



**SPECIALIZING IN INSURANCE FOR
JANITORIAL SERVICES**

April 11, 2018

SUPERB MAIDS LLC
308 S JONES BLVD
LAS VEGAS NV 89107

Policy Number: Z20747

Access your policy information online!

Dear President/Owner,

The following features are available through *ACUITY's* secure website:

- View your business policy information, billing status, claim history, certificates of insurance, and loss run reports for all lines
- Make a payment for your policy premium
- Print a copy of your policy instantly

***ACUITY's* Online Registration**

Visit our website at **www.acuity.com**

Click on "New User"

- Enter your active policy number Z20747
- Enter your ZIP Code
- Enter your agency code (located on your policy declaration page or your bill)
- Enter your name
- Create your personal Login ID (must be a minimum of five characters)
- Create your personal password (must be a minimum of six characters)

After completing these steps, immediate access to your policy will be granted.

Please contact the *ACUITY* Help Desk at 1-800-242-7666 Ext. 4357 with any questions regarding the registration process or our website. The Help Desk is available Monday through Friday from 7 a.m. to 4:30 p.m. (CST).

Thank you for choosing *ACUITY*. We look forward to serving you!

Represented by
AMS INSURANCE & INVESTMENTS
(702)965-3680



April 11, 2018

SUPERB MAIDS LLC
308 S JONES BLVD
LAS VEGAS NV 89107

Policy Number: Z20747

Dear Policyholder:

This renewal policy continues your business coverage under the *ACUITY* Commercial Package Policy Program. By choosing *ACUITY*, you have selected a commercial insurer committed to quality. Our commitment to you includes state-of-the-industry coverages plus policy, claims and loss control services that meet the highest standards. We value our continuing association as a provider of vital insurance protection for your business operations.

Acuity Saves You Money!

Aggressive Workers' Compensation cost-containment strategies resulted in a reduction of **\$16,996.67** in medical payments over the life of your Acuity policy. This is a savings of **73.1%**. Acuity has many other initiatives which reduce claims costs. Ask us how you can save even more!

Your Independent Agent

This policy is sold and serviced by an independent insurance agent. Because independent agents can provide insurance coverage through more than one company, you can be confident that you have made a wise selection. Your agent stands ready to serve your needs and answer your questions with regard to this policy.

Terrorism Information

Please refer to the Policyholder Disclosure Notice of Terrorism Insurance Coverage following this letter for information regarding the Terrorism Risk Insurance Act.

The Terrorism Risk Insurance Program is scheduled to terminate on December 31, 2020. Please refer to the Potential Change in Terrorism Coverage During the Term of Your Policy notice for details regarding changes in your coverage for acts of terrorism if the Program is not extended by the federal government.

For More Information

Please contact your agent if you have any questions or desire any changes in your policy. Your agent can also help determine if your coverage adequately meets your insurance needs.

Thank you for insuring with Acuity.

Acuity

Represented by

AMS INSURANCE & INVESTMENTS
STE 240
LAS VEGAS NV 89129
702.965.3680

Policyholder Disclosure Notice of Terrorism Insurance Coverage

You should know that any losses resulting from certified acts of terrorism, *as defined in Section 102(1) of the Terrorism Risk Insurance Act*, may be partially reimbursed by the United States government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits United States government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Coverage for acts of terrorism cannot be excluded in Workers' Compensation/Employers' Liability policies. The premium that is attributable to coverage for acts of terrorism is developed by applying the rates shown below to each \$100 of payroll for all classes on your policy. The rates shown do not include any charges for the portion of loss covered by the federal government under the Act.

State	Terrorism
Arizona	\$.01
Colorado	\$.01
Illinois	\$.04
Indiana	\$.01
Iowa	\$.01
Kansas	\$.01
Kentucky	\$.02
Maine	\$.01
Michigan	\$.03
Minnesota	\$.04
Missouri	\$.01
Montana	\$.01
Nebraska	\$.01
Nevada	\$.06
New Hampshire	\$.01
New Mexico	\$.01
North Dakota (Employers' Liability Only)	\$.01
Ohio (Employers' Liability Only)	\$.01
Pennsylvania	\$.03
South Dakota	\$.02
Tennessee	\$.01
Texas	\$.02
Utah	\$.01
Vermont	\$.01
Wisconsin	\$.02
Wyoming (Employers' Liability Only)	\$.01

Potential Change in Terrorism Coverage During the Term of Your Policy
(Applicable to Coverage Other Than Workers' Compensation
and Employers' Liability Insurance)

The Terrorism Risk Insurance Act established the Terrorism Risk Insurance Program. The Program is scheduled to terminate at the end of December 31, 2020, unless extended by the federal government. If the federal Program terminates before or during the term of your policy, the treatment of terrorism under your policy will change. An endorsement, Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act), has been attached to your policy. The provisions of this endorsement will become applicable to your policy if the Program terminates as scheduled. Under this endorsement coverage for injury or damage arising out of a terrorism incident is excluded if:

- The total of all insured damage to all types of property and business interruption losses from the incident, exceeds \$25 million.
- For certain coverage, fifty or more persons sustain death or serious physical injury.
- The terrorism event involves nuclear materials or results in nuclear reaction or radiation or radioactive contamination.
- The terrorism event involves the release of radioactive material, and it appears that one purpose of the terrorism was to release such material.
- The terrorism event is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials.
- The terrorism event involves the release of pathogenic or poisonous biological or chemical materials and it appears that one purpose of the terrorism was to release such materials.

We will refund the premium charged for terrorism coverage if you have or will be accepting coverage for terrorism as defined in the Act and the Program is terminated. If your policy is effective prior to December 31, 2020, you will be refunded the premium charged from January 1, 2021, until the end of your policy term. If your policy is effective on or after January 1, 2021, you will be refunded the entire premium charged.

If the Program is extended without change, the coverage under your policy and any premium charge will not change.

Potential Change in Terrorism Coverage During the Term of Your Policy
(Applicable to Workers' Compensation and Employers' Liability Insurance)

The Terrorism Risk Insurance Act established the Terrorism Risk Insurance Program. The Program is scheduled to terminate at the end of December 31, 2020, unless extended by the federal government. If the federal Program terminates before or during the term of your policy, the treatment of terrorism under your policy will not change. The premium charge for coverage your policy provides for terrorism or war losses may continue or change if the federal Program terminates.



NEVADA CUSTOMER PRIVACY POLICY

At *ACUITY*, we gather information about our policyholders only in the interest of providing them with quality services at fair prices. We are committed to the careful handling of personal nonpublic information. We collect and use information for business purposes with respect to our insurance products and related business activities involving our customers. These business activities include evaluating a request for our insurance products and related services such as claims processing or processing other transactions requested by you.

Federal law has established privacy standards and requires us to provide this summary of our privacy policy once a year. The following information will provide you with a better understanding of the type of information we collect, how we use it, and to whom we may disclose it.

HOW DO WE COLLECT INFORMATION

Your application is our major source of information. However, we may occasionally collect information about you and other persons proposed for coverage from third parties such as other insurance companies, physicians, hospitals and other medical personnel, insurance-support organizations, or consumer reporting agencies. For example, we may collect information such as loss information reports, motor vehicle reports, and credit reports. We may ask such an insurance support organization to view your property. They would report to us the value and condition of your property and send a photograph of it. Occasionally, we may order a consumer credit report showing your history of meeting financial obligations. Information from a report prepared by an insurance-support organization may be retained by them and disclosed to other persons to the extent permitted by law.

You may submit a written request to access your recorded personal information. If you believe the information we have is inaccurate, you may request a correction, amendment, or deletion of the contested recorded personal information. We will review this request and let you know our conclusion.

If we agree with your request, we will forward this determination to any individual you designate that may have received the contested information within the last two years. We will also provide this information to any insurance-support organization that may have received this information within the last seven years and to the insurance-support organization that furnished the contested information.

If we decide not to make the correction, amendment, or deletion, we will provide the reasons for this determination. However, if you disagree with our conclusion, you may file a statement advising what you believe is correct, relevant, or fair and the reason(s) why you disagree with our determination. Your statement will be filed with the contested personal information and distributed with any subsequent disclosures of this information. Finally, we will forward this updated information to any individual you designate that may have received the contested information within the last two years. We will also provide your statement to any insurance-support organization that may have received the contested information within the last seven years and to the insurance-support organization that originally furnished it.

DISCLOSURE OF INFORMATION

The privacy of the information that you provide us with or that we collect about you is important to us. **It is our policy not to disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.** For example, we may disclose information to others such as your name, address, social security number, policy coverages or other identifying policy or claims information to:

- Third parties that perform marketing services on our behalf or with whom we have joint marketing agreements, such as your independent insurance agent.
- Third parties who help us evaluate requests for insurance or benefits or to prevent fraud, such as consumer reporting agencies.
- Third parties that require us to submit information to them, such as regulatory or other government agencies.

Now what does this really mean? It means our information about you is used only in connection with our business relationship with you. We will not and never have shared your nonpublic personal information with any third parties for the purpose of marketing their products or services. If this were to ever change, we would have to notify you first and give you the opportunity to prevent that type of disclosure. That is, we would have to provide you with the option to "opt-out" first.

When we use other parties to help us conduct our business of insurance, such as investigating and paying claims, obtaining motor vehicle reports, confirming values and condition of homes, etc., we expect these organizations to maintain the confidentiality of the information provided to them and to abide by all applicable privacy laws that pertain to them. An "opt-out" option is not required in order for us to conduct these usual and necessary insurance business activities.

In addition, our employees are required to protect the confidentiality of your information and access information only when there is an appropriate need to do so. We also maintain the necessary electronic and procedural safeguards to protect your information.

OUR PROMISE TO YOU

Your confidence in our company and the manner in which we conduct our business is greatly appreciated. Our promise to you is that we will treat your personal information with utmost confidentiality and use it only to help serve you better and in a manner prescribed by law. If you have questions at any time regarding our privacy policy, you may contact us at the following address:

ACUITY
2800 South Taylor Drive
PO Box 58
Sheboygan, WI 53082-0058



**SPECIALIZING IN
INSURANCE FOR
JANITORIAL SERVICES**

**COMMON POLICY
DECLARATIONS**

First Named Insured and Address:

SUPERB MAIDS LLC
308 S JONES BLVD
LAS VEGAS NV 89107

Agency Name and Number:

8257-AL (702)965-3680
AMS INSURANCE & INVESTMENTS
STE 240
9960 W CHEYENNE AVE
LAS VEGAS NV 89129

Policy Number: Z20747

Policy Period: Effective Date: 05-12-18
Expiration Date: 05-12-19
12:01 A.M. standard time at
your mailing address shown
in the declarations

This is not a bill. If premium is due, a billing notice will be sent separately.


COVERAGE

Your coverage consists of the following lines of insurance for which a premium is indicated.
This premium may be subject to adjustment.

Workers' Compensation	14,999.00
Total Advance Premium	\$ 14,999.00

A portion of the premium paid for this policy is attributable to the general premium tax.

04-11-18
Countersignature Date


Countersignature/Authorized Representative


Secretary


President

MUTUAL POLICY CONDITIONS

Every person, co-partnership or corporation insured by the company shall be a member of it and shall have one vote. The annual meeting of the members shall be held on the first Tuesday in March at 1:30 P.M. of each year, at the corporate headquarters of the company in Sheboygan, Wisconsin. Notice printed in each policy shall be sufficient as to the time and place of said meeting.

The Named Insured, upon termination of this policy, shall participate in the distribution of dividends, if any are declared, and fixed as determined by the directors in accordance with law.

This policy is nonassessable and the liability of the Named Insured to the company is limited to the payment of the premium herein provided.

Corporate Headquarters Address

ACUITY
2800 South Taylor Drive
PO Box 58
Sheboygan, Wisconsin 53082-0058
(800) 242-7666

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WORKERS' COMPENSATION

Information Page

1. Named Insured and Address:

SUPERB MAIDS LLC
 308 S JONES BLVD
 LAS VEGAS NV 89107

Agency Name and Number:

AMS INSURANCE & INVESTMENTS
 8257-AL
 STE 240
 LAS VEGAS NV 89129
 Insured Policy Number: Z20747
 Policy Number: CWC-Z20747-00

Identification Number: 270421024
 FEIN: 473787461

The Named Insured is:
 LTD LIAB COMPANY (LLC)

2. Policy Period: Inception 05-12-18 Expiration 05-12-19
 12:01 A.M. standard time at the address of the insured stated herein.

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

Nevada

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	Each Accident	\$	100,000
Bodily Injury by Disease	Policy Limit		500,000
Bodily Injury by Disease	Each Employee		100,000

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

All states except North Dakota, Ohio, Washington and Wyoming and States designated in Item 3.A. above.

D. Endorsements:

Form Number	Form Title	Premium
WC 00 04 06 A(08-95)	Premium Discount Endorsement	\$
WC 00 04 24 (01-17)	Audit Noncompliance Charge Endorsement	
IL-7002 (10-90)	Notice of Cancellation Endorsement	
WC 00 04 04 (04-84)	Pending Rate Change Endorsement	
WC 00 04 14 (07-90)	Notification of Change in Ownership Endorsement	
WC 00 04 19 (01-01)	Premium Due Date Endorsement	
WC 27 06 01C (10-08)	Nevada Cancellation and Nonrenewal Endorsement	
WC 00 00 00 C(01-15)	Workers' Compensation and Employers' Liability Insurance Policy	
WC 00 04 25 (05-17)	Experience Rating Modification Factor Revision Endorsement	

Insured Renewal or Replacement Number: Z20747
 Renewal or Replacement Number: CWC-Z20747-00

Insured Policy Number: Z20747
 Policy Number: CWC-Z20747-00
 Effective Date: 05-12-18

Form Number	Form Title	Premium
WC 00 04 22 B(01-15)	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	
WC 00 04 21 D(01-15)	Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement	

4. Premium: The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classification of Operations	Unit No.	Code No.	Premium Basis (Estimated Total Annual Remuneration)	Rates (Per \$100 of Remuneration)	Estimated Annual Premiums
Nevada					
Janitorial Services By Contractors - No Window Cleaning Above Ground Level & Drivers	001	9014	384,239	\$ 3.39	\$ 13,026.00
Salespersons or Collectors - Outside	005	8742	6,000	1.09	65.00
Clerical Office Employees NOC	006	8810	30,622	.31	95.00
					13,186.00
Experience Modification					X .910
					11,999.00
Plus Schedule Amount					3,000.00
Less Premium Discount					455.00
Expense Constant		0900			160.00
Provisions for Terrorism	003	9740	420,861	.06	253.00
Provisions for Catastrophe (Other than Certified Acts of Terrorism)	004	9741	420,861	.01	42.00
					14,999.00
Total Estimated Annual Premium					\$ 14,999.00
Annual Minimum Premium					\$ 838.00

Named Insured
 SUPERB MAIDS LLC
Federal Employer Identification Number: 473787461
State Unemployment Number:

Insured Policy Number: Z20747

Policy Number: CWC-Z20747-00

Effective Date: 05-12-18

Locations Covered:

308 S JONES BLVD
LAS VEGAS NV 89107



Countersignature/Authorized Representative

Date of Issue: 04-11-18

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

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

PLEASE READ THE WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY CAREFULLY.

AGREEMENT

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 work-

ers or workmen's compensation law and occupational disease law of each state or territory named in Item 3A 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 3A 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 3A of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. WE WILL PAY

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

The damages we will pay, where recovery is

permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee;

provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. EXCLUSIONS

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual

knowledge or the actual knowledge of any of your executive officers;

4. Any obligation imposed by a workers' compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law;
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. WE WILL DEFEND

We have the right and duty to defend, at our expense, any claim, proceeding or suit against

you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

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

E. WE WILL ALSO PAY

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

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

F. OTHER INSURANCE

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

G. LIMITS OF LIABILITY

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3B 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 3C 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 3A of the Information Page.
3. We will reimburse you for the benefits re-

quired 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 3A of the Information Page, coverage will not be afforded for that state unless we are notified within 30 days.

B. NOTICE

Tell us at once if you begin work in any state listed in Item 3C 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, proceed-

ing 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 cancelled, final premium will be determined in the following way unless our

manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time 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 30 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 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.
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.

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

WC 00 04 22 B(1-15)

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

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

Definitions

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

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

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

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

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

"Insurer Deductible" means for the period beginning on January 1, 2015 and ending on December 31, 2020, an amount equal to 20% of our direct earned

premiums, during the immediately preceding calendar year.

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$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
NV	\$ 0.060	\$ 253.00

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

WC 00 04 24(1-17)

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

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

If you allow us to examine and audit all of your records after we have applied an Audit Noncom-

pliance Charge, we will revise your premium in accordance with our manuals and Part 5 - Premium, E (Final Premium) of this policy.

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

Note:

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

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
NV	Estimated Annual Premium	Up to One Time

PREMIUM DISCOUNT ENDORSEMENT

WC 00 04 06A(8-95)

The premium for this policy and the policies, if any, listed in item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in items 1 or 2 of the Schedule. The final

calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

SCHEDULE					
1.	State	Premium Discount			Balance
		First \$10,000	Next \$190,000	Next \$1,550,000	
	NEVADA	0.0%	9.1%	11.3%	12.3%
2.	Average percentage discount				N/A
3.	Other policies:				
4.	If there are no entries in items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:				

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

WC 00 04 21 D(1-15)

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

For purposes of this endorsement, the following definitions apply:

Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.

Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.

Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism

Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:

- a. It is an act that is violent or dangerous to human life, property, or infrastructure;
- b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
- c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

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

SCHEDULE

<u>State</u>	<u>Rate</u>	<u>Premium</u>
NV	\$ 0.010	\$ 42.00

**EXPERIENCE RATING MODIFICATION FACTOR REVISION
ENDORSEMENT**

WC 00 04 25(5-17)

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

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to

the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

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

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

A. Midterm Cancellation

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

(3) Contemplates an activity that is excluded by any reinsurance treaty of the insurer;

- e. A material misrepresentation made by the policyholder; or
- f. A failure by the policyholder to cooperate with the insurer in conducting an investigation of a claim.

5. We cannot cancel the policy when the referenced reasons are corrected by you within the time specified in the written notice of cancellation.

B. Nonrenewal

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

C. Information About Claims Paid

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

D. Notices

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

E. Compliance With Law

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

NOTICE OF CANCELLATION ENDORSEMENT

IL-7002(10-90)

All Coverage Parts included in this policy are subject to the following condition:
If we cancel this policy, for any reason other than

nonpayment of premium, we will mail advance notice to the person(s) or organization(s) as shown in the Schedule.

SCHEDULE

Person or Organization (Name and Address)	Advance Notice (Days)
FIRST SECURITY BANK OF NEVADA PO BOX 34240 LAS VEGAS NV 89133	30

PENDING RATE CHANGE ENDORSEMENT

WC 00 04 04(4-84)

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

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

SCHEDULE

State
NEVADA

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

WC 00 04 14(7-90)

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new en-

tity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

PREMIUM DUE DATE ENDORSEMENT

WC 00 04 19(1-01)

This endorsement is used to amend:
Section D Of Part Five of the policy is replaced by this provision.

PART FIVE - PREMIUM

D. Premium Payment 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.