

WORKERS COMPENSATION



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MD 25240





IMPORTANT NOTICE

NOTICE OF TERRORISM INSURANCE COVERAGE

NOTICE - DISCLOSURE OF PREMIUM

Applies to all Commercial Policies, except for Farmowners Multiperil, Business Auto and Crime

(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy. You should read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.)

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

Other than for Workers Compensation, the portion of your annual premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for that portion of losses covered by the United States Government under the Act.

For Workers Compensation, the portion of your annual premium that is attributable to coverage for acts of terrorism is shown on your declarations page and does not include any charges for the portion of losses covered by the United States government under the Act.

We appreciate your business and look forward to continuing to serve you. If you have any questions, or would like to learn about additional coverage options, please contact your Nationwide agent.

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Nationwide®

IMPORTANT NOTICE

Thank you for choosing Nationwide® to help you protect what's important to you. We value your business and want to ensure you have the current Virginia customer service contact information if you need assistance.

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address:

Nationwide Insurance Co
Attn: Customer Relations Department
One West Nationwide Bl
Columbus OH 43215-2220
Toll Free: 877-669-6877
Web: www.nationwide.com

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218-1157
Toll Free: 800-310-6566
Toll Free VA Residents: 800-552-7945
Web: www.scc.virginia.gov/boi
Email: bureauofinsurance@scc.virginia.gov

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

What you need to do

Please keep this information with your insurance policy for reference.

You can always count on us to be there

We appreciate your business and look forward to continuing to serve you.

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Information for insureds and injured workers

Late reporting drives medical costs higher and reduces workplace productivity. Do not delay claim reporting because you are waiting for additional information on the incident. It is our job to help you complete the investigation. So, encourage your employees to report any workplace injury to their manager immediately.



For non-life-threatening injuries, call Nationwide's Nurse Triage Hotline at 1-855-777-7090 to report the claim and receive medical guidance. If it is life or limb threatening injury immediately call 911.

The Nurse Triage Hotline is an advisory service provided by registered nurses to Nationwide workers' compensation insurance customers. The nurses are employed by Mitchell | Genex | Coventry and lines are open 24/7. Hotline nurses can help determine an effective course of action and, if needed, assist in coordinating treatment by an appropriate authorized provider.

The Nurse Triage Hotline is a great resource, but it's not the right answer for every situation. If you know the injury requires treatment, seek appropriate treatment, or make a call to Nurse Triage to help you with making that decision. The table below lists examples and what steps to take to help bring about positive outcomes for injured employees.

Some Typical scenarios...	What you should do...
It's a serious and/or life-threatening injury (e.g., fall from heights, laceration causing significant loss of blood, stuck by falling object).	Call 911 immediately so the employee can receive emergency treatment. Then report the injury to Nationwide at 1-800-421-3535.
It's a non-life-threatening injury that clearly requires treatment (e.g., broken bone, laceration, requiring stitches, concussion).	Refer the employee to an authorized treatment provider if your state permits or call the Nurse Triage Hotline at 1-855-777-7090 for assistance. If Nurse Triage Hotline is not called, please report the injury to Nationwide at 1-800-421-3535 after medical treatment is obtained.
It's an injury and you're not sure whether medical treatment is needed or what type of treatment is needed.	Call the Nurse Triage Hotline at 1-855-777-7090 , for guidance on how to proceed.

Things to keep in mind:

For non-limb or life-threatening injuries, the preferred method for reporting the injury is through the Nurse Triage Hotline.

- If you contact the Nurse Triage, there is no need to report the claim to Nationwide because Nurse Triage 24/7 will report the claim. If no further medical treatment is sought, there is no cost for the Nurse Triage service
- If you do not use the Nurse Triage Hotline, report your claim to Nationwide by one of the following methods:
 - o Call 1-800-421-3535
 - o Email First Notice of Loss to: enewloss@nationwide.com
 - o Agribusiness Commercial Online Access (if you are not already registered, go to nationwide.com/agclient)
 - o Online at <https://www.nationwide.com/business/insurance/claims>
 - o Fax First Notice of Loss to 1-800-554-2899

Questions on Nurse Triage?

Contact Coventry at 1-855-777-7090 and ask for the manager on duty, or email NurseTrgCS@cvtty.us.com

Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company.
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IMPORTANT NOTICE

Thank you for choosing Nationwide® to help you protect what's important to you. We value your business and want to ensure you have current information about your policy.

What you need to do

Please read this notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

You can always count on us to be there

We appreciate your business and look forward to continuing to serve you. If you have any questions, or would like to learn about additional coverage options, please contact your Nationwide agent.

Important Notice Description(s)

Workers' Compensation Deductible Availability

We offer a deductible option on your Workers' Compensation Insurance policy. To enable you to make an informed decision about this option, we are providing this brief overview of how the deductible plan works.

The available deductible amounts and the associated premium credits, if any, vary by state. The deductible may apply only to the medical portion of your claims, or it may apply to the entire claim. Consult your agent or the company for more detailed information about the options available to you.

All Workers' Compensation claims must be reported to us, regardless of the amount of the loss. Some policies are eligible for experience rating, which is impacted by the frequency and severity of claims. We are required to report all claims that have occurred to the appropriate rating entities, even if you ultimately reimburse us for expenses under the deductible plan. All claims are factored into experience rating calculations. Failure to report a claim may jeopardize the coverage provided by your Workers' Compensation policy. After a claim has been paid, you will be billed the amount of the deductible.

The acceptance of this option is your decision. You may be asked to support your financial ability to repay such deductibles through financial statements and reports.

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As part of our commitment to provide On Your Side® world class service to you and your employees, Nationwide is pleased to provide you with an additional workers' compensation service at no cost. Nationwide has partnered with a leading medical management services provider to create a custom provider panel of doctors for your employees to be referred to in the event of a workplace injury.

You will receive a panel of physicians from our medical bill provider under a separate cover letter. Please contact the Nationwide associate listed on the cover letter if you have questions about the panel of physicians.

If a workplace injury occurs, we encourage you to report it within 24 hours to Nationwide by calling 1-800-421-3535 or visiting www.nationwide.com. The important notice NI8012 which is included with your policy provides additional helpful claims information.

Thank you for continuing to allow Nationwide to be On Your Side®.

You can always count on us to be there

We appreciate your business and look forward to continuing to serve you. If you have any questions, or would like to learn about additional coverage options, please contact your Nationwide agent.

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Nationwide®

IMPORTANT NOTICE

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You can always count on us to be there

We appreciate your business and look forward to continuing to serve you. If you have any questions, or would like to learn about additional coverage options, please contact your Nationwide agent.

Important Notice Description(s)

Important Notice for Renewal Policies

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you.

Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

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Nationwide®

WC 00 00 01 A 01 19

RENEWAL

STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE

Insurer:	NATIONWIDE GENERAL INSURANCE COMPANY (A STOCK COMPANY) ONE WEST NATIONWIDE BLVD COLUMBUS, OH 43215-2220	Agency:	HBW INSURANCE GROUP INC
NCCI Carrier Code No:	25216	Address:	2 E ROLLING CROSSROADS STE 151 CATONSVILLE, MD 21228-6213
Policy Number:	ACP WC013220542519	Agency Phone:	(410) 744-4313
Prior Policy:	ACP WC013210542519	Producer:	FAREED KHAN

ITEM 1: INSURED

Named Insured:	A SWEET DAUGHTER LLC DBA DAUGHTER THAI <i>Refer to Information Page Extension</i>	Interstate ID:	None
		Intrastate/Bureau ID:	None
Mailing Address:	19 E BROAD WAY LOVETTSVILLE, VA 20180-8609	NAICS:	722511
FEIN:	<i>Refer to Information Page Extension</i>		
Entity of Insured:	Limited Liability Company		
Other workplaces not shown above:	None		

ITEM 2: POLICY PERIOD

The policy period is from 10-08-2023 to 10-08-2024 12:01 AM standard time at the insured's mailing address.

ITEM 3: COVERAGE

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Virginia
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in 3A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|-----------|---------------|
| Bodily Injury by Accident | \$500,000 | each accident |
| Bodily Injury by Disease | \$500,000 | policy limit |
| Bodily Injury by Disease | \$500,000 | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All states except North Dakota, Ohio, Washington, Wyoming and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules:
Refer to Information Page Extension

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**STANDARD WORKERS COMPENSATION AND EMPLOYERS
LIABILITY POLICY****INFORMATION PAGE**

Policy Number: ACP WC013220542519

Policy Period: From 10-08-2023 To 10-08-2024

ITEM 4: PREMIUM

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

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

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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Refer to Information Page Extension

Minimum Premium:	\$300.00	Total Estimated Annual Premium:	\$1,033.00
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Deposit Premium:	\$1,033.00	Expense Constant Premium:	\$160.00
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Countersigned by _____





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STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013220542519

Policy Period: From 10-08-2023 To 10-08-2024

ITEM 1: SCHEDULE OF NAMED INSUREDS

Named Insured	Type of Entity	FEIN	State ID
A SWEET DAUGHTER LLC DBA DAUGHTER THAI	Limited Liability Company	87-2393872	

ITEM 1: SCHEDULE OF LOCATIONS

Location	Location ID	Location Address
001		19 E BROAD WAY, LOVETTSVILLE, VA 20180-8609

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STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013220542519

Policy Period: From 10-08-2023 To 10-08-2024

ITEM 3.D.: SCHEDULE OF FORMS AND ENDORSEMENTS

Form Number	Title
16490 04 22	Virginia Workers Compensation Drug-Free Workplace Program Premium Credit Application
Form 45-3F 04 20	Virginia Contracting Classification Premium Adjustment Program (CCPAP) Workers Compensation Premium Credit Application
BR 99 55 06 15	Premium Audit Notice
WC 00 00 01 A 01 19	Information Page
WC 00 00 00 C 01 15	Workers Compensation and Employers Liability Policy
WC 00 03 08 04 84	Partners, Officers And Others Exclusion Endorsement
WC 00 04 04 04 84	Pending Rate Change Endorsement
WC 00 04 14 A 01 19	90-Day Reporting Requirement - Notification of Change in Ownership Endorsement
WC 00 04 19 A 08 22	Part Five-Premium Amendatory Endorsement
WC 00 04 22 C 01 21	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 00 04 24 01 17	Audit Noncompliance Charge Endorsement
WC 00 04 25 05 17	Experience Rating Modification Factor Revision Endorsement
WC 45 06 02 07 93	Virginia Amendatory Endorsement

IMPORTANT NOTICES

Form Number	Title
NI0062 01 21	Notice of Terrorism Insurance Coverage
NI0067 01 17	Virginia Customer Service Notification
NI8012 04 21	Claims Policyholder Notice
NI8043 01 18	Important Notice Workers Compensation Deductible Availability
NI8058 11 19	Provider Panel Notice
NI0004 01 17	Important Notice for Renewal Policies

POSTING NOTICES

Form Number	Title
NP4501 07 22	Workers' Compensation Notice



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STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013220542519

Policy Period: From 10-08-2023 To 10-08-2024

ITEM 4: PREMIUM

VIRGINIA OPERATIONS

Location	Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
001	Restaurant Noc	9082	120329.00	0.6900	\$830.00
	Total Manual Premium				\$830.00
	Increased Limit Factor	9807	830.00	0.8000	\$7.00
	Increased Limit Charge	9848	7.00	75.0000	\$68.00
	Total Subject Premium				\$905.00
	Total Modified Premium				\$905.00
001	Schedule Mod	9887	905.00	-0.0500	(\$45.00)
001	Expense constant	0900	1.00	160.0000	\$160.00
	Total Standard Premium				\$860.00
	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	9740	120329.00	0.0110	\$13.00
	Estimated Annual Premium				\$1,033.00
Total Estimated Annual Premium					\$1,033.00

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Nationwide®

WC 00 00 01 A 01 19

STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFORMATION PAGE

Policy Number: ACP WC013220542519

Policy Period: From 10-08-2023 To 10-08-2024

IN WITNESS WHEREOF, the company has caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary

President



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PARTNERS, OFFICERS AND OTHERS EXCLUSION
ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

SCHEDULE

Partners:

Officers:

SINEENART VITAYANUVATTI

Others:

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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

Countersigned By _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PENDING RATE CHANGE ENDORSEMENT

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

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

SCHEDULE

State

VA

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

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

Endorsement Effective	Policy No.	Endorsement No.
-----------------------	------------	-----------------

Insured	Premium
---------	---------

Countersigned By _____



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PART FIVE – PREMIUM AMENDATORY ENDORSEMENT

This endorsement amends Part Five—Premium of the policy as follows:

Part Five—Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

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 due date for audit and retrospective premiums is the due date specified in the billing for the 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: _____





WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

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

Definitions

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

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

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

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

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

“Insurer Deductible” means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

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Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

SCHEDULE

State	Rate	Premium
VA	0.011	\$13.00



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(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 _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

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

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

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

Note:

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

SCHEDULE

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
VA	Estimated State Premium	(2) Times

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Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium

Insurance
Company

Countersigned By _____

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WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.



THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION

333 E. Franklin St
Richmond, Virginia 23219

1-877-664-2566
www.workcomp.virginia.gov

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.

