 USC Sections 901-950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356a.), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945), 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 USC Sections 51-60), 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;
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.

(Ed. 7-11)

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.

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

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

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

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

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

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

You need not do anything further at this time.

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

WC 00 01 14

(Ed. 1-14)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 00 03 13

(Ed. 4-84)

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 | Next | Next | |
| \$10,000 | \$190,000 | \$1,550,000 | Balance |
2. Average percentage discount: _____%
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:

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

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

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 04 06 A
(Ed. 7-95)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 04 14

Original Printing

Effective July 1, 1990

Standard

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.

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE
PREMIUM**

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

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

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). The 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 22A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (other than Certified Acts of Terrorism)** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

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

Schedule

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

WC 00 04 21 C

(Ed. 9-08)

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 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

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

Definitions

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

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

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

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

"Insurer Deductible" means, for the period beginning on January 1, 2008 and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

(Ed. 9-08)

Schedule

StateRatePremium

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

COLORADO CLASSIFICATION ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Colorado is shown in Item 3.A. of the Information Page.

Section B. Classifications of Part Five (Premium) is amended by adding the following:

The assignment of a proper classification resulting in higher premium is allowed only if the misclassification was caused by your failure to provide accurate or complete data. If your operation changes during the policy term, you must notify us within ninety days of the change. Failure to notify us will be considered a failure to provide accurate or complete data.

Section E. Final Premium of Part Five is amended by adding this sentence at the end of the first paragraph:

Payments to us or to you based on improper classification may be collected or refunded during the term of the policy and for twelve months after the term.

Notes:

1. This endorsement must be attached to a policy when Colorado is a state named in Item 3.A. of the Information Page.
2. Colorado law allows insurers (and employers) to collect premiums (or obtain refunds) which would have been payable but for job misclassification. Insurers can collect only if the insured failed to provide accurate or complete data. See Colorado Revised Statutes Section 8-44-113(1).
3. Colorado law allows insurers and employers to recover for misclassifications only during the term of the policy plus an additional reasonable time not to exceed twelve months. See Colorado Revised Statutes Section 8-44-113(2).

COLORADO NON-COOPERATION WITH PREMIUM AUDIT SURCHARGE ENDORSEMENT

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

This endorsement amends and is added to Part Five—Premium Condition G. Audit. We may apply a surcharge, as shown in the Schedule below, if you do not let us examine and audit all your records that relate to this policy.

Schedule

Surcharge/Fee

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

KANSAS FINAL PREMIUM ENDORSEMENT

This endorsement changes how the final premium is determined. The change applies only to the premium charged because Kansas is shown in Item 3.A. of the Information Page

- Kansas final premium will not be less than the highest minimum premium for the classifications covered by this policy unless there are two or more classifications covered and the highest rated classification has less than \$500 payroll.
- When this occurs the final premium will not be less than one-half of the sum of the two highest minimum premiums for any classifications covered by the policy other than Clerical Office and Salespersons.
- When the highest rated classification has less than \$500 payroll and Standard Exception classifications are the only classifications showing payrolls, the final premium will not be less than the minimum premium for the classification showing the highest payroll.
- Final premium for a multiple state policy will be that of the state with the single highest minimum premium, even if that state is on an "if any" basis. If two or more states have the same highest minimum premium, the minimum premium is determined by the state with the largest amount of standard premium.
- Minimum premium is subject to final adjustment at audit and will be determined only on the basis of the classifications developing premium.
- If the final earned premium is less than the minimum premium determined at audit, then that minimum premium must be charged.
- If no classification develops premium, the final premium shall be a flat charge of \$200.

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

KANSAS LOSS COST CHANGE ENDORSEMENT

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

The premium for this policy is determined by the product of loss costs developed and filed by the National Council on Compensation Insurance, Inc. and a loss cost multiplier filed by us. Revised loss costs have now been approved by the Kansas Insurance Department. The resulting premium change that applies to the policy is included in the enclosed Information Page and/or is shown in the Schedule below.

Schedule

Classifications	Code No.	Original Quoted Premium	Revised Estimated Annual Premium
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Total policy premium:

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

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

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by

KANSAS CANCELATION AND NONRENEWAL ENDORSEMENT

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

The **Cancellation** Condition of the policy is replaced by these two Conditions:

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. If we cancel because you fail to pay all premium when due, we will mail or deliver to you not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. If this policy has been in effect for 90 days or more, we may cancel only for one of the following reasons:
 - a. nonpayment of premium;
 - b. the policy was issued because of a material misrepresentation;
 - c. you violated any of the material terms and conditions of the policy;
 - d. there are unfavorable underwriting factors, specific to you, that were not present when the policy took effect;
 - e. the Commissioner has determined that our continuation of coverage could place us in a hazardous financial condition or in violation of the laws of Kansas; or
 - f. the Commissioner has determined that we no longer have adequate reinsurance to meet our needs.
4. Our notice of cancellation will state our reasons for canceling.
5. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice when the nonrenewal will take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. Our notice of nonrenewal will state our reasons for not renewing.

Notes:

1. Cancellation of the workers compensation and employers liability insurance policy is regulated by Section 40-3-15 of the Kansas Insurance Regulations.
2. This endorsement must be attached to a policy showing Kansas in Item 3.A. of the Information Page.

SOUTH DAKOTA DIRECT ACTION STATUTE ENDORSEMENT

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

1. Your injured employee, or the persons entitled to sue you for damages in the event of the death of the employee, may add us as a defendant in a suit against you to recover damages because of bodily injury or death to your employee.
2. We are directly liable to pay to your injured employee, or to the persons entitled to sue you for damages in the event of the death of the employee, the damages for which you are liable.

This endorsement is subject to all provisions of Part Two (Employers Liability Insurance) that do not conflict with the direct action statute (Section 58-20-12) of the South Dakota Workers' Compensation Law.

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 40 06 01 A
(Ed. 07-11)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

SOUTH DAKOTA MANAGED CARE ENDORSEMENT

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

This endorsement provides for the payment of benefits under the workers compensation law of South Dakota to provide medical services and health care to injured workers for compensable injuries and diseases by means of a managed care program which meets the requirements established by the Department of Labor.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

SOUTH DAKOTA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

The **Cancellation** Condition in Part Six (Conditions) of the policy is replaced by this Condition:

Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy.
 - a. We must file a notice of intention in the office of the State Department of Labor or other officer in charge of the administration of the workers compensation law at least 10 days prior to cancellation due to nonpayment of premiums. Any policy cancelled for reasons other than nonpayment of premium requires at least 20 days notification before the effective cancellation date. This notice of intention must state the date of cancellation.
 - b. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation due to nonpayment of premiums is to take effect. Any policy cancelled for reasons other than nonpayment of premium requires at least 20 days written notification before the effective cancellation date.
 - c. Mailing that notice to you at your last known place of residence will be sufficient to prove notice.
 - d. If the employer is a partnership, the notice may be given to any one of the partners.
 - e. If the employer is a corporation, the notice may be given to any agent or officer of the corporation upon whom legal process may be served.
3. After sixty days from the effective date of policy issuance, a notice of cancellation may not be issued unless it is based upon at least one of the following reasons:
 - a. Nonpayment of premium
 - b. Discovery of fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy, or in presenting a claim under the policy
 - c. Discovery of acts or omissions on the part of the named insured that increase any hazard insured against
 - d. The occurrence of a change in the risk that substantially increases any hazard insured against after insurance coverage has been issued
 - e. A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof that substantially increases any hazard insured against
 - f. A determination by the director of the Division of Insurance that the continuation of the policy would jeopardize a company's solvency or would place the insurer in violation of the insurance laws of this state
 - g. Violation or breach by the insured of any policy terms or conditions
 - h. Such other reasons as are approved by the director of the Division of Insurance
4. The policy period will end on the day and hour stated in the cancellation notice.
5. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

(Ed. 4-06)

Nonrenewal

1. We may elect not to renew. We will mail or deliver to you and your agent not less than 60 days advance written notice stating our intention not to renew this policy. Mailing notice to you at your last known address will be sufficient to prove notice.
2. A notice of nonrenewal is not required if the policyholder is transferred to an insurer that is a member of the same insurance group as the previous insurer and notice of such transfer is given in the form adopted by rule by the Division of Insurance.
3. The policy provisions control if the policy provides for a notice of refusal to renew that exceeds 60 days.

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

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

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

WC 40 06 05 B
(Ed. 4-06)

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

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

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

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

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

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

You need not do anything further at this time.

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

TEXAS AMENDATORY ENDORSEMENT

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

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

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

D. State is amended to read:

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

PART ONE—WORKERS COMPENSATION INSURANCE**E. Other Insurance** is amended by adding this sentence:

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

F. Payments You Must Make

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

H. Statutory Provisions

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

PART TWO—EMPLOYERS LIABILITY INSURANCE**C. Exclusions**

Sections 2 and 3 are amended to add:

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

Section 6 is amended to read:

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

D. We Will Defend

This Section is amended by deleting the last sentence.

PART FOUR—YOUR DUTIES IF INJURY OCCURS

Number 6 of this part is amended to read:

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

PART FIVE—PREMIUM**A. Our Manuals** is amended by adding this sentence:

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

C. Remuneration

Number 2 is amended to read:

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

E. Final Premium

Number 2 is amended to read:

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

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 Workers' Compensation Commission.
3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of:
 - a. Fraud in obtaining coverage;
 - b. Misrepresentation of the amount of payroll for purposes of premium calculation;
 - c. Failure to pay a premium when payment was due;
 - d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;
 - e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.
4. If another insurance company notifies the Texas Workers' Compensation Commission that it is insuring you as an employer, such notice shall be a cancellation of this policy effective when the other policy starts.

PART SEVEN—OUR DUTY TO YOU FOR CLAIM NOTIFICATION**A. Claims Notification**

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

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

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

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

**TEXAS—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.

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

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

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

TEXAS TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT 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 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If word 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 resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States as meeting all of the following requirements:

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

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

"Insurer Deductible" means, for the period beginning on January 1, 2008 and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1. above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amounts shown in Item 4 of the Information Page or in the Schedule in the Texas Terrorism Premium Endorsement. WC7146(1-08), attached to this policy.

TEXAS TERRORISM PREMIUM ENDORSEMENT**Schedule***

State	Rate per \$100 of Payroll
*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.	

This endorsement is notification 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.

For purposes of this endorsement, an "act of terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. 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.

The premium charge for the coverage your policy provides for workers compensation losses caused by an act of terrorism is shown in Item 4 of the Information Page or in the Schedule above.

RETURN TO WORK SERVICES – TEXAS

EMC Insurance Companies is required by law to provide its policyholder with certain accident prevention services as required by the Texas Labor code, §411.066, at no additional charge and return-to-work coordination services as required by Texas Labor code §413.021. If you would like more information, call EMC Insurance Companies loss control division at 972-437-0100 for accident prevention services or 972-437-0100 for return-to-work coordination services. If you have any questions about this requirement, call the Division of Workers' Health and Safety, Texas Workers' Compensation Commission at 1-800-687-7080.

