

# POLICY COVER PAGE

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Policy/Quote Number: WC 067-71-2598

Underwriter Name: GUERRERO, PAMELA  
Issuing Office Division: 059  
Issuing Office Branch: 08  
Issuing Office Region: 014  
Operator Name: GOBUYAN, DUAN  
Operator Telephone: 999-999-9999

Transaction Type: REIS

Set Copy Name: INSURED COPY  
Set Copy Mailing Instructions:

THE PRINCE GEORGES COUNTY VOLUNTEER FIRE  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000

Mail Method: US Mail  
Email Address:

EPS TRACKING-ID: WC 06771259860001  
JOB-ID: \*\*\* ANY1610D \*\*\*

Producer 0096555-00  
Division 059  
Transaction REIS

TOTAL PAGES in this copy: 39  
(including this page)

GUERRERO, PAMELA  
Chartis  
Olathe Service Center  
17200 W 119th St  
Olathe, KS 66061

Re: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S  
ASSO

PRODUCER IS:

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

067712598

PRODUCER COV LTR **Archive Copy**

## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a AIG company. AIG companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling AIG at 1-800-706-3102.

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

ILLINOIS NATIONAL INSURANCE CO.  
12491

0096555-00

WC 067-71-2598

059-08-0716-60

INCORPORATED UNDER THE LAWS OF **ILLINOIS**  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 067712598

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/16	TO	07/01/17
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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: AK AL AZ CO CT DC FL HI IA ID IL IN KS KY LA MA ME MI MN MO NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year
				Estimated Premium

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$160 MD			
MINIMUM PREMIUM	\$750 MD	TOTAL ESTIMATED ANNUAL PREMIUM	\$1,190,039	

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM \$1,190,039

07/12/16 PITTSBURGH

08

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 067-71-2598

Effective Date: 07/01/2016

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81461	LARGE RISK RATING PLAN (LONG FORM)
PHNPAUD	POLHOLDER NOTE - NONPROD AUD SURCHARGE
USLHPOLNOT	USL&H POLICYHOLDER NOTICE
WC000106A	LONGSHORE AND HARBOR WC ACT COVERAGE
WC000311A	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC000313	WAIVER OF OUR RIGHT TO RECOVER
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000421D	CATASTROPHE PREMIUM ENDORSEMENT
WC000422B	TRIPRA DISCLOSURE ENDORSEMENT
WC000516	RETRO PREMIUM ENDORSEMENT (LRARO)
WC0FAC	NOTICE REG OFFICE OF FOREIGN ASSET CTRL
107437	PRIVACY POLICY
WC990002A	LOSS REIMBURSEMENT ENDT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC990011A	UNINTENTIONAL ERRORS AND OMISSIONS
WC990039	ADV NOTICE OF CANC OR NON-REN BY US EXTN
WC990008A	AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
WC190601F	MD CANCELLATION AND NONRENEWAL ENDT.
WC990610	NAMED INSUREDS/ADDRESSES

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

**ILLINOIS NATIONAL INSURANCE COMPANY  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661  
EXECUTIVE OFFICES  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661**

**A Stock Insurance Company**

Coverage is provided by the Company designated on the Information Page

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
QUICK REFERENCE**

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THE ABOVE REFERENCED POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,  
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

**QUICK REFERENCE - CONTINUED**

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**PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY**

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

#### D. State

State means any state of the United States of America, and the District of Columbia.

#### E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

### PART ONE WORKERS COMPENSATION INSURANCE

#### A. How This Insurance Applies

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

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

#### B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

#### C. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### D. We Will Also Pay

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

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

#### E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other



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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

- a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO  
EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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

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

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

### C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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

### D. We Will Defend

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

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

### E. We Will Also Pay

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

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

**F. Other Insurance**

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

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

- 1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

- 2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

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

- 3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

- 1. You have complied with all the terms of this policy; and

- 2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE  
OTHER STATES INSURANCE**

**A. How This Insurance Applies**

- 1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
- 2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
- 3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
- 4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR  
YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

- 1. Provide for immediate medical and other services required by the workers compensation law.
- 2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
- 3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

## **PART FIVE PREMIUM**

### **A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

### **B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

### **C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

### **E. Final Premium**

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

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

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

### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

### **G. Audit**

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

## **PART SIX CONDITIONS**

### **A. Inspection**

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

### **B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

### **C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

### **D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

### **E. Sole Representative**

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

**IN WITNESS WHEREOF**, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative.



Secretary



President

## EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 067-71-2598  
Policy Prefix & No.

MARYLAND  
Schedule

190598217  
INTRA/Independent State Risk ID

059-08-0716-60

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711	457,800	29.09	133,174
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711F	IF ANY	42.76	
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711V	1,000,000	29.09	290,900
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				424,074
BLANKET WAIVER 2.00%	0930			8,481
INCREASE LIMITS 1.10%	9812			4,665
TOTAL UNMODIFIED PREMIUM				437,220
EXPERIENCE PREMIUM (ACTUAL) 4.4500	9898			1,508,409
MODIFIED STANDARD PREMIUM				1,945,629
UNDISCOUNTED PREMIUM				1,945,629
LOSS REIMB PLAN (NON-FEDERAL) -44.36%	9866			-863,081
DISCOUNTED PREMIUM				1,082,548
TAX PROVISION IN PREMIUM 6.58%	9719			71,232
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			12,722
NEGOTIATED TRIA MODIFICATION	9740			23,085
CATASTROPHE (SEE WC 00 04 21C) 0.02	9741			292
TOTAL ESTIMATED PREMIUM				1,190,039
TOTAL DUE				1,190,039
EXPERIENCE RATING MODIFICATION = 4.45				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$35,807				

## **POLICYHOLDER NOTICE**

Please be advised that, if you fail to comply with the audit provisions set forth in Part Five, Paragraph G. of your policy by not allowing us to examine and audit your records that relate to your policy, we will charge you all applicable charges and/or surcharges set forth in our manuals of rules, rates, rating plans and classifications and/or in any applicable laws or regulations.

If you have any questions about these matters, please contact your broker or insurance agent.





**NOTICE TO POLICYHOLDER**  
**Your Obligation to file Federal Form LS-202**  
**"Employer's First Report of Injury or Occupational Illness"**

**Policy Number:** WC 067-71-2598

**Named Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

**YOUR REPORTING OBLIGATION**

When an employee is injured and the loss is subject to the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL). In the past we may have assisted you by filing the Form LS-202 on your behalf when you reported a subject injury to us. The DOL is now enforcing the requirement that the employers complete and file the Form LS-202; therefore, we can no longer perform that service for you.

**You must now file Form LS-202 with the United States Department of Labor.**

**WHAT DO YOU HAVE TO DO?**

1. **Decide if Federal law could apply:** Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:  
***[www.dol.gov/owcp/dlhwc/](http://www.dol.gov/owcp/dlhwc/)***

A reportable injury is defined on the Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of or in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. **If there is a reportable injury, file an LS-202 directly with the DOL:** You can access a specimen Form LS-202 through the following DOL web site:  
***[www.dol.gov/owcp/dlhwc/lscmrfaqs.htm# CENTRALC](http://www.dol.gov/owcp/dlhwc/lscmrfaqs.htm#CENTRALC)***

Once completed, send the form to the DOL within the timeframe required:

U. S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation  
201 Varick Street, Room 740  
Post Office Box 249  
New York, NY 10014-0249

**We recommend that the LS-202 form be mailed via certified mail so there is proof of mailing.**

3. **Notify us:** As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time that we insure you, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

**If federal law applies:** To notify us of an accident for which you filed an LS-202, please send us a copy of the Form LS-202 that you submitted to the DOL. You can send the form to us by fax, e-mail or regular mail as follows:

**Location of Accident**

**States of Our Western Zone**

Alaska	Colorado	Iowa	Montana	New Mexico	Oregon	Washington
Arizona	Hawaii	Kansas	Nebraska	North Dakota	Texas	Wyoming
Arkansas	Idaho	Louisiana	Nevada	Oklahoma	Utah	
California	Illinois	Missouri				

**Fax Number: 866-739-6981**

**E-Mail Address: [wz.wcfroi@AIG.com](mailto:wz.wcfroi@AIG.com)**

**US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225**

**States of Our Eastern Zone**

Alabama	Georgia	Massachusetts	New Jersey	Rhode Island	Vermont
Connecticut	Indiana	Michigan	New York	South Carolina	Virginia
Delaware	Kentucky	Minnesota	North Carolina	South Dakota	West Virginia
District of Columbia	Maine	Mississippi	Ohio	Tennessee	Wisconsin
Florida	Maryland	New Hampshire	Pennsylvania		

**Fax Number: 866.420.1404**

**E-Mail Address: [easternwcnewloss@AIG.com](mailto:easternwcnewloss@AIG.com)**

**U S Postal Service: AIGCS-WC Correspondence, P.O. Box 305902, Nashville, TN 37230-5902**

**If federal law does not apply:** To notify us of an accident for which an LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

**Phone: 877-399-6442      Internet: [www.aig.com/fnl](http://www.aig.com/fnl)**

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**C. Workers' Compensation Law**

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

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

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

**Schedule**

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
Maryland	47.00 %

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



## VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement adds Voluntary Compensation Insurance to the policy.

### A. How This Insurance Applies

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

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

### B. We Will Pay

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

### C. Exclusions

This insurance does not cover:

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

### D. Before We Pay

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

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

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

**E. Recovery From Others**

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

**F. Employers Liability Insurance**

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

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, INCLUDING ANY VOLUNTEERS NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY

Designated Workers Compensation Law

STATE OF HIRE

This endorsement is not applicable in: HI, NJ, and WI.

WC 00 03 11 A  
(Ed. 08/91)

Countersigned by \_\_\_\_\_



**Archive Copy**

**Authorized Representative**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**Schedule**

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



**Authorized Representative**

**Archive Copy**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

THIS ENDORSEMENT IS NOT APPLICABLE IN NEW JERSEY, PENNSYLVANIA, CALIFORNIA, DELAWARE, TEXAS, MAINE OR NEVADA.



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

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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.

State	Schedule Rate	Premium
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WC 00 04 21 D  
(Ed. 1-15)

Countersigned by \_\_\_\_\_ 



## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

### Definitions

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

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

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

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

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

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

### Limitation of Liability

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

**Policyholder Disclosure Notice**

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

**Schedule**

State	Rate	Premium
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**RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT-LARGE RISK ALTERNATIVE RATING OPTION  
(LRARO)**

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 12:01 AM 07/01/2016 forms a part of Policy No: WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement applies only to workers compensation and employers liability insurance when rated under the provisions of the Large Risk Alternative Rating Option that we have negotiated with you.



**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotffc/ofac>.

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

**POTENTIAL ACTIONS BY US**

1. We shall not be deemed to provide cover when it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.

2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf>

**AIG Property Casualty  
Workers' Compensation and Group Benefits  
U.S. Privacy and Data Security Notice**

**About This Notice**

This Privacy and Data Security Notice applies only to Personal Information about an individual (see definitions below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with a Workers' Compensation or Group Benefits insurance policy to which this notice is attached. The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of this Personal Information. This notice outlines how we collect, handle, and disclose such Personal Information.

The term "Individual," as used in this Privacy and Data Security Notice, means a natural person who is a beneficiary of or claimant under a Workers' Compensation or Group Benefit insurance policy. The term "Individual" also means a natural person who purchases a Workers' Compensation insurance policy for personal, family or household purposes in the United States. The term "Individual" does not include a natural person or organization that is a commercial purchaser of a Workers' Compensation or a Group Benefits insurance policy even if they are the recipient of this notice.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies an Individual. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on a physical condition or health status.

**I. Information Privacy**

We may collect Personal Information through applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to a request for a product or service from us or otherwise.

**Information Sharing**

We may share Personal Information with Affiliates and Non-Affiliates as described below.

**With our Affiliates:**

Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Affiliates for the purpose of detecting and preventing fraud, or as otherwise permitted or required by law.

**With Non-Affiliates:**

We may share Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as authorized by that Individual, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

**For California and Vermont Residents:** If it becomes necessary to share an Individual's Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining permission from the Individual.

## **II. Data Security**

To help **prevent unwarranted disclosure of Personal Information and secure it from theft, we utilize secure computer** networks. Access is restricted to those persons who have a business need to use Personal Information in connection with servicing Workers' Compensation or Group Benefits insurance policies. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of Personal Information in compliance with federal and state privacy and information security laws.

## **III. Maintaining Personal Information**

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. An Individual who believes the information we have in our records or files is incomplete or inaccurate, may request that we make additions or corrections, or if it is feasible, that we delete the Individual's information from our files. An Individual may make this request in writing to (include your name, address, policy number or claim number):

**Chief Privacy Officer  
AIG Property Casualty  
175 Water Street, 15<sup>th</sup> Floor | New York, NY 10038  
Fax: 212 458-7081  
E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)**

**Special Notice:** Individuals can obtain access to any non-public Personal Information we have about them if they properly identify themselves and submit a written request to the address above describing the information they want to review. We will also tell them the identity, if recorded, of persons to whom we have disclosed their non-public Personal Information within the preceding two years.

Individuals subject to this notice may request that we correct, amend or delete information about them. If we do so, we will notify organizations that provided us with that information and, upon such Individual's request, persons who received that information from us within the preceding two years. If we cannot grant a request to correct, amend or delete the information, the Individual may give us a written statement of the reasons why they disagree, which we will place in their file and give to the same parties who would have been notified of the requested change.

### **Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice**

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; American General Life Insurance Company of Delaware; and AIU Company.

## LOSS REIMBURSEMENT ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN 'S

By ILLINOIS NATIONAL INSURANCE CO.

This Endorsement applies solely between you and us. It does not affect the rights of others.

### I. Payment and Reimbursement Conditions

#### A. We will pay:

1. all benefits and costs payable under PART ONE - WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

#### B. You will reimburse us promptly up to the applicable reimbursement limit shown in the Schedule for any amounts we have so paid.

#### C. You will further reimburse us promptly for the following:

1. any "allocated loss adjusting expense" we pay, according to one of the Options described below and selected in the Schedule. If no selection is indicated, Option A applies. Your obligation to reimburse us for "allocated loss adjusting expense" applies separately to "each accident" or, for bodily injury by disease, to "each claim".
  - a) **Option A:** All "allocated loss adjusting expenses" up to the amount by which the applicable reimbursement limit exceeds the amount you must reimburse us for benefits or damages we pay.
  - b) **Option B:** All "allocated loss adjusting expenses".
  - c) **Option C:** A part of all "allocated loss adjusting expenses" in the proportion that the sum you must reimburse us for benefits or damages bears to all benefits and damages we pay. If we make no payment of benefits or damages, you must reimburse us for all "allocated loss adjusting expenses" we pay up to the applicable Reimbursement Amount.
  - d) **Option D:** No "allocated loss adjusting expenses".

#### D. Aggregate Limit: If a Limit is shown in the Schedule as "Aggregate Limit", subject to items 1 and 2 below, that Limit is the most you must reimburse us in the aggregate for all benefits and damages and "allocated loss adjusting expenses" that we pay under this policy and the other policies described in the Schedule. If no Aggregate Limit is shown in the Schedule, no aggregate limit applies to your reimbursement obligation.

1. The Aggregate Limit (if any) shown in the Schedule is an estimate. Subject to item 2 below, the final Aggregate Limit will be determined after this policy ends by using the actual, not the estimated, Aggregate Limit Basis for all policies to which it applies and the rate shown in the Schedule.
  2. The final Aggregate Limit will not be reduced if this or any other such policy is issued for a term of less than one year, or if this or any other such policy or this endorsement is canceled by you before the end of the policy period for any reason except your retirement from business.
- #### E. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

### II. General Conditions

#### A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insureds, and to deliver to us the collateral described in Section B below.
2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

## LOSS REIMBURSEMENT ENDORSEMENT

### B. Loss Fund Deposit

In addition to the premium, you must pay us in cash at the inception of the policy the amount shown in the Schedule as the Loss Fund Deposit. We may commingle those funds with any other of our funds and use them in any lawful manner. We will have a possessory security interest in those funds. We will return the Loss Fund Deposit to you when you have paid us the premium under our offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium.

### C. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us within twenty (20) days of your receipt of an invoice from us up to the applicable reimbursement limit for any amounts that we pay as benefits or damages and for your share of the "allocated loss adjusting expense" and "unallocated loss adjusting expense".
2. You must deliver to us within thirty (30) days of the inception of this policy collateral acceptable to us in the forms and the amounts shown in the Schedule. We will have a possessory security interest in any property you deliver to us to secure such obligations. We will review the collateral as soon as practicable after the second anniversary of the inception of this policy, and annually thereafter. If we find that we require increased collateral, you will provide us such an increase within thirty (30) days of our request. If we find that we hold a surplus of collateral, we will return the surplus to you within thirty (30) days of our finding.
3. If you fail to reimburse us when due, we may liquidate any collateral in our possession and take ownership of the proceeds to the extent of all your debts to us. Any surplus of such proceeds in excess of your debt will remain in our possession as collateral until the commutation of your remaining reimbursement obligations under Paragraph D of this Section II.

### D. Cancellation

Part Six of the policy -- "CONDITIONS", Section D. "Cancellation" is amended to include the following:

If you fail to reimburse us or to deliver collateral to us when due, we may cancel this policy by mailing or delivering written notice to you not less than 10 days prior to the effective date of such cancellation stating the day and hour the cancellation is to take effect. Proof of the mailing of such notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to provide notice.

### E. Commutation

Upon your request, but not earlier than the second anniversary of the inception of this policy and not more often than annually thereafter, we must offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium. We may offer such terms at any time. You will have no obligation to accept our offer.

### F. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all

payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and allocated loss adjusting expenses in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

### G. Unallocated Loss Adjusting Expense:

If an "unallocated loss adjusting expense" (ULAE) percentage is shown in the Schedule, an estimated provision for the "unallocated loss adjusting expense" we incur is included in the premium. We will determine the final provision in premium for "unallocated loss adjusting expense" by multiplying the ULAE percentage by the amount you must reimburse us for benefits and damages we have paid. We will recompute the premium for this insurance annually, beginning 18 months after the inception of this policy, to include the adjusted provision for ULAE. You must pay us any additional premium so computed. We will repay you any return premium so computed.

## III. Definitions

- A. "Allocated loss adjusting expense" means claim adjusting expense allocated by us directly to particular claims. Such expenses shall include, but not be limited to, attorneys' fees for claims in suit, court costs, and other specific items of expense such as fees for medical examinations, expert testimony, laboratory, x-ray and autopsy services, stenographic services, witnesses and summonses, and copies of documents.
- B. "Unallocated loss adjusting expense" means all claims adjusting expenses we incur other than "allocated loss adjusting expense".
- C. "Claim" means each demand you receive for:
  1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
  2. damages covered by this policy.
- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the Aggregate Reimbursable Limit applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification. Standard Premium does not include the following items: Expense Constant, Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item.





**PREMIUM DUE DATE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**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.**

**UNINTENTIONAL ERRORS AND OMISSIONS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART SIX - CONDITIONS** is amended by the addition of the following:

- F. Unintentional errors or omissions in representations made to us or our agent by you or any other insured before the inception of this policy will not impair your rights under this policy.



**ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PART SIX - CONDITIONS. D. - Cancellation, 2.** is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

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

Cancellation: 90 Days

Non-Renewal: 90 Days

**AMENDMENT OF YOUR DUTIES IF INJURY OCCURS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS** is replaced by the following:

Tell us at once if injury occurs that may be covered by this policy. Knowledge of an injury by your agent, your servant, or your employee shall not in itself constitute knowledge by you unless your director of risk management or his/her designee, at the address shown in the policy declarations, will have received such notice. 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 costs.



**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

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

**D. Cancellation and Nonrenewal**

- 1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
- 2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

- 3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

This endorsement, effective 12:01 AM 07/01/2016

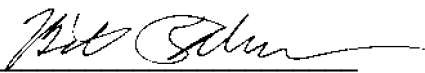
Forms a part of policy no.: WC 067-71-2598

Issued to: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: ILLINOIS NATIONAL INSURANCE CO.

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSO 14741 GOVERNOR ODEN BOWIE DR. UPPER MARLBORO, MD 20772-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	

Issue Date: 07/12/16

  
\_\_\_\_\_  
Authorized Representative

# POLICY COVER PAGE

Date Printed: 07/12/16  
Time Printed: 103840

Policy/Quote Number: WC 067-71-2598

Underwriter Name: GUERRERO, PAMELA  
Issuing Office Division: 059  
Issuing Office Branch: 08  
Issuing Office Region: 014  
Operator Name: GOBUYAN, DUAN  
Operator Telephone: 999-999-9999

Transaction Type: REIS

Set Copy Name: PRODUCER COPY  
Set Copy Mailing Instructions:

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

Mail Method: US Mail  
Email Address:

EPS TRACKING-ID: WC 06771259860001  
JOB-ID: \*\*\* ANY1610D \*\*\*

Producer 0096555-00  
Division 059  
Transaction REIS

TOTAL PAGES in this copy: 39  
(including this page)



**SERVICE CENTER**

Phone: (877) 867-3783  
FAX: (800) 315-3896

July 12, 2016

AON PRIVATE RISK MNGMT INS AGENCY INC  
ATTN: MURPHY FERGUSON  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

**RE: Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN` S  
**Policy # :** WC 067-71-2598  
**Effective:** 07/01/2016

Dear Sir/Madam:

Enclosed please find the original and broker copies of the policy issued to the insured referenced above.

Upon review of the policy, we believe it is complete and accurate based upon the requirements noted on the binder. If you discover anything you believe is incomplete or inaccurate, please contact your underwriter so corrections can be made immediately.

We appreciate your business. **Your satisfaction is our # 1 Priority!**

Sincerely,

Service Specialist

CC: PAMELA GUERRERO, Underwriter

***World Leaders in Insurance and  
Financial Services***

## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a AIG company. AIG companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling AIG at 1-800-706-3102.

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

ILLINOIS NATIONAL INSURANCE CO.  
12491

0096555-00

WC 067-71-2598

059-08-0716-60

INCORPORATED UNDER THE LAWS OF **ILLINOIS**  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 067712598

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/16	TO	07/01/17
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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: AK AL AZ CO CT DC FL HI IA ID IL IN KS KY LA MA ME MI MN MO NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year
				Estimated Premium

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$160 MD  
MINIMUM PREMIUM \$750 MD TOTAL ESTIMATED ANNUAL PREMIUM \$1,190,039

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM \$1,190,039

07/12/16 PITTSBURGH

08

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 067-71-2598

Effective Date: 07/01/2016

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81461	LARGE RISK RATING PLAN (LONG FORM)
PHNPAUD	POLHOLDER NOTE - NONPROD AUD SURCHARGE
USLHPOLNOT	USL&H POLICYHOLDER NOTICE
WC000106A	LONGSHORE AND HARBOR WC ACT COVERAGE
WC000311A	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC000313	WAIVER OF OUR RIGHT TO RECOVER
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000421D	CATASTROPHE PREMIUM ENDORSEMENT
WC000422B	TRIPRA DISCLOSURE ENDORSEMENT
WC000516	RETRO PREMIUM ENDORSEMENT (LRARO)
WC0FAC	NOTICE REG OFFICE OF FOREIGN ASSET CTRL
107437	PRIVACY POLICY
WC990002A	LOSS REIMBURSEMENT ENDT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC990011A	UNINTENTIONAL ERRORS AND OMISSIONS
WC990039	ADV NOTICE OF CANC OR NON-REN BY US EXTN
WC990008A	AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
WC190601F	MD CANCELLATION AND NONRENEWAL ENDT.
WC990610	NAMED INSUREDS/ADDRESSES

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

**ILLINOIS NATIONAL INSURANCE COMPANY  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661  
EXECUTIVE OFFICES  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661**

**A Stock Insurance Company**

Coverage is provided by the Company designated on the Information Page

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
QUICK REFERENCE**

BEGINNING ON  
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THE ABOVE REFERENCED POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,  
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

**QUICK REFERENCE - CONTINUED**

BEGINNING ON  
PAGE

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**PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY**

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

#### D. State

State means any state of the United States of America, and the District of Columbia.

#### E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

### PART ONE WORKERS COMPENSATION INSURANCE

#### A. How This Insurance Applies

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

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

#### B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

#### C. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### D. We Will Also Pay

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

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

#### E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

- a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO  
EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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



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

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

### C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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

### D. We Will Defend

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

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

### E. We Will Also Pay

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

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

**F. Other Insurance**

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

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

- 1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

- 2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

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

- 3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

- 1. You have complied with all the terms of this policy; and

- 2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE  
OTHER STATES INSURANCE**

**A. How This Insurance Applies**

- 1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
- 2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
- 3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
- 4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR  
YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

- 1. Provide for immediate medical and other services required by the workers compensation law.
- 2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
- 3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

## **PART FIVE PREMIUM**

### **A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

### **B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

### **C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

### **E. Final Premium**

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

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

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

### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

### **G. Audit**

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

## **PART SIX CONDITIONS**

### **A. Inspection**

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

### **B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

### **C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

### **D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

### **E. Sole Representative**

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

**IN WITNESS WHEREOF**, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative.



Secretary



President

## EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 067-71-2598  
Policy Prefix & No.

MARYLAND  
Schedule

190598217  
INTRA/Independent State Risk ID

059-08-0716-60

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711	457,800	29.09	133,174
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711F	IF ANY	42.76	
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711V	1,000,000	29.09	290,900
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				424,074
BLANKET WAIVER 2.00%	0930			8,481
INCREASE LIMITS 1.10%	9812			4,665
TOTAL UNMODIFIED PREMIUM				437,220
EXPERIENCE PREMIUM (ACTUAL) 4.4500	9898			1,508,409
MODIFIED STANDARD PREMIUM				1,945,629
UNDISCOUNTED PREMIUM				1,945,629
LOSS REIMB PLAN (NON-FEDERAL) -44.36%	9866			-863,081
DISCOUNTED PREMIUM				1,082,548
TAX PROVISION IN PREMIUM 6.58%	9719			71,232
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			12,722
NEGOTIATED TRIA MODIFICATION	9740			23,085
CATASTROPHE (SEE WC 00 04 21C) 0.02	9741			292
TOTAL ESTIMATED PREMIUM				1,190,039
TOTAL DUE				1,190,039
EXPERIENCE RATING MODIFICATION = 4.45				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$35,807				

## **POLICYHOLDER NOTICE**

Please be advised that, if you fail to comply with the audit provisions set forth in Part Five, Paragraph G. of your policy by not allowing us to examine and audit your records that relate to your policy, we will charge you all applicable charges and/or surcharges set forth in our manuals of rules, rates, rating plans and classifications and/or in any applicable laws or regulations.

If you have any questions about these matters, please contact your broker or insurance agent.



**NOTICE TO POLICYHOLDER**  
**Your Obligation to file Federal Form LS-202**  
**"Employer's First Report of Injury or Occupational Illness"**

**Policy Number:** WC 067-71-2598

**Named Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

**YOUR REPORTING OBLIGATION**

When an employee is injured and the loss is subject to the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL). In the past we may have assisted you by filing the Form LS-202 on your behalf when you reported a subject injury to us. The DOL is now enforcing the requirement that the employers complete and file the Form LS-202; therefore, we can no longer perform that service for you.

**You must now file Form LS-202 with the United States Department of Labor.**

**WHAT DO YOU HAVE TO DO?**

1. **Decide if Federal law could apply:** Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:  
***[www.dol.gov/owcp/dlhwc/](http://www.dol.gov/owcp/dlhwc/)***

A reportable injury is defined on the Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of or in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. **If there is a reportable injury, file an LS-202 directly with the DOL:** You can access a specimen Form LS-202 through the following DOL web site:  
***[www.dol.gov/owcp/dlhwc/lscmrfaqs.htm# CENTRALC](http://www.dol.gov/owcp/dlhwc/lscmrfaqs.htm#CENTRALC)***

Once completed, send the form to the DOL within the timeframe required:

U. S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation  
201 Varick Street, Room 740  
Post Office Box 249  
New York, NY 10014-0249

**We recommend that the LS-202 form be mailed via certified mail so there is proof of mailing.**

3. **Notify us:** As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time that we insure you, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

**If federal law applies:** To notify us of an accident for which you filed an LS-202, please send us a copy of the Form LS-202 that you submitted to the DOL. You can send the form to us by fax, e-mail or regular mail as follows:



**Location of Accident**

**States of Our Western Zone**

Alaska	Colorado	Iowa	Montana	New Mexico	Oregon	Washington
Arizona	Hawaii	Kansas	Nebraska	North Dakota	Texas	Wyoming
Arkansas	Idaho	Louisiana	Nevada	Oklahoma	Utah	
California	Illinois	Missouri				

**Fax Number: 866-739-6981**

**E-Mail Address: [wz.wcfroi@AIG.com](mailto:wz.wcfroi@AIG.com)**

**US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225**

**States of Our Eastern Zone**

Alabama	Georgia	Massachusetts	New Jersey	Rhode Island	Vermont
Connecticut	Indiana	Michigan	New York	South Carolina	Virginia
Delaware	Kentucky	Minnesota	North Carolina	South Dakota	West Virginia
District of Columbia	Maine	Mississippi	Ohio	Tennessee	Wisconsin
Florida	Maryland	New Hampshire	Pennsylvania		

**Fax Number: 866.420.1404**

**E-Mail Address: [easternwcnewloss@AIG.com](mailto:easternwcnewloss@AIG.com)**

**U S Postal Service: AIGCS-WC Correspondence, P.O. Box 305902, Nashville, TN 37230-5902**

**If federal law does not apply:** To notify us of an accident for which an LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

**Phone: 877-399-6442      Internet: [www.aig.com/fnl](http://www.aig.com/fnl)**

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**C. Workers' Compensation Law**

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

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

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

**Schedule**

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
Maryland	47.00 %

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



## VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement adds Voluntary Compensation Insurance to the policy.

### A. How This Insurance Applies

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

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

### B. We Will Pay

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

### C. Exclusions

This insurance does not cover:

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

### D. Before We Pay

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

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

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

**E. Recovery From Others**

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

**F. Employers Liability Insurance**

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

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, INCLUDING ANY VOLUNTEERS NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY

Designated Workers Compensation Law

STATE OF HIRE

This endorsement is not applicable in: HI, NJ, and WI.

WC 00 03 11 A  
(Ed. 08/91)

Countersigned by \_\_\_\_\_



**Archive Copy**

**Authorized Representative**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**Schedule**

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



Authorized Representative

**Archive Copy**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

THIS ENDORSEMENT IS NOT APPLICABLE IN NEW JERSEY, PENNSYLVANIA, CALIFORNIA, DELAWARE, TEXAS, MAINE OR NEVADA.



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

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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.

State	Schedule Rate	Premium
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WC 00 04 21 D  
(Ed. 1-15)

Countersigned by \_\_\_\_\_ 

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

### Definitions

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

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

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

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

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

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

### Limitation of Liability

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



**Policyholder Disclosure Notice**

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

**Schedule**

State	Rate	Premium
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**RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT-LARGE RISK ALTERNATIVE RATING OPTION  
(LRARO)**

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 12:01 AM 07/01/2016 forms a part of Policy No: WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement applies only to workers compensation and employers liability insurance when rated under the provisions of the Large Risk Alternative Rating Option that we have negotiated with you.



**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotffc/ofac>.

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

**POTENTIAL ACTIONS BY US**

1. We shall not be deemed to provide cover when it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.

2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf>

**AIG Property Casualty  
Workers' Compensation and Group Benefits  
U.S. Privacy and Data Security Notice**

**About This Notice**

This Privacy and Data Security Notice applies only to Personal Information about an individual (see definitions below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with a Workers' Compensation or Group Benefits insurance policy to which this notice is attached. The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of this Personal Information. This notice outlines how we collect, handle, and disclose such Personal Information.

The term "Individual," as used in this Privacy and Data Security Notice, means a natural person who is a beneficiary of or claimant under a Workers' Compensation or Group Benefit insurance policy. The term "Individual" also means a natural person who purchases a Workers' Compensation insurance policy for personal, family or household purposes in the United States. The term "Individual" does not include a natural person or organization that is a commercial purchaser of a Workers' Compensation or a Group Benefits insurance policy even if they are the recipient of this notice.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies an Individual. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on a physical condition or health status.

**I. Information Privacy**

We may collect Personal Information through applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to a request for a product or service from us or otherwise.

**Information Sharing**

We may share Personal Information with Affiliates and Non-Affiliates as described below.

**With our Affiliates:**

Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Affiliates for the purpose of detecting and preventing fraud, or as otherwise permitted or required by law.

**With Non-Affiliates:**

We may share Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as authorized by that Individual, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

**For California and Vermont Residents:** If it becomes necessary to share an Individual's Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining permission from the Individual.

## **II. Data Security**

To help **prevent unwarranted disclosure of Personal Information and secure it from theft, we utilize secure computer** networks. Access is restricted to those persons who have a business need to use Personal Information in connection with servicing Workers' Compensation or Group Benefits insurance policies. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of Personal Information in compliance with federal and state privacy and information security laws.

## **III. Maintaining Personal Information**

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. An Individual who believes the information we have in our records or files is incomplete or inaccurate, may request that we make additions or corrections, or if it is feasible, that we delete the Individual's information from our files. An Individual may make this request in writing to (include your name, address, policy number or claim number):

**Chief Privacy Officer  
AIG Property Casualty  
175 Water Street, 15<sup>th</sup> Floor | New York, NY 10038  
Fax: 212 458-7081  
E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)**

**Special Notice:** Individuals can obtain access to any non-public Personal Information we have about them if they properly identify themselves and submit a written request to the address above describing the information they want to review. We will also tell them the identity, if recorded, of persons to whom we have disclosed their non-public Personal Information within the preceding two years.

Individuals subject to this notice may request that we correct, amend or delete information about them. If we do so, we will notify organizations that provided us with that information and, upon such Individual's request, persons who received that information from us within the preceding two years. If we cannot grant a request to correct, amend or delete the information, the Individual may give us a written statement of the reasons why they disagree, which we will place in their file and give to the same parties who would have been notified of the requested change.

### **Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice**

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; American General Life Insurance Company of Delaware; and AIU Company.

## LOSS REIMBURSEMENT ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

This Endorsement applies solely between you and us. It does not affect the rights of others.

### I. Payment and Reimbursement Conditions

#### A. We will pay:

1. all benefits and costs payable under PART ONE - WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

#### B. You will reimburse us promptly up to the applicable reimbursement limit shown in the Schedule for any amounts we have so paid.

#### C. You will further reimburse us promptly for the following:

1. any "allocated loss adjusting expense" we pay, according to one of the Options described below and selected in the Schedule. If no selection is indicated, Option A applies. Your obligation to reimburse us for "allocated loss adjusting expense" applies separately to "each accident" or, for bodily injury by disease, to "each claim".
  - a) **Option A:** All "allocated loss adjusting expenses" up to the amount by which the applicable reimbursement limit exceeds the amount you must reimburse us for benefits or damages we pay.
  - b) **Option B:** All "allocated loss adjusting expenses".
  - c) **Option C:** A part of all "allocated loss adjusting expenses" in the proportion that the sum you must reimburse us for benefits or damages bears to all benefits and damages we pay. If we make no payment of benefits or damages, you must reimburse us for all "allocated loss adjusting expenses" we pay up to the applicable Reimbursement Amount.
  - d) **Option D:** No "allocated loss adjusting expenses".

#### D. Aggregate Limit: If a Limit is shown in the Schedule as "Aggregate Limit", subject to items 1 and 2 below, that Limit is the most you must reimburse us in the aggregate for all benefits and damages and "allocated loss adjusting expenses" that we pay under this policy and the other policies described in the Schedule. If no Aggregate Limit is shown in the Schedule, no aggregate limit applies to your reimbursement obligation.

1. The Aggregate Limit (if any) shown in the Schedule is an estimate. Subject to item 2 below, the final Aggregate Limit will be determined after this policy ends by using the actual, not the estimated, Aggregate Limit Basis for all policies to which it applies and the rate shown in the Schedule.
  2. The final Aggregate Limit will not be reduced if this or any other such policy is issued for a term of less than one year, or if this or any other such policy or this endorsement is canceled by you before the end of the policy period for any reason except your retirement from business.
- #### E. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

### II. General Conditions

#### A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insureds, and to deliver to us the collateral described in Section B below.
2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

## LOSS REIMBURSEMENT ENDORSEMENT

### B. Loss Fund Deposit

In addition to the premium, you must pay us in cash at the inception of the policy the amount shown in the Schedule as the Loss Fund Deposit. We may commingle those funds with any other of our funds and use them in any lawful manner. We will have a possessory security interest in those funds. We will return the Loss Fund Deposit to you when you have paid us the premium under our offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium.

### C. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us within twenty (20) days of your receipt of an invoice from us up to the applicable reimbursement limit for any amounts that we pay as benefits or damages and for your share of the "allocated loss adjusting expense" and "unallocated loss adjusting expense".
2. You must deliver to us within thirty (30) days of the inception of this policy collateral acceptable to us in the forms and the amounts shown in the Schedule. We will have a possessory security interest in any property you deliver to us to secure such obligations. We will review the collateral as soon as practicable after the second anniversary of the inception of this policy, and annually thereafter. If we find that we require increased collateral, you will provide us such an increase within thirty (30) days of our request. If we find that we hold a surplus of collateral, we will return the surplus to you within thirty (30) days of our finding.
3. If you fail to reimburse us when due, we may liquidate any collateral in our possession and take ownership of the proceeds to the extent of all your debts to us. Any surplus of such proceeds in excess of your debt will remain in our possession as collateral until the commutation of your remaining reimbursement obligations under Paragraph D of this Section II.

### D. Cancellation

Part Six of the policy -- "CONDITIONS", Section D. "Cancellation" is amended to include the following:

If you fail to reimburse us or to deliver collateral to us when due, we may cancel this policy by mailing or delivering written notice to you not less than 10 days prior to the effective date of such cancellation stating the day and hour the cancellation is to take effect. Proof of the mailing of such notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to provide notice.

### E. Commutation

Upon your request, but not earlier than the second anniversary of the inception of this policy and not more often than annually thereafter, we must offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium. We may offer such terms at any time. You will have no obligation to accept our offer.

### F. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all

payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and allocated loss adjusting expenses in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

### G. Unallocated Loss Adjusting Expense:

If an "unallocated loss adjusting expense" (ULAE) percentage is shown in the Schedule, an estimated provision for the "unallocated loss adjusting expense" we incur is included in the premium. We will determine the final provision in premium for "unallocated loss adjusting expense" by multiplying the ULAE percentage by the amount you must reimburse us for benefits and damages we have paid. We will recompute the premium for this insurance annually, beginning 18 months after the inception of this policy, to include the adjusted provision for ULAE. You must pay us any additional premium so computed. We will repay you any return premium so computed.

## III. Definitions

- A. "Allocated loss adjusting expense" means claim adjusting expense allocated by us directly to particular claims. Such expenses shall include, but not be limited to, attorneys' fees for claims in suit, court costs, and other specific items of expense such as fees for medical examinations, expert testimony, laboratory, x-ray and autopsy services, stenographic services, witnesses and summonses, and copies of documents.
- B. "Unallocated loss adjusting expense" means all claims adjusting expenses we incur other than "allocated loss adjusting expense".
- C. "Claim" means each demand you receive for:
  1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
  2. damages covered by this policy.
- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the Aggregate Reimbursable Limit applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification. Standard Premium does not include the following items: Expense Constant, Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item.





**PREMIUM DUE DATE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**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.**

**UNINTENTIONAL ERRORS AND OMISSIONS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART SIX - CONDITIONS** is amended by the addition of the following:

- F. Unintentional errors or omissions in representations made to us or our agent by you or any other insured before the inception of this policy will not impair your rights under this policy.



**ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PART SIX - CONDITIONS. D. - Cancellation, 2.** is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

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

Cancellation: 90 Days

Non-Renewal: 90 Days

**AMENDMENT OF YOUR DUTIES IF INJURY OCCURS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS** is replaced by the following:

Tell us at once if injury occurs that may be covered by this policy. Knowledge of an injury by your agent, your servant, or your employee shall not in itself constitute knowledge by you unless your director of risk management or his/her designee, at the address shown in the policy declarations, will have received such notice. 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 costs.



**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

This endorsement, effective 12:01 AM 07/01/2016

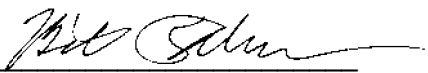
Forms a part of policy no.: WC 067-71-2598

Issued to: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: ILLINOIS NATIONAL INSURANCE CO.

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSO 14741 GOVERNOR ODEN BOWIE DR. UPPER MARLBORO, MD 20772-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	

Issue Date: 07/12/16

  
\_\_\_\_\_  
Authorized Representative

# POLICY COVER PAGE

Date Printed: 07/12/16  
Time Printed: 103840

Policy/Quote Number: WC 067-71-2598

Underwriter Name: GUERRERO, PAMELA  
Issuing Office Division: 059  
Issuing Office Branch: 08  
Issuing Office Region: 014  
Operator Name: GOBUYAN, DUAN  
Operator Telephone: 999-999-9999

Transaction Type: REIS

Set Copy Name: U/W COPY  
Set Copy Mailing Instructions:

Mail Method: US Mail  
Email Address:

EPS TRACKING-ID: WC 06771259860001  
JOB-ID: \*\*\* ANY1610D \*\*\*

Insured FEIN 521689206  
Producer 0096555-00  
Division 059  
Transaction REIS

TOTAL PAGES in this copy: 39  
(including this page)

**SERVICE CENTER**

Phone: (877) 867-3783  
FAX: (800) 315-3896

July 12, 2016

AON PRIVATE RISK MNGMT INS AGENCY INC  
ATTN: MURPHY FERGUSON  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

**RE: Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S  
**Policy # :** WC 067-71-2598  
**Effective:** 07/01/2016

Dear Sir/Madam:

Enclosed please find the original and broker copies of the policy issued to the insured referenced above.

Upon review of the policy, we believe it is complete and accurate based upon the requirements noted on the binder. If you discover anything you believe is incomplete or inaccurate, please contact your underwriter so corrections can be made immediately.

We appreciate your business. **Your satisfaction is our # 1 Priority!**

Sincerely,

Service Specialist

CC: PAMELA GUERRERO, Underwriter

***World Leaders in Insurance and  
Financial Services***



## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a AIG company. AIG companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling AIG at 1-800-706-3102.

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

ILLINOIS NATIONAL INSURANCE CO.  
12491

0096555-00

WC 067-71-2598

059-08-0716-60

INCORPORATED UNDER THE LAWS OF **ILLINOIS**  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 067712598

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/16	TO	07/01/17
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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: AK AL AZ CO CT DC FL HI IA ID IL IN KS KY LA MA ME MI MN MO NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration
				Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$160 MD			
MINIMUM PREMIUM	\$750 MD	TOTAL ESTIMATED ANNUAL PREMIUM	\$1,190,039	

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM \$1,190,039

07/12/16 PITTSBURGH

08

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 067-71-2598

Effective Date: 07/01/2016

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81461	LARGE RISK RATING PLAN (LONG FORM)
PHNPAUD	POLHOLDER NOTE - NONPROD AUD SURCHARGE
USLHPOLNOT	USL&H POLICYHOLDER NOTICE
WC000106A	LONGSHORE AND HARBOR WC ACT COVERAGE
WC000311A	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC000313	WAIVER OF OUR RIGHT TO RECOVER
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000421D	CATASTROPHE PREMIUM ENDORSEMENT
WC000422B	TRIPRA DISCLOSURE ENDORSEMENT
WC000516	RETRO PREMIUM ENDORSEMENT (LRARO)
WC0FAC	NOTICE REG OFFICE OF FOREIGN ASSET CTRL
107437	PRIVACY POLICY
WC990002A	LOSS REIMBURSEMENT ENDT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC990011A	UNINTENTIONAL ERRORS AND OMISSIONS
WC990039	ADV NOTICE OF CANC OR NON-REN BY US EXTN
WC990008A	AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
WC190601F	MD CANCELLATION AND NONRENEWAL ENDT.
WC990610	NAMED INSUREDS/ADDRESSES

# WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

## INSURANCE POLICY

ILLINOIS NATIONAL INSURANCE COMPANY  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661  
EXECUTIVE OFFICES  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661

A Stock Insurance Company

Coverage is provided by the Company designated on the Information Page

### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE

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C. We Will Defend .....	1
D. We Will Also Pay .....	1
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F. Payments You Must Make .....	2
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H. Statutory Provision .....	2

THE ABOVE REFERENCED POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,  
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

**QUICK REFERENCE - CONTINUED**

BEGINNING ON  
PAGE

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**PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY**

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

#### D. State

State means any state of the United States of America, and the District of Columbia.

#### E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

### PART ONE WORKERS COMPENSATION INSURANCE

#### A. How This Insurance Applies

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

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

#### B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

#### C. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### D. We Will Also Pay

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

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

#### E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

- a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO  
EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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

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

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

### C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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

### D. We Will Defend

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

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

### E. We Will Also Pay

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

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



**F. Other Insurance**

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

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

- 1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

- 2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

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

- 3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

- 1. You have complied with all the terms of this policy; and

- 2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE  
OTHER STATES INSURANCE**

**A. How This Insurance Applies**

- 1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
- 2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
- 3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
- 4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR  
YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

- 1. Provide for immediate medical and other services required by the workers compensation law.
- 2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
- 3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

## **PART FIVE PREMIUM**

### **A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

### **B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

### **C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

### **E. Final Premium**

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

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

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

### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

### **G. Audit**

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

## **PART SIX CONDITIONS**

### **A. Inspection**

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

### **B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

### **C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

### **D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

### **E. Sole Representative**

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

**IN WITNESS WHEREOF**, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative.



Secretary



President

## EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 067-71-2598  
Policy Prefix & No.

MARYLAND  
Schedule

190598217  
INTRA/Independent State Risk ID

059-08-0716-60

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711	457,800	29.09	133,174
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711F	IF ANY	42.76	
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711V	1,000,000	29.09	290,900
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				424,074
BLANKET WAIVER 2.00%	0930			8,481
INCREASE LIMITS 1.10%	9812			4,665
TOTAL UNMODIFIED PREMIUM				437,220
EXPERIENCE PREMIUM (ACTUAL) 4.4500	9898			1,508,409
MODIFIED STANDARD PREMIUM				1,945,629
UNDISCOUNTED PREMIUM				1,945,629
LOSS REIMB PLAN (NON-FEDERAL) -44.36%	9866			-863,081
DISCOUNTED PREMIUM				1,082,548
TAX PROVISION IN PREMIUM 6.58%	9719			71,232
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			12,722
NEGOTIATED TRIA MODIFICATION	9740			23,085
CATASTROPHE (SEE WC 00 04 21C) 0.02	9741			292
TOTAL ESTIMATED PREMIUM				1,190,039
TOTAL DUE				1,190,039
EXPERIENCE RATING MODIFICATION = 4.45				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$35,807				

## **POLICYHOLDER NOTICE**

Please be advised that, if you fail to comply with the audit provisions set forth in Part Five, Paragraph G. of your policy by not allowing us to examine and audit your records that relate to your policy, we will charge you all applicable charges and/or surcharges set forth in our manuals of rules, rates, rating plans and classifications and/or in any applicable laws or regulations.

If you have any questions about these matters, please contact your broker or insurance agent.



**NOTICE TO POLICYHOLDER**  
**Your Obligation to file Federal Form LS-202**  
**"Employer's First Report of Injury or Occupational Illness"**

**Policy Number:** WC 067-71-2598

**Named Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

**YOUR REPORTING OBLIGATION**

When an employee is injured and the loss is subject to the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL). In the past we may have assisted you by filing the Form LS-202 on your behalf when you reported a subject injury to us. The DOL is now enforcing the requirement that the employers complete and file the Form LS-202; therefore, we can no longer perform that service for you.

**You must now file Form LS-202 with the United States Department of Labor.**

**WHAT DO YOU HAVE TO DO?**

1. **Decide if Federal law could apply:** Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:  
***[www.dol.gov/owcp/dlhwc/](http://www.dol.gov/owcp/dlhwc/)***

A reportable injury is defined on the Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of or in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. **If there is a reportable injury, file an LS-202 directly with the DOL:** You can access a specimen Form LS-202 through the following DOL web site:  
***[www.dol.gov/owcp/dlhwc/lscmrfaqs.htm# CENTRALC](http://www.dol.gov/owcp/dlhwc/lscmrfaqs.htm#CENTRALC)***

Once completed, send the form to the DOL within the timeframe required:

U. S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation  
201 Varick Street, Room 740  
Post Office Box 249  
New York, NY 10014-0249

**We recommend that the LS-202 form be mailed via certified mail so there is proof of mailing.**

3. **Notify us:** As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time that we insure you, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

**If federal law applies:** To notify us of an accident for which you filed an LS-202, please send us a copy of the Form LS-202 that you submitted to the DOL. You can send the form to us by fax, e-mail or regular mail as follows:

**Location of Accident**

**States of Our Western Zone**

Alaska	Colorado	Iowa	Montana	New Mexico	Oregon	Washington
Arizona	Hawaii	Kansas	Nebraska	North Dakota	Texas	Wyoming
Arkansas	Idaho	Louisiana	Nevada	Oklahoma	Utah	
California	Illinois	Missouri				

**Fax Number: 866-739-6981**

**E-Mail Address: [wz.wcfroi@AIG.com](mailto:wz.wcfroi@AIG.com)**

**US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225**

**States of Our Eastern Zone**

Alabama	Georgia	Massachusetts	New Jersey	Rhode Island	Vermont
Connecticut	Indiana	Michigan	New York	South Carolina	Virginia
Delaware	Kentucky	Minnesota	North Carolina	South Dakota	West Virginia
District of Columbia	Maine	Mississippi	Ohio	Tennessee	Wisconsin
Florida	Maryland	New Hampshire	Pennsylvania		

**Fax Number: 866.420.1404**

**E-Mail Address: [easternwcnewloss@AIG.com](mailto:easternwcnewloss@AIG.com)**

**U S Postal Service: AIGCS-WC Correspondence, P.O. Box 305902, Nashville, TN 37230-5902**

**If federal law does not apply:** To notify us of an accident for which an LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

**Phone: 877-399-6442      Internet: [www.aig.com/fnl](http://www.aig.com/fnl)**

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.



**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**C. Workers' Compensation Law**

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

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

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

**Schedule**

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
Maryland	47.00 %

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



## VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement adds Voluntary Compensation Insurance to the policy.

### A. How This Insurance Applies

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

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

### B. We Will Pay

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

### C. Exclusions

This insurance does not cover:

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

### D. Before We Pay

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

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

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

**E. Recovery From Others**

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

**F. Employers Liability Insurance**

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

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, INCLUDING ANY VOLUNTEERS NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY

Designated Workers Compensation Law

STATE OF HIRE

This endorsement is not applicable in: HI, NJ, and WI.

WC 00 03 11 A  
(Ed. 08/91)

Countersigned by \_\_\_\_\_



**Archive Copy**

**Authorized Representative**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**Schedule**

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



**Authorized Representative**

**Archive Copy**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

THIS ENDORSEMENT IS NOT APPLICABLE IN NEW JERSEY, PENNSYLVANIA, CALIFORNIA, DELAWARE, TEXAS, MAINE OR NEVADA.



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

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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.

State	Schedule Rate	Premium
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WC 00 04 21 D  
(Ed. 1-15)

Countersigned by \_\_\_\_\_ 

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

### Definitions

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

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

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

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

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

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

### Limitation of Liability

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

**Policyholder Disclosure Notice**

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

**Schedule**

State	Rate	Premium
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**RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT-LARGE RISK ALTERNATIVE RATING OPTION  
(LRARO)**

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 12:01 AM 07/01/2016 forms a part of Policy No: WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement applies only to workers compensation and employers liability insurance when rated under the provisions of the Large Risk Alternative Rating Option that we have negotiated with you.



**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotffc/ofac>.

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

**POTENTIAL ACTIONS BY US**

1. We shall not be deemed to provide cover when it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.

2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf>

**AIG Property Casualty  
Workers' Compensation and Group Benefits  
U.S. Privacy and Data Security Notice**

**About This Notice**

This Privacy and Data Security Notice applies only to Personal Information about an individual (see definitions below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with a Workers' Compensation or Group Benefits insurance policy to which this notice is attached. The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of this Personal Information. This notice outlines how we collect, handle, and disclose such Personal Information.

The term "Individual," as used in this Privacy and Data Security Notice, means a natural person who is a beneficiary of or claimant under a Workers' Compensation or Group Benefit insurance policy. The term "Individual" also means a natural person who purchases a Workers' Compensation insurance policy for personal, family or household purposes in the United States. The term "Individual" does not include a natural person or organization that is a commercial purchaser of a Workers' Compensation or a Group Benefits insurance policy even if they are the recipient of this notice.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies an Individual. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on a physical condition or health status.

**I. Information Privacy**

We may collect Personal Information through applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to a request for a product or service from us or otherwise.

**Information Sharing**

We may share Personal Information with Affiliates and Non-Affiliates as described below.

**With our Affiliates:**

Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Affiliates for the purpose of detecting and preventing fraud, or as otherwise permitted or required by law.

**With Non-Affiliates:**

We may share Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as authorized by that Individual, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

**For California and Vermont Residents:** If it becomes necessary to share an Individual's Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining permission from the Individual.

## **II. Data Security**

To help **prevent unwarranted disclosure of Personal Information and secure it from theft, we utilize secure computer** networks. Access is restricted to those persons who have a business need to use Personal Information in connection with servicing Workers' Compensation or Group Benefits insurance policies. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of Personal Information in compliance with federal and state privacy and information security laws.

## **III. Maintaining Personal Information**

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. An Individual who believes the information we have in our records or files is incomplete or inaccurate, may request that we make additions or corrections, or if it is feasible, that we delete the Individual's information from our files. An Individual may make this request in writing to (include your name, address, policy number or claim number):

**Chief Privacy Officer  
AIG Property Casualty  
175 Water Street, 15<sup>th</sup> Floor | New York, NY 10038  
Fax: 212 458-7081  
E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)**

**Special Notice:** Individuals can obtain access to any non-public Personal Information we have about them if they properly identify themselves and submit a written request to the address above describing the information they want to review. We will also tell them the identity, if recorded, of persons to whom we have disclosed their non-public Personal Information within the preceding two years.

Individuals subject to this notice may request that we correct, amend or delete information about them. If we do so, we will notify organizations that provided us with that information and, upon such Individual's request, persons who received that information from us within the preceding two years. If we cannot grant a request to correct, amend or delete the information, the Individual may give us a written statement of the reasons why they disagree, which we will place in their file and give to the same parties who would have been notified of the requested change.

### **Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice**

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; American General Life Insurance Company of Delaware; and AIU Company.

## LOSS REIMBURSEMENT ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN 'S

By ILLINOIS NATIONAL INSURANCE CO.

This Endorsement applies solely between you and us. It does not affect the rights of others.

### I. Payment and Reimbursement Conditions

#### A. We will pay:

1. all benefits and costs payable under PART ONE - WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

#### B. You will reimburse us promptly up to the applicable reimbursement limit shown in the Schedule for any amounts we have so paid.

#### C. You will further reimburse us promptly for the following:

1. any "allocated loss adjusting expense" we pay, according to one of the Options described below and selected in the Schedule. If no selection is indicated, Option A applies. Your obligation to reimburse us for "allocated loss adjusting expense" applies separately to "each accident" or, for bodily injury by disease, to "each claim".
  - a) **Option A:** All "allocated loss adjusting expenses" up to the amount by which the applicable reimbursement limit exceeds the amount you must reimburse us for benefits or damages we pay.
  - b) **Option B:** All "allocated loss adjusting expenses".
  - c) **Option C:** A part of all "allocated loss adjusting expenses" in the proportion that the sum you must reimburse us for benefits or damages bears to all benefits and damages we pay. If we make no payment of benefits or damages, you must reimburse us for all "allocated loss adjusting expenses" we pay up to the applicable Reimbursement Amount.
  - d) **Option D:** No "allocated loss adjusting expenses".

#### D. Aggregate Limit: If a Limit is shown in the Schedule as "Aggregate Limit", subject to items 1 and 2 below, that Limit is the most you must reimburse us in the aggregate for all benefits and damages and "allocated loss adjusting expenses" that we pay under this policy and the other policies described in the Schedule. If no Aggregate Limit is shown in the Schedule, no aggregate limit applies to your reimbursement obligation.

1. The Aggregate Limit (if any) shown in the Schedule is an estimate. Subject to item 2 below, the final Aggregate Limit will be determined after this policy ends by using the actual, not the estimated, Aggregate Limit Basis for all policies to which it applies and the rate shown in the Schedule.
  2. The final Aggregate Limit will not be reduced if this or any other such policy is issued for a term of less than one year, or if this or any other such policy or this endorsement is canceled by you before the end of the policy period for any reason except your retirement from business.
- #### E. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

### II. General Conditions

#### A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insureds, and to deliver to us the collateral described in Section B below.
2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

## LOSS REIMBURSEMENT ENDORSEMENT

### B. Loss Fund Deposit

In addition to the premium, you must pay us in cash at the inception of the policy the amount shown in the Schedule as the Loss Fund Deposit. We may commingle those funds with any other of our funds and use them in any lawful manner. We will have a possessory security interest in those funds. We will return the Loss Fund Deposit to you when you have paid us the premium under our offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium.

### C. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us within twenty (20) days of your receipt of an invoice from us up to the applicable reimbursement limit for any amounts that we pay as benefits or damages and for your share of the "allocated loss adjusting expense" and "unallocated loss adjusting expense".
2. You must deliver to us within thirty (30) days of the inception of this policy collateral acceptable to us in the forms and the amounts shown in the Schedule. We will have a possessory security interest in any property you deliver to us to secure such obligations. We will review the collateral as soon as practicable after the second anniversary of the inception of this policy, and annually thereafter. If we find that we require increased collateral, you will provide us such an increase within thirty (30) days of our request. If we find that we hold a surplus of collateral, we will return the surplus to you within thirty (30) days of our finding.
3. If you fail to reimburse us when due, we may liquidate any collateral in our possession and take ownership of the proceeds to the extent of all your debts to us. Any surplus of such proceeds in excess of your debt will remain in our possession as collateral until the commutation of your remaining reimbursement obligations under Paragraph D of this Section II.

### D. Cancellation

Part Six of the policy -- "CONDITIONS", Section D. "Cancellation" is amended to include the following:

If you fail to reimburse us or to deliver collateral to us when due, we may cancel this policy by mailing or delivering written notice to you not less than 10 days prior to the effective date of such cancellation stating the day and hour the cancellation is to take effect. Proof of the mailing of such notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to provide notice.

### E. Commutation

Upon your request, but not earlier than the second anniversary of the inception of this policy and not more often than annually thereafter, we must offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium. We may offer such terms at any time. You will have no obligation to accept our offer.

### F. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all

payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and allocated loss adjusting expenses in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

### G. Unallocated Loss Adjusting Expense:

If an "unallocated loss adjusting expense" (ULAE) percentage is shown in the Schedule, an estimated provision for the "unallocated loss adjusting expense" we incur is included in the premium. We will determine the final provision in premium for "unallocated loss adjusting expense" by multiplying the ULAE percentage by the amount you must reimburse us for benefits and damages we have paid. We will recompute the premium for this insurance annually, beginning 18 months after the inception of this policy, to include the adjusted provision for ULAE. You must pay us any additional premium so computed. We will repay you any return premium so computed.

## III. Definitions

- A. "Allocated loss adjusting expense" means claim adjusting expense allocated by us directly to particular claims. Such expenses shall include, but not be limited to, attorneys' fees for claims in suit, court costs, and other specific items of expense such as fees for medical examinations, expert testimony, laboratory, x-ray and autopsy services, stenographic services, witnesses and summonses, and copies of documents.
- B. "Unallocated loss adjusting expense" means all claims adjusting expenses we incur other than "allocated loss adjusting expense".
- C. "Claim" means each demand you receive for:
  1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
  2. damages covered by this policy.
- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the Aggregate Reimbursable Limit applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification. Standard Premium does not include the following items: Expense Constant, Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item.



**PREMIUM DUE DATE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**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.**



**UNINTENTIONAL ERRORS AND OMISSIONS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART SIX - CONDITIONS** is amended by the addition of the following:

- F. Unintentional errors or omissions in representations made to us or our agent by you or any other insured before the inception of this policy will not impair your rights under this policy.



**ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PART SIX - CONDITIONS. D. - Cancellation, 2.** is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

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

Cancellation: 90 Days

Non-Renewal: 90 Days

**AMENDMENT OF YOUR DUTIES IF INJURY OCCURS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS** is replaced by the following:

Tell us at once if injury occurs that may be covered by this policy. Knowledge of an injury by your agent, your servant, or your employee shall not in itself constitute knowledge by you unless your director of risk management or his/her designee, at the address shown in the policy declarations, will have received such notice. 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 costs.



**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

This endorsement, effective 12:01 AM 07/01/2016

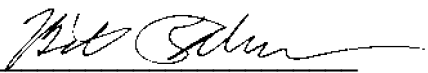
Forms a part of policy no.: WC 067-71-2598

Issued to: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: ILLINOIS NATIONAL INSURANCE CO.

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSO 14741 GOVERNOR ODEN BOWIE DR. UPPER MARLBORO, MD 20772-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	

Issue Date: 07/12/16

  
\_\_\_\_\_  
Authorized Representative

# POLICY COVER PAGE

Date Printed: 07/12/16  
Time Printed: 103840

Policy/Quote Number: WC 067-71-2598

Underwriter Name: GUERRERO, PAMELA  
Issuing Office Division: 059  
Issuing Office Branch: 08  
Issuing Office Region: 014  
Operator Name: GOBUYAN, DUAN  
Operator Telephone: 999-999-9999

Transaction Type: REIS

Set Copy Name: CENTRAL FILES COPY  
Set Copy Mailing Instructions:

EPS TRACKING-ID: WC 06771259860001  
JOB-ID: \*\*\* ANY1610D \*\*\*

**SERVICE CENTER**

Phone: (877) 867-3783  
FAX: (800) 315-3896

July 12, 2016

AON PRIVATE RISK MNGMT INS AGENCY INC  
ATTN: MURPHY FERGUSON  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

**RE: Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S  
**Policy # :** WC 067-71-2598  
**Effective:** 07/01/2016

Dear Sir/Madam:

Enclosed please find the original and broker copies of the policy issued to the insured referenced above.

Upon review of the policy, we believe it is complete and accurate based upon the requirements noted on the binder. If you discover anything you believe is incomplete or inaccurate, please contact your underwriter so corrections can be made immediately.

We appreciate your business. **Your satisfaction is our # 1 Priority!**

Sincerely,

Service Specialist

CC: PAMELA GUERRERO, Underwriter

***World Leaders in Insurance and  
Financial Services***

## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a AIG company. AIG companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling AIG at 1-800-706-3102.



ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

ILLINOIS NATIONAL INSURANCE CO.  
12491

0096555-00

WC 067-71-2598

059-08-0716-60

INCORPORATED UNDER THE LAWS OF **ILLINOIS**  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 067712598

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/16	TO	07/01/17
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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: AK AL AZ CO CT DC FL HI IA ID IL IN KS KY LA MA ME MI MN MO NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration
				Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$160 MD			
MINIMUM PREMIUM	\$750 MD	TOTAL ESTIMATED ANNUAL PREMIUM	\$1,190,039	

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM \$1,190,039

07/12/16 PITTSBURGH

08

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 067-71-2598

Effective Date: 07/01/2016

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81461	LARGE RISK RATING PLAN (LONG FORM)
PHNPAUD	POLHOLDER NOTE - NONPROD AUD SURCHARGE
USLHPOLNOT	USL&H POLICYHOLDER NOTICE
WC000106A	LONGSHORE AND HARBOR WC ACT COVERAGE
WC000311A	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC000313	WAIVER OF OUR RIGHT TO RECOVER
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000421D	CATASTROPHE PREMIUM ENDORSEMENT
WC000422B	TRIPRA DISCLOSURE ENDORSEMENT
WC000516	RETRO PREMIUM ENDORSEMENT (LRARO)
WC0FAC	NOTICE REG OFFICE OF FOREIGN ASSET CTRL
107437	PRIVACY POLICY
WC990002A	LOSS REIMBURSEMENT ENDT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC990011A	UNINTENTIONAL ERRORS AND OMISSIONS
WC990039	ADV NOTICE OF CANC OR NON-REN BY US EXTN
WC990008A	AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
WC190601F	MD CANCELLATION AND NONRENEWAL ENDT.
WC990610	NAMED INSUREDS/ADDRESSES

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

**ILLINOIS NATIONAL INSURANCE COMPANY  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661  
EXECUTIVE OFFICES  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661**

**A Stock Insurance Company**

Coverage is provided by the Company designated on the Information Page

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
QUICK REFERENCE**

BEGINNING ON  
PAGE

<b>GENERAL SECTION</b> .....	1
A. The Policy .....	1
B. Who Is Insured .....	1
C. Workers Compensation Law .....	1
D. State .....	1
E. Locations .....	1
<b>PART ONE-WORKERS COMPENSATION INSURANCE</b> .....	1
A. How This Insurance Applies .....	1
B. We Will Pay .....	1
C. We Will Defend .....	1
D. We Will Also Pay .....	1
E. Other Insurance .....	1
F. Payments You Must Make .....	2
G. Recovery From Others .....	2
H. Statutory Provision .....	2

THE ABOVE REFERENCED POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,  
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

#### D. State

State means any state of the United States of America, and the District of Columbia.

#### E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

### PART ONE WORKERS COMPENSATION INSURANCE

#### A. How This Insurance Applies

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

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

#### B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

#### C. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### D. We Will Also Pay

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

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

#### E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

- a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO  
EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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

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

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

### C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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

### D. We Will Defend

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

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

### E. We Will Also Pay

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

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

**F. Other Insurance**

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

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

- 1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

- 2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

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

- 3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

- 1. You have complied with all the terms of this policy; and

- 2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE  
OTHER STATES INSURANCE**

**A. How This Insurance Applies**

- 1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
- 2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
- 3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
- 4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR  
YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

- 1. Provide for immediate medical and other services required by the workers compensation law.
- 2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
- 3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

## **PART FIVE PREMIUM**

### **A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

### **B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

### **C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

### **E. Final Premium**

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

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

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

### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

### **G. Audit**

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



## **PART SIX CONDITIONS**

### **A. Inspection**

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

### **B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

### **C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

### **D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

### **E. Sole Representative**

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

**IN WITNESS WHEREOF**, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative.



Secretary



President

EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 067-71-2598  
Policy Prefix & No.

MARYLAND  
Schedule

190598217  
INTRA/Independent State Risk ID

059-08-0716-60

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711	457,800	29.09	133,174
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711F	IF ANY	42.76	
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711V	1,000,000	29.09	290,900
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				424,074
BLANKET WAIVER 2.00%	0930			8,481
INCREASE LIMITS 1.10%	9812			4,665
TOTAL UNMODIFIED PREMIUM				437,220
EXPERIENCE PREMIUM (ACTUAL) 4.4500	9898			1,508,409
MODIFIED STANDARD PREMIUM				1,945,629
UNDISCOUNTED PREMIUM				1,945,629
LOSS REIMB PLAN (NON-FEDERAL) -44.36%	9866			-863,081
DISCOUNTED PREMIUM				1,082,548
TAX PROVISION IN PREMIUM 6.58%	9719			71,232
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			12,722
NEGOTIATED TRIA MODIFICATION	9740			23,085
CATASTROPHE (SEE WC 00 04 21C) 0.02	9741			292
TOTAL ESTIMATED PREMIUM				1,190,039
TOTAL DUE				1,190,039
EXPERIENCE RATING MODIFICATION = 4.45				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$35,807				

**POLICYHOLDER NOTICE**

Please be advised that, if you fail to comply with the audit provisions set forth in Part Five, Paragraph G. of your policy by not allowing us to examine and audit your records that relate to your policy, we will charge you all applicable charges and/or surcharges set forth in our manuals of rules, rates, rating plans and classifications and/or in any applicable laws or regulations.

If you have any questions about these matters, please contact your broker or insurance agent.



**NOTICE TO POLICYHOLDER**  
**Your Obligation to file Federal Form LS-202**  
**"Employer's First Report of Injury or Occupational Illness"**

**Policy Number:** WC 067-71-2598

**Named Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

**YOUR REPORTING OBLIGATION**

When an employee is injured and the loss is subject to the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL). In the past we may have assisted you by filing the Form LS-202 on your behalf when you reported a subject injury to us. The DOL is now enforcing the requirement that the employers complete and file the Form LS-202; therefore, we can no longer perform that service for you.

**You must now file Form LS-202 with the United States Department of Labor.**

**WHAT DO YOU HAVE TO DO?**

1. **Decide if Federal law could apply:** Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:  
***[www.dol.gov/owcp/dlhwc/](http://www.dol.gov/owcp/dlhwc/)***

A reportable injury is defined on the Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of or in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. **If there is a reportable injury, file an LS-202 directly with the DOL:** You can access a specimen Form LS-202 through the following DOL web site:  
***[www.dol.gov/owcp/dlhwc/lscmrfaqs.htm# CENTRALC](http://www.dol.gov/owcp/dlhwc/lscmrfaqs.htm#CENTRALC)***

Once completed, send the form to the DOL within the timeframe required:

U. S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation  
201 Varick Street, Room 740  
Post Office Box 249  
New York, NY 10014-0249

**We recommend that the LS-202 form be mailed via certified mail so there is proof of mailing.**

3. **Notify us:** As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time that we insure you, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

**If federal law applies:** To notify us of an accident for which you filed an LS-202, please send us a copy of the Form LS-202 that you submitted to the DOL. You can send the form to us by fax, e-mail or regular mail as follows:

**Location of Accident**

**States of Our Western Zone**

Alaska Colorado Iowa Montana New Mexico Oregon Washington  
Arizona Hawaii Kansas Nebraska North Dakota Texas Wyoming  
Arkansas Idaho Louisiana Nevada Oklahoma Utah  
California Illinois Missouri

**Fax Number: 866-739-6981**

**E-Mail Address: [wz.wcfroi@AIG.com](mailto:wz.wcfroi@AIG.com)**

**US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225**

**States of Our Eastern Zone**

Alabama Georgia Massachusetts New Jersey Rhode Island Vermont  
Connecticut Indiana Michigan New York South Carolina Virginia  
Delaware Kentucky Minnesota North Carolina South Dakota West Virginia  
District of Columbia Maine Mississippi Ohio Tennessee Wisconsin  
Florida Maryland New Hampshire Pennsylvania

**Fax Number: 866.420.1404**

**E-Mail Address: [easternwcnewloss@AIG.com](mailto:easternwcnewloss@AIG.com)**

**U S Postal Service: AIGCS-WC Correspondence, P.O. Box 305902, Nashville, TN 37230-5902**

**If federal law does not apply:** To notify us of an accident for which an LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

**Phone: 877-399-6442 Internet: [www.aig.com/fnl](http://www.aig.com/fnl)**

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**C. Workers' Compensation Law**

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

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

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

**Schedule**

<u>State</u>	<u>Longshore and Harbor Workers'</u> <u>Compensation Act Coverage Percentage</u>
Maryland	47.00 %

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



## VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement adds Voluntary Compensation Insurance to the policy.

### A. How This Insurance Applies

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

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

### B. We Will Pay

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

### C. Exclusions

This insurance does not cover:

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

### D. Before We Pay

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

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

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



**E. Recovery From Others**

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

**F. Employers Liability Insurance**

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

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, INCLUDING ANY VOLUNTEERS NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY

Designated Workers Compensation Law

STATE OF HIRE

This endorsement is not applicable in: HI, NJ, and WI.

WC 00 03 11 A  
(Ed. 08/91)

Countersigned by \_\_\_\_\_



**Archive Copy**

**Authorized Representative**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**Schedule**

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



**Authorized Representative**

**Archive Copy**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

THIS ENDORSEMENT IS NOT APPLICABLE IN NEW JERSEY, PENNSYLVANIA, CALIFORNIA, DELAWARE, TEXAS, MAINE OR NEVADA.



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

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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.

State	Schedule Rate	Premium
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WC 00 04 21 D  
(Ed. 1-15)

Countersigned by \_\_\_\_\_ 

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

### Definitions

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

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

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

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

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

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

### Limitation of Liability

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

**Policyholder Disclosure Notice**

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

**Schedule**

State	Rate	Premium
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**RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT-LARGE RISK ALTERNATIVE RATING OPTION  
(LRARO)**

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 12:01 AM 07/01/2016 forms a part of Policy No: WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement applies only to workers compensation and employers liability insurance when rated under the provisions of the Large Risk Alternative Rating Option that we have negotiated with you.



**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotffc/ofac>.

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

**POTENTIAL ACTIONS BY US**

1. We shall not be deemed to provide cover when it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.

2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf>



**AIG Property Casualty  
Workers' Compensation and Group Benefits  
U.S. Privacy and Data Security Notice**

**About This Notice**

This Privacy and Data Security Notice applies only to Personal Information about an individual (see definitions below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with a Workers' Compensation or Group Benefits insurance policy to which this notice is attached. The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of this Personal Information. This notice outlines how we collect, handle, and disclose such Personal Information.

The term "Individual," as used in this Privacy and Data Security Notice, means a natural person who is a beneficiary of or claimant under a Workers' Compensation or Group Benefit insurance policy. The term "Individual" also means a natural person who purchases a Workers' Compensation insurance policy for personal, family or household purposes in the United States. The term "Individual" does not include a natural person or organization that is a commercial purchaser of a Workers' Compensation or a Group Benefits insurance policy even if they are the recipient of this notice.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies an Individual. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on a physical condition or health status.

**I. Information Privacy**

We may collect Personal Information through applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to a request for a product or service from us or otherwise.

**Information Sharing**

We may share Personal Information with Affiliates and Non-Affiliates as described below.

**With our Affiliates:**

Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Affiliates for the purpose of detecting and preventing fraud, or as otherwise permitted or required by law.

**With Non-Affiliates:**

We may share Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as authorized by that Individual, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

**For California and Vermont Residents:** If it becomes necessary to share an Individual's Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining permission from the Individual.

## **II. Data Security**

To help **prevent unwarranted disclosure of Personal Information and secure it from theft, we utilize secure computer** networks. Access is restricted to those persons who have a business need to use Personal Information in connection with servicing Workers' Compensation or Group Benefits insurance policies. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of Personal Information in compliance with federal and state privacy and information security laws.

## **III. Maintaining Personal Information**

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. An Individual who believes the information we have in our records or files is incomplete or inaccurate, may request that we make additions or corrections, or if it is feasible, that we delete the Individual's information from our files. An Individual may make this request in writing to (include your name, address, policy number or claim number):

**Chief Privacy Officer  
AIG Property Casualty  
175 Water Street, 15<sup>th</sup> Floor | New York, NY 10038  
Fax: 212 458-7081  
E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)**

**Special Notice:** Individuals can obtain access to any non-public Personal Information we have about them if they properly identify themselves and submit a written request to the address above describing the information they want to review. We will also tell them the identity, if recorded, of persons to whom we have disclosed their non-public Personal Information within the preceding two years.

Individuals subject to this notice may request that we correct, amend or delete information about them. If we do so, we will notify organizations that provided us with that information and, upon such Individual's request, persons who received that information from us within the preceding two years. If we cannot grant a request to correct, amend or delete the information, the Individual may give us a written statement of the reasons why they disagree, which we will place in their file and give to the same parties who would have been notified of the requested change.

### **Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice**

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; American General Life Insurance Company of Delaware; and AIU Company.

## LOSS REIMBURSEMENT ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

This Endorsement applies solely between you and us. It does not affect the rights of others.

### I. Payment and Reimbursement Conditions

#### A. We will pay:

1. all benefits and costs payable under PART ONE - WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

#### B. You will reimburse us promptly up to the applicable reimbursement limit shown in the Schedule for any amounts we have so paid.

#### C. You will further reimburse us promptly for the following:

1. any "allocated loss adjusting expense" we pay, according to one of the Options described below and selected in the Schedule. If no selection is indicated, Option A applies. Your obligation to reimburse us for "allocated loss adjusting expense" applies separately to "each accident" or, for bodily injury by disease, to "each claim".
  - a) **Option A:** All "allocated loss adjusting expenses" up to the amount by which the applicable reimbursement limit exceeds the amount you must reimburse us for benefits or damages we pay.
  - b) **Option B:** All "allocated loss adjusting expenses".
  - c) **Option C:** A part of all "allocated loss adjusting expenses" in the proportion that the sum you must reimburse us for benefits or damages bears to all benefits and damages we pay. If we make no payment of benefits or damages, you must reimburse us for all "allocated loss adjusting expenses" we pay up to the applicable Reimbursement Amount.
  - d) **Option D:** No "allocated loss adjusting expenses".

#### D. Aggregate Limit: If a Limit is shown in the Schedule as "Aggregate Limit", subject to items 1 and 2 below, that Limit is the most you must reimburse us in the aggregate for all benefits and damages and "allocated loss adjusting expenses" that we pay under this policy and the other policies described in the Schedule. If no Aggregate Limit is shown in the Schedule, no aggregate limit applies to your reimbursement obligation.

1. The Aggregate Limit (if any) shown in the Schedule is an estimate. Subject to item 2 below, the final Aggregate Limit will be determined after this policy ends by using the actual, not the estimated, Aggregate Limit Basis for all policies to which it applies and the rate shown in the Schedule.
  2. The final Aggregate Limit will not be reduced if this or any other such policy is issued for a term of less than one year, or if this or any other such policy or this endorsement is canceled by you before the end of the policy period for any reason except your retirement from business.
- #### E. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

### II. General Conditions

#### A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insureds, and to deliver to us the collateral described in Section B below.
2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

## LOSS REIMBURSEMENT ENDORSEMENT

### B. Loss Fund Deposit

In addition to the premium, you must pay us in cash at the inception of the policy the amount shown in the Schedule as the Loss Fund Deposit. We may commingle those funds with any other of our funds and use them in any lawful manner. We will have a possessory security interest in those funds. We will return the Loss Fund Deposit to you when you have paid us the premium under our offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium.

### C. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us within twenty (20) days of your receipt of an invoice from us up to the applicable reimbursement limit for any amounts that we pay as benefits or damages and for your share of the "allocated loss adjusting expense" and "unallocated loss adjusting expense".
2. You must deliver to us within thirty (30) days of the inception of this policy collateral acceptable to us in the forms and the amounts shown in the Schedule. We will have a possessory security interest in any property you deliver to us to secure such obligations. We will review the collateral as soon as practicable after the second anniversary of the inception of this policy, and annually thereafter. If we find that we require increased collateral, you will provide us such an increase within thirty (30) days of our request. If we find that we hold a surplus of collateral, we will return the surplus to you within thirty (30) days of our finding.
3. If you fail to reimburse us when due, we may liquidate any collateral in our possession and take ownership of the proceeds to the extent of all your debts to us. Any surplus of such proceeds in excess of your debt will remain in our possession as collateral until the commutation of your remaining reimbursement obligations under Paragraph D of this Section II.

### D. Cancellation

Part Six of the policy -- "CONDITIONS", Section D. "Cancellation" is amended to include the following:

If you fail to reimburse us or to deliver collateral to us when due, we may cancel this policy by mailing or delivering written notice to you not less than 10 days prior to the effective date of such cancellation stating the day and hour the cancellation is to take effect. Proof of the mailing of such notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to provide notice.

### E. Commutation

Upon your request, but not earlier than the second anniversary of the inception of this policy and not more often than annually thereafter, we must offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium. We may offer such terms at any time. You will have no obligation to accept our offer.

### F. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all

payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and allocated loss adjusting expenses in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

### G. Unallocated Loss Adjusting Expense:

If an "unallocated loss adjusting expense" (ULAE) percentage is shown in the Schedule, an estimated provision for the "unallocated loss adjusting expense" we incur is included in the premium. We will determine the final provision in premium for "unallocated loss adjusting expense" by multiplying the ULAE percentage by the amount you must reimburse us for benefits and damages we have paid. We will recompute the premium for this insurance annually, beginning 18 months after the inception of this policy, to include the adjusted provision for ULAE. You must pay us any additional premium so computed. We will repay you any return premium so computed.

## III. Definitions

- A. "Allocated loss adjusting expense" means claim adjusting expense allocated by us directly to particular claims. Such expenses shall include, but not be limited to, attorneys' fees for claims in suit, court costs, and other specific items of expense such as fees for medical examinations, expert testimony, laboratory, x-ray and autopsy services, stenographic services, witnesses and summonses, and copies of documents.
- B. "Unallocated loss adjusting expense" means all claims adjusting expenses we incur other than "allocated loss adjusting expense".
- C. "Claim" means each demand you receive for:
  1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
  2. damages covered by this policy.
- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the Aggregate Reimbursable Limit applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification. Standard Premium does not include the following items: Expense Constant, Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item.



**PREMIUM DUE DATE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**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.**

**UNINTENTIONAL ERRORS AND OMISSIONS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART SIX - CONDITIONS** is amended by the addition of the following:

- F. Unintentional errors or omissions in representations made to us or our agent by you or any other insured before the inception of this policy will not impair your rights under this policy.

Countersigned by \_\_\_\_\_



**ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PART SIX - CONDITIONS. D. - Cancellation, 2.** is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

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

Cancellation: 90 Days

Non-Renewal: 90 Days



**AMENDMENT OF YOUR DUTIES IF INJURY OCCURS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS** is replaced by the following:

Tell us at once if injury occurs that may be covered by this policy. Knowledge of an injury by your agent, your servant, or your employee shall not in itself constitute knowledge by you unless your director of risk management or his/her designee, at the address shown in the policy declarations, will have received such notice. 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 costs.



**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

This endorsement, effective 12:01 AM 07/01/2016

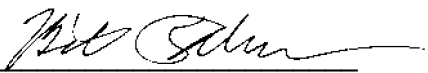
Forms a part of policy no.: WC 067-71-2598

Issued to: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: ILLINOIS NATIONAL INSURANCE CO.

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSO 14741 GOVERNOR ODEN BOWIE DR. UPPER MARLBORO, MD 20772-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	

Issue Date: 07/12/16

  
\_\_\_\_\_  
Authorized Representative

**SERVICE CENTER**

Phone: (877) 867-3783  
FAX: (800) 315-3896

July 12, 2016

AON PRIVATE RISK MNGMT INS AGENCY INC  
ATTN: MURPHY FERGUSON  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

**RE: Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S  
**Policy # :** WC 067-71-2598  
**Effective:** 07/01/2016

Dear Sir/Madam:

Enclosed please find the original and broker copies of the policy issued to the insured referenced above.

Upon review of the policy, we believe it is complete and accurate based upon the requirements noted on the binder. If you discover anything you believe is incomplete or inaccurate, please contact your underwriter so corrections can be made immediately.

We appreciate your business. **Your satisfaction is our # 1 Priority!**

Sincerely,

Service Specialist

CC: PAMELA GUERRERO, Underwriter

***World Leaders in Insurance and  
Financial Services***

# POLICY COVER PAGE

Date Printed: 07/12/16  
Time Printed: 103840

Policy/Quote Number: WC 067-71-2598

Underwriter Name: GUERRERO, PAMELA  
Issuing Office Division: 059  
Issuing Office Branch: 08  
Issuing Office Region: 014  
Operator Name: GOBUYAN, DUAN  
Operator Telephone: 999-999-9999

Transaction Type: REIS

Set Copy Name: NCCI BUREAU COPY  
Set Copy Mailing Instructions:

EPS TRACKING-ID: WC 06771259860001  
JOB-ID: \*\*\* ANY1610D \*\*\*

## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a AIG company. AIG companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling AIG at 1-800-706-3102.

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

ILLINOIS NATIONAL INSURANCE CO.  
12491

0096555-00

WC 067-71-2598

059-08-0716-60

INCORPORATED UNDER THE LAWS OF **ILLINOIS**  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 067712598

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/16	TO	07/01/17
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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: AK AL AZ CO CT DC FL HI IA ID IL IN KS KY LA MA ME MI MN MO NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year
				Estimated Premium

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$160 MD			
MINIMUM PREMIUM	\$750 MD	TOTAL ESTIMATED ANNUAL PREMIUM	\$1,190,039	

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM \$1,190,039

07/12/16 PITTSBURGH

08

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 067-71-2598

Effective Date: 07/01/2016

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81461	LARGE RISK RATING PLAN (LONG FORM)
PHNPAUD	POLHOLDER NOTE - NONPROD AUD SURCHARGE
USLHPOLNOT	USL&H POLICYHOLDER NOTICE
WC000106A	LONGSHORE AND HARBOR WC ACT COVERAGE
WC000311A	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC000313	WAIVER OF OUR RIGHT TO RECOVER
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000421D	CATASTROPHE PREMIUM ENDORSEMENT
WC000422B	TRIPRA DISCLOSURE ENDORSEMENT
WC000516	RETRO PREMIUM ENDORSEMENT (LRARO)
WC0FAC	NOTICE REG OFFICE OF FOREIGN ASSET CTRL
107437	PRIVACY POLICY
WC990002A	LOSS REIMBURSEMENT ENDT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC990011A	UNINTENTIONAL ERRORS AND OMISSIONS
WC990039	ADV NOTICE OF CANC OR NON-REN BY US EXTN
WC990008A	AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
WC190601F	MD CANCELLATION AND NONRENEWAL ENDT.
WC990610	NAMED INSUREDS/ADDRESSES



EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 067-71-2598  
Policy Prefix & No.

MARYLAND  
Schedule

190598217  
INTRA/Independent State Risk ID

059-08-0716-60

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711	457,800	29.09	133,174
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711F	IF ANY	42.76	
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711V	1,000,000	29.09	290,900
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				424,074
BLANKET WAIVER 2.00%	0930			8,481
INCREASE LIMITS 1.10%	9812			4,665
TOTAL UNMODIFIED PREMIUM				437,220
EXPERIENCE PREMIUM (ACTUAL) 4.4500	9898			1,508,409
MODIFIED STANDARD PREMIUM				1,945,629
UNDISCOUNTED PREMIUM				1,945,629
LOSS REIMB PLAN (NON-FEDERAL) -44.36%	9866			-863,081
DISCOUNTED PREMIUM				1,082,548
TAX PROVISION IN PREMIUM 6.58%	9719			71,232
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			12,722
NEGOTIATED TRIA MODIFICATION	9740			23,085
CATASTROPHE (SEE WC 00 04 21C) 0.02	9741			292
TOTAL ESTIMATED PREMIUM				1,190,039
TOTAL DUE				1,190,039
EXPERIENCE RATING MODIFICATION = 4.45				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$35,807				



**NOTICE TO POLICYHOLDER**  
**Your Obligation to file Federal Form LS-202**  
**"Employer's First Report of Injury or Occupational Illness"**

**Policy Number:** WC 067-71-2598

**Named Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

**YOUR REPORTING OBLIGATION**

When an employee is injured and the loss is subject to the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL). In the past we may have assisted you by filing the Form LS-202 on your behalf when you reported a subject injury to us. The DOL is now enforcing the requirement that the employers complete and file the Form LS-202; therefore, we can no longer perform that service for you.

**You must now file Form LS-202 with the United States Department of Labor.**

**WHAT DO YOU HAVE TO DO?**

1. **Decide if Federal law could apply:** Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:  
***[www.dol.gov/owcp/dlhwc/](http://www.dol.gov/owcp/dlhwc/)***

A reportable injury is defined on the Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of or in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. **If there is a reportable injury, file an LS-202 directly with the DOL:** You can access a specimen Form LS-202 through the following DOL web site:  
***[www.dol.gov/owcp/dlhwc/lscmrfaqs.htm# CENTRALC](http://www.dol.gov/owcp/dlhwc/lscmrfaqs.htm#CENTRALC)***

Once completed, send the form to the DOL within the timeframe required:

U. S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation  
201 Varick Street, Room 740  
Post Office Box 249  
New York, NY 10014-0249

**We recommend that the LS-202 form be mailed via certified mail so there is proof of mailing.**

3. **Notify us:** As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time that we insure you, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

**If federal law applies:** To notify us of an accident for which you filed an LS-202, please send us a copy of the Form LS-202 that you submitted to the DOL. You can send the form to us by fax, e-mail or regular mail as follows:

**Location of Accident**

**States of Our Western Zone**

Alaska	Colorado	Iowa	Montana	New Mexico	Oregon	Washington
Arizona	Hawaii	Kansas	Nebraska	North Dakota	Texas	Wyoming
Arkansas	Idaho	Louisiana	Nevada	Oklahoma	Utah	
California	Illinois	Missouri				

**Fax Number: 866-739-6981**

**E-Mail Address: [wz.wcfroi@AIG.com](mailto:wz.wcfroi@AIG.com)**

**US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225**

**States of Our Eastern Zone**

Alabama	Georgia	Massachusetts	New Jersey	Rhode Island	Vermont
Connecticut	Indiana	Michigan	New York	South Carolina	Virginia
Delaware	Kentucky	Minnesota	North Carolina	South Dakota	West Virginia
District of Columbia	Maine	Mississippi	Ohio	Tennessee	Wisconsin
Florida	Maryland	New Hampshire	Pennsylvania		

**Fax Number: 866.420.1404**

**E-Mail Address: [easternwcnewloss@AIG.com](mailto:easternwcnewloss@AIG.com)**

**U S Postal Service: AIGCS-WC Correspondence, P.O. Box 305902, Nashville, TN 37230-5902**

**If federal law does not apply:** To notify us of an accident for which an LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

**Phone: 877-399-6442      Internet: [www.aig.com/fnl](http://www.aig.com/fnl)**

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.

## VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement adds Voluntary Compensation Insurance to the policy.

### A. How This Insurance Applies

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

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

### B. We Will Pay

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

### C. Exclusions

This insurance does not cover:

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

### D. Before We Pay

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

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

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

**E. Recovery From Others**

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

**F. Employers Liability Insurance**

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

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, INCLUDING ANY VOLUNTEERS NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY

Designated Workers Compensation Law

STATE OF HIRE

This endorsement is not applicable in: HI, NJ, and WI.

WC 00 03 11 A  
(Ed. 08/91)

Countersigned by \_\_\_\_\_



**Archive Copy**

**Authorized Representative**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**Schedule**

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



**Authorized Representative**

**Archive Copy**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

THIS ENDORSEMENT IS NOT APPLICABLE IN NEW JERSEY, PENNSYLVANIA, CALIFORNIA, DELAWARE, TEXAS, MAINE OR NEVADA.



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

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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.

State	Schedule Rate	Premium
-------	------------------	---------

WC 00 04 21 D  
(Ed. 1-15)

Countersigned by \_\_\_\_\_ 



## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

### Definitions

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

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

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

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

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

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

### Limitation of Liability

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

**Policyholder Disclosure Notice**

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

**Schedule**

State	Rate	Premium
-------	------	---------

**PREMIUM DUE DATE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**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.**



**ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PART SIX - CONDITIONS. D. - Cancellation, 2.** is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

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

Cancellation: 90 Days

Non-Renewal: 90 Days

**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

This endorsement, effective 12:01 AM 07/01/2016

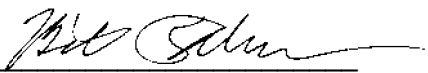
Forms a part of policy no.: WC 067-71-2598

Issued to: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: ILLINOIS NATIONAL INSURANCE CO.

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSO 14741 GOVERNOR ODEN BOWIE DR. UPPER MARLBORO, MD 20772-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	

Issue Date: 07/12/16

  
\_\_\_\_\_  
Authorized Representative

# POLICY COVER PAGE

Date Printed: 07/12/16  
Time Printed: 103840

Policy/Quote Number: WC 067-71-2598

Underwriter Name: GUERRERO, PAMELA  
Issuing Office Division: 059  
Issuing Office Branch: 08  
Issuing Office Region: 014  
Operator Name: GOBUYAN, DUAN  
Operator Telephone: 999-999-9999

Transaction Type: REIS

Set Copy Name: HOME OFFICE COPY  
Set Copy Mailing Instructions:

EPS TRACKING-ID: WC 06771259860001  
JOB-ID: \*\*\* ANY1610D \*\*\*

## **POLICYHOLDER NOTICE**

Thank you for purchasing insurance from a AIG company. AIG companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG companies to brokers and independent agents in the United States by visiting our website at [www.aig.com/producercompensation](http://www.aig.com/producercompensation) or by calling AIG at 1-800-706-3102.



ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

ILLINOIS NATIONAL INSURANCE CO.  
12491

0096555-00

WC 067-71-2598

059-08-0716-60

INCORPORATED UNDER THE LAWS OF **ILLINOIS**  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S  
14741 GOVERNOR ODEN BOWIE DR.  
UPPER MARLBORO, MD 20772-0000



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON PRIVATE RISK MNGMT INS AGENCY INC  
1120 20TH ST., NW.SUITE 600  
WASHINGTON, DC 20036-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 067712598

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/16	TO	07/01/17
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. 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: AK AL AZ CO CT DC FL HI IA ID IL IN KS KY LA MA ME MI MN MO NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year
				Estimated Premium

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$160 MD  
MINIMUM PREMIUM \$750 MD TOTAL ESTIMATED ANNUAL PREMIUM \$1,190,039

If indicated below, interim adjustments of premium shall be made:

Semi-Annually  Quarterly  Monthly

DEPOSIT PREMIUM \$1,190,039

07/12/16 PITTSBURGH

08

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 067-71-2598

Effective Date: 07/01/2016

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81461	LARGE RISK RATING PLAN (LONG FORM)
PHNPAUD	POLHOLDER NOTE - NONPROD AUD SURCHARGE
USLHPOLNOT	USL&H POLICYHOLDER NOTICE
WC000106A	LONGSHORE AND HARBOR WC ACT COVERAGE
WC000311A	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC000313	WAIVER OF OUR RIGHT TO RECOVER
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000421D	CATASTROPHE PREMIUM ENDORSEMENT
WC000422B	TRIPRA DISCLOSURE ENDORSEMENT
WC000516	RETRO PREMIUM ENDORSEMENT (LRARO)
WC0FAC	NOTICE REG OFFICE OF FOREIGN ASSET CTRL
107437	PRIVACY POLICY
WC990002A	LOSS REIMBURSEMENT ENDT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC990011A	UNINTENTIONAL ERRORS AND OMISSIONS
WC990039	ADV NOTICE OF CANC OR NON-REN BY US EXTN
WC990008A	AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
WC190601F	MD CANCELLATION AND NONRENEWAL ENDT.
WC990610	NAMED INSUREDS/ADDRESSES

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

**ILLINOIS NATIONAL INSURANCE COMPANY  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661  
EXECUTIVE OFFICES  
500 WEST MADISON STREET, SUITE 3000  
CHICAGO, IL 60661**

**A Stock Insurance Company**

Coverage is provided by the Company designated on the Information Page

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
QUICK REFERENCE**

BEGINNING ON  
PAGE

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C. We Will Defend .....	1
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H. Statutory Provision .....	2

THE ABOVE REFERENCED POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,  
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

**QUICK REFERENCE - CONTINUED**

BEGINNING ON  
PAGE

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- B. We Will Pay.....3
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**PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY**

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

#### D. State

State means any state of the United States of America, and the District of Columbia.

#### E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

### PART ONE WORKERS COMPENSATION INSURANCE

#### A. How This Insurance Applies

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

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

#### B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

#### C. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### D. We Will Also Pay

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

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

#### E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

- a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO  
EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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

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

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

### C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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

### D. We Will Defend

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

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

### E. We Will Also Pay

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

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

#### F. Other Insurance

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

#### G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

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

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

#### H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

#### I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

### PART THREE OTHER STATES INSURANCE

#### A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

#### B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

### PART FOUR YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal



papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

## **PART FIVE PREMIUM**

### **A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

### **B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

### **C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

### **E. Final Premium**

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

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

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

### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

### **G. Audit**

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

## **PART SIX CONDITIONS**

### **A. Inspection**

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

### **B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

### **C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

### **D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

### **E. Sole Representative**

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

**IN WITNESS WHEREOF**, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative.



Secretary



President

## EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 067-71-2598  
Policy Prefix & No.

MARYLAND  
Schedule

190598217  
INTRA/Independent State Risk ID

059-08-0716-60

THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711	457,800	29.09	133,174
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711F	IF ANY	42.76	
FIRE PATROL OR PROTECTIVE CORPS & DRIVERS-VOLUNTEER	7711V	1,000,000	29.09	290,900
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				424,074
BLANKET WAIVER 2.00%	0930			8,481
INCREASE LIMITS 1.10%	9812			4,665
TOTAL UNMODIFIED PREMIUM				437,220
EXPERIENCE PREMIUM (ACTUAL) 4.4500	9898			1,508,409
MODIFIED STANDARD PREMIUM				1,945,629
UNDISCOUNTED PREMIUM				1,945,629
LOSS REIMB PLAN (NON-FEDERAL) -44.36%	9866			-863,081
DISCOUNTED PREMIUM				1,082,548
TAX PROVISION IN PREMIUM 6.58%	9719			71,232
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			12,722
NEGOTIATED TRIA MODIFICATION	9740			23,085
CATASTROPHE (SEE WC 00 04 21C) 0.02	9741			292
TOTAL ESTIMATED PREMIUM				1,190,039
TOTAL DUE				1,190,039
EXPERIENCE RATING MODIFICATION = 4.45				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$35,807				

## **POLICYHOLDER NOTICE**

Please be advised that, if you fail to comply with the audit provisions set forth in Part Five, Paragraph G. of your policy by not allowing us to examine and audit your records that relate to your policy, we will charge you all applicable charges and/or surcharges set forth in our manuals of rules, rates, rating plans and classifications and/or in any applicable laws or regulations.

If you have any questions about these matters, please contact your broker or insurance agent.



**NOTICE TO POLICYHOLDER**  
**Your Obligation to file Federal Form LS-202**  
**"Employer's First Report of Injury or Occupational Illness"**

**Policy Number:** WC 067-71-2598

**Named Insured:** THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

**YOUR REPORTING OBLIGATION**

When an employee is injured and the loss is subject to the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL). In the past we may have assisted you by filing the Form LS-202 on your behalf when you reported a subject injury to us. The DOL is now enforcing the requirement that the employers complete and file the Form LS-202; therefore, we can no longer perform that service for you.

**You must now file Form LS-202 with the United States Department of Labor.**

**WHAT DO YOU HAVE TO DO?**

1. **Decide if Federal law could apply:** Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:  
***[www.dol.gov/owcp/dlhwc/](http://www.dol.gov/owcp/dlhwc/)***

A reportable injury is defined on the Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of or in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. **If there is a reportable injury, file an LS-202 directly with the DOL:** You can access a specimen Form LS-202 through the following DOL web site:  
***[www.dol.gov/owcp/dlhwc/lscmrfaqs.htm# CENTRALC](http://www.dol.gov/owcp/dlhwc/lscmrfaqs.htm#CENTRALC)***

Once completed, send the form to the DOL within the timeframe required:

U. S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Longshore and Harbor Workers' Compensation  
201 Varick Street, Room 740  
Post Office Box 249  
New York, NY 10014-0249

**We recommend that the LS-202 form be mailed via certified mail so there is proof of mailing.**

3. **Notify us:** As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time that we insure you, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

**If federal law applies:** To notify us of an accident for which you filed an LS-202, please send us a copy of the Form LS-202 that you submitted to the DOL. You can send the form to us by fax, e-mail or regular mail as follows:

**Location of Accident**

**States of Our Western Zone**

Alaska Colorado Iowa Montana New Mexico Oregon Washington  
Arizona Hawaii Kansas Nebraska North Dakota Texas Wyoming  
Arkansas Idaho Louisiana Nevada Oklahoma Utah  
California Illinois Missouri

**Fax Number: 866-739-6981**

**E-Mail Address: [wz.wcfroi@AIG.com](mailto:wz.wcfroi@AIG.com)**

**US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225**

**States of Our Eastern Zone**

Alabama Georgia Massachusetts New Jersey Rhode Island Vermont  
Connecticut Indiana Michigan New York South Carolina Virginia  
Delaware Kentucky Minnesota North Carolina South Dakota West Virginia  
District of Columbia Maine Mississippi Ohio Tennessee Wisconsin  
Florida Maryland New Hampshire Pennsylvania

**Fax Number: 866.420.1404**

**E-Mail Address: [easternwcnewloss@AIG.com](mailto:easternwcnewloss@AIG.com)**

**U S Postal Service: AIGCS-WC Correspondence, P.O. Box 305902, Nashville, TN 37230-5902**

**If federal law does not apply:** To notify us of an accident for which an LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

**Phone: 877-399-6442 Internet: [www.aig.com/fnl](http://www.aig.com/fnl)**

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**C. Workers' Compensation Law**

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

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

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

**Schedule**

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
Maryland	47.00 %

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



## VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement adds Voluntary Compensation Insurance to the policy.

### A. How This Insurance Applies

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

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

### B. We Will Pay

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

### C. Exclusions

This insurance does not cover:

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

### D. Before We Pay

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

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

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

**E. Recovery From Others**

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

**F. Employers Liability Insurance**

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

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, INCLUDING ANY VOLUNTEERS NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY

Designated Workers Compensation Law

STATE OF HIRE

This endorsement is not applicable in: HI, NJ, and WI.

WC 00 03 11 A  
(Ed. 08/91)

Countersigned by \_\_\_\_\_



**Archive Copy**

**Authorized Representative**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

**Schedule**

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, North Dakota, Ohio, Texas, Utah, or Washington. This form is not applicable in Missouri when there is a construction code on the policy and there is Missouri premium or exposure.

WC 00 03 13  
(Ed. 04/84)

Countersigned by \_\_\_\_\_



**Authorized Representative**

**Archive Copy**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

THIS ENDORSEMENT IS NOT APPLICABLE IN NEW JERSEY, PENNSYLVANIA, CALIFORNIA, DELAWARE, TEXAS, MAINE OR NEVADA.



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

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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.

State	Schedule Rate	Premium
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WC 00 04 21 D  
(Ed. 1-15)

Countersigned by \_\_\_\_\_ 

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

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

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

### Definitions

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

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

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

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

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

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

### Limitation of Liability

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

**Policyholder Disclosure Notice**

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

**Schedule**

State	Rate	Premium
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**RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT-LARGE RISK ALTERNATIVE RATING OPTION  
(LRARO)**

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 12:01 AM 07/01/2016 forms a part of Policy No: WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement applies only to workers compensation and employers liability insurance when rated under the provisions of the Large Risk Alternative Rating Option that we have negotiated with you.





**IMPORTANT NOTICE TO OUR CUSTOMERS  
REGARDING THE  
OFFICE OF FOREIGN ASSETS CONTROL**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

**WHAT IS OFAC?**

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

**PROHIBITED ACTIVITY**

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:

<http://www.ustreas.gov/offices/eotffc/ofac>.

**OBLIGATIONS PLACED ON US BY OFAC**

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

**POTENTIAL ACTIONS BY US**

1. We shall not be deemed to provide cover when it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.

2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

**YOUR RIGHTS AS A POLICYHOLDER**

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <http://www.ustreas.gov/offices/eotffc/ofac/legal/forms/license.pdf>

**AIG Property Casualty  
Workers' Compensation and Group Benefits  
U.S. Privacy and Data Security Notice**

**About This Notice**

This Privacy and Data Security Notice applies only to Personal Information about an individual (see definitions below) obtained by one of the property-casualty insurance company subsidiaries or affiliates of American International Group, Inc. listed at the end of this notice (collectively, the "AIG Companies" or "we") in connection with a Workers' Compensation or Group Benefits insurance policy to which this notice is attached. The AIG Companies have established practices, procedures and system protections that are designed to help protect the privacy and security of this Personal Information. This notice outlines how we collect, handle, and disclose such Personal Information.

The term "Individual," as used in this Privacy and Data Security Notice, means a natural person who is a beneficiary of or claimant under a Workers' Compensation or Group Benefit insurance policy. The term "Individual" also means a natural person who purchases a Workers' Compensation insurance policy for personal, family or household purposes in the United States. The term "Individual" does not include a natural person or organization that is a commercial purchaser of a Workers' Compensation or a Group Benefits insurance policy even if they are the recipient of this notice.

The term "Personal Information," as used in this Privacy and Data Security Notice, means information that identifies an Individual. Examples of Personal Information include, but are not limited to, a first and last name, a home or other physical address, an email address, a financial account or credit card number, a driver's license number, and information on a physical condition or health status.

**I. Information Privacy**

We may collect Personal Information through applications, enrollment forms, in claims processing, or in your other interactions with us and with our Affiliates.

We will collect Personal Information only in accordance with applicable laws or regulations, whether we collect it in response to a request for a product or service from us or otherwise.

**Information Sharing**

We may share Personal Information with Affiliates and Non-Affiliates as described below.

**With our Affiliates:**

Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

We may share Personal Information, including Personal Information of a health nature, with our Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Affiliates for the purpose of detecting and preventing fraud, or as otherwise permitted or required by law.

**With Non-Affiliates:**

We may share Personal Information, including Personal Information of a health nature, with Non-Affiliates that assist us in servicing insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as authorized by that Individual, or as otherwise permitted or required by law.

We may also enter into joint marketing agreements with Non-Affiliates to share non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share Personal Information with either Affiliates or Non-Affiliates in any other way, there is no need for an opt-out process in our privacy procedures.

**For California and Vermont Residents:** If it becomes necessary to share an Individual's Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining permission from the Individual.

## **II. Data Security**

To help **prevent unwarranted disclosure of Personal Information and secure it from theft, we utilize secure computer** networks. Access is restricted to those persons who have a business need to use Personal Information in connection with servicing Workers' Compensation or Group Benefits insurance policies. We also maintain physical, electronic, and procedural safeguards designed to protect your Personal Information in compliance with federal and state privacy and information security laws. Non-Affiliates that assist us in servicing insurance policies or who enter into joint marketing agreements with us are required to take measures to maintain the security of Personal Information in compliance with federal and state privacy and information security laws.

## **III. Maintaining Personal Information**

We also maintain procedures to ensure that the Personal Information we collect is accurate, up-to-date, and as complete as possible. An Individual who believes the information we have in our records or files is incomplete or inaccurate, may request that we make additions or corrections, or if it is feasible, that we delete the Individual's information from our files. An Individual may make this request in writing to (include your name, address, policy number or claim number):

**Chief Privacy Officer  
AIG Property Casualty  
175 Water Street, 15<sup>th</sup> Floor | New York, NY 10038  
Fax: 212 458-7081  
E-Mail: [CIPrivacy@aig.com](mailto:CIPrivacy@aig.com)**

**Special Notice:** Individuals can obtain access to any non-public Personal Information we have about them if they properly identify themselves and submit a written request to the address above describing the information they want to review. We will also tell them the identity, if recorded, of persons to whom we have disclosed their non-public Personal Information within the preceding two years.

Individuals subject to this notice may request that we correct, amend or delete information about them. If we do so, we will notify organizations that provided us with that information and, upon such Individual's request, persons who received that information from us within the preceding two years. If we cannot grant a request to correct, amend or delete the information, the Individual may give us a written statement of the reasons why they disagree, which we will place in their file and give to the same parties who would have been notified of the requested change.

### **Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice**

We may change this Privacy and Data Security Notice from time to time, and if particular changes are required by law to be communicated to you, we will do so.

The AIG Companies include: American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; American International Life Assurance Company of New York; American General Life Insurance Company of Delaware; and AIU Company.

## LOSS REIMBURSEMENT ENDORSEMENT

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN 'S

By ILLINOIS NATIONAL INSURANCE CO.

This Endorsement applies solely between you and us. It does not affect the rights of others.

### I. Payment and Reimbursement Conditions

#### A. We will pay:

1. all benefits and costs payable under PART ONE - WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

#### B. You will reimburse us promptly up to the applicable reimbursement limit shown in the Schedule for any amounts we have so paid.

#### C. You will further reimburse us promptly for the following:

1. any "allocated loss adjusting expense" we pay, according to one of the Options described below and selected in the Schedule. If no selection is indicated, Option A applies. Your obligation to reimburse us for "allocated loss adjusting expense" applies separately to "each accident" or, for bodily injury by disease, to "each claim".
  - a) **Option A:** All "allocated loss adjusting expenses" up to the amount by which the applicable reimbursement limit exceeds the amount you must reimburse us for benefits or damages we pay.
  - b) **Option B:** All "allocated loss adjusting expenses".
  - c) **Option C:** A part of all "allocated loss adjusting expenses" in the proportion that the sum you must reimburse us for benefits or damages bears to all benefits and damages we pay. If we make no payment of benefits or damages, you must reimburse us for all "allocated loss adjusting expenses" we pay up to the applicable Reimbursement Amount.
  - d) **Option D:** No "allocated loss adjusting expenses".

#### D. Aggregate Limit: If a Limit is shown in the Schedule as "Aggregate Limit", subject to items 1 and 2 below, that Limit is the most you must reimburse us in the aggregate for all benefits and damages and "allocated loss adjusting expenses" that we pay under this policy and the other policies described in the Schedule. If no Aggregate Limit is shown in the Schedule, no aggregate limit applies to your reimbursement obligation.

1. The Aggregate Limit (if any) shown in the Schedule is an estimate. Subject to item 2 below, the final Aggregate Limit will be determined after this policy ends by using the actual, not the estimated, Aggregate Limit Basis for all policies to which it applies and the rate shown in the Schedule.
  2. The final Aggregate Limit will not be reduced if this or any other such policy is issued for a term of less than one year, or if this or any other such policy or this endorsement is canceled by you before the end of the policy period for any reason except your retirement from business.
- #### E. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

### II. General Conditions

#### A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insureds, and to deliver to us the collateral described in Section B below.
2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

## LOSS REIMBURSEMENT ENDORSEMENT

### B. Loss Fund Deposit

In addition to the premium, you must pay us in cash at the inception of the policy the amount shown in the Schedule as the Loss Fund Deposit. We may commingle those funds with any other of our funds and use them in any lawful manner. We will have a possessory security interest in those funds. We will return the Loss Fund Deposit to you when you have paid us the premium under our offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium.

### C. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us within twenty (20) days of your receipt of an invoice from us up to the applicable reimbursement limit for any amounts that we pay as benefits or damages and for your share of the "allocated loss adjusting expense" and "unallocated loss adjusting expense".
2. You must deliver to us within thirty (30) days of the inception of this policy collateral acceptable to us in the forms and the amounts shown in the Schedule. We will have a possessory security interest in any property you deliver to us to secure such obligations. We will review the collateral as soon as practicable after the second anniversary of the inception of this policy, and annually thereafter. If we find that we require increased collateral, you will provide us such an increase within thirty (30) days of our request. If we find that we hold a surplus of collateral, we will return the surplus to you within thirty (30) days of our finding.
3. If you fail to reimburse us when due, we may liquidate any collateral in our possession and take ownership of the proceeds to the extent of all your debts to us. Any surplus of such proceeds in excess of your debt will remain in our possession as collateral until the commutation of your remaining reimbursement obligations under Paragraph D of this Section II.

### D. Cancellation

Part Six of the policy -- "CONDITIONS", Section D. "Cancellation" is amended to include the following:

If you fail to reimburse us or to deliver collateral to us when due, we may cancel this policy by mailing or delivering written notice to you not less than 10 days prior to the effective date of such cancellation stating the day and hour the cancellation is to take effect. Proof of the mailing of such notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to provide notice.

### E. Commutation

Upon your request, but not earlier than the second anniversary of the inception of this policy and not more often than annually thereafter, we must offer to commute your remaining reimbursement obligations, if any, to a fixed payment of premium. We may offer such terms at any time. You will have no obligation to accept our offer.

### F. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all

payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and allocated loss adjusting expenses in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

### G. Unallocated Loss Adjusting Expense:

If an "unallocated loss adjusting expense" (ULAE) percentage is shown in the Schedule, an estimated provision for the "unallocated loss adjusting expense" we incur is included in the premium. We will determine the final provision in premium for "unallocated loss adjusting expense" by multiplying the ULAE percentage by the amount you must reimburse us for benefits and damages we have paid. We will recompute the premium for this insurance annually, beginning 18 months after the inception of this policy, to include the adjusted provision for ULAE. You must pay us any additional premium so computed. We will repay you any return premium so computed.

## III. Definitions

- A. "Allocated loss adjusting expense" means claim adjusting expense allocated by us directly to particular claims. Such expenses shall include, but not be limited to, attorneys' fees for claims in suit, court costs, and other specific items of expense such as fees for medical examinations, expert testimony, laboratory, x-ray and autopsy services, stenographic services, witnesses and summonses, and copies of documents.
- B. "Unallocated loss adjusting expense" means all claims adjusting expenses we incur other than "allocated loss adjusting expense".
- C. "Claim" means each demand you receive for:
  1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
  2. damages covered by this policy.
- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the Aggregate Reimbursable Limit applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification. Standard Premium does not include the following items: Expense Constant, Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item.



**PREMIUM DUE DATE ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**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.**



**UNINTENTIONAL ERRORS AND OMISSIONS**

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

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**PART SIX - CONDITIONS** is amended by the addition of the following:

- F. Unintentional errors or omissions in representations made to us or our agent by you or any other insured before the inception of this policy will not impair your rights under this policy.





**ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**PART SIX - CONDITIONS. D. - Cancellation, 2.** is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

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

Cancellation: 90 Days

Non-Renewal: 90 Days

**AMENDMENT OF YOUR DUTIES IF INJURY OCCURS**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS** is replaced by the following:

Tell us at once if injury occurs that may be covered by this policy. Knowledge of an injury by your agent, your servant, or your employee shall not in itself constitute knowledge by you unless your director of risk management or his/her designee, at the address shown in the policy declarations, will have received such notice. 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 costs.



**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

This endorsement, effective 12:01 AM 07/01/2016 forms a part of Policy No. WC 067-71-2598

Issued to THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By ILLINOIS NATIONAL INSURANCE CO.

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

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

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

This endorsement, effective 12:01 AM 07/01/2016

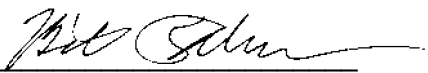
Forms a part of policy no.: WC 067-71-2598

Issued to: THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: ILLINOIS NATIONAL INSURANCE CO.

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	THE PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSO 14741 GOVERNOR ODEN BOWIE DR. UPPER MARLBORO, MD 20772-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	

Issue Date: 07/12/16

  
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Authorized Representative