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Policy Number: EIG 1603226 00

EMPLOYERS
7110 North Fresno Street, Suite 250
Fresno, CA 93720-2999

GLEN OF PACIFIC GROVE HOA
P.O. BOX 1531
SALINAS CA 93901



Welcome to EMPLOYERS®!

Thank you for the trust you have placed in EMPLOYERS. As a leading provider of workers' compensation insurance for America's small businesses, EMPLOYERS is focused on making premiums affordable, as well as helping our policyholders reduce the long-term costs associated with workplace injuries and illnesses.

Download a Claim Kit

As an employer, you are required to print and post certain workers' compensation notices. We have compiled these documents and made them available to print at www.employers.com/claimkit. Please select your state and follow the instructions to ensure your business is compliant with applicable state laws. Some states have additional requirements that cannot be printed, including posters and physician panels. If required, these will be automatically mailed to you separately. Policyholders can request a printed copy of our claim kit by contacting us by phone at (888) 682-6671 or e-mail at customersupport@employers.com.

Reporting a Claim

Early reporting of an employee's illness or injury is essential in successfully managing claims and reducing your workers' compensation costs. For your convenience EMPLOYERS offers several ways to report a claim:

1. **Through Our Claim System:** if you are already registered, go to <https://firstreport.eig.com> and provide the requested information about the injury. To request access to our claim system:
 - Send an e-mail to: customersupport@employers.com with the subject line "Access to Submit On-Line Claim Reports" and supply the following in the body of the e-mail:
 - Your Name (First/Last)
 - Policy Number (include prefix) – for example: WCV or EIG
 - Address
 - Phone Number
 - E-mail address
2. **By Fax:** send your completed First Report of Injury (FROI) form to (877) 329-2954.
3. **Through Our Customer Support Line:** call (888) 682-6671 and provide the requested information. Through this number, you can:
 - Report a claim
 - Obtain a medical provider list
 - Obtain a medical bill status
4. **By E-mail:** send your completed FROI form to ecfroi@employers.com.
5. **Through Loss Control ConnectionSM:** go to www.employers.com/business/loss_control.aspx and provide the requested information.



OUR PRIVACY PROGRAM

This Privacy Program applies to Employers Holdings, Inc. and its affiliates and subsidiaries: Employers Group, Inc., Employers Insurance Company of Nevada, Employers Compensation Insurance Company, Employers Preferred Insurance Company, Employers Assurance Company, Employers Occupational Health, Inc., Elite Insurance Services, Inc., EIG Services, Inc., Pinnacle Benefits, Inc., and AmSERV, Inc. ("EMPLOYERS").

We are serious about protecting the confidentiality of the information we collect about our customers. We take pride in the steps we have taken and will continue to take to protect and control this information. We maintain physical, electronic and procedural safeguards to protect your personal information from being accessed by unauthorized persons. This notice is provided so that you better understand our Privacy Program.

1. We collect and use information for many purposes including: processing applications for insurance, administering policies and managing any claims that are filed with us. We obtain nonpublic personal information from the following sources:

Information provided by you and your insurance agent

Information on the application for insurance or other forms submitted to us, such as name, address, federal tax identification number, social security number, etc.

Information from transactions with us including policy coverage, premiums, payment history, etc.

Consumer reporting agencies, or other third parties

Medical information only in connection with claims

2. We do not disclose any nonpublic personal information about you to anyone unless allowed by law. Information about you is shared with our employees to provide you with products, benefits and services. We will allow access to nonpublic personal information to nonaffiliated third parties when required by law. We will also allow access to information to a nonaffiliated third party who is performing services for us. These nonaffiliated third parties provide services under contracts which require them to maintain the confidentiality of the information to which they have access.
3. The categories of affiliates and nonaffiliated third parties to whom we may allow access to nonpublic personal information includes the following:

Affiliates include any parent company, sister company or subsidiary company with which we are related by common ownership.

Nonaffiliated third party companies include but may not be limited to reinsurance companies, computer service providers, actuaries, independent auditors, attorneys, independent claims personnel, etc.

4. We do not disclose any nonpublic personal information about our former customers to any nonaffiliated third party unless requested by you or your agent or required by law.
5. We do not disclose any nonpublic personal financial information to any entity for marketing purposes.
6. Since we do not disclose any nonpublic personal financial information to any entity for marketing purposes, you may not opt-out of this program.
7. We are not required to make any disclosure under the Fair Credit Reporting Act.
8. State laws and our Company policies provide that certain information collected and used by us in managing your policy or your claims is deemed to be confidential. We do not disclose or allow access to any such information to a nonaffiliated third party unless allowed or required by law. Nonaffiliated third parties, to whom access to nonpublic personal information is given so that they may perform services for us, are contractually bound to keep this information confidential. Our employees are informed of the requirements to maintain the confidentiality of this information verbally and in writing.
9. We believe the information we have about our customers is accurate. If you believe that any information we have is incorrect, please contact the General Counsel's Office at EMPLOYERS, 10375 Professional Circle, Reno, Nevada 89521-4802 and provide us with a written request to correct any misinformation.
10. We provide nonpublic personal information allowed by law to state regulators and agencies for the performance of their duties, in accordance with the law. We provide state regulators and, if appropriate, law enforcement entities with nonpublic personal information and/or nonpublic personal financial information to detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.

We hope that this information has been helpful for you to understand our collection, use and protection of the nonpublic personal information we collect in our business operations. If you have questions, please contact the General Counsel's Office at EMPLOYERS, 10375 Professional Circle, Reno, Nevada 89521-4802.

(07/09)

POLICYHOLDER NOTICE

CALIFORNIA WORKERS' COMPENSATION INSURANCE RATING LAWS

Pursuant to Section 11752.8 of the California Insurance Code, we are providing you with an explanation of the California workers' compensation rating laws.

1. We establish our own rates for workers' compensation. Our rates, rating plans, and related information are filed with the insurance commissioner and are open for public inspection.
2. The insurance commissioner can disapprove our rates, rating plans, or classifications only if he or she has determined after public hearing that our rates might jeopardize our ability to pay claims or might create a monopoly in the market. A monopoly is defined by law as a market where one insurer writes 20% or more of that part of the California workers' compensation insurance that is not written by the State Compensation Insurance Fund. If the insurance commissioner disapproves our rates, rating plans, or classifications, he or she may order an increase in the rates applicable to outstanding policies.
3. Rating organizations may develop pure premium rates that are subject to the insurance commissioner's approval. A pure premium rate reflects the anticipated cost and expenses of claims per \$100 of payroll for a given classification. Pure premium rates are advisory only, as we are not required to use the pure premium rates developed by any rating organization in establishing our own rates.
4. We must adhere to a single, uniform experience rating plan. If you are eligible for experience rating under the plan, we will be required to adjust your premium to reflect your claim history. A better claim history generally results in a lower experience rating modification; more claims, or more expensive claims, generally result in a higher experience rating modification. The uniform experience rating plan, which is developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner.
5. A standard classification system, developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner. The standard classification system is a method of recognizing and separating policyholders into industry or occupational groups according to their similarities and/or differences. We can adopt and apply the standard classification system or develop and apply our own classification system, provided we can report the payroll, expenses, and other costs of claims in a way that is consistent with the uniform statistical plan or the standard classification system.
6. Our rates and classifications may not violate the Unruh Civil Rights Act or be unfairly discriminatory.
7. We will provide an appeal process for you to appeal the way we rate your insurance policy. The process requires us to respond to your written appeal within 30 days. If you are not satisfied with the result of your appeal, you may appeal our decision to the insurance commissioner.

POLICYHOLDER NOTICE

CALIFORNIA WORKERS' COMPENSATION NOTICE OF NONRENEWAL

Section 11664 of the California Insurance Code requires us, in most instances, to provide you with a notice of nonrenewal. Except as specified in paragraphs 1 through 6 below, if we elect to nonrenew your policy, we are required to deliver or mail to you a written notice stating the reason or reasons for the nonrenewal of the policy. The notice is required to be sent to you no earlier than 120 days before the end of the policy period and no later than 30 days before the end of the policy period. If we fail to provide you the required notice, we are required to continue the coverage under the policy with no change in the premium rate until 60 days after we provide you with the required notice.

We are not required to provide you with a notice of nonrenewal in any of the following situations:

1. Your policy was transferred or renewed without a change in its terms or conditions or the rate on which the premium is based to another insurer or other insurers who are members of the same insurance group as us.
2. The policy was extended for 90 days or less and the required notice was given prior to the extension.
3. You obtained replacement coverage or agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
4. The policy is for a period of no more than 60 days and you were notified at the time of issuance that it may not be renewed.
5. You requested a change in the terms or conditions or risks covered by the policy within 60 days prior to the end of the policy period.
6. We made a written offer to you to renew the policy at a premium rate increase of less than 25 percent.
 - (A) If the premium rate in your governing classification is to be increased 25 percent or greater and we intend to renew the policy, we shall provide a written notice of a renewal offer not less than 30 days prior to the policy renewal date. The governing classification shall be determined by the rules and regulations established in accordance with California Insurance Code Section 11750.3(c).
 - (B) For purposes of this Notice, "premium rate" means the cost of insurance per unit of exposure prior to the application of individual risk variations based on loss or expense considerations such as scheduled rating and experience rating.

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

NOTICE TO POLICY HOLDERS

Fraud Surcharge

Under Insurance Code Section 1872.83 and Labor Code 62.6, all insurance companies writing workers' compensation business in California are required to recover from policyholders, by way of a premium surcharge, any assessments as determined by the Fraud Assessment Commission.

The purpose of the Fraud Surcharge Assessment is to fund increased investigation and prosecution of workers' compensation fraud.

The Department of Industrial Relations has calculated the following surcharge assessment factors for 2013:

The Fraud Surcharge applicable to all new and renewal policies incepting from January 1, 2013 through December 31, 2013 is a rate of .3881% of assessable premium.

The initial surcharge is based on the estimated annual assessable premium. It will be adjusted to actual assessable premium following policy expiration.

Please note, assessable premium is the premium charged after all rating adjustments (experience rating, schedule rating, premium discounts, expense constants, retrospective rating, etc.) except for adjustments resulting from the application of deductible plans or the return of policyholder dividends.

The Fraud Surcharge is indicated separately under the deposit premium shown on the Information Page of the policy or endorsement. It is due with your deposit.

For further information regarding the Fraud Commission, visit their website at <http://www.insurance.ca.gov/0300-fraud/>

California Insurance Guarantee Association Surcharge

Companies writing property and casualty insurance business in California are required to participate in the California Insurance Guarantee Association. If a company becomes insolvent, the California Insurance Guarantee Association settles unpaid claims and assesses each insurance company of its fair share.

California law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged, "CA surcharge" with an amount will be displayed on your premium notice.

For the year 2013, the California Guarantee Association is requiring a 2% premium assessment. (California Insurance Code Section 1063.14).

The California Insurance Guarantee Association Surcharge assessment is indicated under the deposit premium on the Information Page of the policy. It is due with your deposit payment.

For further information regarding the California Insurance Guarantee Association, visit their website at <http://www.caiga.org/>

NOTICE TO POLICY HOLDERS

Workers' Compensation "User Funding" Assessment

Under Labor Code Section 62.5, all insurance companies writing workers' compensation business in California are required to recover from policyholders, by way of a premium surcharge, assessments required to support the Department of Insurance administration of the California workers' compensation program.

The Department of Industrial Relations has calculated the following surcharge assessment factors for 2013:

The Workers' Compensation "User Funding" Assessment applicable to all new and renewal policies incepting from January 1, 2013 through December 31, 2013, is a rate of 1.3704% of assessable premium.

The initial surcharge is based on the estimated annual premium. It will be adjusted to actual assessable premium following policy expiration.

Please note, assessable premium is the premium charged after all rating adjustments (experience rating, schedule rating, premium discounts, expense constants, retrospective rating, etc.) except for adjustments resulting from the application of deductible plans or the return of policyholder dividends.

The Workers' Compensation "User Funding" Assessment surcharge is indicated separately under the deposit premium shown on the Information Page of the policy or endorsement. It is due with your deposit premium..

For further information regarding the Revolving Fund, visit their website at <http://www.dir.ca.gov/>

NOTICE TO POLICY HOLDERS

Uninsured Employers Benefit Trust Fund Assessment

Under Labor Code Section 62.5, all insurance companies writing workers' compensation business in California are required to recover from policyholders, by way of a premium surcharge, any assessment required for the payment of non-administrative expenses of the workers' compensation program for workers injured while employed by uninsured employers.

The Department of Industrial Relations has calculated the following surcharge assessment factors for 2013:

The Uninsured Employers Benefit Trust Fund Assessment is applicable to all new and renewal policies incepting from January 1, 2013 through December 31, 2013. The rate is .3410% of assessable premium.

The initial surcharge is based on the estimated annual assessable premium. It will be adjusted to actual assessable premium following policy expiration.

Please note, assessable premium is the premium charged after all rating adjustments (experience rating, schedule rating, premium discounts, expense constants, retrospective rating, etc.) except for adjustments resulting from the application of deductible plans or the return of policyholder dividends.

The Uninsured Employers Benefit Trust Fund Surcharge is indicated separately under the deposit premium shown on the Information Page of the policy or endorsement. It is due with your deposit.

For further information regarding the Uninsured Employers Fund, visit their website at <http://www.dir.ca.gov/>

NOTICE TO POLICY HOLDERS

Subsequent Injuries Benefits Trust Fund Assessment

Under Labor Code Section 62.5, all insurance companies writing workers' compensation business in California are required to recover from policyholders, by way of a premium surcharge, assessments required for non-administrative expenses of the workers' compensation program for workers who have suffered from previous and serious permanent disabilities or physical impairments.

The Department of Industrial Relations has calculated the following surcharge assessment factors for 2013:

The Subsequent Injuries Benefits Trust Fund Assessment is applicable to all new and renewal policies incepting from January 1, 2013 through December 31, 2013. The rate is .1707% of assessable premium.

The initial surcharge is based on the estimated annual assessable premium. It will be adjusted to actual assessable premium following policy expiration.

Please note, assessable premium is the premium charged after all rating adjustments (experience rating, schedule rating, premium discounts, expense constants, retrospective rating, etc.) except for adjustments resulting from the application of deductible plans or the return of policyholder dividends.

The Subsequent Injuries Benefits Trust Fund Surcharge is indicated separately under the deposit premium shown on the Information Page of the policy or endorsement. It is due with your deposit.

For further information regarding the Subsequent Injuries Fund, visit their website at <http://www.dir.ca.gov/>

NOTICE TO POLICY HOLDERS

Occupational Safety and Health Fund Assessment

Under Labor Code Sections 62.5 and 62.9, all insurance companies writing workers' compensation business in California are required to recover from policyholders, by way of a premium surcharge, assessments required to support the Department of Industrial Relations, Division of Occupational Safety and Health.

The purpose of the Occupational Safety and Health Fund assessment is to provide a funding source for Division of Occupational Safety and Health programs.

The Division of Occupational Safety and Health surcharge applicable to all new and renewal policies incepting from January 1, 2013 through December 31, 2013, is a rate of .2859% of assessable premium.

The initial surcharge is based on the estimated annual assessable premium. It will be adjusted to actual assessable premium following policy expiration.

Please note, assessable premium is the premium charged after all rating adjustments (experience rating, schedule rating, premium discounts, expense constants, retrospective rating, etc.) except for adjustments resulting from the application of deductible plans or the return of policyholder dividends.

The Occupational Safety and Health Fund Assessment is indicated separately under the deposit premium shown on the Information Page of the policy or endorsement. It is due with your deposit payment.

For further information regarding Cal/OSHA, visit their website at <http://www.dir.ca.gov/dosh/dosh1.html>

NOTICE TO POLICY HOLDERS

Division of Labor Standards Enforcement Assessment

Under Labor Code Section 62.5, all insurance companies writing workers' compensation business in California are required to recover from policyholders, by way of a premium surcharge, assessments required to support the Department of Industrial Relations, Division of Labor Standards Enforcement.

The purpose of the Labor Standards Enforcement assessment is to provide a funding source for Division of Labor Standards Enforcement programs, including investigation and enforcement of laws involving workers' compensation insurance, unlicensed contractors, and criminal investigations involving group claims of wage and overtime issues.

The Division of Labor Standards Enforcement surcharge applicable to all new and renewal policies incepting from January 1, 2013 through December 31, 2013, is a rate of .2747% of assessable premium.

The initial surcharge is based on the estimated annual assessable premium. It will be adjusted to actual assessable premium following policy expiration.

Please note, assessable premium is the premium charged after all rating adjustments (experience rating, schedule rating, premium discounts, expense constants, retrospective rating, etc.) except for adjustments resulting from the application of deductible plans or the return of policyholder dividends.

The Labor Standards Enforcement Assessment is indicated separately under the deposit premium shown on the Information Page of the policy or endorsement. It is due with your deposit payment.

For further information regarding the Division of Labor Standards Enforcement, visit their website at <http://www.dir.ca.gov/DLSE/>

POLICYHOLDER NOTICE

Your Right to Rating and Dividend Information

I. INFORMATION AVAILABLE TO YOU

A. Information Available from Us - Employers Compensation Insurance Company.

- (1) General questions regarding your policy should be directed to 415-627-5000 or visit our website www.eigwc.co, Employers Compensation Insurance Company, Contact Us.
- (2) **DIVIDEND CALCULATION.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.
- (3) **CLAIMS INFORMATION.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

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

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

- (1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the California Workers' Compensation Uniform Statistical Reporting Plan-1995 (USRP) and the California Workers' Compensation Experience Rating Plan-1995 (ERP). Contact information for the WCIRB is: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Customer Service. You may also contact WCIRB Customer Service at 1-888-229-2472, by fax at 415-778-7272, or via the Internet at the WCIRB's website: <http://www.wcirb.org>. The regulations contained in the USRP and the ERP are available for public viewing through the WCIRB's website.
- (2) **POLICYHOLDER INFORMATION.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Custodian of Records. The Custodian of Records can be reached by telephone at 415-777-0777 and by fax at 415-778-7272.

II. DISPUTE PROCESS

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

A. Our Dispute Resolution Process.

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

You may send us a written Complaint and Request for Action requesting that we reconsider a change in a classification assignment that results in an increased premium and/or requesting that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written Complaints and Requests for Action should be forwarded to: Employers Compensation Insurance Company, Office of the General Counsel, 500 North Brand Boulevard, Glendale, California 91203-4707, phone 800-588-8915, fax 818-549-4606.

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

paragraph II.C., below.

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

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

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

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

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

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

III. RESOURCES AVAILABLE TO YOU IN OBTAINING INFORMATION AND PURSUING DISPUTES

- A. Policyholder Ombudsman.** Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the insurance commissioner pursuant to Section 11737 of the Insurance Code. The address of the policyholder ombudsman is WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Policyholder Ombudsman. The policyholder ombudsman can be reached by telephone at 415-777-0777, and by fax at 415-778-7007.
- B. California Department of Insurance - Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 1-800-927-HELP (4357) or <http://www.insurance.ca.gov>. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

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



Employers Compensation Insurance Company
Employers Insurance Company of Nevada
Employers Preferred Insurance Company
Employers Assurance Company

Important Notice

Regarding Your Workers' Compensation Insurance

TO OUR CALIFORNIA WORKERS' COMPENSATION POLICYHOLDERS:

Re: Occupational Safety and Health Loss Control Consultation Services

Section 6354.5 of the California Labor Code requires all Workers' Compensation Insurers to provide Occupational Safety and Health Consultation Services to all insured employers who require such services for operations in the State of California. As a policyholder of EMPLOYERS®, you have available to you an extensive array of professional safety and health consultation services at no additional charge.

Available services include:

- A. Evaluation of existing Injury and Illness Prevention Programs (IIPP)
- B. Identification and evaluation of work site hazards, materials, personal protective equipment, work methods, processes and facilities
- C. Industrial hygiene and/or occupational health evaluations
- D. Recommendations addressing control measures in need of strengthening
- E. Training programs addressing identified exposures and needed control measures
- F. Accident analysis, consisting of a review of reported workers' compensation injuries and identification of causal factors
- G. Safety video rental (at no additional charge)
- H. Written safety program Employer Guides
- I. Consultation with respect to possible improvement measures
- J. Follow-up services to items listed above

For assistance in any of these areas, or for any other occupational safety or health-related questions, please contact EMPLOYERS at:

Loss Control Department
EMPLOYERS
10375 Professional Circle
Reno, NV 89521

Loss Control Telephone: (800) 588-5200
E-Mail: losscontrol@employers.com

Note: Workers' Compensation Insurance Policyholders may register comments about an insurer's Loss Control consultation services by writing to State of California, Department of Industrial Relations, Division of Occupational Safety & Health, 455 Golden Gate Avenue, San Francisco, California, p4102, or you can call the Loss Control Coordinator, with the Commission on Health, Safety and Workers' Compensation at (510) 622-3959.

America's small business insurance specialist.®

EMPLOYERS® products and services are provided through Employers Compensation Insurance Company, Employers Insurance Company of Nevada, Employers Preferred Insurance Company and Employers Assurance Company. Not all insurers do business in all jurisdictions.



EMPLOYERS COMPENSATION INS CO
A Stock Company

**WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

Policy Number	Policy Period	
	From	To
EIG 1603226 00	01/13/2013 12:01 A.M. Standard Time at the described location	01/13/2014

POLICY DECLARATION **Transaction**

INFORMATION PAGE
CARRIER NAME EMPLOYERS COMPENSATION INS CO **Prior Policy Number**
NCCI Carrier # 41394 **WCIRB CARRIER#** 00441 **NEW**

Named Insured and Address	Agent Address
GLEN OF PACIFIC GROVE HOA P.O. BOX 1531 SALINAS CA 93901	PAJARO VALLEY INS AGENCIES INC 1006 FREEDOM BLVD WATSONVILLE, CA 95077
	Telephone: 831--76-3-70 1689010

Other Workplaces Not Shown Above: **See Schedule**
Extended Named Insured: **See Schedule**

FEIN # 770006393
Legal Entity: CORPORATION
Bureau/Risk ID:
Unemployment Id Number:

ITEM 2. POLICY PERIOD is from 12:01 A.M., 01/13/2013 to 12:01 A.M., 01/13/2014 Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

- A. Workers' Compensation Insurance:** Part One of the policy applies to the Workers' Compensation Law of the states listed here: CA
- B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000	Each Accident
Bodily Injury by Disease	\$ 1,000,000	Policy Limit
Bodily Injury by Disease	\$ 1,000,000	Each Employee
- C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:
All states EXCEPT monopolistic states
- D. This policy includes these endorsements and schedules:** See Endorsement Schedule.

ITEM 4. PREMIUM
 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

C L A S S I F I C A T I O N S

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

<u>Minimum Premium</u>	<u>Deposit Premium</u>	<u>Total Estimated Annual Premium</u>	<u>Interim Adjustment of Premium</u>
\$750	\$292.30	\$881	Annual

Servicing Office
 EMPLOYERS COMPENSATION INS CO
 7110 NORTH FRESNO STREET, SUITE 250
 FRESNO, CA 93720-2999

Authorized Representative:
Countersigned by: _____
Date: 01/11/2013

Group Code: _____



EMPLOYERS COMPENSATION INS CO
A Stock Company
 7110 NORTH FRESNO STREET, SUITE 250
 FRESNO, CA 3720-2999

**WORKERS' COMPENSATION AND EMPLOYERS
 LIABILITY INSURANCE POLICY**

Policy Number: EIG 1603226 00
Named Insured: GLEN OF PACIFIC GROVE HOA
Agent: PAJARO VALLEY INS AGENCIES INC 1689010

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
California				
Rating Period: 01/13/2013 through 01/13/2014				
Site 00001				
9066	PROPERTY MANAGEMENT/OPERATION: HOMEOWNERS ASSOCIATIONS--NOT BUILDING OPERATIONS.	9,455	8.070000	763.00
Site 00001 Total			\$	763.00
Total of Sites for Rating Period			\$	763.00
Rating Period Total			\$	763.00
Rating Period: 01/13/2013 through 01/13/2014				
0936	STATE W.C. FRAUD ASSESSMENT	841	0.003881	3.00
0935	STATE W.C. ADMINISTRATIVE ASSESSMENT	841	0.013704	12.00
0937	CA INSURANCE GUARANTY	841	0.020000	17.00
0938	CA UNINSURED EMPLOYERS FUND	841	0.003410	3.00
0939	CA SUBSEQUENT INJURY FUND	841	0.001707	1.00
0940	OSHF ASSESSMENT	841	0.002859	2.00
0943	LABOR ENFORCEMENT & COMPLIANCE	841	0.002747	2.00
0941	VOLUNTARY COMP COVERAGE			75.00
9740	TERRORISM PREMIUM	9,455	0.030000	3.00
Rating Period Total			\$	118.00
State Total			\$	881.00
Policy Total			\$	881.00



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A Stock Company
7110 NORTH FRESNO STREET, SUITE 250
FRESNO, CA 3720-2999

**WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

Policy Number: EIG 1603226 00	
Named Insured: GLEN OF PACIFIC GROVE HOA	
Agent: PAJARO VALLEY INS AGENCIES INC	1689010

SITE LOCATION SCHEDULE

State CA 1
GLEN OF PACIFIC GROVE HOA
3-110 GLEN LAKE DRIVE
PACIFIC GROVE CA 93950



EMPLOYERS COMPENSATION INS. CO
A Stock Company
 7110 NORTH FRESNO STREET, SUITE 250
 FRESNO, CA 3720-2999

**WORKERS' COMPENSATION AND EMPLOYERS
 LIABILITY INSURANCE POLICY**

Policy Number: EIG 1603226 00
Named Insured: GLEN OF PACIFIC GROVE HOA
Agent: PAJARO VALLEY INS AGENCIES INC 1689010

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
CA	WC000000B	(7/11)	WC/EL INS. POLICY FORM BOOKLET
CA	WC000419	(1/01)	PREMIUM DUE DATE ENDORSEMENT
CA	WC000421C	(9/08)	CATASTROPHE PREMIUM ENDORSE
CA	WC000422A	(9/08)	TERRORISM RISK INSURANCE PROG
CA	WC040301B	(1/12)	CA POLICY AMENDATORY END
CA	WC040305	(5/91)	CA WC/EMPL LIABILITY COVERAGE
CA	WC040360A	(11/99)	CA ELL AMENDATORY ENDORSEMENT
CA	WC990308A	(7/01)	DUTY TO DEFEND
CA	WC990316B	(7/10)	CA LIMITING RESTRICTING ENDORS
CA	WC990405A	(3/07)	INSTALLMENT PAYMENT ENDORSE
CA	WC990638B	(1/04)	CA CANCELLATION ENDORSEMENT

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 USC Sections 901–950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171–8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331–1356a.), the Defense Base Act (42 USC Sections 1651–1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801–945), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51–60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801–1872) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

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

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

E. We Will Also Pay

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

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

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.

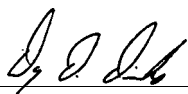
D. Cancellation

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.

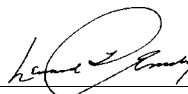
E. Sole Representative

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.

Your Workers' Compensation and Employers Liability Insurance Coverage afforded by this policy is provided by the Company named on the policy Information Page. In witness thereof, the Company has caused this policy to be executed, attested and countersigned by a duly authorized representative of the Company



PRESIDENT



ASSISTANT SECRETARY

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

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

**PART FIVE
PREMIUM**

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

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

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

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

This endorsement, effective _____ at 12:01 AM standard time, forms a part of

Policy No. _____ Of the

Carrier Code

Issued to _____ Endorsement No. _____

Premium

Countersigned at _____ on _____ By: _____

Authorized Representative

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)
PREMIUM ENDORSEMENT**

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

For purposes of this endorsement, the following definitions apply:

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

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

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)
PREMIUM ENDORSEMENT

State	Schedule	Rate	Premium
CALIFORNIA		INCLUDED	INCLUDED

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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of

Policy No. _____ Of the

Carrier Code

Issued to

Endorsement No.

Premium

Countersigned at _____ on _____ By: _____

Authorized Representative

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

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

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

Definitions

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

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

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

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

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

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

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

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

Limitation of Liability

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

Policyholder Discloser Notice

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

Schedule

State	Rate	Premium
CALIFORNIA	0.030000	\$3.00

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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of

Policy No. _____ Of the

Carrier Code

Issued to _____

Endorsement No. _____

Premium _____

Countersigned at _____ on _____ By: _____

Authorized Representative

POLICY AMENDATORY ENDORSEMENT - CALIFORNIA

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

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

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

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

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

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

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

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

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

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

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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of
Policy No. _____ Of the _____
Carrier Code _____
Issued to _____ Endorsement No. _____
Premium _____
Countersigned at _____ on _____ By: _____
Authorized Representative

**VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE
ENDORSEMENT-CALIFORNIA**

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

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

Schedule

BOARD OF DIRECTORS AND COMMITTEE MEMBERS.
STATE OF HIRE IS CALIFORNIA.
DESIGNATED WORKERS COMPENSATION LAW IS CALIFORNIA.

This endorsement is subject to a premium of \$75.00

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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of

Policy No. _____ Of the

Carrier Code

Issued to

Endorsement No.

Premium

Countersigned at _____ on _____ By: _____

Authorized Representative

EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT – CALIFORNIA

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

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

A. How This Insurance Applies

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

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

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

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

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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of
 Policy No. _____ Of the _____
 _____ Carrier Code
 Issued to _____ Endorsement No. _____
 Premium _____
 Countersigned at _____ on _____ By: _____
 _____ Authorized Representative

CALIFORNIA WORKERS' COMPENSATION DEFENSE ENDORSEMENT

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

Section C. "We Will Defend", and Section D, "We Will Also Pay", of Part One - Workers' Compensation Insurance of the policy are deleted and replaced by the following provisions:

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you before the Workers' Compensation Appeals Board for benefits payable by this workers' compensation insurance and any matter before the Workers' Compensation Appeals Board which results in an appeal to a higher court of competent jurisdiction. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend any claim, proceeding, suit or other matter 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 workers' compensation insurance, as part of any claim or proceeding 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 workers' compensation insurance;
3. litigation costs for which you are responsible;
4. interest on an award as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of
 Policy No. _____ Of the _____
 _____ Carrier Code
 Issued to _____ Endorsement No. _____
 Premium _____
 Countersigned at _____ on _____ By: _____
 _____ Authorized Representative

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

1. **SOLE PROPRIETOR, INCLUDING A HUSBAND AND WIFE EITHER AS INDIVIDUALS OR AS A PARTNERSHIP.** If the employer named in Item 1 of the Information Page is a sole proprietor, a husband and wife, or a partnership in which the general partners are husband and wife, 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 EXTEND TO OR COVER bodily injury sustained by any of the following relatives of the employer and spouse or of either if at the time of injury such relative

- (1) resides in the household of the employer and spouse, or of either,
- (2) is a child under the age of twelve years

unless such relative is specifically covered by name in Item 4 of the Information Page or an endorsement attached to this policy.

RELATIVES NOT INSURED: Spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, stepparent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, niece.

Private Residence Employees Not Insured

It is further agreed that this Policy DOES NOT EXTEND TO OR COVER bodily injury sustained by an employee who is covered for workers' compensation benefits of a policy also affording comprehensive personal liability insurance which has been issued to this insured.

It is further agreed that "remuneration" when used as premium basis for insurance as is afforded by the policy by reason of the designation of California in Item 3 of the Information Page shall not include the remuneration of any person excluded from coverage in accordance with the foregoing.

Sole Proprietor Not Insured

If the employer named in Item 1 of the Information Page is an individual employer, whether as an individual or sole proprietor by any means, the employer is not insured as an employee by this policy, anything in this policy to the contrary notwithstanding.

2. PARTNERSHIP

If the employer named in Item 1 of the Information Page is a partnership, this policy applies to the general partners, as employees, unless they are specifically excluded by an endorsement issued to form a part of this policy.

The premium basis for this policy includes the entire remuneration of each covered general partner, subject to the minimum and maximum remunerations as established by the California Workers' Compensation Insurance Rating Bureau.

3. OFFICERS AND DIRECTORS OF A PRIVATE CORPORATION

If the employer named in Item 1 of the Information Page is a private corporation, whose officers and directors are the sole shareholders, this policy applies to all such officers and directors, as employees, unless they hold stock and are specifically excluded by an endorsement issued to form a part of this policy.

The premium basis for this policy includes the entire remuneration of each covered officer or director, subject to the minimum and maximum remunerations as established by the California Workers' Compensation Insurance Rating Bureau and the entire remuneration of each covered director without application of the minimum and maximum remunerations, if any, as established by the California Workers' Compensation Insurance Rating Bureau.

EXCLUDED EMPLOYMENTS

This policy shall not operate as an election by the insured to insure under Part One employees who are excluded by the Workers' Compensation Law of the State of California unless such employees are engaged in operations specifically described in the declarations.

This policy does not apply under Part Two with respect to any employee employment in domestic employment not described in the declarations unless the policy applies under Part One with respect to such employee.

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

"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.)

This endorsement, effective _____ at 12:01 AM standard time, forms a part of
Policy No. _____ Of the _____
Carrier Code _____
Issued to _____ Endorsement No. _____
Premium _____
Countersigned at _____ on _____ By: _____
Authorized Representative

INSTALLMENT PAYMENT ENDORSEMENT

In addition to the deposit premium shown below as Installment 01, you agree to make the following installment payments on the date specified (if any).

These payments may be revised pursuant to a mid-term analysis of premium based on payrolls which you may be asked to submit to us.

Installment Number	Date Due	Amount
01	01/13/2013	\$292.30
02	04/13/2013	\$196.23
03	07/13/2013	\$196.23
04	10/13/2013	\$196.24

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
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This endorsement, effective _____ at 12:01 AM standard time, forms a part of

Policy No. _____ Of the

Carrier Code

Issued to _____ Endorsement No. _____

Premium

Countersigned at _____ on _____ By: _____
Authorized Representative

CALIFORNIA CANCELLATION ENDORSEMENT

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

The Final Premium condition in Part Five Section E (Conditions) of the policy is amended to include these conditions:

1. **Premium.** The premium earned in connection with the workers' compensation insurance coverage provided by the company will be computed based on the payroll or other basis of premium and in accordance with the company's authorized rates and any applicable experience modification.
2. **Premium Determination - Cancellation By the Company Including Non-Payment of Premium (or By the Employer When Retiring from Business Covered by the Policy).** Premium will be computed in accordance with Section I, Rule II.

If we cancel for non-report of payroll or for non-payment of premium, final premium will be calculated pro rata based on the time this policy was in force, but will not be less than the policy minimum premium.

If the Employer retires from the business covered by the policy, final premium will be calculated pro rata based on the time this policy was in force, but will not be less than \$120.

The change, material or otherwise, in the ownership of a corporation, does not constitute retiring from business.

3. **Premium Determination - Cancellation By the Employer.** First, the premium computed in accordance with Section 1, Rule 2, will be multiplied by the quotient of the number of days for which the policy was written divided by the number of days the policy remained in force to produce the full policy premium. Second, the extended number of days will be determined by dividing the number of days the policy was in force by the number of days for which the policy was written and multiplying the quotient by 365 days. (When the Policy was written for a one-year period, the extended number of days will equal the number of days the policy remained in force.) Third, the short rate percentage corresponding to the extended number of days will be obtained from the short rate cancellation table. Fourth, the short rate premium will be equal to the product of the full policy premium times the short rate percentage. The Short Rate Table below will be used in computing the Short Rate Premium. In no event will the final earned premium be less than the policy minimum premium.
4. **Short Rate Cancellation Table.** The Short Rate Premium shall be computed using the Short Rate Cancellation Table shown on page 2 of 2.

The Cancellation Condition in Part Six (Conditions) of the policy is replaced by these conditions:
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 for one or more of the following reasons:
 - a. Non-payment of premium;
 - b. Failure to report payroll;
 - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
 - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
 - e. Material misrepresentation made by you or your agent;
 - f. Failure to cooperate with us in the investigation of a claim;
 - g. Failure to comply with Federal or State safety orders;
 - h. Failure to comply with written recommendations of our designated loss control representatives;
 - i. The occurrence of a material change in the ownership of your business;
 - j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;

- k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation.
 - l. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the 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. If we cancel your policy for any of the reasons listed in Items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancellation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
4. The policy period will end on the day and hour stated in the cancellation notice.

Short Rate Table

Extended Number of days	Per Cent of Full Policy Premium	Extended Number of days	Per Cent of Full Policy Premium	Extended Number of days	Per Cent of Full Policy Premium
1	5%	95-98	37%	219-223	69%
2	6%	99-102	38%	224-228	70%
3-4	7%	103-105	39%	229-232	71%
5-6	8%	106-109	40%	233-237	72%
7-8	9%	110-113	41%	238-241	73%
9-10	10%	114-116	42%	242-246	(8 mos.) 74%
11-12	11%	117-120	43%	247-250	75%
13-14	12%	121-124	(4 mos.) 44%	251-255	76%
15-16	13%	125-127	45%	256-260	77%
17-18	14%	128-131	46%	261-264	78%
19-20	15%	132-135	47%	265-269	79%
21-22	16%	136-138	48%	270-273	(9 mos.) 80%
23-25	17%	139-142	49%	274-278	81%
26-29	18%	143-146	50%	279-282	82%
30-32	(1 mo.) 19%	147-149	51%	283-287	83%
33-36	20%	150-153	(5 mos.) 52%	288-291	84%
37-40	21%	154-156	53%	292-296	85%
41-43	22%	157-160	54%	297-301	86%
44-47	23%	161-164	55%	302-305	(10 mos.) 87%
48-51	24%	165-167	56%	306-310	88%
52-54	25%	168-171	57%	311-314	89%
55-58	26%	172-175	58%	315-319	90%
59-62	(2 mos.) 27%	176-178	59%	321-323	91%
63-65	28%	179-182	(6 mos.) 60%	324-328	92%
66-69	29%	183-187	61%	329-332	93%
70-73	30%	188-191	62%	333-337	(11 mos.) 94%
74-76	31%	192-196	63%	338-342	95%
77-80	32%	197-200	64%	343-346	96%
81-83	33%	201-205	65%	347-351	97%
84-87	34%	206-209	66%	352-355	98%
88-91	(3 mos.) 35%	210-214	(7 mos.) 67%	356-360	99%
92-94	36%	215-218	68%	361-365	(12 mos.) 100%

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 Policy No. _____ Of the _____
 _____ Carrier Code
 Issued to _____ Endorsement No. _____
 Premium _____
 Countersigned at _____ on _____ By: _____
 _____ Authorized Representative