

SAFETY SERVICES

Notice to policy recipient: If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control has an extensive staff of safety and loss prevention professionals assisting customers across the country and around the world. We have one of the largest Risk Control departments in the industry, and our scale allows us to apply the right resource at the right time to meet customer needs.

We have a wide range of industry-specific experience, which includes manufacturing, construction, wholesale and retail businesses, service organizations, technology-related business, the oil and gas industry, the public sector and others.

Following are some examples of available safety services:

Accident Prevention – Our staff can help you identify present and potential hazards within your operations, premises and equipment, and recommend solutions for reducing or eliminating these hazards.

Analysis of Accident Causes – Our REACT accident investigation program can assist you in determining root causes of accidents and help you prevent recurrences.

Safety Consultations – Our consultants can assist you with solutions in specialized areas such as ergonomics, industrial hygiene and fleet safety.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

SAFETY IS YOUR CONCERN

At Travelers, we are committed to helping protect your business. Travelers Risk Control has the experience, resources and capabilities to provide a range of safety services Onsite, Online and On-Demand. As our customer, you have access to hundreds of safety resources that cover an array of safety and risk management topics to help you control hazards and reduce risks of injury or illness. You can access these resources by logging in at www.travelers.com. Not registered? Select "Log In" and then "Register Now" to register for MyTravelers for Business.

Examples of what you will find include:

- Safety checklists, sample programs and self-assessments.
- Safety training offerings including classroom, and online.
- Additional safety products and services

These resources can help you improve your workplace safety practices.

Contact Us

For more information, please visit travelers.com/riskcontrol or contact your local Travelers office.

Industrial Hygiene/Health Services – Travelers has an AIHA accredited lab to analyze air samples taken by our IH Specialists, or by you, through our Pump Loan program to help you identify potential exposures to occupational illnesses.

Safety Literature and Digital Media – Our Risk Control customer website has hundreds of resources including checklists, sample programs, self-assessments, instructional videos and other safety and health related tools.

Safety Training – We offer face-to-face classroom courses, as well as distance learning and online training programs on a variety of safety and risk management topics in order to provide flexibility for your safety training needs.

Return-To-Work Coordination – We have consultants who specialize in post injury management that can assist you with developing or enhancing a return-to-work program, along with other aspects of our Corridor of Care® post injury process.

Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.

The loss of a key employee due to an injury can seriously impact your business. We can help you to understand the types of accidents that may occur in your business and the steps you can take to help prevent them.

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

ALABAMA
Birmingham

3000 Riverchase Galleria
Ste. 600
Birmingham, AL 35244
Risk Control: 1-800-973-9215
Claims: 1-800-238-6214

ALASKA
Portland, OR

4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
Risk Control: 1-800-973-9215

ARIZONA
Phoenix

2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
Risk Control: 1-800-973-9215

ARKANSAS
Kansas City, KS

7465 West 132nd, Suite 400
Overland Park, KS 66213
Risk Control: 1-800-973-9215

CALIFORNIA
Diamond Bar

21688 Gateway Center Drive
P.O. Box 6512
Diamond Bar, CA 91765-8512
Risk Control: 1-800-973-9215
Claims: (909) 612-3000

CALIFORNIA
Glendale

655 N. Central Avenue, Suite 1600
Glendale, CA 91203
Risk Control: 1-800-973-9215
Claims: (909) 612-3000

CALIFORNIA
Irvine

3333 Michelson Dr. City Blvd. W
Suite 1000
Irvine, CA 92612
Risk Control: 1-800-973-9215

CALIFORNIA
Los Angeles

888 South Figueroa St., Ste. 500
Los Angeles, CA 90017
Risk Control: 1-800-973-9215
Claims: (909) 612-3000

CALIFORNIA
Sacramento

11070 White Rock Road, Suite 130
Rancho Cordova, CA 95670
Risk Control: 1-800-973-9215
Claims: (800) 727-3995

CALIFORNIA
San Diego

9325 Sky Park Court, Suite 220
San Diego, CA 92123
Risk Control: 1-800-973-9215

CALIFORNIA
Walnut Creek

401 Lennon Lane, Suite 100
Walnut Creek, CA 94598
Risk Control: 1-800-973-9215
Claims: (800) 842-7354

COLORADO
Denver

6060 S. Willow Dr. #300
Greenwood Village, CO 80111
Risk Control: 1-800-973-9215
Claims: 720-200-8100

CONNECTICUT
Hartford

300 Windsor Street
Hartford, CT 06120
Risk Control: 1-800-973-9215
Claims: 1 (877) 828-4110

DELAWARE
Philadelphia, PA

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
Risk Control: 1-800-973-9215
Claims: 1-800-368-3562

DISTRICT OF COLUMBIA
Washington, DC

14200 Park Meadow Dr.
Chantilly, VA 20151
Risk Control: 1-800-973-9215
Claims: 1-800-368-3562

FLORIDA
Orlando

2420 Lakemont Dr
Orlando, FL 32814
Risk Control: 1-800-973-9215
Claims: 407-388-2400

GEORGIA
Atlanta

1000 Windward Concourse
Alpharetta, GA 30005
Risk Control: 1-800-973-9215
Claims: 800-238-6214

HAWAII
Irvine, CA

3333 Michelson Drive City Blvd. W
Suite 1000
Irvine, CA 92612
Risk Control: 1-800-973-9215

IDAHO
Sacramento, CA

11070 White Rock Rd, Suite 130
Rancho Cordova, CA 95670
Risk Control: 1-800-973-9215
Claim: (800) 727-3995

ILLINOIS
Chicago

161 N Clark St.
Suite 900
Chicago, IL 60601
Risk Control: 1-800-973-9215
Claims: 800-842-6172

ILLINOIS
Naperville

215 Shuman Boulevard
P.O. Box 3208
Naperville, IL 60566
Risk Control: 1-800-973-9215
Claims: 800-842-6172

INDIANA
Indianapolis

Suite 300
280 East 96th Street
Indianapolis, IN 46240
Risk Control: 1-800-973-9215
Claims: 800-238-6210

IOWA
Des Moines

7101 Vista Dr.
West Des Moines, IA 50266-9313
Risk Control: 1-800-973-9215
Claims: 800-255-5072

KANSAS
Kansas City

7465 West 132nd, Suite 400
Overland Park, KS 66213
Risk Control: 1-800-973-9215

KENTUCKY
Louisville

Suite 150
303 N Hurstbourne Pkwy
Louisville, KY 40222
Risk Control: 1-800-973-9215
Claims: 800-238-6210

LOUISIANA
New Orleans

3838 N. Causeway, Suite 2700
Metairie, LA 70002
P.O. Box 61479
New Orleans, LA 70161-1479
Risk Control: 1-800-973-9215
Claims: 800-842-2556

MAINE
Portland, ME

207 Larrabee Road, Suite 3
Westbrook, ME 04092
Risk Control: 1-800-973-9215

MARYLAND
Blue Bell, PA

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
Risk Control: 1-800-973-9215
Claims: 1-800-368-3562

MASSACHUSETTS
Boston

100 Summer Street, Suite 201A
Boston, MA 02110
Risk Control: 1-800-973-9215
Claims: 800-832-7839

MASSACHUSETTS
Hudson

1 Cabot Road
Suite 250
Hudson, MA 01749
Risk Control: 1-800-973-9215
Claims: 800-832-7839

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

MASSACHUSETTS

Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
Risk Control: 1-800-973-9215
Claims: 800-832-7839

MICHIGAN

Grand Rapids

625 Kenmoor Ave
Suite 213
Grand Rapids, MI 49546
Risk Control: 1-800-973-9215
Claims: 800-238-6210

MICHIGAN

Troy

1441 W. Long Lake Rd., Ste. 300
Troy, MI 48098
Risk Control: 1-800-973-9215
Claims: 800-238-6210

MINNESOTA

St. Paul

385 Washington St., MC 104P
St. Paul, MN 55102
Risk Control: 1-800-973-9215
Claims: 800-842-3073

MISSISSIPPI

Jackson

1080 River Oaks Dr
Ste B-200
Flowood, MS 39232
Risk Control: 1-800-973-9215
Claims: 1-800-342-4064

MISSOURI

St. Louis

940 West Port Plaza, Suite 270
St. Louis, MO 63146
Risk Control: 1-800-973-9215
Claims: 800-842-9621

Kansas City

7465 W 132nd, Suite 400
Overland Park, KS 66213
Risk Control: 1-800-973-9215
Claims: 800-255-5072

Missouri Workers'

Compensation Plan (MWCP)

4801 Main Street, Suite 350
Kansas City, MO 64112
Risk Control: 1-800-973-9215

MONTANA

Sacramento, CA

11070 White Rock Rd, Suite 130
Rancho Cordova, CA 95670
Risk Control: 1-800-973-9215
Claims: (800) 727-3995

NEBRASKA

Omaha

11516 Miracle Hills Dr., St. 400
Omaha, NE 68154
Risk Control: 1-800-973-9215
Claims: 800-255-5072

NEVADA

Las Vegas

7450 Arroyo Crossing Pkwy
Suite 200
Las Vegas, NV 89113
Risk Control: 1-800-973-9215
Claims: 702-479-4200

NEW HAMPSHIRE

Portland, ME

207 Larrabee Road, Suite 3
Westbrook, ME 04092
Risk Control: 1-800-973-9215

NEW JERSEY

Morristown

445 South Street
Morristown, NJ 07960
Risk Control: 1-800-973-9215
Claims: 1-800-842-2475

NEW JERSEY

Marlton

Lake Center Exec Park Building 30
Suite 110
Marlton, NJ 08053
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW MEXICO

Phoenix

2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
Risk Control: 1-800-973-9215
Claims: 602-861-8600

NEW YORK

Albany

900 Watervliet-Shaker Road
Albany, NY 12205
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW YORK

Buffalo

60 Lakefront Blvd.
P.O. Box 242
Buffalo, NY 14240-0242
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW YORK

Melville

3 Huntington Quadrangle
Melville, NY 11747
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW YORK

New York

485 Lexington Ave.
New York, NY 10017-2630
Risk Control: 1-800-973-9215
Claims: 1-800-842-2475

NEW YORK

Rochester

75 Town Centre Drive
P.O. Box 23235
Rochester, NY 14692-3235
Risk Control: 1-800-973-9215
Claims: 1-800-842-2475

NEW YORK

Syracuse

440 South Warren Street
P.O. Box 4963
Syracuse, NY 13221-4963
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NORTH CAROLINA

Charlotte

11440 Carmel Commons Blvd.
Suite 400
Charlotte, NC 28226
Risk Control: 1-800-973-9215
Claims: (704) 544-3500

NORTH CAROLINA

Raleigh

4504 Emperor Blvd.
Durham, NC 27703
Risk Control: 1-800-973-9215
Claims: (704) 544-3500

NORTH DAKOTA

St. Paul, MN

385 Washington St., MC 104P
St. Paul, MN 55102
Risk Control: 1-800-973-9215
Claims: 800-842-3073

OHIO

Cincinnati

Baldwin Center, Suite 500
625 Eden Park Drive
Cincinnati, OH 45202
Risk Control: 1-800-973-9215
Claims: 800-238-6210

OHIO

Cleveland

6150 Oak Tree Blvd., Suite 400
Independence, OH 44131
Risk Control: 1-800-973-9215
Claims: 800-238-6210

OKLAHOMA

Tulsa

9820 East 41st St., Suite 401
P.O. Box 3510
Tulsa, OK 74101
Risk Control: 1-800-973-9215

OREGON

Portland

4000 SW Kruse Way Place,
Building 1, Suite 255
Lake Oswego, OR 97035
Risk Control: 1-800-973-9215
Claims: 800-698-6883

PENNSYLVANIA

Philadelphia

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
Risk Control: 1-800-973-9215
Claims: 800-832-0606

PENNSYLVANIA

Pittsburgh

112 Washington Place, Suite 910
Pittsburgh, PA 15219
Risk Control: 1-800-973-9215
Claims: (412) 338-3000

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

PENNSYLVANIA

Reading

1105 Berkshire Blvd.
P.O. Box 13426
Wyomissing, PA 19610
Risk Control: 1-800-973-9215
Claims: 800-832-0606

RHODE ISLAND

Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
Risk Control: 1-800-973-9215
Claims: 800-832-7839

SOUTH CAROLINA

Charlotte

11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
Risk Control: 1-800-973-9215
Claims: 704-544-3500

SOUTH DAKOTA

St. Paul, MN

385 Washington St.
St. Paul, MN 55102
Risk Control: 1-800-973-9215
Claims: 800-842-3073

TENNESSEE

Franklin

6640 Carothers Pkwy, Suite 300
Franklin, TN 37067
Risk Control: 1-800-973-9215
Claims: (615) 660-6000

TEXAS

Dallas

1301 E Collins Blvd., Suite 300
Richardson, TX 75081
Risk Control: 1-800-973-9215
Claims: 214-570-6000

TEXAS

Houston

4650 Westway Park Blvd., Suite 350
Houston, TX 77041
Risk Control: 1-800-973-9215
Claims: 800-235-3610

UTAH

Denver, CO

6060 S. Willow Drive#300
Greenwood Village, CO 80111
Risk Control: 1-800-973-9215
Claims: 800-453-3025

VERMONT

Hartford, CT

300 Windsor Street
Hartford, CT 06120
Risk Control: 1-800-973-9215
Claims: (800) 422-3340

VIRGINIA

Richmond

9954 Mayland Drive, Suite 6100
Richmond, VA 23233
Risk Control: 1-800-973-9215
Claims: (804) 330-6000

Washington, DC

14200 Park Meadow Dr.
Chantilly, VA 20151
Risk Control: 1-800-973-9215
Claims: 800-368-3562

WASHINGTON

Seattle

1501 4th Avenue, Suite 400
Seattle, WA 98101
Risk Control: 1-800-973-9215

WEST VIRGINIA

Charleston, WV

119 Virginia St. W.
Charleston, WV 25302
Risk Control: 1-800-973-9215
Claims: (443) 353-1000

WISCONSIN

Milwaukee

13935 Bishops Drive, Suite 200
Brookfield, WI 53005
Risk Control: 1-800-973-9215
Claims: 800-842-6172

WYOMING

Denver, CO

6060 S. Willow Drive #300
Greenwood Village, CO 80111
Risk Control: 1-800-973-9215



Report Claims Immediately by Calling*
1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

A Custom Insurance Policy Prepared for:

**CHAMPLAIN COLLEGE INCORPORATED
PO BOX 670
BURLINGTON VT 05402**



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE v INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-6N259033-22-14-G

NJ TAX IDENTIFICATION NO.: 030220266000

RENEWAL OF (UB-6N259033-21-14-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
A Stock Company

NCCI CO CODE: 12637

1.

INSURED:

CHAMPLAIN COLLEGE INCORPORATED
PO BOX 670
BURLINGTON, VT 05402

PRODUCER:

HICKOK & BOARDMAN INS
PO BOX 1064
BURLINGTON, VT 05402-1064

Insured is **A CORPORATION**

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 02-15-22 to 02-15-23 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

AL AR AZ CA CO CT FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO NC
NH NJ NM NV NY OR PA RI SC TN TX VA VT WI WV

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 500,000 Each Accident
Bodily Injury by Disease: \$ 500,000 Policy Limit
Bodily Injury by Disease: \$ 500,000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

DC DE ID MS MT NE OK SD UT

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 02-14-22 LL

OFFICE: HUDSON 126

PRODUCER: HICKOK & BOARDMAN INS HF405



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-6N259033-22-14-G

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 8222 NAICS: 611699

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$ 105114
LOSS CONSTANT	20
PREMIUM DISCOUNT	4891
0900-20 EXPENSE CONSTANT	250
TERRORISM	2245
CAT (OTHER THAN CERT ACTS OF TERRORISM)	3941
TOTAL ESTIMATED PREMIUM	106679
TAXES AND SURCHARGES	1678
DEPOSIT AMOUNT DUE	108357MP

Minimum Premium: \$ 978

EMPLOYERS LIABILITY MINIMUM: \$100

STOPGAP MINIMUM: \$200

DATE OF ISSUE: 02-14-22 LL

OFFICE: HUDSON 126

PRODUCER: HICKOK & BOARDMAN INS HF405

COUNTERSIGNED-AGENT

POLICY NUMBER: UB-6N259033-22-14-G

**LISTING OF ENDORSEMENTS
 EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 09 06 07 A - 001	FL WC INS GUARANTY ASSOC SURCH NOTIFIC
WC 24 04 06 D - 001	MISSOURI EMPLOYER PAID MEDICAL ENDT
WC 36 03 06 00 - 001	OREGON LIMITS OF LIABILITY
WC 36 06 02 00 - 001	OREGON CONFIDENTIALITY ENDORSEMENT
WC 36 06 04 00 - 001	OREGON AMENDATORY ENDORSEMENT
WC 99 06 U5 00 - 001	OHIO CANCELLATION AND NONRENEWAL ENDT
WC 00 03 03 C - 001	EMPLOYERS LIAB COVERAGE ENDT
WC 00 04 03 00 - 001	EXPERIENCE RATING MODIFICATION FACTOR
WC 00 04 06 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 06 A - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 00 04 22 C - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
WC 04 03 01 B - 001	POLICY AMENDATORY ENDORSEMENT-CALIFORNIA
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 28 04 05 00 - 001	NH AUDIT NONCOMPLIANCE CHARGE ENDT
WC 32 03 01 D - 001	NORTH CAROLINA AMENDED COVERAGE ENDT
WC 99 03 99 00 - 001	CA WORKERS' COMP NOTICE OF NON-RENEWAL
WC 99 03 A1 00 - 001	NOTICE OF CANCELATION
WC 99 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 99 03 D3 A - 001	OHIO EMPLOYERS LIAB COVERAGE ENDT
WC 99 03 F3 00 - 001	CA LIMITS OF LIABILITY ENDT
WC 99 06 36 B - 001	CANCELLATION AMENDMENT - WASHINGTON
WC 99 06 F4 00 - 001	MANAGED CARE PROGRAM ENDORSEMENT
WC 99 06 K2 A - 001	WEST VIRGINIA EMPLOYERS LIABILITY ENDST
WC 00 04 21 E - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT

POLICY NUMBER: UB-6N259033-22-14-G

**LISTING OF ENDORSEMENTS
 EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 99 04 10 00 - 001	PREMIUM ADJ. FROM EFFECTIVE DATE ENDT.
WC 99 01 19 C - 001	TRIPRA DISCLOSURE ENDORSEMENT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 02 04 01 C - 001	AZ ALCOHOL & DRUG FREE WK PLACE PREM END
WC 02 06 01 B - 001	AZ CANCELLATION AND NONRENEWAL ENDT
WC 02 06 03 00 - 001	AZ AMENDATORY ENDORSEMENT
WC 03 06 01 B - 001	AR AMENDATORY ENDT
WC 04 03 17 B - 001	EMPLOYEE INSD BY GENERL EMPLOYER EXCLUDED
WC 04 03 45 A - 001	COMPREHENSIVE PERSONAL LIAB POL EXCL
WC 04 03 60 B - 001	EMPLOYERS' LIAB COV AMENDATORY ENDT-CA
WC 04 04 21 00 - 001	OPTIONAL PREMIUM INCREASE ENDORSEMENT - CALIFORNIA
WC 04 04 22 00 - 001	CALIFORNIA SHORT-RATE CANCELATION ENDT
WC 04 06 01 A - 001	CA CANCELATION ENDT
WC 04 06 04 00 - 001	COVID-19 REPORTING REQUIREMENT ENDT-CA
WC 05 04 02 00 - 001	COLORADO CLASSIFICATION ENDORSEMENT
WC 06 03 01 00 - 001	CT APPLICATION OF WORKERS COMPENSATION
WC 06 03 03 C - 001	CONNECTICUT WC FUNDS ENDORSEMENT
WC 06 06 01 A - 001	CT NONRENEWAL AND RENEWAL ENDT
WC 09 03 03 00 - 001	FL EMPLRS LIAB COVERAGE ENDT
WC 09 04 07 00 - 001	FL NON-COOPERATION WITH PREM AUDIT ENDT
WC 09 06 06 00 - 001	FL EMPLOYMENT AND WAGE INFORMATION REL.
WC 10 06 01 C - 001	GA CANC NONRENEWAL AND CHANGE ENDT
WC 12 06 01 F - 001	IL AMENDATORY ENDT
WC 12 06 03 00 - 001	ILLINOIS RENEWAL ENDORSEMENT
WC 15 04 01 A - 001	KANSAS FINAL PREMIUM ENDORSEMENT
WC 15 06 01 A - 001	KANSAS CANCELATION AND NONRENEWAL ENDT.
WC 16 03 05 00 - 001	KY PART ONE WC INSURANCE ENDORSEMENT
WC 16 06 01 00 - 001	KY CANCELATION AND NONRENEWAL ENDT.
WC 16 06 02 00 - 001	KY NOTICE OF APPEAL RIGHTS ENDORSEMENT
WC 17 06 01 J - 001	LOUISIANA AMENDATORY ENDORSEMENT
WC 17 06 02 A - 001	LA COST CONTAINMENT ACT ENDORSEMENT
WC 18 06 01 00 - 001	MAINE INSPECTION IMMUNITY ENDORSEMENT
WC 18 06 03 A - 001	MAINE CANCELATION AND NONRENEWAL ENDT

POLICY NUMBER: UB-6N259033-22-14-G

**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 18 06 04 00 - 001	ME FINAL PREM AUDIT ENDT
WC 18 06 06 00 - 001	ME NOTICE OF FILING FIRST RPT OF INJURY
WC 18 06 07 A - 001	MAINE EMPLOYMENT REHABILITATION FUND END
WC 19 06 01 G - 001	MD CANCELLATION AND NONRENEWAL ENDT
WC 20 03 01 00 - 001	MA LIMITS OF LIABILITY ENDORSEMENT
WC 20 03 02 A - 001	MASSACHUSETTS - ASSESMENT CHARGE
WC 20 03 03 D - 001	MA NOTICE TO POLICYHOLDER ENDORSEMENT
WC 20 04 05 00 - 001	MASSACHUSETTS PREMIUM DUE DATE ENDT
WC 20 06 01 A - 001	MA CANCELLATION ENDORSEMENT
WC 21 03 03 A - 001	MICHIGAN NOTICE TO POLICYHOLDERS
WC 21 03 04 00 - 001	MICHIGAN LAW ENDORSEMENT
WC 22 00 00 A - 001	MN AMENDATORY ENDT
WC 22 03 01 00 - 001	MN COMPLIANCE WITH APPLICABLE TRADE LAW
WC 22 06 01 D - 001	MINNESOTA CANC AND NON RENEWAL ENDT
WC 24 03 02 00 - 001	MO NOTIFIC OF ADD MESOTHELIOMA BEN ENDT
WC 24 06 01 B - 001	MO CANCELATION AND NON-RENEWAL ENDT.
WC 24 06 02 B - 001	MO PROPERTY & CASUALTY GUARANTY ASSOC.
WC 24 06 04 C - 001	MISSOURI AMENDATORY ENDORSEMENT
WC 27 06 01 C - 001	NV CANCELLATION AND NON RENEWAL ENDT
WC 28 06 01 00 - 001	NH SOLE REPRESENTATIVE END'T
WC 28 06 04 00 - 001	NH AMENDATORY ENDT
WC 29 03 06 B - 001	NJ PART TWO EMPLOYERS LIABILITY ENDT.
WC 30 03 01 00 - 001	NM SAFETY DEVICE COVERAGE ENDORSEMENT
WC 30 04 01 A - 001	NM WC PREM ADJ PROGRAM
WC 30 06 01 A - 001	NM CANCELLATION AND NONRENEWAL END
WC 31 03 08 00 - 001	NEW YORK LIMIT OF LIABILITY ENDORSEMENT
WC 31 03 19 K - 001	NY CONST CLASS PREM ADJUST PROG
WC 31 04 05 A - 001	NY SAFE PTNT HNDLG ACT PRGM ENDT FLAT CR
WC 31 06 18 A - 001	NEW YORK NOTICE OF RIGHT TO APPEAL
WC 36 04 06 00 - 001	OREGON PREMIUM DUE DATE
WC 36 06 01 E - 001	OR CANCELLATION ENDORSEMENT
WC 37 04 05 00 - 001	PA MERIT RATING PLAN ENDT
WC 37 06 01 00 - 001	SPECIAL PA ENDT - INSPECTION OF MANUALS

POLICY NUMBER: UB-6N259033-22-14-G

**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 37 06 02 00 - 001	NOTICE INS CONSULTATION SERVICE EXEMPT.
WC 37 06 03 A - 001	PA ACT 86-1986 ENDORSEMENT
WC 37 06 04 00 - 001	PA EMPLOYER ASSESSMENT ENDORSEMENT
WC 38 04 01 B - 001	RI SHORT RATE CANCELLATION ENDORSEMENT
WC 38 06 01 00 - 001	RHODE ISLAND DIRECT LIABILITY STATUTE
WC 38 06 02 00 - 001	RI SAFETY INSPECTION ENDT
WC 42 03 01 J - 001	TEXAS AMENDATORY ENDORSEMENT
WC 42 04 07 00 - 001	TX AUDIT PREMIUM & RETRO PREM ENDT
WC 44 06 01 00 - 001	VERMONT LAW ENDORSEMENT
WC 44 06 02 C - 001	VT CANCELLATION AND NONRENEWAL ENDT
WC 45 06 02 00 - 001	VA AMENDATORY ENDT
WC 47 06 01 00 - 001	WEST VIRGINIA CANCELLATION ENDORSEMENT
WC 48 06 01 C - 001	WISCONSIN LAW ENDORSEMENT
WC 48 06 06 B - 001	WISCONSIN CANCELLATION AND NON RENEWAL
WC 52 06 02 13 - 001	HAWAII NOTIFICATION ENDORSEMENT
WC 99 06 46 00 - 001	ILLINOIS AMENDATORY ENDORSEMENT
WC 99 06 99 00 - 001	ND AMENDATORY ENDORSEMENT
WC 99 06 Y6 00 - 001	SC CANCELATION AND NONRENEWAL ENDT
WC 17 03 03 00 - 001	LOUISIANA DUTY TO DEFEND

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.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut and countersigned on the Information page by a duly authorized agent of the company.



Secretary



President

POLICY NUMBER: UB-6N259033-22-14-G

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 WA

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

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

Endorsement Effective

Policy No.

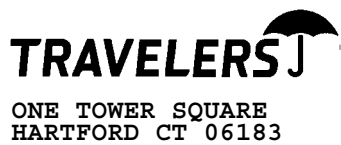
Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

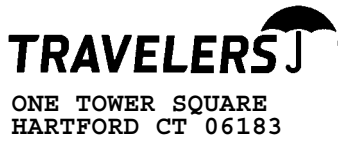


**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 03 (00)**

POLICY NUMBER: **UB-6N259033-22-14-G**

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.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 04 06 (00)

POLICY NUMBER: **UB-6N259033-22-14-G**

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in item 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

SCHEDULE

1. STATE

ESTIMATED ELIGIBLE PREMIUM

First	Next	Next	
\$5,000	\$95,000	\$400,000	Balance

2. AVERAGE PERCENTAGE DISCOUNT: See Information Page Schedule(s)

3. OTHER POLICIES:

4. IF THERE ARE NO ENTRIES IN ITEMS 1, 2, AND 3 OF THE SCHEDULE SEE THE PREMIUM DISCOUNT ENDORSEMENT ATTACHED TO YOUR POLICY NUMBER:

POLICY NUMBER: UB-6N259033-22-14-G

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.

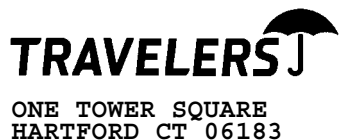
SCHEDULE

1. State	Estimated Eligible Premium			Balance
	First	Next	Next	
	\$10,000	\$190,000	\$1,550,000	

2. Average percentage discount: See Information Page Schedule(s)

3. Other policies:

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



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 14 (00)**

POLICY NUMBER: UB-6N259033-22-14-G

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.

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. 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. 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.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

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

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

Endorsement Effective
Insured

Policy No.

EndorsementNo.
Premium

Insurance Company

Countersigned by _____

ENDORSEMENT WC 00 04 22 (C)

POLICY NUMBER: UB-6N259033-22-14-G

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

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

Definitions

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

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

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

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

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

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

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.

ENDORSEMENT WC 00 04 22 (C)

POLICY NUMBER: UB-6N259033-22-14-G

Policyholder Disclosure Notice

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

State	Schedule Rate	Premium
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For all other states please refer to the other Federal Terrorism Risk Insurance Act Disclosure Endorsements attached to your policy

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

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

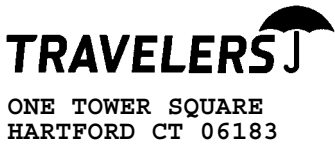
Endorsement Effective
 Insured

Policy No.

Endorsement No.
 Premium \$

Insurance Company

Countersigned by _____



POLICY NUMBER: UB-6N259033-22-14-G

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

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

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

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

Note:

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

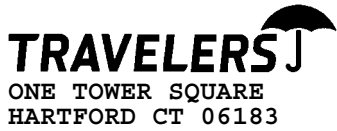
Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
All states, except AK, CA, FL, IN, LA, MA, MO, MT, ND, NH, NY, OH, PA, TX, WA, WI, WY	Estimated annual premium	Multiplier varies based on number of consecutive policy periods in which you failed to comply with the Audit provision - First policy period: 25% - Second consecutive policy period: 50% - Third (or more) consecutive policy period(s): 75%

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

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

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



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 25 (00)

POLICY NUMBER: UB-6N259033-22-14-G

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

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

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

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 _____	



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 C3 (00) –

POLICY NUMBER: UB-6N259033-22-14-G

**SPECIAL PROVISIONS ENDORSEMENT
STATE APPLICABILITY**

The listed endorsements are only applicable in the following states:

- WC 00 03 03 (C)-001 EMPLOYERS LIAB COVERAGE ENDT
APPLIES TO STATE(S): AL AR AZ CO CT GA HI IA IL IN KS KY LA MD ME MN MO NC ND NH NM NV NY OR PA RI SC TN TX VA VT WA WI
- WC 00 04 03 (00)-001 EXPERIENCE RATING MODIFICATION FACTOR
APPLIES TO STATE(S): AL AR AZ CO CT GA HI IA IL IN KS KY LA MA MD ME MI MN MO NC ND NH NJ NM NV NY OH OR PA RI SC TN TX VA VT WA WI WV
- WC 00 04 06 (A)-001 PREMIUM DISCOUNT ENDORSEMENT
APPLIES TO STATE(S): MN NJ TN
- WC 00 04 06 (00)-001 PREMIUM DISCOUNT ENDORSEMENT
APPLIES TO STATE(S): AL AR CT GA IA KS KY MO NC NV SC TX VA VT
- WC 00 04 14 (A)-001 NOTIFICATION OF CHG IN OWNR ENDT
APPLIES TO STATE(S): AL AR AZ CO CT FL GA HI IA IL IN KS KY LA MD ME MI MN MO NH NM NV NY OR PA RI SC TN TX VA WI WV
- WC 00 04 14 (00)-001 NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
APPLIES TO STATE(S): MA VT
- WC 00 04 19 (00)-001 PREMIUM DUE DATE ENDORSEMENT
APPLIES TO STATE(S): AL AR CO CT FL GA HI IA IL IN KS KY LA MD ME MN MO NC NH NJ NM NV NY PA RI SC TN VA VT WI WV
- WC 00 04 21 (E)-001 CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
APPLIES TO STATE(S): AL AR AZ CA CO CT GA HI IA IL IN KS KY LA MD ME NC NH NJ NV NY OR PA RI SC TN VT WI WV
- WC 00 04 22 (C)-001 TERRORISM RISK INS PROG REAUTH ACT ENDT
APPLIES TO STATE(S): AL AR AZ CA CO CT GA HI IA IL IN KS KY LA MA MD ME MI MN MO NC NH NJ NM NV NY OR PA RI SC TN TX VA VT WI WV
- WC 00 04 24 (00)-001 AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
APPLIES TO STATE(S): AL AR AZ CO CT GA HI IA IL IN KS KY MD ME MI NC NM NV OR RI SC TN VA VT WA WV
- WC 00 04 25 (00)-001 EXPR RATING MOD FACTOR REVISION ENDT
APPLIES TO STATE(S): AL AR AZ CO CT GA HI IA IL IN KS KY LA MA MD ME MI MN MO NC NH NJ NM NV NY OR PA RI SC TN TX VA VT WI WV
- WC 02 04 01 (C)-001 AZ ALCOHOL & DRUG FREE WK PLACE PREM END
APPLIES TO STATE(S): AZ
- WC 02 06 01 (B)-001 AZ CANCELLATION AND NONRENEWAL ENDT
APPLIES TO STATE(S): AZ
- WC 02 06 03 (00)-001 AZ AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): AZ
- WC 03 06 01 (B)-001 AR AMENDATORY ENDT
APPLIES TO STATE(S): AR
- WC 04 03 01 (B)-001 POLICY AMENDATORY ENDORSEMENT-CALIFORNIA

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 _____	



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 C3 (00) –

POLICY NUMBER: UB-6N259033-22-14-G

SPECIAL PROVISIONS ENDORSEMENT STATE APPLICABILITY

The listed endorsements are only applicable in the following states:

APPLIES TO STATE(S): CA
 WC 04 03 17 (B)-001 EMPLOYEE INSD BY GENERL EMPLOYER EXCLUDED
 APPLIES TO STATE(S): CA
 WC 04 03 45 (A)-001 COMPREHENSIVE PERSONAL LIAB POL EXCL
 APPLIES TO STATE(S): CA
 WC 04 03 60 (B)-001 EMPLOYERS' LIAB COV AMENDATORY ENDT-CA
 APPLIES TO STATE(S): CA
 WC 04 04 21 (00)-001 OPTIONAL PREMIUM INCREASE ENDORSEMENT - CALIFORNIA
 APPLIES TO STATE(S): CA
 WC 04 04 22 (00)-001 CALIFORNIA SHORT-RATE CANCELTION ENDT
 APPLIES TO STATE(S): CA
 WC 04 06 01 (A)-001 CA CANCELTION ENDT
 APPLIES TO STATE(S): CA
 WC 04 06 04 (00)-001 COVID-19 REPORTING REQUIREMENT ENDT-CA
 APPLIES TO STATE(S): CA
 WC 05 04 02 (00)-001 COLORADO CLASSIFICATION ENDORSEMENT
 APPLIES TO STATE(S): CO
 WC 06 03 01 (00)-001 CT APPLICATION OF WORKERS COMPENSATION
 APPLIES TO STATE(S): CT
 WC 06 03 03 (C)-001 CONNECTICUT WC FUNDS ENDORSEMENT
 APPLIES TO STATE(S): CT
 WC 06 06 01 (A)-001 CT NONRENEWAL AND RENEWAL ENDT
 APPLIES TO STATE(S): CT
 WC 09 03 03 (00)-001 FL EMPLRS LIAB COVERAGE ENDT
 APPLIES TO STATE(S): FL
 WC 09 04 03 (C)-001 FL TRIPRA ENDORSEMENT
 APPLIES TO STATE(S): FL
 WC 09 04 07 (00)-001 FL NON-COOPERATION WITH PREM AUDIT ENDT
 APPLIES TO STATE(S): FL
 WC 09 06 06 (00)-001 FL EMPLOYMENT AND WAGE INFORMATION REL.
 APPLIES TO STATE(S): FL
 WC 09 06 07 (A)-001 FL WC INS GUARANTY ASSOC SURCH NOTIFIC
 APPLIES TO STATE(S): FL
 WC 10 06 01 (C)-001 GA CANC NONRENEWAL AND CHANGE ENDT
 APPLIES TO STATE(S): GA
 WC 12 06 01 (F)-001 IL AMENDATORY ENDT
 APPLIES TO STATE(S): IL
 WC 12 06 03 (00)-001 ILLINOIS RENEWAL ENDORSEMENT
 APPLIES TO STATE(S): IL
 WC 15 04 01 (A)-001 KANSAS FINAL PREMIUM ENDORSEMENT
 APPLIES TO STATE(S): KS
 WC 15 06 01 (A)-001 KANSAS CANCELTION AND NONRENEWAL ENDT.
 APPLIES TO STATE(S): KS
 WC 16 03 05 (00)-001 KY PART ONE WC INSURANCE ENDORSEMENT
 APPLIES TO STATE(S): KY
 WC 16 06 01 (00)-001 KY CANCELTION AND NONRENEWAL ENDT.
 APPLIES TO STATE(S): KY



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 C3 (00) –

POLICY NUMBER: UB-6N259033-22-14-G

**SPECIAL PROVISIONS ENDORSEMENT
STATE APPLICABILITY**

The listed endorsements are only applicable in the following states:

- WC 16 06 02 (00)-001 KY NOTICE OF APPEAL RIGHTS ENDORSEMENT
APPLIES TO STATE(S): KY
- WC 17 03 03 (00)-001 LOUISIANA DUTY TO DEFEND
APPLIES TO STATE(S): LA
- WC 17 06 01 (J)-001 LOUISIANA AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): LA
- WC 17 06 02 (A)-001 LA COST CONTAINMENT ACT ENDORSEMENT
APPLIES TO STATE(S): LA
- WC 18 06 01 (00)-001 MAINE INSPECTION IMMUNITY ENDORSEMENT
APPLIES TO STATE(S): ME
- WC 18 06 03 (A)-001 MAINE CANCELATION AND NONRENEWAL ENDT
APPLIES TO STATE(S): ME
- WC 18 06 04 (00)-001 ME FINAL PREM AUDIT ENDT
APPLIES TO STATE(S): ME
- WC 18 06 06 (00)-001 ME NOTICE OF FILING FIRST RPT OF INJURY
APPLIES TO STATE(S): ME
- WC 18 06 07 (A)-001 MAINE EMPLOYMENT REHABILITATION FUND END
APPLIES TO STATE(S): ME
- WC 19 06 01 (G)-001 MD CANCELLATION AND NONRENEWAL ENDT
APPLIES TO STATE(S): MD
- WC 20 03 01 (00)-001 MA LIMITS OF LIABILITY ENDORSEMENT
APPLIES TO STATE(S): MA
- WC 20 03 02 (A)-001 MASSACHUSETTS - ASSESMENT CHARGE
APPLIES TO STATE(S): MA
- WC 20 03 03 (D)-001 MA NOTICE TO POLICYHOLDER ENDORSEMENT
APPLIES TO STATE(S): MA
- WC 20 04 05 (00)-001 MASSACHUSETTS PREMIUM DUE DATE ENDT
APPLIES TO STATE(S): MA
- WC 20 06 01 (A)-001 MA CANCELLATION ENDORSEMENT
APPLIES TO STATE(S): MA
- WC 21 03 03 (A)-001 MICHIGAN NOTICE TO POLICYHOLDERS
APPLIES TO STATE(S): MI
- WC 21 03 04 (00)-001 MICHIGAN LAW ENDORSEMENT
APPLIES TO STATE(S): MI
- WC 22 00 00 (A)-001 MN AMENDATORY ENDT
APPLIES TO STATE(S): MN
- WC 22 03 01 (00)-001 MN COMPLIANCE WITH APPLICABLE TRADE LAW
APPLIES TO STATE(S): MN
- WC 22 06 01 (D)-001 MINNESOTA CANC AND NON RENEWAL ENDT
APPLIES TO STATE(S): MN
- WC 24 03 02 (00)-001 MO NOTIFIC OF ADD MESOTHELIOMA BEN ENDT
APPLIES TO STATE(S): MO
- WC 24 04 06 (D)-001 MISSOURI EMPLOYER PAID MEDICAL ENDT
APPLIES TO STATE(S): MO
- WC 24 06 01 (B)-001 MO CANCELATION AND NON-RENEWAL ENDT.
APPLIES TO STATE(S): MO
- WC 24 06 02 (B)-001 MO PROPERTY & CASUALTY GUARANTY ASSOC.



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 C3 (00) –

POLICY NUMBER: UB-6N259033-22-14-G

SPECIAL PROVISIONS ENDORSEMENT STATE APPLICABILITY

The listed endorsements are only applicable in the following states:

APPLIES TO STATE(S): MO
WC 24 06 04 (C)-001 MISSOURI AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): MO
WC 27 06 01 (C)-001 NV CANCELLATION AND NON RENEWAL ENDT
APPLIES TO STATE(S): NV
WC 28 04 05 (00)-001 NH AUDIT NONCOMPLIANCE CHARGE ENDT
APPLIES TO STATE(S): NH
WC 28 06 01 (00)-001 NH SOLE REPRESENTATIVE END'T
APPLIES TO STATE(S): NH
WC 28 06 04 (00)-001 NH AMENDATORY ENDT
APPLIES TO STATE(S): NH
WC 29 03 06 (B)-001 NJ PART TWO EMPLOYERS LIABILITY ENDT.
APPLIES TO STATE(S): NJ
WC 30 03 01 (00)-001 NM SAFETY DEVICE COVERAGE ENDORSEMENT
APPLIES TO STATE(S): NM
WC 30 04 01 (A)-001 NM WC PREM ADJ PROGRAM
APPLIES TO STATE(S): NM
WC 30 06 01 (A)-001 NM CANCELLATION AND NONRENEWAL END
APPLIES TO STATE(S): NM
WC 31 03 08 (00)-001 NEW YORK LIMIT OF LIABILITY ENDORSEMENT
APPLIES TO STATE(S): NY
WC 31 03 19 (K)-001 NY CONST CLASS PREM ADJUST PROG
APPLIES TO STATE(S): NY
WC 31 04 05 (A)-001 NY SAFE PTNT HNDLG ACT PRGM ENDT FLAT CR
APPLIES TO STATE(S): NY
WC 31 06 18 (A)-001 NEW YORK NOTICE OF RIGHT TO APPEAL
APPLIES TO STATE(S): NY
WC 32 03 01 (D)-001 NORTH CAROLINA AMENDED COVERAGE ENDT
APPLIES TO STATE(S): NC
WC 36 03 06 (00)-001 OREGON LIMITS OF LIABILITY
APPLIES TO STATE(S): OR
WC 36 04 06 (00)-001 OREGON PREMIUM DUE DATE
APPLIES TO STATE(S): OR
WC 36 06 01 (E)-001 OR CANCELLATION ENDORSEMENT
APPLIES TO STATE(S): OR
WC 36 06 02 (OO)-001 OREGON CONFIDENTIALITY ENDORSEMENT
APPLIES TO STATE(S): OR
WC 36 06 04 (00)-001 OREGON AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): OR
WC 37 04 05 (00)-001 PA MERIT RATING PLAN ENDT
APPLIES TO STATE(S): PA
WC 37 06 01 (00)-001 SPECIAL PA ENDT - INSPECTION OF MANUALS
APPLIES TO STATE(S): PA
WC 37 06 02 (00)-001 NOTICE INS CONSULTATION SERVICE EXEMPT.
APPLIES TO STATE(S): PA
WC 37 06 03 (A)-001 PA ACT 86-1986 ENDORSEMENT
APPLIES TO STATE(S): PA



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 C3 (00) –

POLICY NUMBER: UB-6N259033-22-14-G

**SPECIAL PROVISIONS ENDORSEMENT
STATE APPLICABILITY**

The listed endorsements are only applicable in the following states:

- WC 37 06 04 (00)-001 PA EMPLOYER ASSESSMENT ENDORSEMENT
APPLIES TO STATE(S): PA
- WC 38 04 01 (B)-001 RI SHORT RATE CANCELLATION ENDORSEMENT
APPLIES TO STATE(S): RI
- WC 38 06 01 (00)-001 RHODE ISLAND DIRECT LIABILITY STATUTE
APPLIES TO STATE(S): RI
- WC 38 06 02 (00)-001 RI SAFETY INSPECTION ENDT
APPLIES TO STATE(S): RI
- WC 42 03 01 (J)-001 TEXAS AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): TX
- WC 42 04 07 (00)-001 TX AUDIT PREMIUM & RETRO PREM ENDT
APPLIES TO STATE(S): TX
- WC 44 06 01 (00)-001 VERMONT LAW ENDORSEMENT
APPLIES TO STATE(S): VT
- WC 44 06 02 (C)-001 VT CANCELLATION AND NONRENEWAL ENDT
APPLIES TO STATE(S): VT
- WC 45 06 02 (00)-001 VA AMENDATORY ENDT
APPLIES TO STATE(S): VA
- WC 47 06 01 (00)-001 WEST VIRGINIA CANCELLATION ENDORSEMENT
APPLIES TO STATE(S): WV
- WC 48 06 01 (C)-001 WISCONSIN LAW ENDORSEMENT
APPLIES TO STATE(S): WI
- WC 48 06 06 (B)-001 WISCONSIN CANCELLATION AND NON RENEWAL
APPLIES TO STATE(S): WI
- WC 52 06 02 (13)-001 HAWAII NOTIFICATION ENDORSEMENT
APPLIES TO STATE(S): HI
- WC 99 01 19 (C)-001 TRIPRA DISCLOSURE ENDORSEMENT
APPLIES TO STATE(S): ND OH WA
- WC 99 03 99 (00)-001 CA WORKERS' COMP NOTICE OF NON-RENEWAL
APPLIES TO STATE(S): CA
- WC 99 03 A1 (00)-001 NOTICE OF CANCELATION
APPLIES TO STATE(S): CO
- WC 99 03 D3 (A)-001 OHIO EMPLOYERS LIAB COVERAGE ENDT
APPLIES TO STATE(S): OH
- WC 99 03 F3 (00)-001 CA LIMITS OF LIABILITY ENDT
APPLIES TO STATE(S): CA
- WC 99 04 08 (00)-001 PREMIUM DISCOUNT ENDORSEMENT
APPLIES TO STATE(S): AL AR AZ CA CO CT FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO NC ND NH NV NY OH OR PA RI SC VA VT WA WI WV
- WC 99 04 10 (00)-001 PREMIUM ADJ. FROM EFFECTIVE DATE ENDT.
APPLIES TO STATE(S): CA
- WC 99 06 36 (B)-001 CANCELLATION AMENDMENT - WASHINGTON
APPLIES TO STATE(S): WA
- WC 99 06 46 (00)-001 ILLINOIS AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): IL
- WC 99 06 99 (00)-001 ND AMENDATORY ENDORSEMENT
APPLIES TO STATE(S): ND
- WC 99 06 F4 (00)-001 MANAGED CARE PROGRAM ENDORSEMENT
APPLIES TO STATE(S): ND



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 C3 (00) –

POLICY NUMBER: UB-6N259033-22-14-G

SPECIAL PROVISIONS ENDORSEMENT STATE APPLICABILITY

The listed endorsements are only applicable in the following states:

APPLIES TO STATE(S): AR CT KY MA NH OR RI WV
WC 99 06 K2 (A)-001 WEST VIRGINIA EMPLOYERS LIABILITY ENDST
APPLIES TO STATE(S): WV
WC 99 06 U5 (00)-001 OHIO CANCELLATION AND NONRENEWAL ENDT
APPLIES TO STATE(S): OH
WC 99 06 Y6 (00)-001 SC CANCELATION AND NONRENEWAL ENDT
APPLIES TO STATE(S):

**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 C), 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 the 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.

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

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

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	
Form WC 00 04 21 (E)		



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 04 08 (00)

POLICY NUMBER: UB-6N259033-22-14-G

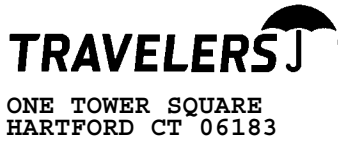
PREMIUM DISCOUNT ENDORSEMENT

The premium for the state and other states, if any, listed in item 3.A of the Information Page may be eligible for a discount. The final calculation of premium discount will be determined by our manuals and your premium as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

OTHER POLICIES:

DATE OF ISSUE: 02-14-22

ST ASSIGN:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 99 04 10 (00)

POLICY NUMBER: UB-6N259033-22-14-G

PREMIUM ADJUSTMENT FROM EFFECTIVE DATE ENDORSEMENT

It is agreed that the premium for the policy is subject to an experience modification not available at the time of policy issuance. Such experience modification, when determined, will be stated in an endorsement issued to form a part 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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

POLICY NUMBER: UB-6N259033-22-14-G

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Definitions

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

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

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

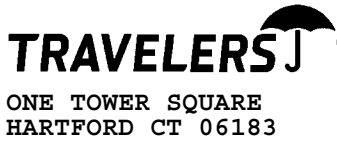
- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d.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

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

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

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.



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY ENDORSEMENT WC 99 01 19 (C)

POLICY NUMBER: UB-6N259033-22-14-G

Policyholder Disclosure Notice

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

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 _____

POLICY NUMBER: UB-6N259033-22-14-G

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.**

POLICY NUMBER: UB-6N259033-22-14-G

**ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING
THIS INSURANCE**

Employee Insured by General Employer Excluded

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

**NO LIABILITY FOR
EMPLOYEE INSURED BY
GENERAL EMPLOYER**

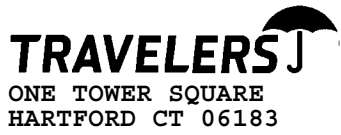
Any liability you may have as the special employer of an employee who is not on your payroll at the time of injury, based upon your representation that: (1) you have entered into a valid and enforceable agreement pursuant to Labor Code Section 3602(d) with the employee's general employer under which the general employer agrees to secure the payment of compensation for such employee and (2) the general employer has obtained workers' compensation coverage for the employee.

This policy will be deemed unlimited to the extent that any of the following requirements are not met: (1) the employer actually obtains coverage for the excluded liability and (2) such coverage remains in effect for the term of this policy.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

It is further agreed that "remuneration" when used as a premium basis for such insurance as is afforded by this policy shall not include the remuneration of any person excluded from coverage in accordance with the foregoing.

FAILURE TO SECURE THE PAYMENT OF FULL COMPENSATION BENEFITS FOR ALL EMPLOYEES AS REQUIRED BY LABOR CODE SECTION 3700 IS A VIOLATION OF LAW AND MAY SUBJECT THE EMPLOYER TO THE IMPOSITION OF A WORK STOP ORDER, LARGE FINES AND OTHER SUBSTANTIAL PENALTIES (Labor Code Section 3710.1, et seq.).



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 04 03 17 (B)

POLICY NUMBER: UB-6N259033-22-14-G

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 _____	

POLICY NUMBER: UB-6N259033-22-14-G

**ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS
INSURANCE**
Comprehensive Personal Liability Policy Exclusion

The insurance under this policy is limited as follows: It is AGREED that, any thing in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) COVERED BY A COMPREHENSIVE PERSONAL LIABILITY POLICY Any liability you may have for any injury to any employee(s) who is covered for workers' compensation benefits on a policy also affording comprehensive personal liability insurance which has been issued to this insured.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements, or limitations of this endorsement

It is further agreed that "remuneration" when used as a premium basis for such insurance as is afforded by this policy shall not include the remuneration of any person excluded from coverage in accordance with the foregoing.

FAILURE TO SECURE THE PAYMENT OF FULL COMPENSATION BENEFITS FOR ALL EMPLOYEES AS REQUIRED BY LABOR CODE SECTION 3700 IS A VIOLATION OF LAW AND MAY SUBJECT THE EMPLOYER TO THE IMPOSITION OF A WORK STOP ORDER, LARGE FINES, AND OTHER SUBSTANTIAL PENALTIES (Labor Code Section 3710.1, et seq.)

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 _____

DISCLOSURE FORM WORKERS' COMPENSATION INSURANCE

IMPORTANT NOTICE TO POLICYHOLDERS

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

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 POLICYHOLDERS' RIGHT TO APPEAL CLASSIFICATION

Your insurer 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 effective 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, Michael Craddock, c/o National Council on Compensation Insurance, Inc. (NCCI), 901 Peninsula Corporate Circle, Boca Raton, FL 33487. 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 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

We have many types of medical case management services available and suggest that you contact our local claim office for an explanation of services available to you.

IMPORTANT NOTICE – COPYRIGHT

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The National Council on Compensation Insurance and certain state workers compensation bureaus require a copyright notice on policy forms that contain their copyrighted material. This Important Notice addresses this copyright notice requirement for any policy form included in this policy that does not separately contain a copyright notice.

For all policy forms other than the workers compensation bureau forms of the states identified below:

Includes copyright material of the National Council on Compensation Insurance, Inc. used with its permission.

© 1983-2022 National Council on Compensation Insurance, Inc. All Rights Reserved

For the workers compensation bureau policy forms of the following states:

DELAWARE:

© 2022 Delaware Compensation Rating Bureau

MICHIGAN:

Includes copyright material of the National Council on Compensation Insurance, Inc. and the Michigan Workers' Compensation Placement Facility, used with their permission.

MINNESOTA:

© 1992-2022 Minnesota Workers' Compensation Insurers Association, Inc. All Rights Reserved.

NEW JERSEY:

© Compensation Rating and Inspection Bureau

NEW YORK:

© 1987-2022 New York Compensation Insurance Rating Board

PENNSYLVANIA:

© 2022 Pennsylvania Compensation Rating Bureau

IMPORTANT NOTICE – NEW, UNCOLLECTED OR UNCONTEMPLATED SURCHARGES

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The insurer is responsible for the collection of any surcharge related to the policy premium in accordance with state laws or regulations. While surcharges are commonly known at the time of policy issuance, there are instances when a state amends existing, or institutes new, surcharge rates after policy issuance. The insured is responsible to reimburse the insurer when billed for the amount of any surcharge.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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

The portion of your annual premium that is attributable to coverage for act of terrorism is _____^{*****}, and does not include any charges for the portion of losses covered by the United States government under the Act.

*****SEE INFORMATION PAGE SCHEDULE FOR PREMIUM CHARGE

APPLICATION FOR DRUG-AND ALCOHOL-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer: _____

Date Program Implemented: _____

This form must be completed by you and returned to your carrier with a copy of applicable documentation as proof of compliance before the premium credit of 5% can be established and processed. *A program must be certified during each year the employer receives credit.* Failure to do so will remove you from eligibility for this credit.

Following are the four minimum requirements necessary for a qualified employer workplace program. Please check the items below that apply.

1. Substance Abuse Policy Statement:

By law, any policy must be designed to help employees who need substance abuse assistance while, at the same time, sending a clear message that the abuse of drugs and alcohol is not compatible with employment in that employer's workplace. The policy statement must evidence both the employer's respect for its employees and the employer's need to maintain a safe, productive, substance abuse-free environment.

2. Employee Notification:

In order to protect the individual rights of each employee and to begin the employee education process necessary for a well-defined, well-managed workplace drug and alcohol abuse prevention program, each existing employee and each new employee hired after program implementation must be given a clear, concise, readable notice of the program, the program's requirements, the policy statement, and the employer's expectations under the program. Notification should be, and should remain, posted in employee common areas. In addition, each existing employee and each new employee must be given, by mail or by in-person delivery, a copy of the notice. Delivery may be accomplished by inclusion of the notice within the employee's paycheck package or any similarly important-to-the-employee correspondence or benefits delivery.

3. Testing Procedure:

The testing procedure must include a provision for random sampling of all persons who receive wages and compensation in any form from the employer. If a second test is administered, the testing procedure may allow for a single sample to be split for use in the first and second tests. Positive test results must be provided in writing to the employee within 24 hours of the time the employer receives the test results. Each employer must keep records of each test for up to one year.

4. Test Results Confidentiality Protocols:

Test results, information, interviews, reports, statements, and memorandums received by the employer must be considered confidential but may be used or received in evidence, obtained in discovery, or disclosed in any civil or administrative proceeding. The burden to protect against unauthorized release is placed not only upon the employer and any laboratory, medical review officer, or rehabilitation program or their agents, but also upon the underwriting carrier. Employers, laboratories, medical review officers, carriers, drug or alcohol rehabilitation programs, and employer drug prevention programs, and their agents who receive or have access to information concerning test results, must keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or their designee unless the release is completed through disclosure by an agency of the State in a civil or administrative proceeding, an order of a court of competent jurisdiction, or the determination of a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain, at a minimum:

- (1) The name of the person who is authorized to obtain the information;
- (2) The purpose of the disclosure;
- (3) The precise information to be disclosed;
- (4) The duration of the consent; and
- (5) The signature of a person authorizing release of the information.

Information on test results shall not be released for or used or admissible in any criminal proceeding against the employee.

I certify that the above information is accurate. If it is determined that there is any misrepresentation of the established drug- and alcohol-free workplace premium credit program requirements, I may be subject to an additional premium charge. This is a true and factual depiction of my current program.

_____ Employer Name	_____ Date	_____ Signature ¹
		_____ Title
_____ Notary Public's Signature	_____ Date	_____ Exp. of Commission

¹ Application must be signed by an officer, partner, sole proprietor, LLC member, or owner.

IMPORTANT

Policy Audit Information

Dear Policyholder:

This policy is issued with an estimated premium based upon information provided through your Producer. This premium is subject to adjustment at the end of the policy period. At that time, you may receive a request for information in the mail or a premium auditor may contact you to review the necessary records. The information developed is needed to determine the final earned premium for this policy.

Record Maintenance

In order to facilitate audit service, it is necessary to maintain proper records and have them available at the proper time. Based on the nature of your business, some of the following data will be necessary to complete the audit:

1. General Ledger, Financial Statements
2. Payroll Records, Time Books, State Unemployment Returns, FICA Returns, Individual Earnings Records-Monthly totals separated by type of work and overtime.
3. Cash Receipts, Sales Journal
4. Cash Disbursements Journal - Including subcontractors. casual labor and material costs.
5. Certificates of Insurance

IMPORTANT COVERAGE NOTE:

If you utilize subcontractors whose legal status is that of sole proprietor/partner, we may charge premium for these persons as provided under Part 5 of the policy contract even though certificates of insurance may exist. Please contact your producer if you have any questions regarding your Workers' Compensation coverage needs.

Work in Other States

Please advise your Producer if employees are hired for work in states other than those listed in Item 3. of your policy. This will enable your producer to consider your need for coverage in accordance with state laws.

We appreciate the opportunity to serve you. If you have any questions about the enclosed policy or any insurance matters please contact your producer or your Company representative.



PRIVACY NOTICE

PRIVACY POLICY

Thank you for selecting **THE TRAVELERS INSURANCE COMPANIES** as your workers compensation insurer. At **THE TRAVELERS INSURANCE COMPANIES** a subsidiary of Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through the adoption of the following privacy principles:

Collection Of Information

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, from the following sources:

- information we receive from you or through your agent or broker on applications or other forms;
- information we receive from or about you in the process of adjusting claims;
- information about your other transactions, including risk control and other consulting services, with us, our affiliates or other third parties;
- information about your coverages and loss activity with other carriers; and
- information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

Disclosure Of Information

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

- our affiliated property and casualty insurance companies;
- state insurance departments, for their regulation of our business;
- other government authorities;
- our agents and brokers as necessary to conduct our business;
- organizations that perform underwriting and claims investigations;
- another insurance company to which you have applied for a policy or submitted a claim;
- insurance support agencies, law enforcement agencies and our reinsurers; and
- any other third party, as permitted or required by law.

Most importantly, THE TRAVELERS INSURANCE COMPANIES does not and will not disclose or sell nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to anyone for marketing purposes.

Confidentiality And Security

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

Disclosure and Protection of Former Customers' Information

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

Changes In Privacy Policy

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.

IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

ATTENTION

The enclosed Posting Notices must be displayed in a prominent location in the workplace. It is your responsibility to distribute the applicable Posting Notice(s) to each of your locations and to notify each location that it must post these notices, and keep them posted, in a conspicuous location frequented by your employees.

Posting Notices for the states of Missouri, New Mexico and Texas (Spanish Version) are provided on two separate forms, which must be connected to create one large notice to be posted.

Please contact us at wcppn@travelers.com for assistance in completing the healthcare provider information on Posting Notices for Georgia, Pennsylvania, Tennessee and Virginia.

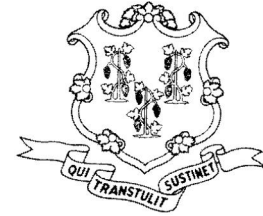
While carriers are required to provide Posting Notices in AZ, AR, CA, DC, FL, ID, KS, KY, MO, and NY, Travelers is providing Posting Notices to you for all states* covered under your policy as a courtesy. All such Posting Notices remain subject to state regulation and are subject to change at any time. For states in which Travelers is providing you with Posting Notices as a courtesy, Travelers assumes no obligation to provide you with revised notice(s) if a state changes its Posting Notice during the current policy term.

If you need additional copies of any Posting Notice, please contact your agent.

* Excluding: DE, GU, IA, NE, ND, OH, PR, SD, VI, WA, WI and WY. The following states do not require posting notices: DE, GU, IA, NE, SD, and WI. The state of OR will provide the posting notice directly. The following are monopolistic states – there are no posting notices for employers' liability: ND, OH, PR, VI, WA and WY.

NOTICE TO EMPLOYEES

State of Connecticut Workers' Compensation Commission



Revised 10-01-2021

The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,
CHAMPLAIN COLLEGE INCORPORATED NO BUSINESS LOCATION
CT

to provide benefits to you in case of injury or occupational disease in the course of employment.

Section 31-294b of the Workers' Compensation Act states "Any employee who has sustained an injury in the course of his employment shall immediately report the injury to his employer, or some person representing his employer. If the employee fails to report the injury immediately, the administrative law judge may reduce the award of compensation proportionately to any prejudice that he finds the employer has sustained by reason of the failure, provided the burden of proof with respect to such prejudice shall rest upon the employer."

An injury report by the employee is NOT an official written notice of claim for workers' compensation benefits; the Workers' Compensation Commission's Form 30C is necessary to satisfy this requirement.

NOTE: You must comply with P. A. 17-141 (see next box, below) when filing a compensation claim.

The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:

Name THE TRAVELERS INSURANCE COMPANIES

Address P.O. BOX 5008

Telephone (800) 238-6225

City/Town HARTFORD

State CT Zip Code 06102-5008

Approved Medical Care Plan Yes No

The State of Connecticut Workers' Compensation Commission office for this workplace is located at:

Address 999 ASYLUM AVENUE

Telephone (860) 566-4154

City/Town HARTFORD

State CT Zip Code 06105

Public Act 17-141 allows an employer the option to designate and post – "in the workplace location where other labor law posters required by the Labor Department are prominently displayed" and on the Workers' Compensation Commission's website [wcc.state.ct.us] – a location where employees must file claims for compensation.

If your employer has listed a location below, you **MUST** file your compensation claim there.

When filing your claim, you are also required – by law – to send it by certified mail.

If blank below, ask your employer where to file your claim.

Employer Name _____

Address _____

Telephone _____

City/Town _____

State _____

Zip Code _____

THIS NOTICE MUST BE IN TYPE OF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE TO POST THIS NOTICE WILL SUBJECT THE EMPLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).

Date Posted: _____

Any questions as to your rights under the law or the obligations of the employer or insurance company should be addressed to the employer, the insurance company, or the Workers' Compensation Commission (1-800-223-9675).

02-14-22

**STICKER LABELS AND/OR POSTING NOTICES
FOR MANUAL INSERT**

FOR POLICY PRINTED IN JOB #: G154159B

Named Insured: CHAMPLAIN COLLEGE INCORPORATED

Policy Number: UB-6N259033-22-14-G

Effective Date: 02-15-22

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EMPLOYER - Name: CHAMPLAIN COLLEGE INCORPORATED

Address: PO BOX 670
BURLINGTON VT 05402

CARRIER - Name: THE TRAVELERS INSURANCE COMPANIES

Address: P.O. BOX 4614
BUFFALO, NY 14240-4614

AGENT - Name: HICKOK & BOARDMAN INS

POLICY NUMBER: UB-6N259033-22-14-G

Eff. Date: 02-15-22

Exp. Date: 02-15-23

EMPLOYER - Name: CHAMPLAIN COLLEGE INCORPORATED

Address: PO BOX 670
BURLINGTON VT 05402

CARRIER - Name: THE TRAVELERS INSURANCE COMPANIES

Address: P.O. BOX 4614
BUFFALO, NY 14240-4614

AGENT - Name: HICKOK & BOARDMAN INS

POLICY NUMBER: UB-6N259033-22-14-G

Eff. Date: 02-15-22

Exp. Date: 02-15-23

EMPLOYER - Name: CHAMPLAIN COLLEGE INCORPORATED

Address: PO BOX 670
BURLINGTON VT 05402

Telephone No: (802) 860-2740

FEIN: 030220266

CARRIER - Name: THE TRAVELERS INSURANCE COMPANIES

Telephone No: (800) 238-6225

POLICY NUMBER: 6N259033

ISSUED TO: CHAMPLAIN COLLEGE INCORPORATED

INSURER/
ADMINISTRATOR: CLAIM MANAGER

CONTACT PERSON: CLAIM MANAGER
Address: P.O. BOX 71000
LAS VEGAS, NV 89170-1000

Telephone No. (800) 238-6225