



Notice to Michigan Policyholders

The Michigan Department of Consumer and Industry Services, Bureau of Workers Disability Compensation has promulgated Rule 408.33 to enforce Michigan law (MCL 418.801) relating to Workers' Disability Compensation.

It is imperative that:

A. EVERY EMPLOYER PROMPTLY NOTIFY THEIR WORKERS' COMPENSATION CARRIER OF ANY INJURY INVOLVING LOST TIME OR MEDICAL TREATMENT;

B. UNDER THE LAW AND THE LATE PAYMENT PENALTY RULES, PENALTIES SHALL BE IMPOSED IF WEEKLY COMPENSATION BENEFITS, ACCRUED WEEKLY BENEFITS, MEDICAL BILLS OR TRAVEL ALLOWANCE ARE NOT PAID WITHIN THIRTY DAYS AFTER BECOMING DUE AND PAYABLE IN CASES WHERE THERE IS NO ONGOING DISPUTE;

C. UNDER THE LAW AND THE PENALTY RULES, EMPLOYERS WHO FAIL TO NOTIFY THEIR INSURANCE CARRIER OF ANY INJURY ARE RESPONSIBLE FOR THE AMOUNT OF THE PENALTY, ALTHOUGH THE CARRIER IS REQUIRED TO PAY THE PENALTY AMOUNT IN ALL CASES, THE CARRIER IS ENTITLED TO REIMBURSEMENT FROM THE EMPLOYER IN THESE SITUATIONS;

D. THE AMOUNT OF THE PENALTIES FOR VIOLATION OF THESE STATUTES ARE \$50. PER DAY, NOT TO EXCEED AN AGGREGATE AMOUNT OF \$1,500.

It is suggested that this notice be posted in a conspicuous place in or about your establishment.

Oregon - Notice of Employer Paid Medical Claims Option

Oregon law allows an employer to pay up to \$1,600 for medical services for any nondisabling claim if the employer so chooses. This option is governed by administrative rules of the Workers Compensation Division, Department of Consumer and Business Services. If the employer chooses to make such a payment, the employer must still report the injury to the insurer in the same manner that other injuries are reported. The insurer must also report the claim as a loss in the manner prescribed by the Workers Compensation Statistical Plan. However, the amount paid by the employer will not be used in subsequent experience rating modifications or otherwise be used to make charges against the employer.

The procedure for making payment for reimbursement of medical services on accepted, nondisabling claims follows:

- Within 30 days following each three month period after policy inception or a period mutually agreed upon by the employer and the insurer, the insurer shall provide the employer with a list of all accepted nondisabling claims for which payments were made during that period and the cost of each claim.
- The employer, no later than 30 days after receiving the list, must identify those claims and the dollar amount the employer wishes to pay for that period and reimburse the insurer accordingly.
- If the employer fails to reimburse the insurer within the 30 days allowed, it will be deemed notice to the insurer that the employer does not wish to make a reimbursement during that period.
- Your election to participate in the reimbursement program remains in effect, without further notice from the insurer, until you advise otherwise in writing or are no longer insured by us.

Please contact your insurance agent or broker if you have questions about this program.

Please indicate below if you wish to participate in this program. If you do not respond within 30 days of receiving this notice, we will assume you have elected NOT to participate in the program.

[] I elect to participate in the medical claims reimbursement program.

Named Insured Signature: _____

Date: _____

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 either 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. Within thirty (30) days after receipt of your request for information, your insurer or the insurer's authorized representative must explain to you why a particular employee classification was used.

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, Tim Hughes, c/o National Council on Compensation Insurance, 10920 W. Glennon Drive, Lakewood, CO 80226. 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 Pinnacol Assurance 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.

**FRAUD NOTICE-UTAH
WARNING**

For your protection, Utah law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

WC 7818 (Ed. 5-93)

IMPORTANT NOTICE

(The following pertains to Section 8-44-115 of the Colorado Statutes.)

8-44-115. Calculation of premium-motor vehicle accidents.

- (1) THE AMOUNT BY WHICH AN EMPLOYER'S EXPERIENCE RATING IS MODIFIED, IF AT ALL, AS THE RESULT OF A MOTOR VEHICLE ACCIDENT IN WHICH AN EMPLOYEE IS INJURED OR KILLED SHALL BE REDUCED IN ACCORDANCE WITH THIS SECTION IF:**
 - (a) THE EMPLOYEE IS ENTITLED TO BENEFITS UNDER ARTICLES 40 TO 47 OF THIS TITLE; AND**
 - (b) THE ACCIDENT WAS NOT CAUSED, WHOLLY OR IN PART, BY THE EMPLOYEE OR THE EMPLOYER; AND**
 - (c) THE USE OF A MOTOR VEHICLE IS NOT AN INTEGRAL PART OF THE EMPLOYER'S BUSINESS, AS DETERMINED UNDER RULES PROMULGATED BY THE COMMISSIONER OF INSURANCE UNDER SECTION 10-4-408 (5)(e), C.R.S.**
- (2) (a) ANY MODIFICATION OF AN EMPLOYER'S EXPERIENCE RATING RESULTING FROM AN ACCIDENT DESCRIBED IN SUBSECTION (1) OF THIS SECTION SHALL REFLECT THE DEDUCTION OF A LOSS LIMITATION, THE AMOUNT OF WHICH SHALL BE DETERMINED BY THE COMMISSIONER OF INSURANCE UNDER RULES ADOPTED PURSUANT TO SECTION 10-4-408 (5)(e), C.R.S.**
 - (b) ALL LOSS EXPERIENCE REMAINING AFTER DEDUCTION OF THE LOSS LIMITATION REFERRED TO IN PARAGRAPH (a) OF THIS SUBSECTION (2) SHALL BE DISTRIBUTED AMONG ALL WORKERS' COMPENSATION CLASSIFICATIONS IN USE IN THE STATE AS DETERMINED BY THE COMMISSIONER OF INSURANCE. FOR PURPOSES OF SUCH DISTRIBUTION, CLASSIFICATIONS OF BUSINESSES OF WHICH USE OF A MOTOR VEHICLE IS AN INTEGRAL PART MAY BE TREATED DIFFERENTLY FROM CLASSIFICATIONS OF BUSINESSES OF WHICH USE OF A MOTOR VEHICLE IS NOT AN INTEGRAL PART.**

Missouri Safety Engineering and Management Services



The Missouri Division of Workers' Compensation offers free safety services to Missouri employers through its Missouri Workers' Safety Program (MWSP). MWSP's main goal is to help employers control workers' compensation costs. The Division also certifies Missouri insurance carriers' safety engineering and management programs that are available to insured's upon request. Employers may contact MWSP at 573-522-SAFE, email laborstandards@labor.mo.gov for more information about workplace safety or for a registry of safety consultants and safety engineers who are certified by the Division.

If you would like more information or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056

(800) 982-5964

http://www.zurichna.com/zna/products/product/risk_engineering.htm

I would like safety engineering and management services:

Insured's name:

Contact's name:

Address:

City: _____ State: _____ Zip code: _____

Telephone number: _____ Policy number: _____

Florida Important Notice – Fine for Late Notice of Injury



Per 440.185 (9) of Florida's Workers' Compensation Law, the state of Florida will impose a \$1,000.00 fine for each failure or Refusal to timely report a **NOTICE OF INJURY** (Florida Form DWC-1). If an employer fails to timely submit more than 10% of its notices within one (1) calendar year, the employer shall be subject to administrative fines up to \$2,000 for each failure or refusal.



Texas Accident Prevention Services Notice

Pursuant to Texas Labor Code §411.066, Zurich in North America is required to notify its policyholders that accident prevention services are available from Zurich at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene, and industrial health services. Zurich is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022. If you would like more information, contact Zurich's loss control division at 1-800-982-5964, or visit http://www.zurichna.com/zna/products/product/risk_engineering.htm for accident prevention services or for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at (512) 804-5000. If Zurich fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, MS-8, at 7551 Metro Center Drive, Austin, Texas 78744-1645.

Alabama Notice of Availability of a Workers' Compensation Insurance Deductible



The Alabama Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible is available for medical benefits and applies to each claim.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible amounts available include \$100, \$200, \$300, \$400, \$500, \$1,000, \$1,500, \$2,000 or \$2,500. You may choose only one deductible amount.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to timely reimburse us for such deductible amounts can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

Colorado Notice of Availability of a Workers' Compensation Insurance Deductible



The Colorado Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible is available for medical and indemnity benefits and applies to each claim.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible is available in several amounts up to \$5,000. You may choose only one deductible amount

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to timely reimburse us for such deductible amounts can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

Florida Notice of Availability of a Workers' Compensation Insurance Deductible



The Florida Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible and also with a coinsurance provision. The deductible and coinsurance are available for medical benefits and applies to each claim.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount.

The deductible amounts available include \$500, \$1,000, \$1,500, \$2,000, and \$2,500 per claim. You may choose only one deductible amount.

Any amount of coinsurance shall bind the carrier to pay 80 percent, and the employer to pay 20 percent, of the benefits due to an employee for a compensable injury of the amount of benefits above the deductible, up to the limit of \$21,000.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to timely reimburse us for such deductible amounts can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

Georgia Notice of Availability of a Workers' Compensation Insurance Deductible



The Georgia Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible is available for medical benefits and applies to each claim.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible amounts available include \$100, \$200, \$300, \$400, \$500, \$1,000, \$1,500, \$2,000 or \$2,500. You may choose only one deductible amount.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, understand that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to reimburse us for such deductible amounts within 30 days can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

Hawaii Notice of Availability of a Workers' Compensation Insurance Deductible



The Hawaii Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible available is for medical benefits and applies to each claim.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible amounts available include \$100, \$200, \$300, \$400, \$500, \$2,500, \$5,000 or \$10,000, or greater if agreed upon by the insurer and insured employer. You may choose only one deductible amount.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to timely reimburse us for such deductible amounts can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

Illinois Notice of Availability of a Workers' Compensation Insurance Deductible



The Illinois Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible is available for medical benefits and applies per accident.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible amount available begins at \$1,000. You may choose only one deductible amount.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer, we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to reimburse us for such deductible amounts can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

Massachusetts Notice of Availability of a Workers' Compensation Insurance Deductible



The Massachusetts Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible is available for medical and indemnity benefits and are applicable to each claim..

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible amounts available include \$500, \$1,000, \$2,000 and \$2,500. An aggregate deductible in the amount of \$10,000 is also available. You may choose only one deductible amount.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer, we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to reimburse us for such deductible amounts can result in cancellation of coverage.

If you wish to elect a medical and indemnity deductible, you must make your election before the effective date of your policy, otherwise at the next renewal of your policy.

Please contact your agent or insurance company representative for additional information.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE .

New Mexico Notice of Availability of a Workers' Compensation Insurance Deductible



The New Mexico Workers' Compensation Statutes permit an employer to buy Workers' Compensation Insurance with a deductible. The deductible is available for medical and indemnity benefits and applies to each accident.

The intended use of the Benefits Deductible Program is to assist policyholders who are not qualified as self-insurers but possess the financial ability to handle some of the losses that they incur. Use of the benefit deductible program allows a policyholder to establish an amount of loss that can be absorbed financially, and subsequently permit the purchase of insurance for losses above the predetermined deductible amount. The deductible amounts available include \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$5,000 or \$10,000. You may choose only one deductible amount.

If you choose to accept a deductible plan, you agree to accept liability for the amount of the deductible for benefits paid for each compensable claim of work injury by an employee. As the insurer we shall pay the entire deductible amount to the person or provider who is entitled to the benefits. We shall seek reimbursement for payment of the applicable deductible amount from you, the policyholder.

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that we will administer and pay all claims and that you will reimburse us for payments we make within the amount of deductible selected. Failure to timely reimburse us for such deductible amounts can result in cancellation of coverage.

Please contact your agent or insurance company representative for additional information.

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**NOTICE OF REQUIRED INFORMATION
PURSUANT TO THE CALIFORNIA WAGE
THEFT PREVENTION ACT**

The Wage Theft Protection Act of 2011 (AB 469), among other things, added sect. 2810.5 to the California Labor Code and includes a new requirement that private employers provide a written notice with detailed employment-related information as part of the new hire materials given to non-exempt employees.

The California Division of Labor Standards Enforcement (DLSE) has promulgated form DLSE-NTE (12/2011) for use, available on its Web site (<http://www.dir.ca.gov/dlse>). Required information includes the name, address and telephone number of your Workers Compensation carrier. The following information is provided for your use in completing form DLSE-NTE (12/2011) or its equivalent:

Zurich American Insurance Co.
1400 American Lane
Schaumburg, IL 60196-1056

Phone: 1-800-987-3373

Please note that form DLSE-NTE (12/2011) does not supersede or replace notices mandated by the California workers' compensation law and regulations.

This notice is sent on behalf of the following affiliated companies:

Zurich American Insurance Company, Zurich American Insurance Company of Illinois, American Zurich Insurance Company, American Guarantee and Liability Insurance Company and Fidelity and Deposit Company of Maryland.

Disclosure Statement



It is our pleasure to present the enclosed policy to you
for presentation to your customer.

INSTRUCTION TO AGENT OR BROKER:

**WE REQUIRE THAT YOU TRANSMIT THE ATTACHED/ENCLOSED DISCLOSURE STATEMENT TO THE CUSTOMER
WITH THE POLICY.**

Once again, thank you for your interest, and we look forward to meeting your needs and those of your customers.

Disclosure Statement



NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company
and its underwriting subsidiaries.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY – INFORMATION PAGE**

Servicing Office:

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

**SOUTHEAST – ORLANDO
1900 SUMMIT TOWER BLVD.
SUITE 600
ORLANDO, FL 32810**

1. Policy Number WC 5393917-13

Renewal of Number WC 5393917-12

Named Insured and Mailing Address

Producer and Mailing Address

GOLDER ASSOCIATES INC.
(SEE NAMED INSURED ENDORSEMENT)
3730 CHAMBLEE TUCKER RD
ATLANTA GA 30341-4414

WELLS FARGO INS SVCS USA, INC.
3475 PIEDMONT RD NE STE 800
ATLANTA GA 30305-2886

Producer Code 18811-000

Other workplaces not shown above: See Schedule of Locations

FEIN: 58-1401091

NCCI Company No. 10863 ☐ New ☒ Renewal ☐ Rewrite of Prior Policy No. WC 5393917-12

This information page, with policy provisions and endorsements, if any, completes this policy.

Insured is: CORPORATION

2. Policy Period: From: 05-01-2015 to 05-01-2016 at 12:01 A. M. Standard Time at insured's mailing address.

Insured's Identification number(s): See Schedule Locations

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

ALASKA, ALABAMA, ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, FLORIDA,
GEORGIA, HAWAII, IOWA, IDAHO, ILLINOIS, LOUISIANA, MASSACHUSETTS, MICHIGAN,
MINNESOTA, MISSOURI, NORTH CAROLINA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO,
NEVADA, NEW YORK, OREGON, PENNSYLVANIA, TEXAS, UTAH, VIRGINIA, WISCONSIN

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A.

The limits of liability under Part Two are:

Bodily Injury by Accident:	1,000,000	each accident
Bodily Injury by Disease:	1,000,000	policy limit
Bodily Injury by Disease:	1,000,000	each employee

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

ALL STATES EXCEPT ND, OH, WA, WY, AR, DE, IN, KS, KY, ME, MT, RI, SC, SD,
TN AND THOSE STATES LISTED IN 3 A.

D. This Policy includes these Endorsements and Schedules:

See Schedule of Forms and Endorsements.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the following Classification Schedule is subject to verification and change by audit.

See Classification Schedule

TOTAL ESTIMATED STANDARD PREMIUM	\$	585,236.00	If indicated below, adjustment of premium shall be made:
PREMIUM DISCOUNT	\$	-58,454.00	
EXPENSE CONSTANT	\$	338.00	
PREMIUM FOR ENDORSEMENT	\$		<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Monthly
TAXES AND SURCHARGES	\$	10,097.00	<input type="checkbox"/> Semi-Annually <input type="checkbox"/> This is a Three Year Fixed Rate Policy
TOTAL ESTIMATED ANNUAL PREMIUM	\$	565,855.00	
MINIMUM PREMIUM	\$	1,370.00	<input type="checkbox"/> Quarterly
DEPOSIT PREMIUM	\$	204,608.00	

Agent or Producer

Countersigned by Resident Licensed Agent

Date

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number: WC 5393917-13

Form Number & Edition Date		Form Name
WORKERS COMPENSATION FORMS AND ENDORSEMENTS		
U-WC-D-314-A	07-94	WORKERS COMPENSATION INFORMATION PAGE
U-WC-320-A	07-94	SCHEDULE OF FORMS AND ENDORSEMENTS
WC990321	08-09	PUERTO RICO-EMPLOYERS LIAB COVERAGE ENDT
U-WC-321-A	07-94	NAMED INSURED SCHEDULE
U-GU-406-A	07-94	INSTALLMENT PREMIUM SCHEDULE
WC 99 00 02	10-99	SCHEDULE OF INSURED AND LOCATIONS
U-WC-315-A	07-94	CLASSIFICATION SCHEDULE
U-WC-316-A	07-94	NJ CLASSIFICATION SCHEDULE
WC 00 00 00 C	01-15	INSURANCE POLICY
WC 00 01 02	04-84	FEDERAL COAL MINE HEALTH/SAFETY ACT COVG
WC 00 01 04	04-84	FEDERAL EMPLOYERS' LIAB ACT COVG ENDT
WC 00 01 06 A	04-92	LONGSHORE/HARBOR WORKERS' COMP COVG ENDT
WC 00 01 09 C	01-15	OUTER CONTINENTAL SHELF LANDS ACT COV
WC 00 01 11	07-92	MIGRANT/SEASONAL/AGRICULTURAL WRKR COVG
WC 00 02 01 B	01-15	MARITIME COVERAGE ENDT
WC 00 03 01	04-84	ALTERNATE EMPLOYER ENDORSEMENT
WC 00 03 01	01-94	TX ALTERNATE EMPLOYER ENDT
WC 00 03 01 A	02-89	ALTERNATE EMPLOYER ENDORSEMENT
WC 00 03 02	04-84	DESIGNATED WORKPLACES EXCLUSION ENDT
WC 00 03 03 C	10-04	EMPLOYERS LIABILITY COV ENDT
WC 00 03 10	04-84	SOLE PROPRIETORS, PARTNERS OFFICERS ENDT
WC 00 03 11 A	08-91	VOLUNTARY COMPENSATION AND EMPLOYERS COV
WC 00 03 13	04-84	WAIVER OF RIGHTS TO RECOVER FROM OTHERS
WC 00 04 03	04-84	EXPERIENCE RATING MOD FACTOR ENDORSEMENT
WC 00 04 04	04-84	PENDING RATE CHANGE ENDORSEMENT
WC 00 04 06 A	07-95	PREMIUM DISCOUNT ENDT
WC 00 04 14	07-90	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 19	01-01	PREMIUM DUE DATE ENDORSEMENT
WC 00 04 21 C	09-08	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 21 D	01-15	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 22 A	09-08	TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 22 B	01-15	TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 06 03	02-91	BENEFITS DEDUCTIBLE ENDORSEMENT
WC 00 02 03	04-84	VOLUNTARY COMP MARITIME COVERAGE ENT
WC 00 03 11	04-84	VOLUNTARY COMPENSATION AND EMPLOYERS COV
WC 99 06 42 A	03-15	WASHINGTON CHANGES
WC 02 06 01	05-86	AZ ARIZONA CANCELTION ENDORSEMENT
WC 04 01 01 A	04-92	CA USL&H WC ACT COVERAGE
WC 04 03 01 B	01-12	CA POLICY AMENDATORY ENDORSEMENT
WC 04 03 04	01-85	CA SOLE PROPRIETOR COVERAGE ENDORSEMENT
WC 04 03 05	01-85	CA VOLUNTARY COMP AND EMPLY LIABILITY
WC 04 03 06	04-84	WAIVER OF RIGHTS TO RECOVER FROM OTHERS
WC 04 03 60 B	01-15	CA EMPLOYERS' LIAB COV AMENDATORY ENDT
WC 04 04 21	01-08	CA OPTIONAL PREMIUM INCREASE ENDORSEMENT
WC 04 06 01 A	12-93	CA CANCELTION ENDORSEMENT
WC 04 06 02 B	12-06	CA SMALL DEDUCTIBLE ENDT
WC 05 04 02	11-90	CO CLASSIFICATION ENDORSEMENT
WC 06 03 01	04-84	CT APPLICATION OF WORKERS' COMP INS
WC 06 03 03 C	07-11	CT WC FUNDS COVERAGE ENDT
WC 06 06 01	01-03	CT NONRENEWAL ENDT
WC 09 03 03	08-05	FL EMPLOYERS LIAB COV. ENDT
WC 09 04 03 B	01-15	FL TERRORISM RISK INS PROGRAM REAUTH ACT
WC 09 04 07	07-13	FL NON-COOPERATION W/ PREMIUM AUDIT ENDT
WC 09 06 05	07-90	FL BENEFITS DEDUCTIBLE ENDT
WC 09 06 06	10-98	FL EMPLOYMENT AND WAGE INFO. REL. ENDT.
WC 10 04 02	01-13	GA NON-COOP WITH PREMIUM AUDIT ENDT
WC 10 06 01 B	07-14	GA CANCELTION NONRENEWAL & CHANGE ENDT
WC 12 03 06 A	07-11	IL WC & EMPL LIAB POLICY EXCLUSION ENDT
WC 12 06 01 E	01-15	IL AMENDATORY ENDORSEMENT

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number: WC 5393917-13

Form Number & Edition Date					Form Name
WC 12 06 02 A	08-92	IL	MED	BENEFITS DED	ENDORSEMENT
WC 17 03 03	12-00	LA	DUTY TO DEFEND	ENDORSEMENT	
WC 17 06 01 E	11-11	LA	AMENDATORY	ENDT	
WC 17 06 02 A	02-96	LA	COST CONTAINMENT	ACT	
WC 20 03 01	04-84	MA	LIMITS OF LIABILITY	ENDT	
WC 20 03 02 A	09-08	MA	ASSESSMENT	CHARGE	
WC 20 03 03 D	08-10	MA	NOTICE TO POLICYHOLDER	ENDT	
WC 20 04 03	01-91	MA	CONSTRUCTION CLASS	PREMIUM ADJUSTMENT	
WC 20 04 05	06-01	MA	PREMIUM DUE DATE	ENDT	
WC 20 06 01 A	07-08	MA	CANCELLATION	ENDT	
WC 20 06 02	01-93	MA	BENEFIT DEDUCTIBLE	ENDT	
WC 21 03 02	04-84	MI	DESIGNATED CONSTRUCTION	SITE EXCL	
WC 21 03 04	04-84	MI	LAW	ENDORSEMENT	
WC 21 04 02 B	01-15	MI	TERRORISM RISK	INS PROGRAM REAUTH	ACT
WC 22 00 00 A	11-03	MN	AMENDATORY	ENDT	
WC 22 06 01 D	08-06	MN	CANCELLATION AND	NONRENEWAL	ENDT
WC 24 03 02	01-14	MO	NOTIF OF ADDL MESOTHELIOMA	BEN	ENDT
WC 24 04 01	01-90	MO	CONTRACTING CLASSIFICATION	PREMIUM	
WC 24 04 06 C	08-05	MO	EMPLOYER PAID MEDICAL	ENDORSEMENT	
WC 24 06 01 B	01-96	MO	CANCELATION AND	NONRENEWAL	ENDT
WC 24 06 02 B	07-06	MO	PROPERTY & CASUALTY	GUARANTY ASSOC	
WC 24 06 03	10-95	MO	BENEFITS DEDUCTIBLE	ENDORSEMENT	
WC 24 06 04 A	09-13	MO	AMENDATORY	ENDORSEMENT	
WC 27 06 01 C	10-08	NV	CANCELLATION AND	NONRENEWAL	ENDT
WC 28 06 01	04-84	NH	SOLE REPRESENTATIVE	ENDT	
WC 28 06 02	03-92	NH	PER CLAIM BENEFITS	DEDUCTIBLE	ENDT
WC 28 06 04	04-92	NH	AMENDATORY	END	
WC 29 01 01	04-84	NJ	VOLUNTARY F.E.L.A	ACT	
WC 29 03 06 B	07-07	NJ	PART TWO EMPLOYERS	LIABILITY	ENDT
WC 29 04 11 B	01-15	NJ	PREMIUM DISCOUNT	ENDORSEMENT	
WC 30 06 01 A	03-15	NM	CANCELATION AND	NONRENEWAL	ENDT
WC 31 03 08	04-84	NY	LIMIT OF LIABILITY		
WC 31 03 15 A	04-94	NY	BENEFITS DED	ENDT	
WC 31 03 19 G	10-13	NY	CONST CLASS PREM	ADJ	ENDT
WC 31 06 18	03-15	NY	POLICY NOTICE OF	RIGHT TO APPEAL	
WC 32 03 01 C	01-14	NC	AMENDED COVERAGE	ENDT	
WC 36 04 06	10-01	OR	PREMIUM DUE DATE	ENDT	
WC 36 06 01 E	01-08	OREGON	CANCELLATION	ENDORSEMENT	
WC 37 03 03	04-84	PA	EXCL OF EMPLOYEES		
WC 37 04 03	08-93	PA	DEDUCTIBLE	ENDT	
WC 37 06 01	04-84	SPECIAL PA	ENDT-INSPECTION OF	MANUALS	
WC 37 06 02	04-84	PA	NOTICE		
WC 37 06 03 A	08-95	PA	ACT 86-1986	ENDT	
WC 37 06 04	10-99	PA	EMPLOYER ASSESSMENT	ENDORSEMENT	
WC 42 03 01 G	06-14	TX	AMENDATORY	ENDORSEMENT	
WC 42 03 04 A	01-00	TX	WAIVER OF OUR	RIGHT TO RECOVER	
WC 42 04 07	03-02	TX	AUDIT PREM AND	RETRO PREM	ENDT
WC 42 06 05	06-14	TX	CLAIM DEDUCTIBLE	ENDT	
WC 43 03 05	07-00	UT	WAIVER OF SUBROGATION		
WC 43 06 02	07-02	UT	CANCELLATION	ENDORSEMENT	
WC 45 06 02	07-93	VA	AMENDATORY	ENDT	
WC 45 06 03	05-96	VA	BENEFITS DEDUCTIBLE	ENDT.	
WC 48 06 01 C	04-01	WI	LAW	ENDT	
WC 48 06 06 B	01-02	WI	CANCELLATION AND	NONRENEWAL	ENDT
WC 52 06 01 A	10-89	HI	MEDICAL BENEFITS	DED	
WC 54 06 02	04-95	AK	CANCELATION AND	NONRENEWAL	ENDT
U-WC-402-A	05-03		MODIFICATION OF	TIME FOR NOTICE OF	CANCL
WC990001A	04-10	WC	AND EMPLOYERS	LIABILITY IN	WITNESS
WC990633	05-10		NOTIFICATION TO	OTHERS OF	CANCELLATION
WC990635	05-10		NOTIF TO OTHERS OF	CANC OR	NONRENEWAL
U-WC-178-C	08-93		KNOWLEDGE AND	NOTICE TO THE	INSURED'S
			OFFICERS		

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number: WC 5393917-13

Form Number & Edition Date	Form Name
U-WC-178-C	08-93 UNINTENTIONAL OMISSIONS ENDORSEMENT
U-WC-178-C	08-93 NOTICE OF OCCURRENCE
WC 05 04 04	01-12 CO NON-COOPERATION W/ PREM AUDIT SURCH
WC 99 06 07	05-13 ALASKA WORKPLACE INCENTIVE CREDIT NOTICE



ZURICH

Workers Compensation and Employers Liability Insurance Policy
Puerto Rico – Employers Liability Coverage
Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement applies only to work in Puerto Rico.

1. Part One (Workers Compensation Insurance) does not apply to work in Puerto Rico.
2. Part Two (Employers Liability Insurance) applies to work in Puerto Rico as though it was shown in Item 3.A. of the Information Page.
3. Part Two (Employers Liability Insurance), C. Exclusions is changed by adding this exclusion:
This insurance does not cover:
 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of Puerto Rico or otherwise fail to comply with that law.
4. Part Two (Employers Liability Insurance), D. We Will Defend is amended to read as follows:
D. We Will Defend
 1. We have no duty to defend any claim, proceeding or suit against you if any other insurer has this duty. If no other insurer defends, we may undertake to do so but we will be entitled to your rights against that other insurer(s).
 2. If another insurer defends, we have the right, but not the duty, to be associated with you or any other insurer or both in the investigation or defense of any claim, proceeding or suit against you.
 3. If we exercise our rights under Paragraphs 1. or 2. above, we will do so at our own expense, and any such expense payments will not reduce the Limits of Insurance provided by this policy.
 4. Our participation in the defense of a claim, proceeding or suit will end after we have paid our applicable limit of liability under this policy.
 5. We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.
5. Part Two (Employers Liability Insurance), F. Other Insurance is amended to read as follows:
F. Other Insurance
If other insurance applies to damages that are also covered by this policy, this policy will apply excess of the other insurance. However, this provision will not apply if the other insurance is written specifically to be excess of this policy.
Nothing herein will be construed to make this policy subject to the terms, conditions and limitations of such other insurance.
Other insurance includes any type of deductible, self-insurance or other mechanism by which an insured arranges for funding of legal liabilities.

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 _____

NAMED INSURED SCHEDULE

Policy Number: WC 5393917-13

NAMED INSURED

GOLDER ASSOCIATES INC.

GOLDER ASSOCIATES CORPORATION

GOLDER CONSTRUCTION SERVICES, INC.

GOLDER ASSOCIATES OF MICHIGAN, INC.

INSTALLMENT PREMIUM SCHEDULE

The total premium shown in the Declarations of this policy is made payable in installments, on the dates and in the amount shown below.

NAMED INSURED

GOLDER ASSOCIATES INC.

POLICY NUMBER

WC 5393917-13

PAYMENT DUE -----	STANDARD PREMIUM -----	TAXES PREPAID -----	TAXES ON INSTALLMENT -----	TOTAL PREMIUM -----
05/01/15	\$ 199,527.00	\$ 4,242.00	\$ 839.00	\$ 204,608.00
06/01/15	\$ 59,372.00		\$ 836.00	\$ 60,208.00
07/01/15	\$ 59,372.00		\$ 836.00	\$ 60,208.00
08/01/15	\$ 59,372.00		\$ 836.00	\$ 60,208.00
09/01/15	\$ 59,372.00		\$ 836.00	\$ 60,208.00
10/01/15	\$ 59,372.00		\$ 836.00	\$ 60,208.00
11/01/15	\$ 59,371.00		\$ 836.00	\$ 60,207.00
TOTAL	\$ 555,758.00	\$ 4,242.00	\$ 5,855.00	\$ 565,855.00

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

Workers Compensation and Employers Liability Insurance Policy



Schedule of Insureds and Locations

Branch	Policy Number	Producer Code
ATLANTA, GA 30319	WC 5393917-13	18811-000
<p align="center">SCHEDULE OF INSUREDS AND LOCATIONS</p> <p>GOLDER ASSOCIATES CORPORATION FEIN: 581401091, Risk ID 910208039, 4547389R, 0873128A, 2856505, 226536, UIAN No: 941112230480, UIAN No: 9414091115, UIAN No: 5810000000, UIAN No: 941A116153007, UIAN No: 9414421954, NJ Taxpayer Identification No: 000581401091, SIC Code: 8711</p>		
1750 ABBOTT RD	ANCHORAGE	AK 99507
400 I 14 ST SE	DECATUR	AL 35601
4730 N ORACLE RD	TUCSON	AZ 85705
230 COMMERCE	IRVINE	CA 92602
3900 S WADSWORTH BLVD	LAKEWOOD	CO 80235
44 UNION BLVD	LAKEWOOD	CO 80228
NO FIXED ADDRESS		CT
NO FIXED ADDRESS	PANAMA CITY	FL 32401
3730 CHAMBLEE TUCKER RD	ATLANTA	GA 30341
59 KANALOA DR	KAMUELA	HI 96743
NO FIXED ADDRESS		IA
NO FIXED ADDRESS		ID
30 E ADAMS ST	CHICAGO	IL 60603
NO FIXED ADDRESS		MA
51229 CENTURY CT	WIXOM	MI 48393
1751 W COUNTY RD	ROSEVILLE	MN 55113
13515 BARNETT PKWY DR	BALLWIN	MO 63021
820 S MAIN ST	SAINT CHARLES	MO 63303
4900 KOGER BLVD	GREENSBORO	NC 27407
NO FIXED ADDRESS		ND
670 N COMMERCIAL ST	MANCHESTER	NH 03103
NO FIXED ADDRESS		NJ
5200 PASADENA AVE NE	ALBUQUERQUE	NM 87113
1551 HILLSHIRE DR	LAS VEGAS	NV 89134
2221 NIAGARA FALLS BLVD	NIAGARA FALLS	NY 14304
2600 TILLER LN	COLUMBUS	OH 43231
9 MONROE PKWY	LAKE OSWEGO	OR 97035
555 N LN	CONSHOHOCKEN	PA 19428
500 CENTURY PLAZA DR	HOUSTON	TX 77073
14607 SAN PEDRO	SAN ANTONIO	TX 78232
NO FIXED ADDRESS		UT
3719 SAUNDERS AVE	RICHMOND	VA 23227
18300 NE UNION HILL RD	REDMOND	WA 98052
2247 FOX HEIGHT LN	GREEN BAY	WI 54304

Workers Compensation and Employers Liability Insurance Policy



Schedule of Insureds and Locations

Branch	Policy Number	Producer Code
ATLANTA, GA 30319	WC 5393917-13	18811-000
SCHEDULE OF INSUREDS AND LOCATIONS		
NO FIXED ADDRESS		WY
GOLDER ASSOCIATES OF MICHIGAN, INC. FEIN: 581401091, Risk ID 0873128A, SIC Code: 8711 51229 CENTURY CT WIXOM		MI 48393
GOLDER ASSOCIATES, INC. FEIN: 581401091, Risk ID 910208039, SIC Code: 8711 1750 ABBOTT RD ANCHORAGE NO FIXED ADDRESS		AK 99507 LA
GOLDER CONSTRUCTION SERVICES, INC. FEIN: 581401091, Risk ID 910208039, SIC Code: 8711 3730 CHAMBLEE TUCKER RD ATLANTA		GA 30341

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0001-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 GOLDER ASSOCIATES, INC. FEIN # 58-1401091 NAIC CODE 541330 1750 ABBOTT RD STE 200 ANCHORAGE AK 99507				
	ARCHITECT OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	\$ 2,900,298	1.00	\$ 29,003.00
	ARCHITECT OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	IF ANY	1.30	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 309,195	.61	\$ 1,886.00
	TOTAL CLASS PREMIUM				\$ 30,889.00
	INCREASE LIMITS 1.1%	9812			\$ 340.00
	TOTAL SUBJECT PREMIUM				\$ 31,229.00
	EXPERIENCE PREMIUM .83	9898			\$ -5,309.00
	TOTAL MODIFIED PREMIUM				\$ 25,920.00
	SCHEDULE MODIFICATION 16.7%	9889			\$ 4,329.00
	STANDARD TOTAL				\$ 30,249.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -3,146.00
	TERRORISM .01	9740			\$ 321.00
	TOTAL ESTIMATED PREMIUM				\$ 27,424.00
	AIGA SURCHARGE 2.0%				\$ 548.00
	FINAL TOTAL				\$ 27,972.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0034-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 400 I 14 ST SE DECATUR AL 35601 ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	 8601 8601U	 \$ 329,340 IF ANY	 .95 2.00	 \$ 3,129.00 \$ 0.00
	TOTAL CLASS PREMIUM				\$ 3,129.00
	INCREASE LIMITS 1.4%	9812			\$ 44.00
	SMALL DEDUCTIBLE -5.9%	9664			\$ -185.00
	TOTAL SUBJECT PREMIUM				\$ 2,988.00
	EXPERIENCE PREMIUM .83	9898			\$ -508.00
	TOTAL MODIFIED PREMIUM				\$ 2,480.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 372.00
	STANDARD TOTAL				\$ 2,852.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -297.00
	TERRORISM .02	9740			\$ 66.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 66.00
	TOTAL ESTIMATED PREMIUM				\$ 2,687.00
	FINAL TOTAL				\$ 2,687.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0002-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 4730 N ORACLE RD STE 210 TUCSON AZ 85705 ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS CLERICAL OFFICE EMPLOYEES NOC	 8601 8601U 8810	 \$ 3,222,473 IF ANY \$ 634,710	 .51 .57 .23	 \$ 16,435.00 \$ 0.00 \$ 1,460.00
	TOTAL CLASS PREMIUM				\$ 17,895.00
	INCREASE LIMITS 1.1%	9812			\$ 197.00
	TOTAL SUBJECT PREMIUM				\$ 18,092.00
	EXPERIENCE PREMIUM .83	9898			\$ -3,076.00
	TOTAL MODIFIED PREMIUM				\$ 15,016.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 2,252.00
	STANDARD TOTAL				\$ 17,268.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -1,796.00
	TERRORISM .01	9740			\$ 386.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 386.00
	TOTAL ESTIMATED PREMIUM				\$ 16,244.00
	FINAL TOTAL				\$ 16,244.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS	RATES		
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0003-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 230 COMMERCE STE 200 IRVINE CA 92602				
	ANALYTICAL OR TESTING LABORATORIES - INCLUDING OUTSIDE OPERATIONS AND SAMPLE COLLECTION - N.O.C.	4511	\$ 17,877	2.21	\$ 395.00
	GEOPHYSICAL EXPLORATION - INCLUDING MAPPING OF SUBSURFACE AREAS - INCLUDING OUTSIDE SALESPERSONS AND CLERICAL OFFICE EMPLOYEES. CLASSIFICATION 8601(3) SHALL NOT BE USED FOR DIVISION OF PAYROLL IN CONNECTION WITH CLASSIFICATIONS 6235(1), OIL OR GAS WELLS-DRILLING, 1320 OIL OR GAS LEASE OPERATORS, OR 7515, OIL OR GAS PIPELINE OPERATION, UNLESS THE OPERATION DESCRIBED BY CLASSIFICATION 8601(3) CONSTITUTES A SEPARATE AND DISTINCT ENTERPRISE HAVING NO CONNECTION WITH THE OPERATIONS COVERED BY CLASSIFICATIONS 6235(1), 1320 OR 7515.	8601	\$ 6,884,040	.86	\$ 59,203.00
	ENGINEERS - CONSULTING - MECHANICAL CIVIL, ELECTRICAL AND MINING ENGINEERS AND ARCHITECTS - NOT ENGAGED IN ACTUAL CONSTRUCTION OR OPERATION - INCLUDING OUTSIDE SALESPERSONS AND CLERICAL OFFICE EMPLOYEES THIS CLASSIFICATION SHALL NOT BE USED FOR DIVISION OF PAYROLL IN CONNECTION WITH ANY OTHER CLASSIFICATION (OTHER THAN GENERAL EXCLUSIONS) UNLESS THE OPERATIONS DESCRIBED BY CLASSIFICATION 8601(1) CONSTITUTE A SEPARATE AND DISTINCT ENTERPRISE HAVING NO CONNECTION WITH THE OPERATIONS COVERED BY ANY OTHER APPLICABLE CLASSIFICATION.	8601U	IF ANY	1.72	\$ 0.00
	CLERICAL OFFICE EMPLOYEES-N.O.C.	8810	\$ 1,402,011	.80	\$ 11,216.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS		PREMIUM BASIS	RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	TOTAL CLASS PREMIUM				\$ 70,814.00
	INCREASE LIMITS 2.8%	9812			\$ 1,983.00
	SMALL DEDUCTIBLE -4.3%	9663			\$ -3,130.00
	TOTAL SUBJECT PREMIUM				\$ 69,667.00
	EXPERIENCE PREMIUM .86	9898			\$ -9,753.00
	TOTAL MODIFIED PREMIUM				\$ 59,914.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 8,987.00
	STANDARD TOTAL				\$ 68,901.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -7,166.00
	TERRORISM .03	9740			\$ 2,491.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 830.00
	TOTAL ESTIMATED PREMIUM				\$ 65,056.00
	CIGA SURCHARGE 1.83413%	0989			\$ 1,193.00
	CA ADMIN REVOLVING FUND ASSESS .71%	0987			\$ 484.00
	CA OCC SAFETY & HEALTH FUND .2348%	0992			\$ 160.00
	CA FRAUD ASSESSMENT .1814%	0988			\$ 124.00
	CA UNINS EMTL BENEFITS ASSESS .1177%				\$ 80.00
	CA SUBS INJ BENEFITS ASSESS .0538%				\$ 37.00
	CALIFORNIA LABOR ENFORCEMENT & COMPLIANCE (LECF) ASSESSMENT .1505%				\$ 103.00
	FINAL TOTAL				\$ 67,237.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0004-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 44 UNION BLVD STE 300 LAKEWOOD CO 80228 3900 S WADSWORTH BLVD LAKEWOOD CO 80235				
	ANALYTICAL LABORATORIES OR ASSAYING-INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, & DRIVERS	4511	\$ 341,214	.71	\$ 2,423.00
	WATERWORKS OPERATION & DRIVERS.	7520	\$ 34,051	3.58	\$ 1,219.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	\$ 14,263,312	.58	\$ 82,727.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	IF ANY	.84	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 2,750,556	.23	\$ 6,326.00
	TOTAL CLASS PREMIUM				\$ 92,695.00
	INCREASE LIMITS 1.1%	9812			\$ 1,020.00
	SMALL DEDUCTIBLE -12.6%	9664			\$ -11,680.00
	TOTAL SUBJECT PREMIUM				\$ 82,035.00
	EXPERIENCE PREMIUM .83	9898			\$ -13,946.00
	TOTAL MODIFIED PREMIUM				\$ 68,089.00
	STANDARD TOTAL				\$ 68,089.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -7,081.00
	TERRORISM .01	9740			\$ 1,739.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 1,739.00
	TOTAL ESTIMATED PREMIUM				\$ 64,486.00
	FINAL TOTAL				\$ 64,486.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330</p> <p>NO FIXED ADDRESS CT</p> <p>CLERICAL OFFICE EMPLOYEES NOC</p>	8810	\$ 98,571	.28	\$ 276.00
	TOTAL CLASS PREMIUM				\$ 276.00
	INCREASE LIMITS 1.1%	9812			\$ 3.00
	SMALL DEDUCTIBLE -8.8%	9664			\$ -24.00
	TOTAL SUBJECT PREMIUM				\$ 255.00
	EXPERIENCE PREMIUM .83	9898			\$ -43.00
	TOTAL MODIFIED PREMIUM				\$ 212.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 32.00
	STANDARD TOTAL				\$ 244.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -25.00
	TERRORISM .01	9740			\$ 10.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 10.00
	TOTAL ESTIMATED PREMIUM				\$ 239.00
	WC COMMISSION ASSESSMENT 1.6%	0986			\$ 4.00
	SIF SURCHARGE 2.75%	0988			\$ 7.00
	FINAL TOTAL				\$ 250.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0005-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 NO FIXED ADDRESS PANAMA CITY FL 32401				
	ANALYTICAL LABORATORIES OR ASSAYING-INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, & DRIVERS	4511	IF ANY	1.34	\$ 0.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	\$ 8,825,692	.67	\$ 59,132.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	\$ 22,663	1.48	\$ 335.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 1,629,356	.25	\$ 4,073.00
	TOTAL CLASS PREMIUM				\$ 63,540.00
	INCREASE LIMITS 1.4%	9812			\$ 890.00
	SMALL DEDUCTIBLE -10.6%	9664			\$ -6,735.00
	TOTAL SUBJECT PREMIUM				\$ 57,695.00
	EXPERIENCE PREMIUM .83	9898			\$ -9,808.00
	TOTAL MODIFIED PREMIUM				\$ 47,887.00
	STANDARD TOTAL				\$ 47,887.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -4,980.00
	TERRORISM .02	9740			\$ 2,096.00
	TOTAL ESTIMATED PREMIUM				\$ 45,003.00
	FINAL TOTAL				\$ 45,003.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0006-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 GOLDER CONSTRUCTION SERVICES, INC. FEIN # 58-1401091 NAIC CODE 541330 3730 CHAMBLEE TUCKER RD ATLANTA GA 30341				
	ANALYTICAL CHEMIST.	4511	\$ 423,163	.87	\$ 3,682.00
	ARCHITECT OR ENGINEER-CONSULTING	8601	\$ 5,435,764	.70	\$ 38,050.00
	ARCHITECT OR ENGINEER-CONSULTING	8601U	\$ 18,271	1.02	\$ 186.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 4,234,865	.23	\$ 9,740.00
	TOTAL CLASS PREMIUM				\$ 51,658.00
	INCREASE LIMITS 1.1%	9812			\$ 568.00
	TOTAL SUBJECT PREMIUM				\$ 52,226.00
	EXPERIENCE PREMIUM .83	9898			\$ -8,878.00
	TOTAL MODIFIED PREMIUM				\$ 43,348.00
	STANDARD TOTAL				\$ 43,348.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -4,508.00
	TERRORISM .02	9740			\$ 2,022.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 2,022.00
	TOTAL ESTIMATED PREMIUM				\$ 42,884.00
	FINAL TOTAL				\$ 42,884.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0036-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 HI ERN # 5810000000 59 KANALOA DR 59 491 KANALOA DR KAMUELA HI 96743 ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601 8601U	\$ 52,124 IF ANY	.52 .67	\$ 271.00 \$ 0.00
	TOTAL CLASS PREMIUM				\$ 271.00
	INCREASE LIMITS 1.1%	9812			\$ 3.00
	SMALL DEDUCTIBLE -8.3%	9664			\$ -22.00
	TOTAL SUBJECT PREMIUM				\$ 252.00
	EXPERIENCE PREMIUM .83	9898			\$ -43.00
	TOTAL MODIFIED PREMIUM				\$ 209.00
	STANDARD TOTAL				\$ 209.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -22.00
	TERRORISM .01	9740			\$ 5.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 5.00
	TOTAL ESTIMATED PREMIUM				\$ 197.00
	FINAL TOTAL				\$ 197.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 NO FIXED ADDRESS IA ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601 8601U	\$ 8,411 IF ANY	.78 1.58	\$ 66.00 0.00
	TOTAL CLASS PREMIUM				\$ 66.00
	INCREASE LIMITS 1.1%	9812			\$ 1.00
	SMALL DEDUCTIBLE .0%	9664			\$ 0.00
	TOTAL SUBJECT PREMIUM				\$ 67.00
	EXPERIENCE PREMIUM .83	9898			\$ -11.00
	TOTAL MODIFIED PREMIUM				\$ 56.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 8.00
	STANDARD TOTAL				\$ 64.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -7.00
	TERRORISM .02	9740			\$ 2.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 1.00
	TOTAL ESTIMATED PREMIUM				\$ 60.00
	FINAL TOTAL				\$ 60.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330</p> <p>NO FIXED ADDRESS ID</p> <p>ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS</p> <p>ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS</p>	<p>8601</p> <p>8601U</p>	<p>\$ 52,156</p> <p>IF ANY</p>	<p>.55</p> <p>.65</p>	<p>\$ 287.00</p> <p>\$ 0.00</p>
	TOTAL CLASS PREMIUM				\$ 287.00
	INCREASE LIMITS 1.1%	9812			\$ 3.00
	TOTAL SUBJECT PREMIUM				\$ 290.00
	EXPERIENCE PREMIUM .83	9898			\$ -49.00
	TOTAL MODIFIED PREMIUM				\$ 241.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 36.00
	STANDARD TOTAL				\$ 277.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -29.00
	TERRORISM .02	9740			\$ 10.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 5.00
	TOTAL ESTIMATED PREMIUM				\$ 263.00
	FINAL TOTAL				\$ 263.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS	RATES		
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0051-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 30 E ADAMS ST STE 600 CHICAGO IL 60603				
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	\$ 411,068	1.00	\$ 4,111.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	IF ANY	1.37	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	.24	\$ 0.00
	TOTAL CLASS PREMIUM				\$ 4,111.00
	INCREASE LIMITS 1.4%	9812			\$ 58.00
	SMALL DEDUCTIBLE -2.2%	9664			\$ -90.00
	TOTAL SUBJECT PREMIUM				\$ 4,079.00
	EXPERIENCE PREMIUM .83	9898			\$ -693.00
	TOTAL MODIFIED PREMIUM				\$ 3,386.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 508.00
	STANDARD TOTAL				\$ 3,894.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -405.00
	TERRORISM .06	9740			\$ 247.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 82.00
	TOTAL ESTIMATED PREMIUM				\$ 3,818.00
	IL INDUSTRIAL COMMISSION OPERATIONS FUND 1.01%				\$ 39.00
	FINAL TOTAL				\$ 3,857.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	GOLDER ASSOCIATES, INC. FEIN # 58-1401091 NAIC CODE 541330 NO FIXED ADDRESS LA				
	CONCRETE CONSTRUCTION NOC	5213	IF ANY	8.10	\$ 0.00
	CONTRACTOR - PROJECT MANAGER CONSTRUCTION EXECUTIVE, CONSTRUCTION MANAGER OR CONSTRUCTION SUPERINTENDENT	5606	IF ANY	1.83	\$ 0.00
	EXCAVATION & DRIVERS	6217	IF ANY	8.06	\$ 0.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	IF ANY	.61	\$ 0.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	IF ANY	1.27	\$ 0.00
	TOTAL CLASS PREMIUM				\$ 0.00
	INCREASE LIMITS 1.4%	9812			\$ 0.00
	TOTAL SUBJECT PREMIUM				\$ 0.00
	EXPERIENCE PREMIUM .83	9898			\$ 0.00
	TOTAL MODIFIED PREMIUM				\$ 0.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 0.00
	STANDARD TOTAL				\$ 0.00
	TERRORISM .02	9740			\$ 0.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 0.00
	TOTAL ESTIMATED PREMIUM				\$ 0.00
	FINAL TOTAL				\$ 0.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330</p> <p>NO FIXED ADDRESS MA</p> <p>ARCHITECT OR ENGINEER - CONSULTING</p> <p>ARCHITECT OR ENGINEER - CONSULTING</p>	<p>8601</p> <p>8601U</p>	<p>\$ 1,038,276</p> <p>IF ANY</p>	<p>.29</p> <p>.36</p>	<p>\$ 3,011.00</p> <p>\$ 0.00</p>
	TOTAL CLASS PREMIUM				\$ 3,011.00
	INCREASE LIMITS 2.0%	9812			\$ 60.00
	SMALL DEDUCTIBLE -8.9%	9664			\$ -268.00
	TOTAL SUBJECT PREMIUM				\$ 2,803.00
	EXPERIENCE PREMIUM .83	9898			\$ -477.00
	TOTAL MODIFIED PREMIUM				\$ 2,326.00
	STANDARD TOTAL				\$ 2,326.00
	ARAP RATING PLAN .0%	0277			\$ 0.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -242.00
	EXPENSE CONSTANT	0900			\$ 338.00
	TERRORISM RISK INS ACT 2002 .03	9740			\$ 311.00
	TOTAL ESTIMATED PREMIUM				\$ 2,733.00
	MACHWC (SURCHARGE) 5.8%	0987			\$ 145.00
	FINAL TOTAL				\$ 2,878.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0008-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 GOLDER ASSOCIATES OF MICHIGAN, INC. FEIN # 58-1401091 NAIC CODE 541330 51229 CENTURY CT WIXOM MI 48393				
	ARCHITECT OR ENGINEER-CONSULTING	8601U	IF ANY	.93	\$ 0.00
	ENGINEER OR ARCHITECT-CONSULTING	8601	\$ 3,843,147	.55	\$ 21,137.00
	CLERICAL OFFICE EMPLOYEES NOC.	8810	\$ 403,448	.16	\$ 646.00
	TOTAL CLASS PREMIUM				\$ 21,783.00
	INCREASE LIMITS 2.8%	9812			\$ 610.00
	SMALL DEDUCTIBLE -10.9%	9664			\$ -2,374.00
	TOTAL SUBJECT PREMIUM				\$ 20,019.00
	EXPERIENCE PREMIUM .75	9898			\$ -5,005.00
	TOTAL MODIFIED PREMIUM				\$ 15,014.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 2,252.00
	STANDARD TOTAL				\$ 17,266.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -1,796.00
	TERRORISM RISK INS ACT 2002 .02	9740			\$ 849.00
	TOTAL ESTIMATED PREMIUM				\$ 16,319.00
	FINAL TOTAL				\$ 16,319.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0010-01 GOLDR ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 820 S MAIN ST STE 100 SAINT CHARLES MO 63303 13515 BARNETT PKWY DR STE 260 BALLWIN MO 63021				
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	\$ 4,886,896	.45	\$ 21,991.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	\$ 1,263	.65	\$ 8.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 1,022,843	.22	\$ 2,250.00
	TOTAL CLASS PREMIUM				\$ 24,249.00
	INCREASE LIMITS 1.1%	9812			\$ 267.00
	SMALL DEDUCTIBLE -5.5%	9664			\$ -1,334.00
	TOTAL SUBJECT PREMIUM				\$ 23,182.00
	EXPERIENCE PREMIUM .83	9898			\$ -3,941.00
	TOTAL MODIFIED PREMIUM				\$ 19,241.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 2,886.00
	STANDARD TOTAL				\$ 22,127.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -2,301.00
	TERRORISM .01	9740			\$ 591.00
	TOTAL ESTIMATED PREMIUM				\$ 20,417.00
	MOSIF SURCHARGE 6.0%	9692			\$ 1,293.00
	MO DEDUCTIBLE SURCHARGE 1.0%				\$ 11.00
	FINAL TOTAL				\$ 21,721.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0049-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 4900 KOGER BLVD STE 140 GREENSBORO NC 27407 ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS CLERICAL OFFICE EMPLOYEES NOC	8601 8601U 8810	\$ 1,113,260 IF ANY \$ 143,959	.88 1.68 .25	\$ 9,797.00 \$ 0.00 \$ 360.00
	TOTAL CLASS PREMIUM				\$ 10,157.00
	INCREASE LIMITS 1.1%	9812			\$ 112.00
	SMALL DEDUCTIBLE -6.6%	9664			\$ -670.00
	TOTAL SUBJECT PREMIUM				\$ 9,599.00
	EXPERIENCE PREMIUM .83	9898			\$ -1,632.00
	TOTAL MODIFIED PREMIUM				\$ 7,967.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 1,195.00
	STANDARD TOTAL				\$ 9,162.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -953.00
	TERRORISM .02	9740			\$ 251.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 251.00
	TOTAL ESTIMATED PREMIUM				\$ 8,711.00
	FINAL TOTAL				\$ 8,711.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330</p> <p>NO FIXED ADDRESS ND</p> <p>STOP GAP HAZARD GROUP - D</p>	9139	\$ 369,039	.03	\$ 111.00
	TOTAL CLASS PREMIUM				\$ 111.00
	INCREASE LIMITS 77.0%	9139			\$ 85.00
	TOTAL MODIFIED PREMIUM				\$ 196.00
	STANDARD TOTAL				\$ 196.00
	TOTAL ESTIMATED PREMIUM				\$ 196.00
	FINAL TOTAL				\$ 196.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0012-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 670 N COMMERCIAL ST STE 103 MANCHESTER NH 03103 ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS CLERICAL OFFICE EMPLOYEES NOC	8601 8601U 8810	\$ 1,784,023 IF ANY \$ 203,964	1.06 2.25 .30	\$ 18,911.00 \$ 0.00 \$ 612.00
	TOTAL CLASS PREMIUM				\$ 19,523.00
	INCREASE LIMITS 1.1%	9812			\$ 215.00
	SMALL DEDUCTIBLE -8.6%	9664			\$ -1,679.00
	TOTAL SUBJECT PREMIUM				\$ 18,059.00
	EXPERIENCE PREMIUM .83	9898			\$ -3,070.00
	TOTAL MODIFIED PREMIUM				\$ 14,989.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 2,248.00
	STANDARD TOTAL				\$ 17,237.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -1,793.00
	TERRORISM .01	9740			\$ 199.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 199.00
	TOTAL ESTIMATED PREMIUM				\$ 15,842.00
	FINAL TOTAL				\$ 15,842.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0013-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 5200 PASADENA AVE NE STE C ALBUQUERQUE NM 87113 ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS CLERICAL OFFICE EMPLOYEES NOC	 8601 8601U 8810	 \$ 1,604,264 IF ANY \$ 178,770	 .82 1.36 .48	 \$ 13,155.00 \$ 0.00 \$ 858.00
	TOTAL CLASS PREMIUM				\$ 14,013.00
	INCREASE LIMITS 1.1%	9812			\$ 154.00
	SMALL DEDUCTIBLE -8.3%	9664			\$ -1,163.00
	TOTAL SUBJECT PREMIUM				\$ 13,004.00
	EXPERIENCE PREMIUM .83	9898			\$ -2,211.00
	TOTAL MODIFIED PREMIUM				\$ 10,793.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 1,619.00
	STANDARD TOTAL				\$ 12,412.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -1,291.00
	TERRORISM .01	9740			\$ 178.00
	TOTAL ESTIMATED PREMIUM				\$ 11,299.00
	FINAL TOTAL				\$ 11,299.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS	RATES		
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0014-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 1551 HILLSHIRE DR STE A LAS VEGAS NV 89134				
	ANALYTICAL LABORATORIES OR ASSAYING-INCLUDING LABORATORY, OUTSIDE EMPLOYEES, COLLECTORS OF SAMPLES, & DRIVERS	4511	\$ 2,749	2.72	\$ 75.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601	\$ 4,021,337	1.35	\$ 54,288.00
	ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS	8601U	IF ANY	1.63	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 323,411	.42	\$ 1,358.00
	TOTAL CLASS PREMIUM				\$ 55,721.00
	INCREASE LIMITS 1.1%	9812			\$ 613.00
	SMALL DEDUCTIBLE -8.6%	9664			\$ -4,792.00
	TOTAL SUBJECT PREMIUM				\$ 51,542.00
	EXPERIENCE PREMIUM .83	9898			\$ -8,762.00
	TOTAL MODIFIED PREMIUM				\$ 42,780.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 6,417.00
	STANDARD TOTAL				\$ 49,197.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -5,116.00
	TERRORISM .02	9740			\$ 869.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 869.00
	TOTAL ESTIMATED PREMIUM				\$ 45,819.00
	FINAL TOTAL				\$ 45,819.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0015-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 NY ERN # 9414091115 2221 NIAGARA FALLS BLVD STE 9 NIAGARA FALLS NY 14304 ENGINEER OR ARCHITECT-CONSULTING ENGINEER OR ARCHITECT-CONSULTING CLERICAL OFFICE EMPLOYEES NOC	8601 8601U 8810	\$ 1,154,564 IF ANY \$ 94,406	.92 1.41 .28	\$ 10,622.00 \$ 0.00 \$ 264.00
	TOTAL CLASS PREMIUM				\$ 10,886.00
	INCREASE LIMITS 2.8%	9812			\$ 0.00
	SMALL DEDUCTIBLE -3.0%	9664			\$ -327.00
	TOTAL SUBJECT PREMIUM				\$ 10,559.00
	EXPERIENCE PREMIUM .83	9898			\$ -1,851.00
	TOTAL MODIFIED PREMIUM				\$ 8,708.00
	STANDARD TOTAL				\$ 8,708.00
	PREMIUM DISCOUNT 12.5%	0063			\$ -1,089.00
	TERRORISM .053	9740			\$ 662.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)				
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .011	9741			\$ 137.00
	- NONPAYROLL 1.007	9741			\$ 0.00
	TOTAL ESTIMATED PREMIUM				\$ 8,418.00
	NYS EMPLOYER ASSESSMENT				
	SURCHARGE 13.2%	0932			\$ 1,298.00
	FINAL TOTAL				\$ 9,716.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330</p> <p>2600 TILLER LN STE C COLUMBUS OH 43231</p> <p>STOP GAP HAZARD GROUP - D</p>	9139	\$ 456,230	.02	\$ 91.00
	TOTAL CLASS PREMIUM				\$ 91.00
	INCREASE LIMITS 77.0%	9139			\$ 70.00
	TOTAL MODIFIED PREMIUM				\$ 161.00
	STANDARD TOTAL				\$ 161.00
	TOTAL ESTIMATED PREMIUM				\$ 161.00
	FINAL TOTAL				\$ 161.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS	PREMIUM BASIS	RATES		
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0031-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 9 MONROE PKWY STE 270 LAKE OSWEGO OR 97035				
	ARCHITECTURAL OR ENGINEERING FIRM INCLUDING SALESPERSONS & DRIVERS	8601	\$ 1,717,581	.59	\$ 10,134.00
	ARCHITECTURAL OR ENGINEERING FIRM INCLUDING SALESPERSONS & DRIVERS	8601U	IF ANY	1.16	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 567,864	.21	\$ 1,193.00
	TOTAL CLASS PREMIUM				\$ 11,327.00
	INCREASE LIMITS .4%	9812			\$ 45.00
	TOTAL SUBJECT PREMIUM				\$ 11,372.00
	EXPERIENCE PREMIUM .83	9898			\$ -1,933.00
	TOTAL MODIFIED PREMIUM				\$ 9,439.00
	STANDARD TOTAL				\$ 9,439.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -982.00
	TERRORISM .02	9740			\$ 457.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 457.00
	TOTAL ESTIMATED PREMIUM				\$ 9,371.00
	ORWCA SURCHARGE 6.2%	9694			\$ 579.00
	FINAL TOTAL				\$ 9,950.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0016-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 555 N LN STE 60557 SPRING HILL CORPORATE CTR CONSHOCKEN PA 19428				
	EXCAVATION N.O.C.	609	\$ 534,041	6.97	\$ 37,223.00
	SALESPERSON - OUTSIDE	951	\$ 628,478	.58	\$ 3,645.00
	CLERICAL OFFICE EMPLOYEES	953	\$ 577,540	.26	\$ 1,502.00
	ENGINEERING CONSULTING FIRM - ALL TYPES OF ENGINEERING	955	\$ 1,986,285	.46	\$ 9,137.00
	ENGINEERING CONSULTING FIRM - ALL TYPES OF ENGINEERING	955U	IF ANY	.93	\$ 0.00
	TOTAL CLASS PREMIUM				\$ 51,507.00
	INCREASE LIMITS 1.4%	9812			\$ 721.00
	SMALL DEDUCTIBLE -6.6%	9664			\$ -3,447.00
	TOTAL SUBJECT PREMIUM				\$ 48,781.00
	EXPERIENCE PREMIUM 0.749	9898			\$ -12,244.00
	TOTAL MODIFIED PREMIUM				\$ 36,537.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 5,481.00
	STANDARD TOTAL				\$ 42,018.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -4,370.00
	TERRORISM .04	9740			\$ 1,491.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 745.00
	TOTAL ESTIMATED PREMIUM				\$ 39,884.00
	EMPLOYER ASSESSMENT (NON-COAL) 1.64%	0938			\$ 711.00
	EMPLOYER ASSESSMENT (COAL) 1.65%	0938			\$ 0.00
	FINAL TOTAL				\$ 40,595.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0018-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 500 CENTURY PLAZA DR STE 190 HOUSTON TX 77073 14607 SAN PEDRO STE 250 SAN ANTONIO TX 78232				
	ANALYTICAL CHEMIST	4511	\$ 130,051	.90	\$ 1,170.00
	EXCAVATION NOC & DRIVERS	6219	\$ 63,561	6.30	\$ 4,004.00
	ARCHITECT OR ENGINEER - CONSULTING	8601	\$ 4,636,279	.33	\$ 15,300.00
	ARCHITECT OR ENGINEER - CONSULTING	8601U	IF ANY	.53	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 994,562	.21	\$ 2,089.00
	TOTAL CLASS PREMIUM				\$ 22,563.00
	INCREASE LIMITS 1.4%	9812			\$ 316.00
	TOTAL SUBJECT PREMIUM				\$ 22,879.00
	EXPERIENCE PREMIUM .83	9898			\$ -3,889.00
	TOTAL MODIFIED PREMIUM				\$ 18,990.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 2,849.00
	SMALL DEDUCTIBLE -11.9%	9663			\$ -2,599.00
	STANDARD TOTAL				\$ 19,240.00
	PREMIUM DISCOUNT 11.5%	0063			\$ -2,213.00
	TERRORISM .02	9740			\$ 1,165.00
	TOTAL ESTIMATED PREMIUM				\$ 18,192.00
	FINAL TOTAL				\$ 18,192.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 UT ERN # 9414421954</p> <p>NO FIXED ADDRESS UT</p> <p>ARCHITECTURAL OR ENGINEERING FIRM-INCLUDING SALESPERSONS & DRIVERS</p>	8601	\$ 150,082	.48	\$ 720.00
	TOTAL CLASS PREMIUM				\$ 720.00
	INCREASE LIMITS 1.1%	9812			\$ 8.00
	SMALL DEDUCTIBLE -10.5%	9664			\$ -76.00
	TOTAL SUBJECT PREMIUM				\$ 652.00
	EXPERIENCE PREMIUM .83	9898			\$ -111.00
	TOTAL MODIFIED PREMIUM				\$ 541.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 81.00
	STANDARD TOTAL				\$ 622.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -65.00
	TERRORISM .02	9740			\$ 30.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741			\$ 30.00
	TOTAL ESTIMATED PREMIUM				\$ 617.00
	FINAL TOTAL				\$ 617.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

ITEM 4.	CLASSIFICATION OF OPERATIONS		PREMIUM BASIS	RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	0019-01 GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 3719 SAUNDERS AVE RICHMOND VA 23227				
	ARCHITECTURAL OR ENGINEERING FIRM-& DRIVERS	8601	\$ 1,887,329	.67	\$ 12,645.00
	ARCHITECTURAL OR ENGINEERING FIRM-& DRIVERS	8601U	IF ANY	1.15	\$ 0.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 297,930	.13	\$ 387.00
	TOTAL CLASS PREMIUM				\$ 13,032.00
	INCREASE LIMITS 1.1%	9812			\$ 143.00
	SMALL DEDUCTIBLE -8.9%	9664			\$ -1,160.00
	TOTAL SUBJECT PREMIUM				\$ 12,015.00
	EXPERIENCE PREMIUM .83	9898			\$ -2,043.00
	TOTAL MODIFIED PREMIUM				\$ 9,972.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 1,496.00
	STANDARD TOTAL				\$ 11,468.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -1,193.00
	TERRORISM .04	9740			\$ 874.00
	TOTAL ESTIMATED PREMIUM				\$ 11,149.00
	VA BIRTH RELATED NEUROLOGICAL INJURY COMP FUND				
	SURCHARGE .25%	0145			\$ 28.00
	FINAL TOTAL				\$ 11,177.00

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4.	CLASSIFICATION OF OPERATIONS		PREMIUM BASIS	RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 18300 NE UNION HILL RD STE 200 REDMOND WA 98052				
	STOP GAP HAZARD GROUP - D	9139	\$ 14,552,921	.03	\$ 4,366.00
	STOP GAP HAZARD GROUP - D	9139U	\$ 49,805	.03	\$ 15.00
	TOTAL CLASS PREMIUM				\$ 4,381.00
	STOP GAP INCREASE LIMITS 1.77	9812			\$ 3,362.00
	INCREASE LIMITS 2.8%	9139			\$ 0.00
	TOTAL MODIFIED PREMIUM				\$ 7,743.00
	SCHEDULE MODIFICATION 15.0%	9889			\$ 2.00
	STANDARD TOTAL				\$ 7,745.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -2.00
	TERRORISM .01	9740			\$ 0.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 0.00
	TOTAL ESTIMATED PREMIUM				\$ 7,743.00
	FINAL TOTAL				\$ 7,743.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 WI ERN # 941A116153007</p> <p>2247 FOX HEIGHT LN GREEN BAY WI 54304</p> <p>ARCHITECTURAL OR ENGINEERING - INCLUDING SALESPERSONS & DRIVERS</p> <p>ARCHITECTURAL OR ENGINEERING - INCLUDING SALESPERSONS & DRIVERS</p> <p>CLERICAL OFFICE EMPLOYEES NOC</p>	<p>8601</p> <p>8601U</p> <p>8810</p>	<p>\$ 1,073,994</p> <p>IF ANY</p> <p>\$ 64,302</p>	<p>1.06</p> <p>1.76</p> <p>.27</p>	<p>\$ 11,384.00</p> <p>\$ 0.00</p> <p>\$ 174.00</p>
	TOTAL CLASS PREMIUM				\$ 11,558.00
	INCREASE LIMITS 1.1%	9812			\$ 127.00
	TOTAL SUBJECT PREMIUM				\$ 11,685.00
	EXPERIENCE PREMIUM .83	9898			\$ -1,986.00
	TOTAL MODIFIED PREMIUM				\$ 9,699.00
	STANDARD TOTAL				\$ 9,699.00
	PREMIUM DISCOUNT 10.4%	0063			\$ -1,009.00
	TERRORISM .02	9740			\$ 228.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 114.00
	TOTAL ESTIMATED PREMIUM				\$ 9,032.00
	FINAL TOTAL				\$ 9,032.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4. CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	<p>GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330</p> <p>NO FIXED ADDRESS WY</p> <p>STOP GAP HAZARD GROUP - D</p>	9139	IF ANY	.03	\$ 0.00
	TOTAL CLASS PREMIUM				\$ 0.00
	INCREASE LIMITS 77.0%	9139			\$ 0.00
	TOTAL MODIFIED PREMIUM				\$ 0.00
	STANDARD TOTAL				\$ 0.00
	TOTAL ESTIMATED PREMIUM				\$ 0.00
	FINAL TOTAL				\$ 0.00
	POLICY TOTAL ESTIMATED COST				\$ 506,032.00

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

Insurance for this coverage part provided by:
ZURICH AMERICAN INSURANCE COMPANY

Policy Number WC 5393917-13

ITEM 4.	CLASSIFICATION OF OPERATIONS		PREMIUM BASIS	RATES	
LOC.	Entry in this item, except as specifically provided elsewhere in this policy, does not modify any of the other provisions of this policy.	Code No.	Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
	GOLDER ASSOCIATES CORPORATION FEIN # 58-1401091 NAIC CODE 541330 NJ TAXPAYER ID# 000581401091 NO FIXED ADDRESS NJ				
	EXCAVATION NOC & DRIVERS	6217	\$ 4,107	10.73	\$ 441.00
	ARCHITECT OR ENGINEER-CONSULTING NPD	8601	\$ 6,198,100	.95	\$ 58,882.00
	ARCHITECT OR ENGINEER-CONSULTING NPD	8601U	\$ 12,548	1.43	\$ 179.00
	CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 1,209,020	.28	\$ 3,385.00
	TOTAL CLASS PREMIUM				\$ 62,887.00
	INCREASE LIMITS 1.4%	6199			\$ 880.00
	TOTAL SUBJECT PREMIUM				\$ 63,767.00
	EXPERIENCE PREMIUM .789	9898			\$ -13,455.00
	TOTAL MODIFIED PREMIUM				\$ 50,312.00
	SCHEDULE MOD 15.0%	9889			\$ 7,547.00
	STANDARD TOTAL				\$ 57,859.00
	PREMIUM DISCOUNT 7.0%	0063			\$ -4,050.00
	TERRORISM .03	9740			\$ 2,227.00
	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741			\$ 742.00
	TOTAL ESTIMATED PREMIUM				\$ 56,778.00
	SECOND INJURY FUND SURCHARGE 6.07%	0935			\$ 3,045.00
	UNINSURED EMPLOYERS' FUND SURCHARGE .0%	0936			\$ 0.00
	FINAL TOTAL				\$ 59,823.00
	POLICY TOTAL ESTIMATED COST				\$ 59,823.00

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

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

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

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

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

G. Recovery From Others

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

H. Statutory Provisions

These statements apply where they are required by law.

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

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

PART TWO EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

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

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

B. We Will Pay

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

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

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

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

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and

901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

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

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

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.

FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Health and Safety Act of 1969(30 USC Sections 931-942). Part One (Workers Compensation Insurance) applies to that work as though that state were shown in Item 3.A. of the Information Page.

The definition of workers compensation law includes the Federal Coal Mine Health and Safety Act of 1969(30 USC Sections 931-942) and any amendment to that law that is in effect during the policy period.

Part One (Workers Compensation Insurance), Section A.2., How This Insurance Applies, is replaced by the following:

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 or, when the last exposure occurred prior to July 1, 1973, a claim based on that disease must be first filed against you during the policy period shown in Item 2 of the Information Page.

Schedule

State

AK, AL, AZ, CA, CO, FL, GA, ID, LA, MI, MO, MN, MT, NM, ND, NV, NY, OH, PA, SD, TX, UT, VA, WA, WV, WY

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 01 02

(Ed. 4-84)

FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) and any amendment to that Act that is in effect during the policy period.

G. **Limits of Liability** of Part Two (Employers Liability Insurance) is replaced by the following:

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. 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-aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page or in the Schedule.

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

If any state is named in Item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in Item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Schedule**1. Limits of Liability**

Bodily Injury by Accident	\$ <u>1,000,000</u> each accident
Bodily Injury by Disease	\$ <u>1,000,000</u> aggregate

2. State

AK, AL, AZ, CA, CO, CT, FL, GA, HI, IA,
ID, IL, LA, MA, MI, MN, MO, NC, ND, NH,
NJ, NM, NV, NY, OH, OR, PA, TX, UT, VA,
WA, WI, WY

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 01 04

(Ed. 4-84)

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT

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

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

C. Workers' Compensation Law

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

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

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

Schedule

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
AK	30
AL	111
AZ	12
CO	44
FL	121
GA	46.1
HI	29
IA	102
ID	18
IL	37
LA	109
MA	25.4
MI	69
MN	51.9

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

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT

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

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

C. Workers' Compensation Law

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

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

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

Schedule

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
MO	44
NC	91
NH	112
NJ	50
NM	66
NV	21
NY	53.7
OR	96
PA	102.1
TX	62
VA	71
WI	66

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

OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

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

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

Schedule

Description and Location of Work

IF ANY

MIGRANT AND SEASONAL AGRICULTURAL WORKER PROTECTION ACT COVERAGE ENDORSEMENT

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 12, does not apply to work subject to the Migrant and Seasonal Agricultural Worker Protection Act.

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Migrant and Seasonal Agricultural Worker Protection Act (29 US Sections 1801-1872). The policy applies to that work as though that work were in a state listed in Item 3.A. of the Information Page.

This policy will cover damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 US Sections 1801-1872) or any amendment to that law in effect during the policy period.

Schedule

Description and Location of Work

IF ANY

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 01 11

(Ed. 07-92)

MARITIME COVERAGE ENDORSEMENT

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

A. How This Insurance Applies is replaced by the following:

A. How This Insurance Applies

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

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in Item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

C. Exclusions is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. Bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. Your duty or obligation to provide transportation, wages, maintenance, and cure. This exclusion does not apply if a premium entry is shown in Item 2 of the Schedule, except that punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law are excluded even if a premium is paid for transportation, wages, maintenance, and cure coverage.

D. We Will Defend is changed by adding the following statement:

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. 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—aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.
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.

Schedule

1. Description of work:

IF ANY

2. Transportation, Wages, Maintenance, and Cure Premium INCL

Exclusion: This insurance does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law even if a premium is paid for transportation, wages, maintenance, and cure coverage.

3. Limits of Liability

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	aggregate

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. _____ of the _____
(NAME OF INSURANCE COMPANY)

issued to

Premium \$

Authorized Representative

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the Schedule. Part One (Workers' Compensation Insurance) and Part Two (Employers' Liability Insurance) will apply as though the alternate employer is insured.

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

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

insurance on behalf of the alternate employer with any government agency.

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

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

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

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

Schedule**State of Special or
Address****Temporary Employment****Alternate Employer**

ANY PERSON OR
ORGANIZATION TO WHOM OR
TO WHICH YOU ARE
REQUIRED TO ADD AS AN
ALTERNATE EMPLOYER IN A
WRITTEN CONTRACT OR
WRITTEN AGREEMENT
EXECUTED PRIOR TO LOSS,
EXCEPT WHERE SUCH
CONTRACT OR AGREEMENT IS
PROHIBITED BY LAW.

HI, MI

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

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

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

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

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

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

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

Schedule**1. Alternate Employer**

ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO ADD AS AN ALTERNATE EMPLOYER IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

Address

2. State of Special or Temporary Employment

TX

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 _____

ALTERNATE EMPLOYER ENDORSEMENT

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

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

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

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

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

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

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

Schedule**1. Alternate Employer**

ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO ADD AS AN ALTERNATE EMPLOYER IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

Address

2. State of Special or Temporary Employment

AK

3. Contract or Project

ALTERNATE EMPLOYER ENDORSEMENT

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

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

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

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

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

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

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

Schedule**1. Alternate Employer**

REPSOL E&P USA INC. AND AFFILIATES

Address

2001 TIMBERLOCH PL, SUITE 3000
THE WOODLANDS TX 77380

2. State of Special or Temporary Employment

TX

3. Contract or Project

ALTERNATE EMPLOYER ENDORSEMENT

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

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

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

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

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

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

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

Schedule**1. Alternate Employer**

ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO ADD AS AN ALTERNATE EMPLOYER IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

Address

2. State of Special or Temporary Employment

AL

3. Contract or Project

ALTERNATE EMPLOYER ENDORSEMENT

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

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

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

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

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

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

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

Schedule**1. Alternate Employer**

ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO ADD AS AN ALTERNATE EMPLOYER IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

Address

2. State of Special or Temporary Employment

AR

3. Contract or Project

ALTERNATE EMPLOYER ENDORSEMENT

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Address

2. State of Special or Temporary Employment

AZ

3. Contract or Project

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Address

2. State of Special or Temporary Employment

CA

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2. State of Special or Temporary Employment

CO

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DE

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GA

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Address

2. State of Special or Temporary Employment

IA

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KS

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Address

2. State of Special or Temporary Employment

NC

3. Contract or Project

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NH

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NJ

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NM

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NV

3. Contract or Project

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2. State of Special or Temporary Employment

NY

3. Contract or Project

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2. State of Special or Temporary Employment

OH

3. Contract or Project

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Address

2. State of Special or Temporary Employment

OR

3. Contract or Project

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Address

2. State of Special or Temporary Employment

PA

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RI

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SC

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SD

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Address

2. State of Special or Temporary Employment

UT

3. Contract or Project

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Address

2. State of Special or Temporary Employment

WA

3. Contract or Project

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Address

2. State of Special or Temporary Employment

WI

3. Contract or Project

DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT

The policy does not cover work conducted at or from

ALL WRAP-UP INSURANCE PROGRAMS UNDER WHICH THE INSURED IS COVERED

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 02

(Ed. 4-84)

EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in a state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. Exclusions is changed by adding these exclusions.

This insurance does not cover

- 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule

States

ND
WY

OH

WA

SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

Schedule

PERSONS**STATE**

Sole Proprietor:

Partners:

Officers:

PER OFFICERS SCHEDULE ON FILE**FL**

Others:

SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT

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Schedule

PERSONS**STATE**

Sole Proprietor:

Partners:

Officers:

PER OFFICERS SCHEDULE ON FILE**WA**

Others:

SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

Schedule

PERSONS**STATE**

Sole Proprietor:

Partners:

Officers:

PER OFFICERS SCHEDULE ON FILE**GA**

Others:

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

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

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

B. We Will Pay

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

C. Exclusions

This insurance does not cover:

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

D. Before We Pay

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

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

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

E. Recovery From Others

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

F. Employers Liability Insurance

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

(Ed. 8-91)

Schedule

Employees

ALL OFFICERS AND EMPLOYEES
NOT SUBJECT TO THE
WORKERS COMSPENSATION LAW

State of Employment

AK
AL
AZ
CA
CO
CT
FL
GA
IA
ID
IL
LA
MA
MI
MN
MO
NC
ND
NH
NJ
NM
NV
NY
OH
OR
PA
TX
UT
VA
WA
WY

**Designated Workers
Compensation Law**

STATE WHERE THE
INJURY TAKES PLACE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION

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 _____

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned By _____	

WC 00 04 03

(Ed. 04-84)

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
CT, LA, VA

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 _____	

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	<u>\$ 585,236</u>
				Balance
AK	0	.091	.113	.123
AL	0	.091	.113	.123
AZ	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
CA	0	.091	.113	.123
CO	0	.091	.113	.123
CT	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
FL	0	.091	.113	.123
GA	0	.091	.113	.123
HI	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
IA	0	.091	.113	.123
ID	0	.091	.113	.123
IL	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
LA	0	.091	.113	.123
MA	0	.091	.113	.123
MI	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
MN	0	.091	.113	.123
MO	0	.091	.113	.123
NC	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
NH	0	.091	.113	.123
NM	0	.091	.113	.123
NV	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
OR	0	.091	.113	.123
PA	0	.091	.113	.123
UT	0	.091	.113	.123

2. Average percentage discount: 9.99 %

3. Other policies:

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

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in 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	<u>\$ 585,236</u>
				Balance
VA	0	.091	.113	.123
WA	0	.091	.113	.123
WI	0	.091	.113	.123

2. Average percentage discount: 9.99 %

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:

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.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 00 04 14

(Ed. 07-90)

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.**

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), 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	
WA	. 01	\$	0

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

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

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

Schedule			
State	Rate	Premium	
AL	.02	\$	66
AZ	.01	\$	386
CA	.01	\$	830
CO	.01	\$	1,739
CT	.01	\$	10
GA	.02	\$	2,022
HI	.01	\$	5
IA	.01	\$	1

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

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

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

Schedule			
State	Rate	Premium	
ID	.01	\$	5
IL	.02	\$	82
LA	.02	\$	0
NC	.02	\$	251
NH	.01	\$	199
NJ	.01	\$	742
NV	.02	\$	869
NY	.011	\$	137

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

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

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

Schedule			
State	Rate	Premium	
NY	.7%	\$	0
OR	.02	\$	457
PA	.02	\$	745
UT	.02	\$	30
WI	.01	\$	114

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.

Schedule

State	Rate	Premium
WA	. 01	\$ 0

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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

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

Definitions

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

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

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

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

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

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.

(Ed. 1-15)

- e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
- f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule		
State	Rate	Premium
AK	.01	\$ 321
AL	.02	\$ 66
AZ	.01	\$ 386
CA	.03	\$ 2,491
CO	.01	\$ 1,739
CT	.01	\$ 10
GA	.02	\$ 2,022
HI	.01	\$ 5
IA	.02	\$ 2
ID	.02	\$ 10
IL	.06	\$ 247
LA	.02	\$ 0
MA	.03	\$ 311
MN	.02	\$ 171
MO	.01	\$ 591
NC	.02	\$ 251
NH	.01	\$ 199
NJ	.03	\$ 2,227
NM	.01	\$ 178
NV	.02	\$ 869
NY	.053	\$ 662
OR	.02	\$ 457
PA	.04	\$ 1,491
TX	.02	\$ 1,165
UT	.02	\$ 30
VA	.04	\$ 874
WI	.02	\$ 228

BENEFITS DEDUCTIBLE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because the states listed in the Schedule below are shown in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. If the law requires payment on a per accident or per disease basis, this provision applies in place of paragraph 2 above. This deductible applies separately to each accident or disease, regardless of the number of people who sustain injury by such accident or disease.
4. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.
5. If the statute requires or allows you to pay the deductible amount, this provision applies in place of paragraph 4 above. You will pay the deductible amounts directly to the persons entitled to them. We will be your guarantor for those payments. If we pay the deductible amount as guarantor, you must reimburse us within 30 days after we send you notice that payment is due. If you fail to reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

State	Indemnity and Medical Deductible Amount	Medical Deductible Amount	Indemnity Deductible Amount
CA	\$5,000		
CO	\$5,000		
CT	\$5,000		
FL	\$5,000		
GA	\$2,500		
HI	\$5,000		
IL	\$1,000		
KS	\$5,000		
MI	\$2,500		
MO	\$2,500		

BENEFITS DEDUCTIBLE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because the states listed in the Schedule below are shown in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. If the law requires payment on a per accident or per disease basis, this provision applies in place of paragraph 2 above. This deductible applies separately to each accident or disease, regardless of the number of people who sustain injury by such accident or disease.
4. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.
5. If the statute requires or allows you to pay the deductible amount, this provision applies in place of paragraph 4 above. You will pay the deductible amounts directly to the persons entitled to them. We will be your guarantor for those payments. If we pay the deductible amount as guarantor, you must reimburse us within 30 days after we send you notice that payment is due. If you fail to reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

State	Indemnity and Medical Deductible Amount	Medical Deductible Amount	Indemnity Deductible Amount
AL	\$2,500		

VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Maritime Insurance to the policy.

A. How This Insurance Applies

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

1. The bodily injury must be sustained by an employee who is a master or member of the crew of a vessel described in the Schedule.
2. The bodily injury must occur in employment that is necessary or incidental to work described in Item 2 of the Schedule.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in Item 1 of the Schedule were subject to the workers compensation law shown in Item 1 of the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Exclusions

This insurance does not cover:

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

D. Before We Pay

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

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

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

E. Recovery From Others

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

Schedule1. Employees

Master and members of the crews of these vessels:
IF ANY

Workers Compensation Law

STATE OF HIRE

2. Description of Work:

IF ANY

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 02 03

(Ed. 4-84)

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

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

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

B. We Will Pay

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

C. Exclusions

This insurance does not cover:

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

D. Before We Pay

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

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

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

E. Recovery From Others

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

F. Employers Liability Insurance

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

Schedule

<u>Employees</u>	<u>State of Employment</u>	<u>Designated Workers Compensation Law</u>
ALL OFFICERS AND EMPLOYEES NOT SUBJECT TO THE WORKERS COMPENSATION LAW	HI	STATE WHERE INJURY TAKES PLACE

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 11

(Ed. 4-84)

WASHINGTON CHANGES

- A. Paragraph **D. We Will Defend** in the **Part Two Employers Liability Insurance** section of the policy is replaced by the following:

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 in the payment of judgments or settlements.

- B. Paragraph **E. Final Premium** in the **Part Five Premium** section of the policy is replaced by the following:

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:

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.

- C. Paragraph **D. Cancellation** in the **Part Six Conditions** section is replaced by the following:

D. Cancellation and Nonrenewal

1. You may cancel this policy by notifying us or the insurance producer before the effective date of cancellation in one of the following ways:
 - a. Written notice by mail, fax or email;
 - b. Surrender of the policy or binder; or
 - c. Verbal notice.

Upon receipt of such notice, we will cancel this policy or any binder issued as evidence of coverage, effective on the later of the following:

- (1) The date on which notice is received or the policy or binder is surrendered; or
 - (2) The date of cancellation requested by you.
2. We may cancel this policy. We will mail to you and all named insureds shown on the policy advance written notice including the actual reason for the cancellation.
 - a. If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take effect.
 - b. If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.

Mailing that notice to your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. The policy period will end on the day and hour stated in the cancellation notice.

3. We may elect not to renew the policy. We will mail to you and all named insureds shown on the policy not less than 45 days advance written notice including the actual reason for the nonrenewal. Otherwise we will renew this policy unless:
 - a. The first named insured fails to pay the renewal premium after we have expressed our willingness to renew which includes a statement of renewal premium to the first named insured at least 20 days before the expiration date;
 - b. The first named insured notifies us that they have procured equivalent coverage prior to the expiration date of the policy period; or
 - c. The contract is evidenced by a written binder containing a clearly stated expiration date which has expired according to its terms

Mailing that notice to your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

4. Any of these provisions that conflicts with a law that controls the cancellation or nonrenewal of the insurance in this policy is changed by this statement to comply with that law.

- D. Paragraph **E. Sole Representative** in the **Part Six Conditions** section of the policy is replaced by the following:

E. Sole Representative

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

POLICYHOLDER NOTICE**YOUR RIGHT TO RATING AND DIVIDEND INFORMATION****I. Information Available to You****A. Information Available from Us – ZURICH AMERICAN INSURANCE COMPANY**

- (1) General questions regarding your policy should be directed to :

ZURICH AMERICAN INSURANCE COMPANY
Customer Inquiry Center
1400 American Lane
Schaumburg, IL 60196-1056
Telephone: 800-382-2150
Fax: 847-413-5187
www.zurichna.com

- (2) **Dividend Calculation.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.

- (3) **Claims Information.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

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

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

- (1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the *California Workers' Compensation Uniform Statistical Reporting Plan – 1995* (USRP) and the *California Workers' Compensation Experience Rating Plan – 1995* (ERP). Contact information for the WCIRB is: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Customer Service. You may also contact WCIRB Customer Service at 1-888-229-2472, by fax at 415-778-7272, or via the Internet at the WCIRB's website: <http://www.wcirb.com>. The regulations contained in the USRP and the ERP are available for public viewing through the WCIRB's website.
- (2) **Policyholder Information.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Custodian of Records. The Custodian of Records can be reached by telephone at 415-777-0777 and by fax at 415-778-7272.
- (3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form free of charge by completing a Policyholder Rate Sheet Request Form on the WCIRB's website at <http://wcirb.com/ratesheet>. The Experience Rating Form will include a Loss-Free Rating, which is the experience modification that would have been calculated if \$0 (zero) actual losses were incurred during the experience period. This hypothetical rating calculation is provided for informational purposes only.

II. Dispute Process

You may dispute our actions or the actions of the WCIRB pursuant to CIC Sections 11737 and 11753.1.

A. Our Dispute Resolution Process.

If you are aggrieved by our decision adopting a change in a classification assignment that results in increased premium, or by the application of our rating system to your workers' compensation insurance, you may dispute these matters with us. If you are dissatisfied with the outcome of the initial dispute with us, you may send us a written Complaint and Request for Action as outlined below.]

(Ed. 04-13)

You may send us a written Complaint and Request for Action requesting that we reconsider a change in a classification assignment that results in an increased premium and/or requesting that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written Complaints and Requests for Action should be forwarded to:

ZURICH AMERICAN INSURANCE COMPANY

Sacramento Processing Center

3249 Quality Drive

Rancho Cordova, CA 95670

Telephone: 800-382-2150

Fax: 847-413-5187

After you send your Complaint and Request for Action, we have 30 days to send you a written notice indicating whether or not your written request will be reviewed. If we agree to review your request, we must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If we decline to review your request, if you are dissatisfied with the decision upon review, or if we fail to grant or reject your request or issue a decision upon review, you may appeal to the insurance commissioner as described in paragraph II.C., below.

- B. Disputing the Actions of the WCIRB.** If you have been aggrieved by any decision, action, or omission to act of the WCIRB, you may request, in writing, that the WCIRB reconsider its decision, action, or omission to act. You may also request, in writing, that the WCIRB review the manner in which its rating system has been applied in connection with the insurance afforded or offered you. For requests related to classification disputes, the reporting of experience, or coverage issues, your initial request for review must be received by the WCIRB within 12 months after the expiration date of the policy to which the request for review pertains, except if the request involves the application of the Revision of Losses rule. For requests related to your experience modification, your initial request for review must be received by the WCIRB within 6 months after the issuance, or 12 months after the expiration date, of the experience modification to which the request for review pertains, whichever is later, except if the request for review involves the application of the Revision of Losses rule. If the request involves the Revision of Losses rule, the time to state your appeal may be longer. (See Section VI, Rule 14 of the ERP).

You may commence the review process by sending the WCIRB a written Inquiry. Written Inquiries should be sent to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Customer Service. Customer Service can be reached by telephone at 1-888-229-2472, and by fax at 415-778-7272.

If you are dissatisfied with the WCIRB's decision upon an Inquiry, or if the WCIRB fails to respond within 90 days after receipt of the Inquiry, you may pursue the subject of the Inquiry by sending the WCIRB a written Complaint and Request for Action. After you send your Complaint and Request for Action, the WCIRB has 30 days to send you written notice indicating whether or not your written request will be reviewed. If the WCIRB agrees to review your request, it must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If the WCIRB declines to review your request, if you are dissatisfied with the decision upon review, or if the WCIRB fails to grant or reject your request or issue a decision upon review, you may appeal to the insurance commissioner as described in paragraph II.C., below. Written Complaints and Requests for Action should be forwarded to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Complaints and Reconsiderations. The WCIRB's telephone number is 1-888-229-2472, and the fax number is 415-371-5204.

- C. California Department of Insurance – Appeals to the Insurance Commissioner.** If, after you follow the appropriate dispute resolution process described above, we or the WCIRB decline to review your request, if you are dissatisfied with the decision upon review, or if we or the WCIRB fail to grant or reject your request or issue a decision upon review, you may appeal to the insurance commissioner pursuant to CIC Sections 11737, 11752.6, 11753.1 and Title 10, California Code of Regulations, Section 2509.40 et seq. You must file your appeal within 30 days after we or the WCIRB send you the notice rejecting review of your Complaint and Request for Action or the decision upon your Complaint and Request for Action. If no written decision regarding your Complaint and Request for Action is sent, your appeal must be filed within 120 days after you sent your Complaint and Request for Action to us or to the WCIRB. The filing address for all appeals to the insurance commissioner is:

Administrative Hearing Bureau
California Department of Insurance
45 Fremont Street, 22nd Floor
San Francisco, California 94105

You have the right to a hearing before the insurance commissioner, and our action, or the action of the WCIRB, may be affirmed, modified, or reversed.

III. Resources Available to You in Obtaining Information and Pursuing Disputes

A. Policyholder Ombudsman. Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the insurance commissioner pursuant to Section 11737 of the Insurance Code. The address of the policyholder ombudsman is WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Policyholder Ombudsman. The policyholder ombudsman can be reached by telephone at 415-778-7159 and by fax at 415-371-5288.

B. California Department of Insurance – Information and Assistance. Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 1-800-927-HELP (4357) or <http://www.insurance.ca.gov>. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

This notice does not change the policy to which it is attached.

ARIZONA CANCELLATION ENDORSEMENT

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

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

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 if you fail to pay premium when due. We must mail or deliver to you and the Industrial Commission of Arizona not less than 30 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 cancelation notice.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 02 06 01

(Ed. 05-86)

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT - CALIFORNIA

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

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

C. Workers' Compensation Law

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

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

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

The estimated premium for the Longshore and Harbor Workers' Compensation Act coverage provided by this endorsement is as shown in the Schedule below or item 4 of the Information Page.

SCHEDULE

CODE NO.	CLASSIFICATION	ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
	SEE CLASSIFICATION SCHEDULE			

TOTAL ESTIMATED ANNUAL PREMIUM\$ INCL

POLICY AMENDATORY ENDORSEMENT-CALIFORNIA

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

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

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

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

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

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

8. Part Five, " Premium ", E, "Final Premium", is amended to read as follows:

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

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

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

It is further agreed that this policy, including all endorsements forming a part thereof, constitutes the entire contract of insurance. No condition, provision, agreement, or understanding not set forth in this policy or such endorsements shall affect such contract or any rights, duties, or privileges arising therefrom.

SOLE PROPRIETOR COVERAGE ENDORSEMENT - CALIFORNIA

This policy applies to the sole proprietor named in item 1 of the Information Page. We will pay promptly when due the benefits you would be entitled to under this policy as an employee.

The premium basis for this policy includes the entire remuneration (subject to the minimum and maximum amounts provided for by our Manuals) of the sole proprietor.

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 04 03 04**(Ed. 01-85)**

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - CALIFORNIA

If the employer named in item 1 of the Information Page has in his employment persons not entitled to compensation under Division 4 of the Labor Code of the State of California, this policy shall operate as an election on the part of the employer to come under the compensation provisions of Division 4 with respect to those persons described in the Schedule below.

This policy applies to those persons described in the Schedule below as employees.

Schedule

EMPLOYEES: ALL OFFICERS AND EMPLOYEES NOT SUBJECT TO THE WORKERS COMPENSATION LAW.

STATE OF EMPLOYMENT: ANY STATE SHOWN IN ITEM 3.A. OF THE INFORMATION PAGE (EXCLUDING WISCONSIN).

DESIGNATED WORKERS COMPENSATION LAW: STATE WHERE THE INJURY TAKES PLACE.

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 04 03 05

(Ed. 1-85)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

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.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 0.00 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

ALL PERSONS AND/OR
WRITTEN CONTRACT OR
PRIOR TO THE
SUBROGATION BE
PERFORMED BY YOU

Job Description

ORGANIZATIONS THAT ARE REQUIRED BY
AGREEMENT WITH THE INSURED, EXECUTED
ACCIDENT OR LOSS, THAT WAIVER OF
PROVIDED UNDER THIS POLICY FOR WORK
FOR THAT PERSON AND/OR ORGANIZATION

EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT—CALIFORNIA

The insurance afforded by Part Two (Employers' Liability Insurance) by reason of designation of California in item 3 of the information page is subject to the following provisions:

A. "How This Insurance Applies," is amended to read as follows:

A. How This Insurance Applies

This employers' liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury means a physical injury, including resulting death.

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

C. The "Exclusions" section is modified as follows (all other exclusions in the "Exclusions" section remain as is):

1. Exclusion 1 is amended to read as follows:
 1. liability assumed under a contract.
2. Exclusion 2 is deleted.
3. Exclusion 7 is amended to read as follows:
 7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, termination of employment, or any personnel practices, policies, acts or omissions.
4. The following exclusions are added:
 1. bodily injury to any member of the flying crew of any aircraft.
 2. bodily injury to an employee when you are deprived of statutory or common law defenses or are subject to penalty because of your failure to secure your obligations under the workers' compensation law(s) applicable to you or otherwise fail to comply with that law.
 3. liability arising from California Labor Code Section 2810.3 which relates to labor contracting.

OPTIONAL PREMIUM INCREASE ENDORSEMENT – CALIFORNIA

You must provide us, or our authorized representative, access to records necessary to perform a payroll verification audit. If you fail to provide access within 90 days after expiration of the policy, you are liable to pay a total premium equal to 3 times our current estimate of the annual premium for your policy. In addition, if you fail to provide access after our third request within a 90 day or longer period, you are also liable for our costs in attempting to perform the audit unless you provide a compelling business reason for your failure.

We will contact you to schedule appointments during normal business hours.

We will notify you of your failure to provide access by mailing a certified, return-receipt document stating the increased premium and the total amount of our costs incurred in our attempt(s) to perform an audit. In addition to any other obligations under this contract, 30 days after you receive the notification, you will be obligated to pay the total premium and costs referenced above. If, thereafter, you provide access to your records within three years after the policy expires, or within another mutually agreed upon time, and we succeed in performing the audit to our satisfaction, we will revise your total premium and the costs due to reflect the results of the audit.

CALIFORNIA CANCELATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the information page.

The cancellation condition in Part Six (Conditions) of the policy is replaced by these conditions:

Cancelation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
 - a. Non-payment of premium;
 - b. Failure to report payroll;
 - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
 - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
 - e. Material misrepresentation made by you or your agent;
 - f. Failure to cooperate with us in the investigation of a claim;
 - g. Failure to comply with Federal or State safety orders;
 - h. Failure to comply with written recommendations of our designated loss control representatives;
 - i. The occurrence of a material change in the ownership of your business;
 - j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
 - k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
 - l. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in item 1 of the Information Page will be sufficient to prove notice. If we cancel your policy for any of the reasons listed in items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancelation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
4. The policy period will end on the day and hour stated in the cancelation notice.

CALIFORNIA SMALL DEDUCTIBLE ENDORSEMENT

1. This endorsement applies to the workers' compensation insurance coverage, the employers' liability insurance coverage and the other states insurance coverage provided in this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy, except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including allocated loss adjustment expense which arise out of any claim or suit we defend, where you elect to include such expenses.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amounts. The contract of insurance shall be fully enforceable by your employees or their dependents against us.

Deductible – Per Accident or Employee

5. The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined, including allocated loss adjustment expenses, if elected by you, for bodily injury to one or more employees as the result of any one accident or for disablement of one employee due to bodily injury by disease.

Effect of Deductible on Limits of Liability

6. The applicable limits of liability as respects the employers' liability insurance coverage provided in this policy are subject to reduction by the application of the loss reimbursement amount(s) applicable to any claim for accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific loss reimbursement amount. The reimbursement of allocated loss adjustment expense will not affect the limits of liability.

Allocated Loss Adjustment Expenses

7. Allocated loss adjustment expense means claims expenses directly allocated by us to a particular claim. Such expense shall not include cost of investigation or the salaries and traveling expenses of our employees other than those salaried employees who perform services, which can be directly allocated to the handling of a particular claim.

Recovery from Others

8. If we recover any payments made under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) Then the remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

Cancellation

9. We may cancel this policy for nonpayment of any deductible amounts or for failure to comply with any security-related terms of this policy. Such cancellation of this policy shall be treated in the same manner as nonpayment of premium as provided by the California Insurance Code. We will remain fully responsible for the full amount of all claims incurred prior to the effective date of cancellation.

Sole Representation

10. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
- (a) Changes to this endorsement;
 - (b) Obligations to receive premiums; or
 - (c) Giving or receiving notice of cancellation.

Your Duties and Understanding

11. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us for adjustment and payment, regardless of their severity or cost. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

Other Rights and Duties

12. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
- (a) Our right and duty to defend any claim, proceeding or suit against you; and
 - (b) Your duties if injury occurs.

Additional Charges

13. Any assessments pursuant to California statute are not part of this Plan but are included in the cost of the coverage provided by the policy to which this endorsement is attached.

Schedule

1. Deductible Amount \$ **5,000** Each Accident.
(Dollar Amount)
2. Allocated Loss Adjustment Expenses are **INCLUDED**.
("Included" or "Excluded")
3. The Fixed Expense Charge **WILL NOT** be adjusted retroactively, based upon actual costs.
("Will" or "Will Not")

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. Classification 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.

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 05 04 02

(Ed. 11-90)

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CONNECTICUT APPLICATION OF WORKERS COMPENSATION INSURANCE ENDORSEMENT

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

Section A, "How This Insurance Applies," of Part One, "Workers Compensation Insurance," is amended to read as follows:

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

1. Injury by accident must occur during the policy period.
2. Injury by disease must be caused or aggravated by exposure during the policy period to conditions of your employment.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 06 03 01

(Ed. 04-84)

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CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT

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

The amount shown on the Information Page for the Connecticut workers compensation fund assessment is required of you under Section 31-345 of the Connecticut General Statutes. We will pay these assessments to the Connecticut State Treasurer. The purpose of the assessment is to finance the expenses of administering the workers compensation laws.

THE AMOUNT SHOWN ON THE INFORMATION PAGE FOR THE CONNECTICUT SECOND INJURY FUND SURCHARGE IS REQUIRED OF YOU UNDER CONNECTICUT REGULATIONS TO FINANCE THE CONNECTICUT SECOND INJURY FUND. WE WILL PAY THIS SURCHARGE TO THE CONNECTICUT STATE TREASURER.

CONNECTICUT NONRENEWAL ENDORSEMENT

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

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

F. Nonrenewal

We may elect not to renew the policy. Unless otherwise provided by Connecticut General Statutes Annotated Section 38a-323, we will provide you via registered mail, certified mail or by mail evidenced by a certificate of mailing, or deliver to the named insured at the address shown in the policy, at least sixty (60) days advance notice of our intention not to renew.

Mailing such notice to you at your address, shown in Item 1., of the Information Page, will be deemed sufficient notice under this section.

The notice of intent not to renew will state or be accompanied by a statement specifying the reason for such nonrenewal.

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

This insurance does not cover

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

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

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

Definitions

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

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.

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

Schedule

Rate per \$100 of Remuneration

. 02

FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

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

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

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

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

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

FLORIDA BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below. This deductible applies to each claim compensable under the Florida Workers' Compensation Law.
2. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy for nonpayment of premium. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

Deductible amount

\$ 5,000

FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

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

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

GEORGIA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

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

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

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

GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT

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

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

D. Cancellation, Nonrenewal, and Change

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect, subject to the following:
 - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
 - b. If by statute, regulation, or contract this policy may not be cancelled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days' notice to you and the third party as soon as practicable after receiving your request for cancellation.
Our notice will state the effective date of cancellation, which will be the later of the following:
 - 1) 10 days from the date of mailing or delivering our notice, or
 - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase in premium due to change in risk or exposure, including a change in experience modification or resulting from an audit of auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.
4. If you fail to submit to, or allow an audit for, the current or most recently expired policy term, we may, after two documented efforts to notify you and your agent of potential cancellation, send via certified mail or statutory overnight delivery, return receipt requested, written notice to you at least 10 days prior to the effective date of cancellation in lieu of the number of days' notice otherwise required by state law. However, we must not mail a cancellation notice within 20 days of the first documented effort to notify you of potential cancellation.
5. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.

**ILLINOIS WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY EXCLUSION
ENDORSEMENT**

C. Change Part Two—C. Exclusions 1. as follows:

This insurance does not cover

1. liability assumed under a contract, and/or any agreement to waive your right to limit your liability for contribution to the amount of benefits payable under the Workers Compensation Act and the Workers Occupational Disease Act. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;

ILLINOIS AMENDATORY ENDORSEMENT

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

Part Two—Employers Liability Insurance, Section B. (We Will Pay), Item 3. of the policy is replaced by the following:

3. For consequential bodily injury to a party to a civil union, spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

Part Five—Premium, Section G. (Audit) of the policy is replaced by the following:

G. Audit

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

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

A. Inspection

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

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

D. Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail to each named insured at the last known mailing address advance written notice stating when the cancellation is to take effect. We will maintain proof of mailing of the notice of cancellation. A copy of all such notices shall be sent to the broker or agent of record, if known, at the last known mailing address. The broker or agent of record may opt to accept notification electronically.
3. If we cancel because you do not pay all premium when due, we will mail the notice of cancellation at least ten days before the cancellation is to take effect. If we cancel for any other reason, we will mail the notice:
 - a. At least 30 days before the cancellation is to take effect if the policy has been in force for 60 days or less;
 - b. At least 60 days before the cancellation is to take effect if the policy has been in force for 61 days or more.
4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium;
 - b. The policy was issued because of a material misrepresentation;
 - c. You violated any of the terms and conditions of the policy;
 - d. The risk originally accepted has measurably increased;
 - e. The Director has determined that we no longer have adequate reinsurance to meet our needs; or
 - f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.

5. Our notice of cancellation will state our reasons for cancelling.
6. The policy period will end on the day and hour stated in the cancellation notice.

Part Six—Conditions, Section E. (Sole Representative) of the policy is replaced by the following:

E. Sole Representative

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

Part Six—Conditions of the policy is changed by adding the following:

F. Nonrenewal

1. We may elect not to renew the policy. If we fail to give at least 60 days notice prior to the expiration date of the current policy, the policy will automatically be extended for one year. We will mail to each named insured the nonrenewal notice at the last known mailing address. We will maintain proof of mailing of the nonrenewal notice. An exact and unaltered copy of such notice will also be sent to the named insured's producer, if known, or the producer of record at the last known mailing address. The named insured's producer, if known, or the producer of record may opt to accept notification electronically.
2. Our notice of nonrenewal will state our reasons for not renewing.
3. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. You notify us or the producer who procured this policy that you do not want the policy renewed; or
 - b. You fail to pay all premiums when due; or
 - c. You obtain other insurance as a replacement of the policy.

ILLINOIS MEDICAL BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies to medical benefits only in excess of a deductible amount of \$1,000. This deductible applies separately to each accident, regardless of the number of persons injured in the accident.

2. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to reimburse us, we may cancel the policy in accordance with Illinois cancellation law. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

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 12 06 02 A

(Ed. 08-92)

LOUISIANA DUTY TO DEFEND ENDORSEMENT

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

The duty to defend provision of the policy is replaced by this provision.

Part Two—Employer's Liability**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.

Our duty to defend ends when the limit of liability has been exhausted by the payment of a judgement or settlement.

LOUISIANA AMENDATORY ENDORSEMENT

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

PART FIVE—PREMIUM

Section E., Final Premium of Part Five (Premium) of the policy is replaced by the following:

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 cancelled, 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 that 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 calculated using one of the following methods as listed in the Schedule of this endorsement:
 - a. Pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium, or
 - b. More than pro rata; it will be based on the time that this policy was in force, and increased by our short-rate cancellation procedure that has been filed with and approved by the commissioner. Final premium will not be less than the minimum premium.

PART SIX—CONDITIONS

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

D. Cancellation

1. If coverage has not been in effect for sixty days and the policy is not a renewal, cancellation shall be effected by mailing or delivering a written notice to the first-named insured at the mailing address shown on the policy at least sixty days before the cancellation effective date, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium shall be mailed or delivered at least ten days prior to the effective date of cancellation. After coverage has been in effect for more than sixty days or after the effective date of a renewal policy, no insurer shall cancel a policy unless the cancellation is based on at least one of the following reasons:
 - a. Nonpayment of premium.
 - b. 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. Activities or omissions on the part of the named insured which change or increase any hazard insured against, including a failure to comply with loss control recommendations.
 - d. Change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision.
 - e. Determination by the commissioner 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 or any other state.
 - f. Violation or breach by the insured of any policy terms or conditions.
 - g. Such other reasons that are approved by the commissioner of insurance.

2. a. A notice of cancellation of insurance coverage by an insurer shall be in writing and shall be mailed or delivered to the first-named insured at the mailing address as shown on the policy. Notices of cancellation based on conditions 1.b. through 1.g. above shall be mailed or delivered at least thirty days prior to the effective date of the cancellation; notices of cancellations based upon condition 1.a. above shall be mailed or delivered at least ten days prior to the effective date of cancellation. The notice shall state the effective date of the cancellation.
 - b. The insurer shall provide the first-named insured with a written statement setting forth the reason for the cancellation where the insured requests such a statement in writing and the named insured agrees in writing to hold the insurer harmless from liability for any communication giving notice of or specifying the reasons for a cancellation or for any statement made in connection with an attempt to discover or verify the existence of conditions which would be a reason for cancellation under this endorsement.
3. Nothing in this endorsement shall require an insurer to provide a notice of cancellation or a statement of reasons for cancellation where cancellation for nonpayment of premium is effected by a premium finance agency or other entity pursuant to a power of attorney or other agreement executed by or on behalf of the insured.
4. An insurer may decide not to renew a policy if it delivers or mails to the first-named insured at the address shown on the policy written notice it will not renew the policy. Such notice of nonrenewal shall be mailed or delivered at least sixty days before the expiration date. Such notice to the insured shall include the insured's loss run information for the period the policy has been in force within, but not to exceed the last three years of coverage. If the notice is mailed less than sixty days before expiration, coverage shall remain in effect under the same terms and conditions until sixty days after notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the expiration date shall be considered pro rata based upon the previous year's rate. For purposes of this endorsement, the transfer of a policyholder between companies within the same insurance group shall not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage shall not be refusals to renew.
5. Notice of nonrenewal shall not be required if the insurer or a company within the same insurance group has offered to issue a renewal policy, or where the named insured has obtained replacement coverage or has agreed in writing to obtain replacement coverage.
6. If an insurer provides the notice described in paragraph 4 above and thereafter the insurer extends the policy for ninety days or less, an additional notice of nonrenewal is not required with respect to the extension.
7. An insurer shall mail or deliver to the named insured at the mailing address shown on the policy written notice of any rate increase, change in deductible, or reduction in limits or coverage at least thirty days prior to the expiration date of the policy. If the insurer fails to provide such thirty-day notice, the coverage provided to the named insured at the expiring policy's rate, terms, and conditions shall remain in effect until notice is given or until the effective date of replacement coverage obtained by the named insured, whichever first occurs. For the purposes of this paragraph, notice is considered given thirty days following date of mailing or delivery of the notice. If the insured elects not to renew, any earned premium for the period of extension of the terminated policy shall be calculated pro rata at the lower of the current or previous year's rate. If the insured accepts the renewal, the premium increase, if any, and other changes shall be effective the day following the prior policy's expiration or anniversary date.
8. Paragraph 7 shall not apply to the following:
 - a. Changes in a rate or plan filed with the insurance rating commission and applicable to an entire class of business.
 - b. Changes based upon the altered nature or extent of the risk insured.

- c. Changes in policy forms filed and approved with the commissioner and applicable to an entire class of business.
- d. Changes requested by the insured.
- 9. Proof of mailing of notice of cancellation, or of nonrenewal or of premium or coverage changes, to the named insured at the address shown in the policy, shall be sufficient proof of notice.

Section I., **Actions Against Us**, of Part Two (Employers Liability Insurance) of the policy is replaced by the following:

I. Actions Against Us

You may not bring an 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.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

This Condition is added to the policy:

Your Right to Remove Agent

We will not change or remove the agent of record who wrote this policy prior to the termination or renewal of this policy unless you request the change or removal. If you request the change or removal of the agent, we will notify the agent in writing 15 days in advance of the change or removal.

Schedule

1. If you cancel, final premium for this policy will be calculated: X pro rata, or more than pro rata

LOUISIANA COST CONTAINMENT ACT ENDORSEMENT

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

You may be eligible for a two (2) percent reduction in your premium if you attend a cost containment meeting conducted by the Occupational, Safety and Health Administration (OSHA) Section of the Office of Workers Compensation Administration. In order for you to receive the reduction, you must submit to us a certificate of attendance from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date you attended the cost containment meeting.

You may also be eligible for an additional five (5) percent reduction in your premium if you have attended a cost containment meeting and have subsequently satisfactorily implemented an occupational safety and health program prescribed by the OSHA Section. In order for you to receive the reduction, you must submit to us a Certificate of Satisfactory Implementation of Occupational, Safety and Health Program from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date of your certification.

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 17 06 02A

(Ed. 02-96)

MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT

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

Our liability to you under Section 25 of Chapter 152 of the General Laws of Massachusetts is not subject to the limit of liability that applies to Part Two (Employers Liability Insurance).

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 20 03 01

(Ed. 04-84)

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MASSACHUSETTS—ASSESSMENT CHARGE

Massachusetts General Laws, Chapter 152, Section 65, as amended by Chapter 572 of the Acts of 1985, establishes a workers compensation special fund and a workers compensation trust fund.

On behalf of the Department of Industrial Accidents (DIA), the insurance company providing workers compensation coverage is required to bill and collect an assessment charge covering the special and trust funds from insured employers and remit the amounts collected to the State Treasury.

The assessment charge, which is determined by applying a rate (subject to annual change) to the DIA's standard premium, as defined and outlined in 452 CMR 7.00, developed under your policy, is shown as a separate item on the information page of the policy. The rate may be different for private employers and for the Commonwealth and its political subdivisions.

The income derived from the assessment charge will be used to fund the operating expenses of the DIA and to fund certain employee benefits as described in Chapter 152.

MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT

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

1. Rates and Premium

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact your agent or us.

You may obtain pertinent rating information by submitting a written request to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this endorsement or to us at our company address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your classification, rates, premiums or audit results were determined. If we fail to grant or reject your request within thirty days after it is made or if you are not satisfied by the results of our review, you may submit a written request for review to the Workers' Compensation Rating and Inspection Bureau of Massachusetts ("WCRIBMA") at the address shown in this endorsement. If the WCRIBMA fails to grant or reject your request within thirty days after it is made or [i]f you are not satisfied with the results of the WCRIBMA review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Reserves or Settlements

You may request a loss run, which contains reserve and settlement information for claims that relate to the premium for this policy. Such a request must be in writing and should be sent to our address shown on this endorsement. We will provide you with that information within thirty (30) days of receipt of your request, and at reasonable intervals thereafter.

If you have any questions or believe that we set unreasonable reserves or made unreasonable settlements that affected your premiums or losses, you may make a written request through your agent or directly to us for a meeting with our company representative. If you are not satisfied with the results of the meeting, you may make a written appeal to the Insurance Commissioner at the address shown on the endorsement.

3. Named Insured

You are responsible for immediately reporting all changes in name or legal status to us in writing at the company address shown in this Endorsement.

If you want to add a named insured or replace the named insured with another legal entity on any policy issued through the Massachusetts Assigned Risk Pool you must submit a new Assigned Risk Pool Application, including a Confidential Request for Information Form (ERM), to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this Endorsement.

4. Insured's Mailing Address

Notices relating to this Policy will be mailed or delivered to your mailing address. Your mailing address is that which is shown in Item 1 of the Information Page or in a change of address Endorsement to the Policy. You are responsible for notifying us in writing at the company address shown in this Endorsement about any change to your mailing address.

Addresses

The Workers' Compensation Rating and
Inspection Bureau of Massachusetts
Attention: Customer Service Department
101 Arch Street, 5th Floor
Boston, MA 02210
www.wcribma.org

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

Company Address
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

MASSACHUSETTS CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Massachusetts Construction Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

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 20 04 03

(Ed. 01-91)

MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT

Section D of Part Five of the Policy is replaced by this provision:

**PART FIVE
PREMIUM**

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

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The audit and retrospective premiums shall be paid by the due date indicated on the billing statement.**

MASSACHUSETTS CANCELLATION ENDORSEMENT

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

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

Cancellation

1. You may cancel this policy by mailing or delivering to us advance written notice requesting cancellation. Such cancellation shall not be effective until ten days after written notice is given by us to The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
2. We may cancel this policy only if based on one or more of the following reasons: (i) nonpayment of premium; (ii) fraud or material misrepresentation affecting your policy; or (iii) a substantial increase in the hazard insured against. Such cancellation shall not be effective until ten days after written notice is given by us to you and The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
3. We will mail or deliver the notice of cancellation to you at your last address, which shall be the mailing address shown in Item 1 of the Information Page or the change of mailing address shown in an Endorsement to the Policy. Pursuant to M.G.L. Chapter 175, Section 187C, a written notice of cancellation shall be deemed effective when mailed by us if we obtain a certificate of mailing receipt from the United States Postal Service showing your name and address as stated in the policy.
4. Any of these provisions that conflict with the law that controls the cancellation of this insurance policy is changed by this statement to comply with the law.

MASSACHUSETTS BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six - Conditions Section D. Cancellation of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.
4. You agree that any claim and its cost shall be included in experience data used to determine experience modifications for your policy; regardless of the requirement that such claim be fully reimbursed by you to us under the deductible provisions of this policy.

Schedule

Medical and Indemnity
Deductible Amount
Each Claim

\$ 5,000

Premium Reduction Percentage

8.9

MICHIGAN DESIGNATED CONSTRUCTION SITE EXCLUSION ENDORSEMENT

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

Item (e) of the Michigan Law Endorsement is changed by adding the following:

This insurance contract or policy does not cover work conducted at or from the construction site described in the Schedule.

Schedule

ALL WRAP-UP INSURANCE PROGRAMS UNDER WHICH THE INSURED IS COVERED

Insured's Signature (required if endorsement is to be attached to an outstanding 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

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 21 03 02

(Ed. 04-84)

MICHIGAN LAW ENDORSEMENT

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

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

1. We are "the insurer issuing this policy"
2. You are "the insured employer"
3. "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969"
4. "Workmen's compensation" means workers compensation"
5. "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation"

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

Compensation

- a. That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Medical Services

- b. That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed, which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act, and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Rehabilitation Services

- c. That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Funeral Expenses

- d. That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

Scope of Contract

- e. That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

Obligations Assumed

- f. That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

Termination Notice

- g. That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancelation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancelation is received by the bureau of workmen's compensation;

Conflicting Provisions

- h. That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

MICHIGAN TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

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

Definitions

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

“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 2015.

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

- a) The act is an act of terrorism.
- b) The act is violent or dangerous to human life, property or infrastructure.
- c) The act resulted in damage within the United States, or outside 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, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

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

Policyholder Disclosure Notice

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

Schedule

State
MI

Rate per \$100 of Remuneration
.02

MINNESOTA AMENDATORY ENDORSEMENT

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

PART TWO - EMPLOYERS LIABILITY INSURANCE**E. We will Also Pay** is amended to read:

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. Your share of pre- or postjudgment interest assuming that the principal amount of that judgment is within the applicable policy limits under this insurance; and
5. Expenses we incur.

H. Recovery From Others is amended to read:

Our ability to exercise your rights to recover our payment from anyone liable for injury covered by this insurance does not apply if that other person is insured for the same loss by us. This limitation applies only if the loss was caused by the nonintentional acts of the person against whom subrogation is sought.

PART FIVE – PREMIUM**G. Audit** is amended to read:

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, except as it pertains to Part Two – Employer's Liability Insurance which shall be one year. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

DEFINITIONS

As used in this policy, "rate service organization" shall mean the Minnesota Workers' Compensation Insurers Association, Inc.

MINNESOTA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

Cancellation of a New Policy

If this policy is a new policy and has been in effect for fewer than 90 days, we may cancel for any reason by giving you notice at least 60 days before the effective date of cancellation.

Cancellation of Other Policies

If this policy has been in effect for 90 days or more, or if it is a renewal of a policy we issued, we may cancel **for one or more** of the following reasons:

1. Nonpayment of premium;
2. Misrepresentation or fraud made by you or with your knowledge in obtaining the policy or in pursuing a claim under the policy;
3. An act or omission by you that substantially increases or changes the risk insured;
4. Refusal by you to eliminate known conditions that increase the potential for loss after notification by us that the condition must be removed;
5. Substantial change in the risk assumed, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing this policy;
6. Loss of reinsurance by us which provided coverage to us for a significant amount of the underlying risk insured. Any notice of cancellation pursuant to this item shall advise you that you have 10 days from the date of receipt of the notice to appeal the cancellation to the commissioner of commerce and that the commissioner will render a decision as to whether the cancellation is justified because of the loss of reinsurance within 30 business days after receipt of the appeal;
7. A determination by the commissioner that the continuation of the policy could place us in violation of the Minnesota insurance laws; or
8. Nonpayment of dues to an association or organization, other than an insurance association or organization, where payment of dues is a prerequisite to your obtaining or continuing this policy. This item shall not apply to persons who are retired at 62 years of age or older or who are disabled according to Social Security standards,

If we cancel your policy for any of the reasons listed in (2) through (8), we will give notice at least 60 days before the effective date of cancellation.

Notice of Cancellation

Any notice of cancellation under this endorsement shall be in writing and shall be sent by first class mail or delivered to you and any agent, to the last mailing addresses known to us. A cancellation notice for nonpayment of premium must be sent at least 30 days before the actual date of cancellation and shall state the amount of premium due and the due date, and shall state the effect of nonpayment by the due date. Cancellation shall not be effective if payment of the amount due is made prior to the effective date of cancellation in the notice. A cancellation notice for some other reason shall state the specific reason for cancellation and shall state the effective date of cancellation. The policy will end on that date.

Refunds Due You

If this policy is canceled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund,

Nonrenewal of Your Policy

Any notice of nonrenewal shall be in writing and shall be sent by first class mail, or delivered to you and any agent, to the last mailing addresses known to us, at least 60 days before the expiration date.

We need not mail or deliver this nonrenewal notice if you have:

1. Insured elsewhere;
2. Accepted replacement coverage; or
3. Requested or agreed not to renew this policy.

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

MISSOURI NOTIFICATION OF ADDITIONAL MESOTHELIOMA BENEFITS ENDORSEMENT

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

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Missouri Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

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 24 04 01

(Ed. 1-90)

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MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

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

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed \$1,000 excluded from your experience modification calculation. This will only be allowed when you pay all of the employee-s medical costs, there is no lost time from the employment, other than the first three days or less of disability and no claim is filed. You still must report all injuries, regardless of the dollar amount, to the Division of Workers- Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid out-of-pocket due to a particular injury should ever exceed \$1,000 in the aggregate, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

MISSOURI CANCELATION AND NONRENEWAL ENDORSEMENT

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

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

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
 - e. our insolvency;
 - f. our involuntary loss of reinsurance for the policy.
4. 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 stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

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 24 06 01 B**(Ed. 01-96)**

MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION NOTIFICATION ENDORSEMENT

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

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
 - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

MISSOURI BENEFITS DEDUCTIBLE ENDORSEMENT

THIS WORKERS COMPENSATION POLICY CONTAINS A DEDUCTIBLE OPTION UNDER WHICH YOU, THE EMPLOYER, ARE REQUIRED TO REIMBURSE CERTAIN LOSSES. PLEASE READ THIS POLICY CAREFULLY AND UNDERSTAND ITS CONDITIONS THOROUGHLY PRIOR TO PURCHASING COVERAGE.

This deductible endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Missouri is shown in Item 3.A. of the Information Page. It does not apply to Employers Liability Insurance under Part Two. Because you have selected a deductible option under this policy, coverage under Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown below, for:

1. Bodily injury by accident; this deductible amount shall apply on a per accident basis. You will be responsible for amounts below this deductible.
2. Bodily injury by disease; this deductible shall apply on a per employee basis.

We will initially pay the deductible amount for you in accordance with state statute. However, if you fail to reimburse us within 30 days after we send you notice that payment is due, we may, at our option, cancel this endorsement.

Deductible Amount

\$ 2,500

MISSOURI AMENDATORY ENDORSEMENT

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

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

G. Audit

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

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

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

NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

A. Midterm Cancellation

1. You may cancel this policy by mailing or delivering advance written notice to us stating when the cancellation is to take effect.
2. We will provide you not less than 10 days notice if this policy is cancelled because you failed to pay a premium or remit an amount due because of an endorsement for a deductible when due.
3. We will provide you not less than 30 days notice for any other cancellation reason permitted under Nevada law, including failure to pay additional premium charged due to an audit of any payroll under the terms of the current or previous policy.
4. No policy of industrial insurance that has been in effect for at least 70 days or that has been renewed may be cancelled, except on any one of the following grounds:
 - a. A failure by the policyholder to pay a premium for the policy of industrial insurance when due, including the failure of the policyholder to remit an amount due because of an endorsement for a deductible;
 - b. A failure by the policyholder to:
 - (1) Report any payroll;
 - (2) Allow the insurer to audit any payroll in accordance with the terms of the policy or any previous policy issued by the insurer; or
 - (3) Pay any additional premium charged because of an audit of any payroll as required by the terms of the policy or any previous policy issued by the insurer;
 - c. A material failure by the policyholder to comply with any federal or state order concerning safety or any written recommendation of the insurer's designated representative for loss prevention;
 - d. A material change in ownership of the policyholder or any change in the policyholder's business or operations that:
 - (1) Materially increases the hazard for frequency or severity of loss;
 - (2) Requires additional or different classifications for the calculation of premiums; or
 - (3) Contemplates an activity that is excluded by any reinsurance treaty of the insurer;
 - e. A material misrepresentation made by the policyholder; or
 - f. A failure by the policyholder to cooperate with the insurer in conducting an investigation of a claim.
5. We cannot cancel the policy when the referenced reasons are corrected by you within the time specified in the written notice of cancellation.

B. Nonrenewal

1. We may elect not to renew the policy. We will provide to you a written notice of our intention not to renew at least 60 days before the expiration date.
2. We need not provide notice of our intention not to renew if you have accepted replacement coverage, if you have requested or agreed to nonrenewal, or if the policy is expressly designated as nonrenewable.

C. Information About Claims Paid

1. If you request information for the renewal of the policy, we will provide you with information regarding claims paid on your behalf.
2. We will provide the information within 30 working days after we receive your written request. We may charge a reasonable fee for providing the information.

D. Notices

1. We will provide advance written notice of cancellation or nonrenewal as provided in A and B above. This notice must be served personally on or sent by first-class mail or electronic transmission to the employer.
2. Notices will state the effective date of the cancellation or nonrenewal and will be accompanied by a written explanation of the specific reasons for the cancellation or nonrenewal.
3. A written notice of cancellation is not required if we mutually agree with you to cancel the policy and reissue a new policy based upon a material change in the ownership or operation of your business.

E. Compliance With Law

1. Any of these provisions that conflict with a law that controls the cancellation or renewal or nonrenewal of the insurance in this policy is changed by this statement to comply with the law.

NEW HAMPSHIRE SOLE REPRESENTATIVE ENDORSEMENT

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

Condition E, "Sole Representative", of the policy is replaced by the following:

"The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium or to give us notice of cancelation. If we cancel this policy, we will give each named insured notice of cancelation."

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 28 06 01

(Ed. 4-84)

NEW HAMPSHIRE PER CLAIM BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy by providing 45 days notice. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

Indemnity and Medical
Deductible Amount _____

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 28 06 02

(Ed. 03-92)

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NEW HAMPSHIRE AMENDATORY ENDORSEMENT

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

For New Hampshire coverage, the Cancellation condition of the policy is amended and replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us.
2. We may cancel this policy. We will file a written termination notice with the Commissioner of the Department of Labor and will send a copy to you.
3. In case of nonpayment of premium, the cancellation will take effect 30 days after the termination notice is filed.
4. In case of cancellation for reasons other than nonpayment of premium, cancellation will take effect 45 days after the notice of termination is filed.
5. If you have obtained coverage from another insurance carrier or have qualified as a self-insurer, cancellation is effective on the date you obtained the coverage or qualified as a self-insurer.

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 28 06 04

(Ed. 04-92)

**NEW JERSEY
VOLUNTARY COMPENSATION FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Federal Employers' Liability Act Insurance to the policy.

A. How This Insurance Applies

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

1. The bodily injury must be sustained by an employee of an interstate carrier by railroad subject to the Federal Employers' Liability Act.
2. The bodily injury must occur in employment that is necessary or incidental to work described in Item 2 of the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in Item 1 of the Schedule were subject to the workers compensation law shown in Item 1 of the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Exclusions

This insurance does not cover:

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

D. Before We Pay

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

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

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

E. Recovery From Others

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

Schedule

- | | |
|--|---------------------------------|
| 1. <u>Employees</u> | <u>Workers Compensation Law</u> |
| Employees subject to the Federal Employers' Liability Act. | NJ |
| 2. Description of Work: | |
| IF ANY | |

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 29 01 01

(Ed. 4-84)

NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT

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

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

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

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

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

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

F. Other Insurance

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

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C-7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.

**NEW JERSEY
PREMIUM DISCOUNT ENDORSEMENT
SCHEDULE Y**

The New Jersey premium for this policy and the policies, if any, listed in Item 2 of the Schedule may be eligible for a discount. This endorsement shows the discount rates in Item 1 of the Schedule. The final calculation of premium discount will be determined by our Manual and your New Jersey standard premium as determined by audit.

In certain cases where New Jersey retrospective rating applies, all of the premium may not be subject to retrospective rating. In such cases:

So much of the New Jersey Standard Premium as is subject to retrospective rating shall not be subject to discount. The remainder is subject to discount and the discount is calculated as follows:

- (a) Determine the discount as though none of the standard premium is subject to retrospective rating.
- (b) Determine the discount as though only the premium subject to retrospective rating is discounted.
- (c) The difference between (a) and (b) is the applicable premium discount.

Schedule

1. Premium Discount. The first \$10,000 of the Standard Premium shall be charged in full without discount, the next \$190,000 shall be subject to a discount of 8.5%, the next \$1,550,000 shall be subject to a discount of 10.2%, and the remainder shall be subject to a discount of 11.0%.
2. Other policies:
IF ANY

NEW MEXICO CANCELLATION AND NONRENEWAL ENDORSEMENT

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

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

D. Cancellation

1. You may cancel this policy by giving us advance written notice stating when the cancellation is to take effect.
2. At any time during the policy period, regardless of the number of days the policy has been in effect, we may cancel this policy for nonpayment of premium when due. We must give written notice to you at least 10 days prior to the effective date of the cancellation.
3. If the policy has been in effect less than 60 days and is not a renewal policy, we may cancel this policy without cause by giving written notice to you at least 10 days prior to the effective date of the cancellation. The cancellation effective date must fall within this period of less than 60 days.
4. Subject to Subsection 2 above, if the policy has been in effect for 60 days or more or is a renewal, we may cancel this policy only for one or more of the following reasons:
 - a. The policy was obtained through material misrepresentation, fraudulent statements, omissions or concealment of fact material to the acceptance of the risk or to the hazard assumed by us. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - b. Willful and negligent acts or omissions by you have substantially increased the hazards insured against. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - c. You presented a claim based on fraud or material misrepresentation. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - d. There has been a substantial change in the risk assumed by us since the policy was issued. We must give written notice to you at least 30 days prior to the effective date of cancellation.
 - e. Revocation or suspension of driver's license of the named insured or other operator who either resides in the same household or customarily operates the vehicle. We must give written notice to you at least 15 days prior to the effective date of cancellation.
5. We will give the required Notice of Cancellation stating the reason(s) for cancellation before the cancellation is effective. The notice will state the time that the cancellation is to take effect. The written notice of cancellation will be sent to your last address of record with us.

Part Six— Conditions of the policy is changed by adding the following:

F. Nonrenewal

1. If we decide not to renew this policy, we must give you written notice of our intention at least 30 days prior to the expiration of the policy. The written notice of nonrenewal will be sent to your last address of record with us.
2. This nonrenewal section does not apply to any policy of insurance issued to an insured that has its principal place of business outside the state of New Mexico.

NEW YORK LIMIT OF LIABILITY ENDORSEMENT

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

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to your employees if the bodily injury arises out of and in the course of employment that is subject to and is compensable under the Workers' Compensation Law of New York.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 31 03 08

(Ed. 4-84)

NEW YORK BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers' Compensation Insurance) applies only to benefits in excess of a deductible amount of \$ 5,000. This deductible applies separately to each occurrence.
2. We will pay the deductible amount for you, but you must reimburse us promptly after we send you notice that payment is due.
3. The maximum amount you are obligated to reimburse us is an amount equal to your estimated annual premium at the inception of the policy to which this endorsement applies.

NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

The declarations section of this policy will show a credit of 0.00% if you are not eligible for this credit, or if you are eligible for this credit and have not yet applied for a credit. Credits are earned for average wages in excess of \$23.24 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit:

0042	5057	5193	5429	5491	5606	6003	6229	6325	9526
3365	5059	5213	5443	5506	5610	6005	6233	6400	9527
3724	5069	5221	5445	5507	5645	6017	6235	6701	9534
3726	5102	5222	5462	5508	5648	6018	6251	7536	9539
3737	5160	5223	5473	5536	5651	6045	6252	7538	9545
5000	5183	5348	5474	5538	5701	6204	6260	7601	9549
5022	5184	5402	5479	5545	5703	6216	6306	7855	9553
5037	5188	5403	5480	5547	5709	6217	6319	8227	
5040	5190	5428							

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing) for the third quarter, as reported to taxing authorities, for the year preceding the policy date. Total payroll is to continue to be reported for employees engaged in the construction of one or two-family residential housing. For example:

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

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately nine months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York Compensation Insurance Rating Board.

Credits are calculated by the New York Compensation Insurance Rating Board. You must submit a completed application to: Attention: Field Services Department, New York Compensation Insurance Rating Board, 733 Third Avenue, New York, New York 10017.

Applications must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the policy effective and expiration date, however, it must be accompanied by a letter stating the reason for the delay. Under no circumstances will an application be accepted for any policy if it is received after the expiration date of the policy. For short-term policies the application must be received prior to the expiration date of the short-term policy. If it is received after the policy expiration, no credit will be calculated.

The New York Workers Compensation and Employers Liability Insurance Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.

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

**NEW YORK WORKERS COMPENSATION
POLICYHOLDER NOTICE OF RIGHT TO APPEAL****Policyholder Disputes**

Policyholders are entitled to inquire, challenge and dispute issues relating to classification, ownership, premium auditing, and/or other New York Compensation Insurance Rating Board (NYCIRB) rulings or decisions pertaining to this policy. Please refer to the Employer's Appeal Process noted below.

Inquiries may also be directed to the New York State Department of Financial Services (DFS) at:

<http://www.dfs.ny.gov/about/contactus.htm#consumer>

or by calling the Consumer Hotline at 800- 342 – 3736 (Monday through Friday, 8:30 AM to 4:30 PM).

Policyholder Right to Appeal

An insured, or its representative, (hereafter referred to as "insured"), may appeal the application of a rule or procedure contained in the NY Workers Compensation & Employers Liability Manual. Rules or procedures are defined as those determinations, either by a carrier or the Rating Board, which define the variables which makeup the policy conditions. Examples include: classification codes, ownership information, premium audits, and any other determination which may affect the policy.

To be considered for review, a written request explaining the reason(s) for the appeal must be submitted to the Rating Board. Upon receipt of the request for review, the following actions will be taken:

1. A staff member will review the request and respond to the insured within sixty (60) days, in writing, acknowledging receipt of the request, granting the insured its request or sustaining its original ruling.
2. The insured, if not satisfied with the outcome in 1. above, may then request, in writing, a conference with members of the Rating Board staff. The request must state the nature of the complaint and contain any supporting documents. The appropriate Department Vice President or his or her designated representative, if appropriate, will preside at the conference.
3. If the dispute is not resolved at the conference, the insured may then appeal to the Underwriting Committee of the Rating Board for a hearing to consider the staff ruling. This appeal must be in writing and must specify the reason(s) for the appeal and the nature of the complaint.

Following receipt of the appeal, the insured will be notified regarding the time and place for the hearing. The appeal will be heard at the next Underwriting Committee meeting for which appropriate time can be given for this matter. Subsequent to the hearing, the insured will be advised, in writing, of the Underwriting Committee decision regarding its complaint.

4. If the Underwriting Committee ruling is not satisfactory to the insured, the insured may then request a hearing at the New York State Department of Financial Services to consider the decision of the Rating Board's Underwriting Committee.
5. The New York State Department of Financial Services decision may be appealed to a higher court, by either the insured or the Rating Board

NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT

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

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

D. Cancellation and Nonrenewal

1. You may cancel this policy.

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

2. We may cancel this policy.

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

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

(1) Nonpayment of premium in accordance with the policy terms.

(2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in obtaining the policy, continuing the policy, or presenting a claim under the policy.

(3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.

(4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.

(5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.

(6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by us.

(7) Loss of facultative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.

(8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk.

(9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.

(10) You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.

(c) If we cancel for any of the reasons listed in paragraph (b), we must provide you with at least 15 days prior written notice of cancellation stating the precise reason for cancellation. We may provide this notice by registered or certified mail, return receipt requested, to you and any other person designated in the policy to receive notice of cancellation at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Whenever notice of cancellation is given by registered or certified mail, cancellation will not be effective unless and until that method is employed and completed. Notice of cancellation may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send notice as provided in this paragraph to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest.

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

OREGON 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 specified in the billing invoice for the policy.**

OREGON CANCELLATION ENDORSEMENT

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

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

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. If you provide for other insurance or self-insurance, your cancellation of coverage will take effect upon the effective date of that insurance.
2. We may cancel this policy. We will mail to you advance written notice stating when the cancellation is to take effect.
 - a. If we cancel based on our decision not to offer insurance to all employers within your premium category, we will mail the notice of cancellation at least 90 days before the cancellation is to take effect.
 - b. If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.
 - c. If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take effect.
3. Mailing notice to you at your last known mailing address will be sufficient to prove notice.
4. The policy period will end at 12 midnight on the day stated in the cancellation notice.
5. When coverage is placed with another carrier as of the policy expiration date, a rejected renewal policy shall be withdrawn without charge, provided notice of nonrenewal is mailed and postmarked on or before the expiration date and is received from the insured by the insurer no later than 10 calendar days after said expiration date.

EXCLUSION OF EMPLOYEES ENDORSEMENT**PENNSYLVANIA**

This endorsement excludes workers compensation coverage for your employees engaged in specific operations described in this endorsement when your employees are covered by the Statutory Employer's policy. The Statutory Employer named below must notify you (and us) that he has, in accordance with the provisions of Section 302(a) and (b) of Article III of the Pennsylvania Workmen's Compensation Act and of the Pennsylvania Occupational Disease Act, assumed the position of statutory employer with respect to your employees engaged in the operations listed below and agrees to continue this position for the entire policy period.

Statutory Employer:

**ALL WRAP-UP INSURANCE PROGRAMS UNDER WHICH THE
INSURED IS COVERED**

Description of Operations:

**ALL WRAP-UP INSURANCE PROGRAMS UNDER WHICH THE
INSURED IS COVERED**

**DEDUCTIBLE ENDORSEMENT
PENNSYLVANIA**

In consideration of the reduced premium charged for this policy, the insurance afforded by the policy for workers compensation benefits under Pennsylvania Workers' Compensation Law is provided subject to the deductible amount shown below. The deductible shall apply separately to each compensable claim.

The company shall pay the deductible amount to the persons entitled thereto. Upon notice of payments by the company, the insured will promptly reimburse the company for any amounts so paid. Failure of the insured to reimburse the deductible amount within 30 days of statement mailing date on each compensable claim shall be treated as non-payment of premium under the terms of the contract.

The deductible amount is \$ 5,000 for each compensable claim.

The premium is reduced 6.6 % in consideration of this deductible.

SPECIAL PENNSYLVANIA ENDORSEMENT - INSPECTION OF MANUALS

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

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 _____

WC 37 06 01

(Ed. 4-84)

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PENNSYLVANIA NOTICE

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

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

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

The Act does not apply:

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

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 37 06 02

(Ed. 4-84)

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PENNSYLVANIA ACT 86-1986 ENDORSEMENT

NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM

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

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

Nonrenewal

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

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.

3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

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

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 37 06 03 A

(Ed. 08-95)

PENNSYLVANIA EMPLOYER ASSESSMENT ENDORSEMENT

Act 57 of 1997 requires that "... the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation supersedes Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry."

EMPLOYER ASSESSMENT FORMULA:

$$\begin{array}{lcl} \text{Employer} & = & \text{Act of 1997 Employer} \\ \text{Assessment} & & \text{Assessment Factor} \end{array} \quad \times \quad \begin{array}{l} \text{Employer Assessment} \\ \text{Premium Base} \end{array}$$

Act 57 of 1997 Employer Assessment Factor

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

Employer Assessment Premium Base

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

CODE 0938**EMPLOYER ASSESSMENT FACTOR****EMPLOYER ASSESSMENT****.0164 (NON-COAL)****\$ 711**

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

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

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

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

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

The premium for this endorsement is shown in the Schedule.

Schedule

1. () Specific Waiver

Name of person or organization

(**X**) Blanket Waiver

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

**ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS
AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER.**

2. Operations:

**THE PREMIUM CHARGE FOR THIS SHALL BE INCL PERCENT OF THE
PREMIUM DEVELOPED ON PAYROLL IN CONNECTION WITH WORK
PERFORMED FOR THE ABOVE PERSON(S) ARISING OUT OF THE
OPERATIONS DESCRIBED.**

3. Premium:

The premium charge for this endorsement shall be _____ percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: **INCLUDED**

**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.

TEXAS CLAIM DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below. This deductible applies separately to each person who sustains bodily injury by accident or by disease covered under this policy.
2. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. We will send you notice that payment is due on a periodic basis, but not more frequently than on a monthly basis unless both parties agree to a more frequent reimbursement. If you fail to fully reimburse us when due, we may cancel the policy for nonpayment of premium. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

Claim Deductible Amount

UTAH WAIVER OF SUBROGATION ENDORSEMENT

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

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

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule. Our waiver of rights does not release your employees' rights against third parties and does not release our authority as trustee of claims against third parties.

Schedule

**ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY
WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED
PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION
BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR
THAT PERSON AND/OR ORGANIZATION**

UTAH CANCELLATION ENDORSEMENT

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

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

A. (a) Cancellation

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. If this policy has been previously renewed or has been in effect for at least 60 days, the provisions of this paragraph 2 apply. We may cancel this policy for one of the following reasons:
 - a. You fail to pay all premiums when due;
 - b. A material misrepresentation;
 - c. A substantial change in the risk assumed, unless we should reasonably have foreseen the change or contemplated the risk when entering into the contract;
 - d. Substantial breaches of contractual duties, conditions or warranties.

We will mail or deliver to you not less than 30-days advance written notice stating when the cancellation is to take effect, except in the event you fail to pay your premiums when due, in which case we will mail or deliver to you not less than 10-days advance written notice stating when the cancellation is to take effect. Should we cancel for non-payment of premiums, we must state this as the reason for the cancellation on our notice of cancellation. Should we cancel for any of the other reasons above, we must either state the facts on which our decision is based or notify you of your right to make a written request for that information. Mailing a cancellation notice via first class mail to you at your mailing address last known to us will be sufficient to prove notice.

3. If this policy has not previously been renewed and has been in effect less than 60 days, we may cancel the policy for any reason and without a statement of reasons. We will deliver to you not less than 10-days advance written notice stating when the cancellation is to take effect.
4. The policy period will end on the day and hour stated in the cancellation notice.

B. (b) Renewal/Nonrenewal

1. You have the right to have the insurance renewed unless:
 - a. The policy has been cancelled;
 - b. The policy is expressly designated as nonrenewable;
 - c. You fail to pay the renewal premium by the due date. We will mail the renewal notice to you not more than 45 days nor less than 14 days prior to the renewal effective date. The renewal notice will include the estimated renewal premium, how it may be paid, and state that failure to pay the renewal premium by the due date extinguishes your right to the renewal; or
 - d. We give you 30-days notice of nonrenewal prior to the expiration or the anniversary date. We must deliver or send the notice by first class mail to your last known mailing address.

2. If we offer to renew the policy but on less favorable terms or at higher rates, the new terms or rates will take effect on the renewal date if we delivered or sent by first class mail to you notice of the new terms or rates at least 30 days prior of the expiration date of the prior policy. The prior notice requirement does not apply if the only change is a rate increase generally applicable to your class of business, a rate increase resulting from a classification change, or a policy form change made to make the form consistent with Utah law.

VIRGINIA AMENDATORY ENDORSEMENT

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

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

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

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 45 06 02

(Ed. 07-93)

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VIRGINIA BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible of \$ 5000
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel this endorsement by providing 10 days notice to you. Upon the effective date of cancelation of this endorsement, you must pay us the additional premium that would have been due without this endorsement. If you then fail to pay that additional premium, we may cancel the policy by providing 10 days' notice to you and to the Workers' Compensation Commission.

WISCONSIN LAW ENDORSEMENT

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

This policy is amended to reflect the following changes and/or additions to clarify or comply with Wisconsin Law:

- I. If our agent has knowledge of a change in or a violation of a policy condition, this will be considered our knowledge and will not void the policy or defeat a recovery for a claim.
- II. "Workers Compensation Law" means Chapter 102, Wisconsin Statutes. It does not include and this policy does not apply to any obligation under Chapter 40, Wisconsin Statutes, or Section 66.191, Wisconsin Statutes, or any amendment to these laws.
- III. Any language involving "Actions Against Us" is replaced and amended to provide that no legal action may be brought against us until there has been full compliance with all the terms of this policy.
- IV. If any injury occurs that may be covered by this insurance, the policy is amended to provide that you must notify us of that injury as soon as reasonably possible.

WISCONSIN CANCELLATION AND NONRENEWAL ENDORSEMENT

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

The Cancellation Section (D) of the Part Six—Conditions is deleted and replaced by the following:

A. 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. If you purchase replacement insurance, the cancellation becomes effective on the date the new coverage becomes effective. If no replacement coverage is purchased, the cancellation will be effective thirty (30) days after the receipt of written notice by the Wisconsin Compensation Rating Bureau.
2. We may cancel the policy for any reason if the policy has been in effect for less than sixty (60) days. If the policy is issued for a term longer than one year or for an indefinite term, we may cancel the policy for any reason on an annual anniversary of the policy effective date. We may cancel the policy at any other time for the following reasons:
 - a. You fail to pay all premiums when due, however, we must deliver or mail, first class, not less than thirty (30) days advance written notice stating when the cancellation is to take effect;
 - b. A material misrepresentation;
 - c. A substantial breach of the obligations, conditions or warranties under the policy; or
 - d. A substantial change in the risk we assumed under the policy, unless it was reasonable for us to foresee the change or expect the risk when we issued the policy.
3. If we cancel for any permissible reason other than nonpayment of premium, we must deliver or mail, first class, not less than *thirty (30) days 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.
4. The policy period will end on the day and hour stated in a notice of cancellation.

B. Nonrenewal

1. You have the right to have the insurance renewed unless we deliver or mail to you not less than *sixty (60) days advance written notice stating our intention not to renew this policy.
2. We do not have to renew the insurance if you do not pay the renewal premium billing by the due date or if you accept replacement insurance, are insured elsewhere, requested or agree to nonrenewal, or if the policy is expressly designated as being nonrenewable.
3. If we renew the insurance, we may use the policy forms, rates and rating plans we are then using for similar risks. We may limit the policy to a term equivalent to the term of the expiring policy or one year, whichever is less.

4. If we offer to renew the policy on less favorable terms, we will mail or deliver written notice of the new terms by first class mail to you, the policyholder, at least sixty (60) days prior to the renewal date. The definition of "terms" does not include manual rates, experience modification factors, or classification of risks.

If we provide such notice within sixty (60) days prior to the renewal date, the new terms will not take effect until sixty (60) days after the notice is mailed or delivered, in which case, you, the policyholder, may elect to cancel the renewal policy at any time during the sixty (60) day period. The notice will include a statement of your right to cancel. If you elect to cancel the renewal policy during the sixty (60) day period, the return premium or additional premium charges shall be calculated proportionally on the basis of the old premiums.

We need not mail or deliver this notice if the only change adverse to you is a premium increase that;

(a) is less than 25%; or,

(b) results from a change based on your action that alters the nature and extent of the risk insured against, including, but not limited to, a change in the classifications for the business.

- * Any written agreement attached to and made a part of the policy, between the insurance carrier and policyholder that extends the cancellation or nonrenewal notification time frame, will supersede the aforementioned notification requirements found in items A.3. and B.1., respectively.

HAWAII MEDICAL BENEFITS DEDUCTIBLE ENDORSEMENT

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

1. Part One (Workers Compensation Insurance) applies to medical benefits only in excess of the deductible amount shown in the Schedule. This deductible applies separately to each bodily injury by accident or disease.
2. We will pay the deductible amount for you to the provider of services, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

Deductible Amount

\$ 5,000

ALASKA CANCELATION AND NONRENEWAL ENDORSEMENT

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

The Cancellation Condition, as well as Part Five, Paragraph E.2., of the policy is replaced by this Condition:

D. Cancellation/Nonrenewal

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect. If you cancel, the final premium will be calculated pro rata based on the time the policy was in force, and increased by a cancellation fee equal to 7.5 percent of the unearned premium, provided that the final premium will not be less than the applicable minimum premium.
2. We may cancel this policy. We must mail or deliver to you and the agent or broker of record advance written notice stating the reason for cancellation and when the cancellation is to take effect. Such notice will be mailed or delivered not less than:
 - a. 10 days before the effective date of cancellation if we cancel for conviction of the insured of a crime having as one of its necessary elements an act increasing a hazard insured against, or for discovery of fraud or material misrepresentation made by the insured or a representative of the insured in obtaining the insurance or by the insured in pursuing a claim under the policy; or
 - b. 20 days before the effective date of cancellation if we cancel for nonpayment of premium, or for failure or refusal of the insured to provide the information necessary to confirm exposure or determine the policy premium; or
 - c. 60 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver the notice to your last known address and the last known address of the agent or broker of record.
4. A post office certificate of mailing or certified mailing receipt will be sufficient to prove notice.
5. The policy period will end on the day and hour stated in the cancellation notice.
6. If we decide not to renew this policy, we will mail written notice of nonrenewal, by first class mail, to you and the agent or broker of record at least 45 days before:
 - a. the expiration date; or
 - b. the anniversary date if this policy has been written for more than one year or with no fixed expiration date.
7. We need not mail notice of nonrenewal if:
 - a. we have manifested in good faith our willingness to renew; or
 - b. you have failed to pay any premium required for this policy; or
 - c. you fail to pay the premium required for renewal of this policy.
8. Any notice of nonrenewal will be mailed to your last known address and the last known address of the agent or broker of record. A post office certificate of mailing or certified mailing receipt will be sufficient proof of notice.

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

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

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

WC 54 06 02

(Ed. 04-95)



Privacy Notice

We Take Important Steps to Protect the Personal Information We Collect About You

Dear Customer:

rev October 2011

We care about your privacy. That is why we believe in your right to know what nonpublic personal information we collect about you and what we do with that information. This Privacy Notice describes the nonpublic personal information we collect about you and how we handle the information as it relates to individuals who either own or are covered by insurance we issue, or who use other financial products or services we provide.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
Why are you receiving this Notice?	Financial institutions, which include the Company, choose how they share your personal nonpublic information. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your nonpublic personal information. You are receiving this Privacy Notice because our records show either that you are the owner of an insurance policy or you are (or are authorized to act on behalf of) a current insured, future beneficiary and/or claimant under a policy, product or services issued by the Company.
What types of Information do we collect?	<p>The types of nonpublic personal information we collect and share depend on the product or service you have with us. For example, this information can include:</p> <ul style="list-style-type: none">• Information about you we receive from you on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, employment information, information about your income, medical information;• Information about your transactions with the Company and its affiliates;• Information about your claims history;• Data from insurance support organizations, government agencies, insurance information sharing bureaus;• Property information and similar data about you or your property; and• Information we receive from a consumer reporting agency, such as a credit report. <p>When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.</p>
What do we do with the nonpublic personal information we collect?	WE SHARE YOUR NONPUBLIC PERSONAL INFORMATION IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS OR SERVICES, AS AUTHORIZED BY LAW, OR WITH YOUR CONSENT. THIS INCLUDES SHARING, AS PERMITTED BY LAW, YOUR NONPUBLIC PERSONAL INFORMATION WITH AFFILIATED PARTIES AND NONAFFILIATED THIRD PARTIES, AS APPLICABLE, IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS. IN THE SECTION BELOW, WE LIST THE REASONS WE CAN SHARE YOUR NONPUBLIC PERSONAL INFORMATION, WHETHER WE ACTUALLY SHARE YOUR NONPUBLIC PERSONAL INFORMATION, AND WHETHER YOU CAN OPT OUT OF THIS SHARING (OR IF YOU ARE A RESIDENT OF VERMONT, WHETHER YOU HAVE THE RIGHT TO OPT IN TO ALLOWING THIS SHARING).

Reasons we may share your personal information	Does Company Share?	Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing? [For residents of Vermont: Do you have the right to opt in to allow this sharing?]
For our everyday business purposes – to affiliates and non-affiliates to process your transactions, administer insurance coverage, products or services, maintain your account and report to credit bureaus	Yes	No
For our marketing purposes or for joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – transaction and experience information	Yes	No
For our affiliates' everyday business purposes – creditworthiness	No	No
For our affiliates to market to you	Yes	No
For non-affiliates to market to you	No	We don't share

Collecting and safeguarding information	
How often does the Company notify me about their practices?	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision.
Why and how does the Company collect my nonpublic personal information?	<p>We collect nonpublic personal information when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. We collect personal information from:</p> <ul style="list-style-type: none"> • Applications, forms and telephone, web site or written contact with you. This information can include social security number, driver's license number and income. • Your transaction(s) with us, our affiliates and other non-affiliated third parties. Transactional information includes such things as your insurance coverage, premiums, claims and payment history. Non-affiliated third parties may include appraisers, investigators, insurance companies, etc. • Information from physicians, hospitals and other medical providers. We collect this information only in connection with the issuance of individual or group insurance policies on your life or health, and with the processing and adjustment of claims under that insurance. <p>Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.</p>
What nonpublic personal information does the Company disclose?	We may provide to an affiliated or non-affiliated party the same nonpublic personal information listed above in the section entitled, "What information do we collect?"
How does the Company safeguard my nonpublic personal information?	Employees who have access to your nonpublic personal information are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.

FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, NORTH DAKOTA, OHIO OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information you must submit a written request reasonably describing the information you seek, and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1400 American Lane, T2 FL16, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information. If you request medical records, we may elect to supply that information to you through your designated medical professional. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once in writing, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You must make your request in writing and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1400 American Lane, T2 FL16, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

FOR HEALTH INSURANCE POLICIES ISSUED IN NEVADA:

If you wish to make a complaint or an inquiry concerning your health insurance policy, you may contact the Nevada Department of Business and Industry, Division of Insurance by calling (toll-free) (888) 872-3234. The hours of operation of the Division are Monday through Friday from 8 a.m. until 5 p.m., Pacific Standard Time.

Key words and phrases	TERMS YOU SHOULD KNOW
Definitions	
Everyday business purposes	The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as: <ul style="list-style-type: none">• Processing transactions, mailing and auditing services• Administering insurance coverage, product, services or claims• Providing information to credit bureaus• Protecting against fraud• Responding to court/governmental orders or subpoenas and legal investigations• Responding to insurance regulatory authorities
Affiliates	Financial or nonfinancial companies related by common ownership or control. <ul style="list-style-type: none">• <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i>
Non-affiliates	Financial or nonfinancial companies not related by common ownership or control. We do not rent or sell your nonpublic personal information. However, we may share your information with companies that we hire to perform business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we disclose information to others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the business services. <ul style="list-style-type: none">• <i>Company does not share information with non-affiliates to market to you.</i>
Joint marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none">• <i>Company does not jointly market.</i>

Changes to this Privacy Notice; contact us

We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.

If you have any questions about your contract with us, you should contact your agent.

If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1400 American Lane, T2 FL16, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

This Privacy Notice is sent on behalf of the following affiliated companies:

American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Assurance Company of America, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Maryland Casualty Company, Northern Insurance Company of New York, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (hereinafter individually and collectively referred to as "Company"). This Privacy Notice applies to insurance products underwritten by or administered by the Company.

Modification of Time for Notice of Cancellation or Nonrenewal

This endorsement modifies the cancellation or nonrenewal provisions of the policy and any other endorsement to the policy stating the number of days notice to be provided by us in the event of cancellation or nonrenewal.

To the extent that the policy or other endorsement requires that we provide notice in the event of cancellation or nonrenewal, written notice will be given the insured no less than 90 days prior to the effective date of the cancellation or nonrenewal.

Nothing in this endorsement modifies the number of days notice to be provided in the event of nonpayment of premium.

Any of these provisions that conflict with a law that controls cancellation of the insurance in this policy is changed by this statement to comply with the law.

Workers Compensation and Employers Liability Insurance Policy



ZURICH AMERICAN INSURANCE COMPANY

A stock insurance company

A member company of Zurich North America

Administrative office:

Zurich Towers

1400 American Lane

Schaumburg, Illinois 60195-1056

Insured

GOLDER ASSOCIATES INC.
(SEE NAMED INSURED ENDORSEMENT)
3730 CHAMBLEE TUCKER RD
ATLANTA GA 30341-4414

Producer

WELLS FARGO INS SVCS USA, INC.
3475 PIEDMONT RD NE STE 800
ATLANTA GA 30305-2886

In return for the payment of premium, and subject to the terms of this policy, coverage is provided as stated in this policy.

IN WITNESS WHEREOF, this Company has executed and attested these presents and, where required by law, has caused this policy to be countersigned by its duly Authorized Representative(s).

A handwritten signature in cursive script that reads 'Nancy D. Mueller'.

President

A handwritten signature in cursive script that reads 'Daniel J. Kennedy'.

Secretary

NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

**PART SIX
CONDITIONS**

- A.** If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If notice as described in Paragraphs **A.** or **B.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
PER LIST/SCHEDULE ON FILE WITH THE COMPANY	

All other terms and conditions of this policy remain unchanged.

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

NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

**PART SIX
CONDITIONS**

- A.** If we cancel or non-renew this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If notice as described in Paragraphs **A.** or **B.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
LIST TO FOLLOW BY ENDORSEMENT	

All other terms and conditions of this policy remain unchanged.

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

NEW YORK WORKERS COMPENSATION SECURITY FUND SURCHARGE

POLICYHOLDER NOTICE

Companies writing workers compensation insurance business in New York are required to participate in the New York Workers Compensation Security Fund. If a company becomes insolvent, the security fund settles unpaid claims and assesses each insurance company for its fair share.

New York law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged "New York Surcharge", an amount will be displayed on your premium notice.

ENDORSEMENT

This endorsement is issued by the company named on the Information Page. It forms a part of the policy as of the effective date, at the hour stated on the Information Page.

This endorsement changes the insurance as is afforded by the policy relating to the following:

KNOWLEDGE AND NOTICE TO THE INSURED'S OF

IT IS HEREBY UNDERSTOOD AND AGREED THAT KNOWLEDGE OF AN OCCURRENCE BY THE AGENT, SERVANT OR EMPLOYEE OF THE INSURED SHALL NOT IN ITSELF CONSTITUTE KNOWLEDGE BY THE INSURED, UNLESS THE DIRECTOR OF RISK MANAGEMENT SHALL HAVE RECEIVED SUCH NOTICE FROM ITS AGENT, SERVANT OR EMPLOYEE.

This endorsement is issued by the company named on the Information Page. It forms a part of the policy as of the effective date, at the hour stated on the Information Page.

This endorsement changes the insurance as is afforded by the policy relating to the following:

UNINTENTIONAL OMISSIONS ENDORSEMENT

IT IS AGREED THAT FAILURE OF THE NAMED INSURED TO DISCLOSE
ALL HAZARDS EXISTING ON THE EFFECTIVE DATE OF THIS POLICY SHALL NOT
PREJUDICE THE INSURED WITH RESPECT TO THE COVERAGE AFFORDED BY THIS
POLICY PROVIDED SUCH FAILURE OR ANY OMISSION IS NOT INTENTIONAL.

This endorsement is issued by the company named on the Information Page. It forms a part of the policy as of the effective date, at the hour stated on the Information Page.

This endorsement changes the insurance as is afforded by the policy relating to the following:

NOTICE OF OCCURRENCE

IN THE EVENT OF AN OCCURRENCE, WRITTEN NOTICE CONTAINING PARTICULARS SUFFICIENT TO IDENTIFY THE INSURED AND ALSO REASONABLY OBTAINABLE INFORMATION WITH RESPECT TO THE TIME, PLACE AND CIRCUMSTANCES THEREOF AND THE NAMES AND ADDRESSES OF THE INSURED AND OF AVAILABLE WITNESS, SHALL BE GIVEN BY OR FOR THE INSURED TO THE COMPANY OR ANY OF ITS AUTHORIZED AGENTS AS SOON AS PRACTICAL AFTER NOTICE HAS BEEN RECEIVED BY THE INSURED.

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 **50% of Colorado Total Standard Premium**



ALASKA SAFE WORKPLACE INCENTIVE PREMIUM CREDIT NOTICE

The Alaska Division of Insurance and the Alaska Department of Labor and Workforce Development have joined together to promote workplace safety. This notice is to clarify the criteria for participation in the Alaska Occupational Safety and Health (AKOSH) Consultation and Training program per, Alaska Bulletin B 13-04.

A Safe Workplace Incentive premium credit of 5% shall be applied to policyholders of a guaranteed cost policy if you participate in the AKOSH Consultation and Training program and commit to correcting any identified hazards as outlined by the consultation. Upon completion of the comprehensive visit, you must send us a copy of the detailed report.

To qualify for a credit, we must receive a copy of the report along with a written statement from you certifying your commitment to correcting any hazards. We have the right to require additional information to verify that you have made corrective actions.

You must submit a written, certified statement annually for continuation of the 5% annual premium credit. Failure to do so will remove the insured from eligibility of this credit.

Minimum premium policies are not eligible for this premium credit.

IMPORTANT: This notice does not change or amend the policy and endorsements to which it is attached. If any language in this notice is inconsistent with the policy and endorsements, the policy and endorsements control.

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

NAMED INSURED _____

ADDRESS _____

TITLE _____

SIGNATURE _____

DATE _____

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.



Important Notice to Florida Policyholders

In the event you need to contact someone about this policy, for any reason, please contact your agent. If you have additional questions, you may contact the Zurich U.S. office at the following address and telephone number:

Customer Inquiry Center
Zurich North America
1400 American Lane
Schaumburg, IL 60196
800-382-2150

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

Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399
850-413-3140

ATTACH THIS NOTICE TO YOUR POLICY:

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



Important Notice Minnesota Safety Consultation Services

The Minnesota Workers' Compensation Act requires all workers' compensation insurers to provide safety consultation services to their policyholders who make a written request for such services. If you wish to request consultation services, please complete this notice and return to the address below.

If you would like more information or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056

(800) 982-5964

http://www.zurichna.com/zna/products/product/risk_engineering.htm

☐ **I request safety and health consultation services**

Company name

Contact's name

Address

City

State

ZIP code

Telephone number

Policy number



Important Notice Colorado Risk Management Services

Colorado Revised Statutes 10-4-408 and Regulation 5-3-1 require workers' compensation insurers to offer risk management services to their policyholders. "Risk management services" include such activities as loss exposure identification, determination of the size of exposure and degree of hazard, loss control services and management services.

Regulation 5-1-11 establishes guidelines for awarding premium credits to insureds who have implemented a "certified workers' compensation risk management program" and have improved their loss experience since their last policy renewal date. A certified workers' compensation risk management program or service means a program or service which meets the minimum standards outlined in Regulation 5-3-1 and is certified with a Cost Containment Certificate by the Colorado Cost Containment Board.

If you would like to request risk management services, more information, or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056

(800) 982-5964

http://www.zurichna.com/zna/products/product/risk_engineering.htm



Important Notice Oregon Safety Consultation Services

In accordance with Oregon regulations, your workers' compensation insurer must make occupational health and safety consultation services available to you at no additional cost, the following:

- Evaluation of the employer's loss prevention needs.
- Assistance in evaluating illness and injury experience.
- Health and safety surveys.
- Assistance with industrial hygiene & safety evaluations to detect physical & chemical hazards in the workplace.
- Assistance with evaluating, obtaining, and maintaining personal protective equipment.
- Assistance in the evaluation of workplace design, layout and operation utilizing an ergonomic approach.
- Assistance in evaluating safety management practices.
- Assistance in identifying health and safety training needs and resources
- A written report and offer of follow-up services.
- Advisement of the Oregon Safe Employment Act and the rules that may apply to your workplace.

An on-site visit may also be requested from your insurer to determine your safety consultation service needs. The Oregon Safe Employment Act states it is the employer's responsibility to provide a safe and healthful workplace. If your insurer fails to respond to a request for safety consultation services or fails to provide services as offered or required, it is your right to make a complaint to the Oregon - OSHA Division. It is an employer's responsibility to provide this notice to each of its fixed places of employment in Oregon.

You may request these services from Zurich Services Corporation on behalf of Zurich North America by completing this notice and returning it to the address below.

☐ **I request safety and health consultation services**

Company name

Contact's name

Address

City

State

ZIP code

Telephone number

Policy number

If you would like more information or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056
(800) 982-5964
http://www.zurichna.com/zna/products/product/risk_engineering.htm



Important Notice Florida Safety and Health Consultation Services

Florida regulation requires workers' compensation insurers to notify their insureds of the availability of safety and health consultation services. You may request these services from Zurich Services Corporation on behalf of Zurich North America by completing this notice and returning it to the address below.

If you would like more information or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056

(800) 982-5964

http://www.zurichna.com/zna/products/product/risk_engineering.htm

☐ **I request safety and health consultation services**

Company name

Contact's name

Address

City

State

ZIP code

Telephone number

Policy number



Important Notice Pennsylvania Loss Control Consultation Services

Zurich North America provides accident and illness prevention services in accordance with the workers' compensation laws of Pennsylvania. Employers that form a certified safety committee may be eligible for a 5% premium discount. If you would like more information, a listing of available services, or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056

(800) 982-5964

http://www.zurichna.com/zna/products/product/risk_engineering.htm



Important Notice California Loss Control Consultation Services

California law (Labor Code Section 6354.5) requires workers' compensation insurers to maintain and provide occupational safety and health loss control consultation services to insured policyholder places of employment that may pose hazards. We are committed to helping California employers provide safe and health workplaces for their employees through loss control services appropriate to their individual businesses. This notice is provided to you as a Zurich policyholder and describes our loss control consultation services, which are available upon request at no additional charge.

- Evaluation of the employer's loss control needs.
- Assistance in evaluating illness and injury experience.
- Health and safety surveys.
- Assistance with evaluating, obtaining, and maintaining personal protective equipment.
- Assistance in evaluating safety management practices.
- Assistance in evaluating first aid procedures.
- Assistance in identifying health and safety training needs and resources.
- A written report and offer of follow-up services.
- Evaluation of the adequacy of Section 3203 IIPP.

You may request these services from Zurich Services Corporation on behalf of Zurich North America by completing this notice and returning it to the address below.

☐ **I request safety and health consultation services**

Company name

Contact's name

Address

City

State

ZIP code

Telephone number

Policy number

If you would like more information or have any questions about this notice, please contact us or visit our website.

Zurich Services Corporation
Risk Engineering
1400 American Lane
Schaumburg, Illinois 60196-1056
(800) 982-5964
http://www.zurichna.com/zna/products/product/risk_engineering.htm

Workers' Compensation insurance policyholders may direct questions or complaints about the insurer's loss control consultation services by contacting:

State of California
Department of Industrial Relations
Loss Control Services Coordinator
The Commission on Health
Safety & Workers Compensation
1515 Clay Street, Room 901
Oakland, CA 94612
(510) 622-3959

NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer: _____

Date Program Implemented: _____

Testing:

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Job applicant | <input type="checkbox"/> Routine fitness for duty |
| <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Follow-up testing to Employee Assistance Program |

Notice of Employer's Drug Testing Policy:

- | | |
|--|--|
| <input type="checkbox"/> Copy to all employees prior to testing | <input type="checkbox"/> Show notice of drug testing on vacancy announcements |
| <input type="checkbox"/> Posted on employer's premises | <input type="checkbox"/> Copies available in personnel office or other suitable locations |
| <input type="checkbox"/> Copy to job applicants prior to testing | <input type="checkbox"/> No notice required because the employer had a drug testing program in place prior to July 1, 1990 |
| <input type="checkbox"/> General notice given 60 days prior to testing | |

Education:

- ☐ Resource file on providers
- ☐ Employee Assistance Program
- ☐ Education

Name of Medical Review Officer: _____

A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: _____

B. Phone No.: () _____

C. Address: _____

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

_____	_____	_____
Employer Name	Date	Officer/Owner Signature*

Title

* Application must be signed by an officer or owner.

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.

_____	_____	_____
Notary Public's Signature	Date	Expiration of Commission



Pursuant to the regulatory changes implemented by the Pennsylvania Bureau of Workers' Compensation on August 4, 2007, employers are required to provide "general workers' compensation information to every employee at the time of hire and immediately after the injury, or as soon thereafter as possible under the circumstances of the injury. If the employee's injuries are so severe that emergency care is required, the information shall be given as soon after the occurrence of the injury as is practicable."

This regulation (121.3b) is applicable to any employer subject to pay compensation under Pennsylvania's Workers' Compensation Act and the Act applies to all injuries sustained in Pennsylvania irrespective of the employee's state of residence or regular place of employment. It therefore applies to out-of-state employers with employees in Pennsylvania as well as to out-of-state employers with employees not regularly working in Pennsylvania but who sustain an injury in Pennsylvania in the course of employment.

In an effort to assist our customers, Zurich has created a document titled Pennsylvania Workers' Compensation Information that meets all the requirements imposed by the new regulation. This document is in a format that can easily be customized to a customer's letterhead, or left as it is. It is a requirement to provide the information to the employee, however, it is not a requirement that this information be posted nor is it a requirement that an employee formally acknowledge receipt of the information. Nevertheless, we believe it would be best to do this, so we've added a signature section to the form so a signed copy can be kept in their personnel file.

Pennsylvania Workers' Compensation Information

- (1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
- (2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
- (3) You should report immediately any injury or work-related illness to your employer.
- (4) Your benefits could be delayed or denied if you do not notify your employer immediately.
- (5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
- (6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone number within Pennsylvania (800) 482-2383
Telephone number outside of this Commonwealth (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us, PA Keyword: workers comp.

Confirmation of receipt of information at time of hire:

Employee Name: _____

Employee Signature: _____

Date: _____

Confirmation of receipt of information at time of injury (if applicable):

Employee Name: _____

Employee Signature: _____

Date: _____

ALASKA POLICYHOLDER NOTICE — ACCESS TO MANUAL INFORMATION

We are required to comply with the rules in the manuals that have been filed for all insurance companies in Alaska by the approved rating organization—the National Council on Compensation Insurance (NCCI)—and subsequently approved by the Alaska Division of Insurance. You may access all filed and approved workers compensation related manuals we use.

ACCESS TO INFORMATION:

Please read your workers compensation policy and all attachments carefully. If you would like more information regarding workers compensation manuals, rules, rates, rating plans, and classifications, please contact NCCI at 800-**NCCI-123** or at customer_service@ncci.com. NCCI will provide you with printable access to the pertinent manual information free of charge.

In addition, information to enhance your knowledge of workers compensation insurance may be obtained through **ncci.com**. NCCI offers a variety of free Web-based training modules addressing the fundamentals of workers compensation issues, including:

- Classifying a business
- How experience rating works
- How rates are determined

Also, NCCI manuals are available on a subscription basis by contacting NCCI's Customer Service Center at 800-**NCCI-123** or at **ncci.com**.

Your insurance agent or broker may also answer questions you may have regarding workers compensation manuals, rules, rates, rating plans, and classifications.

IMPORTANT: This notice does not change or amend the policy and endorsements to which it is attached. If any language in this notice is inconsistent with the policy and endorsements, the policy and endorsements control.

Deductible Option Notice

Missouri



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

NOTICE

THIS WORKERS' COMPENSATION POLICY CONTAINS A DEDUCTIBLE OPTION, UNDER WHICH YOU, THE EMPLOYER, ARE REQUIRED TO REIMBURSE CERTAIN LOSSES. PLEASE READ THIS POLICY CAREFULLY AND UNDERSTAND ITS CONDITIONS THOROUGHLY PRIOR TO PURCHASING COVERAGE.

Illinois Civil Union Act Policyholder Notice



On June 1, 2011, Public Act 96-1513, the Religious Freedom Protection and Civil Union Act ("the Act") became effective. Under the Act, both same-sex and opposite-sex couples may enter into a civil union. A party to a civil union is entitled to the same legal obligations, responsibilities, protections, and benefits as are afforded or recognized by the law of Illinois a spouse; whether they derive from statute, administrative rule, common law, or any other source of civil or criminal law. A marriage between persons of the same sex, a civil union, or a substantially similar legal relationship other than common law marriage, legally entered into in another jurisdiction, shall be legally recognized in Illinois as a civil union.

CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE:

Illinois law grants parties to a civil union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a civil union. For example, the Employee Retirement Income Security Act of 1974, a federal law known as "ERISA" controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a civil union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a civil union if the public employer provides health benefits to the dependents of married persons. Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a civil union and their families may or may not have access to certain benefits under this policy, contract, certificate, rider or endorsement that derive from federal law. You are advised to seek expert advice to determine your rights.

Sanctions Advisory Notice to Policyholders



No coverage is provided by this policyholder notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided.

This notice provides information concerning possible impact on your insurance coverage due to global sanctions, which may include any of the following:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers.

Please read this Notice carefully.

We shall not provide coverage, make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED



Colorado Civil Union Act

Policyholder Notice

On January 1, 2014, the Civil Union Act ("the Act") becomes effective. Under the Act, two persons of the same sex may enter into a civil union. A party to a civil union is entitled to the same legal obligations, responsibilities, protections, and benefits as are afforded or recognized by the law of Colorado to a spouse; whether they derive from statute, administrative rule, common law, or any other source of civil or criminal law.

The Act further provides that a party to a civil union shall be included in any definition or use of the term "dependent", "family", "heir", "immediate family", "next of kin", "spouse", and other terms that denote a familial or spousal relationship.

A marriage between persons of the same sex, a civil union, domestic partnerships or a substantially similar legal relationship, legally entered into in another jurisdiction, shall be legally recognized in Colorado as a civil union.