



**The Cincinnati Insurance Company
The Cincinnati Casualty Company
The Cincinnati Indemnity Company**

Policy Number: SBW0037607-00

Effective Date: 12/04/2025

Named Insured: ABINGDON VILLAGE HOMES ASSOCIATION

For professional advice and policy questions or changes, please contact your local independent agency:

BUNN INSURANCE AGENCY INC
1248 CULVER LN
VIRGINIA BEACH, VA 23454

757-426-2664

Dear Policyholder:

Thank you

Thank you for trusting The Cincinnati Insurance Companies with your workers' compensation coverage. We recognize that locally based independent agents have the working knowledge to help you choose the right insurance company for your needs. Together with your local independent insurance agency, we are committed to providing you with the highest level of service.

Please review your enclosed policy information to verify your coverage details, as well as deductibles and coverage amounts. Should your needs change, your agent is available to review and update your policy.

Please promptly report claims

To report a workers' compensation claim, please call Cincinnati Insurance directly, any time day or night, using our toll-free Claims Reporting Center line at **877-242-2544**. Please have claim-related information ready - including your policy number, injured employee information, type and cause of injury and any treatment specifics - so our associates can expedite your claim.

Sincerely,

Sean M. Givler
Senior Vice President - Commercial Lines



Everything Insurance Should Be®

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

Headquarters: 6200 S Gilmore Road, Fairfield, OH 45014-5141

Mailing Address: P.O. Box 145496, Cincinnati, OH 45250-9496

Switchboard 513.870.2000

www.cinfin.com

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

	POLICY NUMBER	SBW0037607-00
PREVIOUS POLICY NUMBER	CARRIER	
NEW	15385	
ENTITY		
ASSOCIATION		
BILLING METHOD		
DIRECT		
AGENCY	AGENCY CODE:	45-241
BUNN INSURANCE AGENCY INC 1248 CULVER LN VIRGINIA BEACH, VA 23454		
PRODUCER: ASHLEY JEANNE HATCHELL		
1. NAMED INSURED AND MAILING ADDRESS		
ABINGDON VILLAGE HOMES ASSOCIATION 3061 BRICKHOUSE CT STE 109 VIRGINIA BEACH, VA 23452-6855		
2. POLICY PERIOD		
From 12/04/2025 to 12/04/2026 12:01 A.M. Standard Time at the insured's Mailing Address		
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the state(s) listed here:		
VA		
B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:		
Bodily Injury by Accident \$ 500,000 each accident		
Bodily Injury by Disease \$ 500,000 each employee		
Bodily Injury by Disease \$ 500,000 policy limit		
C. Other States Insurance: Part THREE of the policy applies to all states except ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3A OF THE INFORMATION PAGE		
D. This policy includes these endorsements and schedules:		
REFER TO ENDORSEMENT SCHEDULE		
4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.		

EXTENSION OF INFORMATION PAGE

SUMMARY OF PREMIUM CHARGED

Estimated Annual Premium	\$	292
Deposit Premium	\$	292

Taxes / Assessments	Rate	Premium
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Total \$ 292

Policy is subject to a Minimum Premium of \$ 217

ANNUAL PAYMENT SCHEDULE

Due Date	Premium Due
12/04/2025	\$292

NAME AND LOCATION SCHEDULE

Entity	ASSOCIATION
Federal Employee ID No.	54-0855589

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

State: VA

Risk ID No.

Loc No.	Code No	Classification Description	Premium Basis Total Estimated Remuneration	Rate per \$100 of Remuneration	Estimated Premium
1	9012	BUILDING OR PROPERTY MANAGEMENT--PROPERTY MANAGERS & LEASING AGENTS & CLERICAL, SALESPERSONS	1,000	0.370	4
Location Total					\$ 4
Manual Premium					\$ 4
	9848	BALANCE TO EMPLOYERS LIABILITY MINIMUM PREMIUM			75
	0990	BALANCE TO POLICY MINIMUM PREMIUM			53
State Premium					\$ 132
	0900	EXPENSE CONSTANT			160
	9740	TERRORISM		0.013	0
State Total Estimated Premium					\$ 292

EXTENSION OF INFORMATION PAGE

3D. ENDORSEMENT SCHEDULE

Form No.	Form Title
WC980606A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
IA4521 03/20	NOTICE OF PRIVACY PRACTICES
WC9906114	IMPORTANT NOTICE
WC000406	PREMIUM DISCOUNT ENDORSEMENT
WC000414A	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000419A 08/22	PART FIVE-PREMIUM AMENDATORY ENDORSEMENT
WC000422C 01/21	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC000424	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC980690	WORKERS COMPENSATION BROAD FORM ENDORSEMENT
WC990600B 05/24	SIGNATURE ENDORSEMENT
WC450602	VIRGINIA AMENDATORY ENDORSEMENT

Countersigned this day of ,

Authorized Representative

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

QUICK REFERENCE

	BEGINNING ON PAGE		BEGINNING ON PAGE
INFORMATION PAGE	i	PART TWO - EMPLOYERS LIABILITY	
GENERAL SECTION	1	INSURANCE (Cont'd).....	2
A. The Policy	1	H. Recovery From Others.....	4
B. Who Is Insured.....	1	I. Actions Against Us.....	4
C. Workers Compensation Law	1	PART THREE - OTHER STATES	
D. State.....	1	INSURANCE.....	4
E. Locations.....	1	A. How This Insurance Applies	4
PART ONE - WORKERS COMPENSATION		B. Notice.....	4
INSURANCE.....	1	PART FOUR - YOUR DUTIES IF INJURY	
A. How This Insurance Applies	1	OCCURS	4
B. We Will Pay	1	PART FIVE - PREMIUM.....	5
C. We Will Defend.....	1	A. Our Manuals.....	5
D. We Will Also Pay	1	B. Classifications	5
E. Other Insurance	1	C. Remuneration	5
F. Payments You Must Make.....	1	D. Premium Payments.....	5
G. Recovery From Others	2	E. Final Premium	5
H. Statutory Provisions	2	F. Records.....	5
PART TWO - EMPLOYERS LIABILITY		G. Audit.....	5
INSURANCE.....	2	PART SIX - CONDITIONS.....	5
A. How This Insurance Applies	2	A. Inspection.....	5
B. We Will Pay	2	B. Long Term Policy.....	5
C. Exclusions.....	3	C. Transfer of Your Rights and Duties.....	6
D. We Will Defend.....	3	D. Cancellation	6
E. We Will Also Pay	3	E. Sole Representative.....	6
F. Other Insurance	3		
G. Limits of Liability.....	4		

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

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 em-

ployment, 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 state 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.

NOTICE OF PRIVACY PRACTICES

For additional information on our privacy policies, including state specific information, please visit <https://www.cinfin.com/privacy-policy>.

NOTICE TO POLICYHOLDERS

DIRECT BILL ACCOUNT CREDIT PROCEDURE

This is a notice of how an account credit will be applied to your policy or to all of the policies being billed as single account.

Account Credits

- A.** If your account is comprised of **a single policy** and an endorsement or premium audit results in a credit (return premium), the credit is applied to that policy. If your account does not have a future installment due at the time the endorsement or audit is processed, the credit is refunded to the payor listed for your account. If you do not wish for credits to be automatically applied to future unpaid installments, please contact us to request a refund. Please note that the amount of the refund may vary based upon the date you contact us and your billing schedule.
- B.** If your account is comprised of **more than one policy** and an endorsement or premium audit results in a credit (return premium), the credit is applied in the following manner:
- Payments previously applied to your account are deferred.
 - The credit that results from the endorsement or audit is applied to the policy generating the credit.
 - The payments that were deferred are then reapplied to the account in order to satisfy the amount due.
 - Any excess payment that results from the credit is applied proportionately to your policies with a future payment or installment due.
 - If you do not wish for credits to be automatically applied to future unpaid installments, please contact us to request a refund. Please note that the amount of the refund may vary based upon the date you contact us and your billing schedule.
 - If your account does not have a future installment or payment due at the time the endorsement or audit is processed, the credit is refunded to the payor listed for your account.

(Does not apply to audit return premium for payors located in New York; Does not apply to premiums due more than 30 days from the date of processing for payors located in New Hampshire. These credits are automatically refunded to the payor)

To request a refund, contact us at:

Mailing Address

The Cincinnati Insurance Company
PO Box 14529
Cincinnati, OH 45250-0529

Toll free phone number

877-942-2455

Electronic mail

CinciBill@cinfin.com

IMPORTANT NOTICE

IF YOU ENGAGE SUB-CONTRACTORS, MAKE SURE YOUR SUB-CONTRACTORS COMPLY WITH THE WORKERS' COMPENSATION LAW. THEY SHOULD ALSO FURNISH YOU WITH CERTIFICATES OF INSURANCE. THESE WILL BE FURNISHED BY THE SUB-CONTRACTORS' INSURANCE CARRIERS WITHOUT COST. HAVE THESE CERTIFICATES AVAILABLE FOR OUR AUDITORS, SO THAT YOU WILL NOT HAVE TO PAY ADDITIONAL WORKERS' COMPENSATION PREMIUMS ON YOUR SUB-CONTRACTORS' EMPLOYEES.

PREMIUM DISCOUNT ENDORSEMENT

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

Schedule

1. <u>State</u>	<u>Estimated Eligible Premium</u>			Balance
	First	Next	Next	
VA	\$5,000	\$95,000	\$400,000	

2. Average percentage discount: _____ %
3. Other policies:
4. If there are no entries in Items 1, 2, and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

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

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

Endorsement Effective 12/04/2025 Policy No. SBW0037607-00 Endorsement No.

Insured ABINGDON VILLAGE HOMES ASSOCIATION

Insurance Company THE CINCINNATI INSURANCE COMPANY Premium \$INCL

Countersigned by _____

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

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

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

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

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

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

Endorsement Effective **12/04/2025** Policy No. **SBW0037607-00** Endorsement No.

Insured **ABINGDON VILLAGE HOMES ASSOCIATION**

Insurance Company **THE CINCINNATI INSURANCE COMPANY** Premium **\$INCL**

Countersigned by _____

PART FIVE-PREMIUM AMENDATORY ENDORSEMENT

This endorsement amends Part Five-Premium of the policy as follows:

Part Five-Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five-Premium, Section D. (Premium Payments) is replaced by the following provision:

D. Premium Payments

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

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

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

Endorsement Effective 12/04/2025 Policy No. SBW0037607-00 Endorsement No.

Insured ABINGDON VILLAGE HOMES ASSOCIATION

Insurance Company THE CINCINNATI INSURANCE COMPANY Premium \$INCL

Countersigned by _____

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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

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

Definitions

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

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

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

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

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

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.

3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule		
State	Rate	Premium
See State Schedule		

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

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

Endorsement Effective 12/04/2025 Policy No. SBW0037607-00 Endorsement No.

Insured ABINGDON VILLAGE HOMES ASSOCIATION

Insurance Company THE CINCINNATI INSURANCE COMPANY Premium INCL

Countersigned by _____

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

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

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

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

Note:

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

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
VA	ESTIMATED ANNUAL PREMIUM	UP TO TWO TIMES

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

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

Endorsement Effective 12/04/2025 Policy No. SBW0037607-00 Endorsement No.

Insured ABINGDON VILLAGE HOMES ASSOCIATION

Insurance Company THE CINCINNATI INSURANCE COMPANY Premium \$INCL

Countersigned by _____

WORKERS COMPENSATION BROAD FORM ENDORSEMENT

This endorsement changes the policy to which it is attached.

TABLE OF CONTENTS

<u>SUBJECT</u>	<u>BEGINS ON PAGE</u>
Voluntary Compensation And Employers Liability.....	2
A. How This Insurance Applies.....	2
B. We Will Pay.....	2
C. Exclusions.....	2
D. Before We Pay.....	2
E. Recovery From Others.....	2
F. Employers Liability Insurance.....	2
Alternate Employer.....	3
Longshore And Harbor Workers' Compensation Act.....	3
Defense Base Act.....	4
Foreign Coverage.....	4
1. Employees Covered.....	4
2. How This Insurance Applies.....	4
3. Exclusions.....	4
4. Voluntary Workers' Compensation.....	5
5. Legal Liability Under Workers' Compensation Law.....	5
6. Excess Repatriation Expenses.....	5
7. Employers Liability.....	6
8. Premium.....	6
9. Other Insurance.....	6
Broadening WC 00 00 00 C as follows:.....	7
We Will Also Pay.....	7
Other States Insurance.....	7
Unintentional Failure To Disclose Hazards.....	7
Schedule Of Covered States.....	7

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY

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 State of Employment shown in the Schedule were shown in Item **3.A.** of the Information Page.

SCHEDULE

Employees	State of Employment	Designated Workers' Compensation Law
All employees including domestic and farm laborers but excluding the masters and members of the crew of any vessels.	Any State listed in Item 3.A. of the Information Page.	State of Hire (if state of hire is a monopolistic state or is not a state listed in the Schedule of Covered States, no coverage is afforded)

ALTERNATE EMPLOYER

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by an alternate employer in the state named in Item **2.** of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

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

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

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

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

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

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

SCHEDULE

1. Alternate Employer

If you are required by a written contract or agreement to provide alternate employer coverage, we agree to provide coverage as if that employer was scheduled here.

2. State of Special or Temporary Employment

Any state listed in Item **3.A.** of the Information Page.

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT

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>
Any state in Item 3.A. of the Information Page	Per filed rates
Please note that while no premium is charged up front, this is considered an "if any" exposure. If at audit exposures are discovered, the filed rates will be charged for the payrolls disclosed for jobs that require USL&H in a written contract.	

DEFENSE BASE ACT

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Defense Base Act. The policy applies to that work as though the location included in the description of the work were a state named in Item **3.A.** of the Information Page.

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

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item **3.A.** of the Information Page and the Defense Base Act (42 USC Sections 1651-1654). 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 (Employee Liability Insurance), **C. Exclusions.**, exclusion **8.** does not apply to work subject to the Defense Base Act.

SCHEDULE

Description of Work

We will consider the description of work to include all class codes on the policy.

Defense Base Act Coverage Percentage

Per filed rates

Please note that while no premium is charged up front, this is considered an "if any" exposure. If at audit exposures are discovered, the filed rates will be charged for the payrolls disclosed for jobs that require the Defense Base Act in a written contract.

FOREIGN COVERAGE

Section 1. Employees Covered

- A.** This coverage applies only to employees you hire within the limits of the United States of America while they are traveling or temporarily residing outside the United States of America, its territories or possessions, or Canada for a period no longer than 90 days.
- B.** This insurance does not apply to any employees you hire outside the limits of the United States of America.

Section 2. How This Insurance Applies

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

- A.** An employee included in the group of employees described in Item **1.** of the Schedule of this endorsement must sustain the bodily injury; and
- B.** The bodily injury must occur in the course of employment necessary or incidental to work in a state, country, or subdivision of a country listed in Item **1.** of the Schedule of this endorsement; and
- C.** Bodily injury by accident must occur during the policy period; or
- D.** The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions of your workplace must occur during the policy period.

Section 3. Exclusions

This insurance does not cover:

- A.** Bodily injury arising from any direct or indirect consequence of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.
- B.** Compensation or benefits imposed by any nonoccupational, disability benefits law, plan, or any similar law or plan.
- C.** Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers' Compensation

This endorsement amends Section **A.** of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item **1.** of the Schedule were subject to the workers' compensation law designated in Item **1.** of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under the law. If this is not possible, we will reimburse you for amounts you are required to pay.

The following provisions apply to this insurance:

- A.** In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the workers' compensation law designated in Item **1.** of the Schedule of this endorsement. The only exception to this is as provided for in Section **6.** Excess Repatriation Expenses.
- B.** We have the option to request you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C.** Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - (1)** Release you and us, in writing, from all responsibility for the bodily injury or death.
 - (2)** Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement.
 - (3)** Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions in this section.

- D.** Under this or any other policy we have issued to you, it is possible that the provisions of a workers' compensation law, plan, or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section **4.** of this endorsement. If this happens, we agree that we will make no further payments under Section **4.** if Section **5.** of this endorsement applies.

Section 5. Legal Liability Under Workers' Compensation Law

- A.** If benefits are payable under a workers' compensation or occupational disease law of any state, country, or subdivision of a country other than the United States of America, its territories or possessions, or Canada, we will reimburse you up to but not in excess of the cost of benefits which would have been payable under the workers' compensation law of the state designated in item **1.** of the Schedule of this endorsement.
- B.** We will not be liable for any loss for which you had other valid and collectible insurance.
- C.** We assume no obligation to defend any suit or proceeding against you outside of the United States of America, its territories or possessions, or Canada.
- D.** The coverage this Section **5.** affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers' compensation or occupational disease law of any state, country, or subdivision of a country.

Section 6. Excess Repatriation Expenses

This section only applies to coverage provided for in Sections **4.** and **5.** of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to employees. In the event an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item **2.** of the Schedule of this endorsement for one covered employee or accident.

The policy does not afford coverage for repatriation expenses unless a specific limit of liability for each covered employee and accident appears in Item **2.** of the Schedule of this endorsement.

Section 7. Employers' Liability

The following agreement replaces Section **B.** of Part Two Employers' Liability of the policy:

B. We Will Pay

We will pay on your behalf all sums which you become legally obligated to pay as damages because of bodily injury by accident or disease (including resulting death) sustained in any state, country, or subdivision of a country other than the United States of America, its territories or possessions, or Canada by any of your employees arising out of and in the course of employment by you.

The following provisions apply to Section **7.** of this endorsement:

A. We will reimburse you for all reasonable expenses you incur including attorneys' fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend any suit or any proceeding brought against you outside of the United States of America, its territories or possessions, or Canada.

B. The limit of our liability under Part Two will be in accordance with the following provisions:

The words "damages because of bodily injury by accident or disease, including death at any time resulting therefrom," in Part Two include damages for care and loss of services. These words also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees sustain arising out of and in the course of their employment.

The limit of liability in Item **3.** of the Schedule of this endorsement which applies to bodily injury by accident is the total limit of our liability for all damages because of bodily injury by accident including resulting death that one or more employees sustain.

The limit of liability in Item **3.** of the Schedule of this endorsement which applies to bodily injury by disease is the total limit of our liability for all damages because of bodily injury by disease including resulting death that one or more employees sustain in any one state, country, or subdivision of a country outside the United States, its territories or possessions, or Canada listed in Item **1.** of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

Section 8. Premium

In addition to the provisions of Part V of the policy, the following provisions will apply to this endorsement:

A. We will compute the premium for this coverage in accordance with Part V of the policy, upon all remuneration paid to employees while traveling or temporarily residing outside the United States of America, its territories or possessions, or Canada for a period of no longer than 90 days. Remuneration includes overtime, bonuses, and cash allowances for cost of living and board and lodging.

B. We will determine the premium for this coverage on the basis of the workers' compensation rules, classifications, and rates in accordance with the manuals we use for the state workers' compensation law designated in Item **1.** of the Schedule of this endorsement.

C. You must maintain payroll records for any employees covered by the provisions of this endorsement.

Section 9. Other Insurance

The following provision replaces Section **E.** of Part One and Section **F.** of Part Two of the policy with respect to the coverage this endorsement provides:

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance except with respect to insurance provided under Section **5.** The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

SCHEDULE

1. Name(s) of Employees	State or Country of Operations	Designated Workers' Compensation Law
Any officer or employee covered by the WC policy	Any State or Country	State of Hire (if state of hire is a monopolistic state or is not a state listed in the Schedule of Covered States, no coverage is afforded)

2. Limits of Liability for Excess Repatriation Expenses

\$25,000 each employee
\$25,000 each accident

3. Limit of Liability for Part Two - Employers' Liability

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

WE WILL ALSO PAY

Under Part One Workers Compensation Insurance Paragraph 1. of **D. We Will Also Pay** is replaced by the following:

1. Reasonable expenses incurred at our request, INCLUDING loss of earnings. "Loss of Earnings" is defined as a loss of income sustained, of an insured, at the request of the carrier for the purposes of participating in the defense of a claim.

OTHER STATES INSURANCE

Under Part Three Other States Insurance Paragraph 4. of **A. How This Insurance Applies** is replaced by the following:

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 sixty days.

UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

If you unintentionally should fail to disclose all existing hazards at the inception date of your policy, we shall not deny coverage under this policy because of such failure.

SCHEDULE OF COVERED STATES

- A.** This endorsement only applies in the states listed in the Schedule of Covered States.
- B.** If a state, showing in Item **3.A.** of the Information Page, approves this endorsement after the effective date of the policy, this endorsement will apply to the new state as of the effective date of that state's approval.
- C.** Schedule of Covered States:

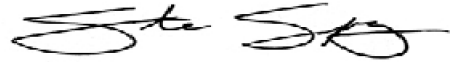
AL AR CO DE DC GA ID IL IA KY LA ME MD MA MI MS MO MT NE NV NH
NM OR RI SC SD TN UT VA WV

SIGNATURE ENDORSEMENT

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. The failure to countersign does not void coverage in Arizona, Virginia and Wisconsin. The attached Information Page indicates the company to which these signatures are applicable.



Secretary



President

VIRGINIA AMENDATORY ENDORSEMENT

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

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

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

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St
Richmond, Virginia 23219

1-877-664-2566
www.workcomp.virginia.gov

Every employer within the operation of the Virginia Workers' Compensation Act **MUST POST THIS NOTICE IN A CONSPICUOUS PLACE** in his place of business.

NOTICIA SOBRE COMPENSACIÓN LABORAL

Los empleados de ésta empresa estan cubiertos por la Ley de Compensacion Para Los Trabajadores de Virginia (Virginia Workers' Compensation Act). En caso de lesion por accidente o aviso de una enfermedad ocupacional:

EL EMPLEADO DEBE:

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional y dar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" de cualquier reclamo por compensación por periodos de incapacidad de más de siete días despues del accidente. En caso de lesiones fatales, el aviso debe ser dado por uno o mas de los dependientes o herederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audiencia dentro de dos años de la fecha de la lesión por accidente or de la primera comunicación del diagnóstico de enfermedad ocupacional, si no llega a un acuerdo con el empleador en relacion al pago de compensación bajo la Ley.
4. Presentar una solicitud a la Comisión dentro de los dos años de la fecha del accidente, si el tratamiento médico es anticipado por mas de dos años de la fecha del accidente y el empleado no ha recibido una orden de la Comisión.

NOTA: El reporte de accidente del empleador no es la presentacion del reclamo del empleado. El pago voluntario sueldos o compensacion durante la incapacidad o de los gastos medicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendo acuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dos años del accidente; un año en caso de fallecimiento.

EL EMPLEADOR DEBE:

1. Al momento del accidente, dar al empleado los nombres de por lo menos tres médicos, de los cuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comision a traves de su representate o directamente a la Comisión.
3. Determinar exactamente el salario semanal del empleado, incluyendo sobretiempo, comidas, uniformes, etc.

Preguntas pueden ser contestadas llamando a la Comision. Un folleto explicando la Ley de Compensación Para Los Trabajadores esta disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St., Richmond, Virginia 23219
1-877-664-2566
vwc.state.va.us

Cada empleador dentro de la operacion de la Ley de Compensacion Para Trabajadores en Virginia, DEBE DE EXPONER ESTE AVISO EN UN LUGAR VISIBLE, en la empresa o lugar de negocios.



Pharmacy First Fill Form



The Cincinnati Insurance Companies and myMatrixx, a leading pharmacy benefit manager, make filling your workers' compensation prescriptions easy!

Employer:

Please fill out the information in the First Fill Prescription Card below and provide the employee with this form to take to a pharmacy listed below. If you have not done so already, please report the claim immediately, 877-242-2544

Employee:

If you need a prescription filled for a work-related injury or illness:

- Go to a participating pharmacist listed below.
- Give the pharmacy processing information (BIN#, PCN/Group#) below along with your Social Security number and your prescription.
- The pharmacist will fill your prescription at no cost to you.

Pharmacists:

Please obtain information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Call 877-804-4900 with questions or if you receive a rejection. Please do not send the patient home or have the patient pay for medications before calling myMatrixx for assistance.

Certain medications are pre-approved for this patient. Pre-approved medications will process without a prior authorization. All others require prior approval.



First Fill Prescription Card

Employee Name _____
Employer _____
Rx BIN: 003858 _____
Processor: WC _____
Group #: VW3A _____
SSN: Claimant will provide verbally _____



CUSTOMER SERVICE
877-804-4900

Most pharmacies and all major chains are included in our network. If you need assistance locating a participating pharmacy near you, please call myMatrixx toll free, 877-804-4900.

Albertson's	Fred Meyer	Hy-Vee	Lifechek Drug	Price Chopper	Schnuck's	Tops Pharmacy
BJ's Pharmacy	Fred's	Ingles	Long's Drug	Price Cutter	Shopko	USA Drug
Costco	Fry's Pharmacy	Kaiser Permanente	Medicap	Publix	ShopRite	U-Save
Cub Pharmacy	Genovese	Kerr Drug	Medicine Shoppe	Raley's	Smith's	Vons
CVS Health	Giant Eagle	King Soopers	Meijer	Randall's	Snyders Drugs	Walgreens
Dominick's	Hannaford Foods	Kinney Drugs	Navarro Discount	Reasor's	Stop & Shop	Walmart
Drug Emporium	Happy Harry's	Kmart	Neighbor Care	Rite Aid	Super D	Wegmans
Duane Reade	Harris Teeter	Kroger	Oscor	Safeway	Super Rx	Weis Pharmacy
Eagle Pharmacy	H.E.B.	Leader Drug	Pathmark	Sam's Club	Target	Winn Dixie
Eaton Apothecary	Homeland	Lewis Pharmacy	Piggly Wiggly	Sav-on	Tom Thumb	Yokes

Submission of this form does not constitute reporting of a claim nor does it waive any rights of The Cincinnati Insurance Company with regards to any claim. The Cincinnati Insurance Company investigates each claim as reported and on its own merits. Coverage and compensability will be determined by the company in accordance with the insurance policy and any applicable state or federal workers' compensation law. This Pharmacy First Fill Form is in no way intended as an endorsement or guaranty of coverage, entitlement to or eligibility for benefits.

La Compañía de seguros Cincinnati y myMatrixx, administrador líder en beneficios de farmacia, facilitan el despacho de recetas por compensación laboral.

Empleador:

Si todavía no lo ha hecho, tenga a bien informarnos acerca del reclamo por compensación laboral de manera inmediata al 877-242-2544. Luego, tenga a bien completar la información en la tarjeta de primer despacho de receta que se encuentra abajo y proporcione al empleado este formulario para que elija la farmacia de su elección.



Empleado:

Si necesita despachar una receta para una lesión o enfermedad laboral:

- Vea la lista de farmacéuticos participantes que se encuentra abajo
- Proporcione a la farmacia la información a procesar (Nro. Rx BIN, NCF/Grupo Nro.) abajo junto con su número de Seguro Social y su receta.
- Reciba su receta sin costo para usted.

Farmacéuticos:

Tenga a bien obtener información del empleado lesionado si el empleador aún no la ha despachado para procesar las recetas únicamente para las compensaciones a trabajadores lesionados. Algunos medicamentos son pre-aprobados para este paciente. Los medicamentos pre-aprobados se procesarán sin autorización previa. Todos los demás requerirán autorización previa. Llame al 877-804-4900 si tiene consultas o necesita aprobación. No envíe al paciente a su casa ni le pida al paciente que pague por los medicamentos sin antes llamar a myMatrixx para recibir asistencia.

First Fill Prescription Card

Employee Name _____
Employer _____
Rx BIN: 003858 _____
Processor: WC _____
Group #: VW3A _____
SSN: Claimant will provide verbally _____



CUSTOMER SERVICE
877-804-4900

Si necesita asistencia para ubicar una farmacia participante cercana a usted, llame al número gratuito de myMatrixx al , **877-804-4900**. Ejemplos de cadenas de farmacias participantes (no es la lista completa)

Albertson's	Fred Meyer	Hy-Vee	Lifechek Drug	Price Chopper	Schnuck's	Tops Pharmacy
BJ's Pharmacy	Fred's	Ingles	Long's Drug	Price Cutter	Shopko	USA Drug
Costco	Fry's Pharmacy	Kaiser Permanente	Medicap	Publix	ShopRite	U-Save
Cub Pharmacy	Genovese	Kerr Drug	Medicine Shoppe	Raley's	Smith's	Vons
CVS Health	Giant Eagle	King Soopers	Meijer	Randall's	Snyders Drugs	Walgreens
Dominick's	Hannaford Foods	Kinney Drugs	Navarro Discount	Reasor's	Stop & Shop	Walmart
Drug Emporium	Happy Harry's	Kmart	Neighbor Care	Rite Aid	Super D	Wegmans
Duane Reade	Harris Teeter	Kroger	Osco	Safeway	Super Rx	Weis Pharmacy
Eagle Pharmacy	H.E.B.	Leader Drug	Pathmark	Sam's Club	Target	Winn Dixie
Eaton Apothecary	Homeland	Lewis Pharmacy	Piggly Wiggly	Sav-on	Tom Thumb	Yokes

La presentación del presente formulario no constituye la denuncia de un reclamo ni implica la renuncia a los derechos de la compañía de seguros Cincinnati en relación a ningún reclamo. La compañía de seguros Cincinnati investiga cada reclamo conforme se denuncia y según sus propias características. La cobertura y la compensación serán determinadas por la compañía de acuerdo con la póliza de seguros y con cualquier ley estatal o federal de compensación laboral. El presente formulario de primer despacho de receta en farmacia en ningún modo intenta ser un respaldo o una garantía de cobertura, ni genera derecho o elegibilidad para recibir beneficios.

The Cincinnati Advantage

HOW WE SERVE YOU: WORKERS' COMPENSATION COVERAGE THAT WORKS FOR YOU BEFORE AND AFTER A CLAIM

Loss Control Services Publication



Everything Insurance Should Be®

cinfin.com

CONTENTS

Choosing Cincinnati 3

 – Letter to our policyholders 4

 – Learn about The Cincinnati Insurance Company 5

Report a Claim.....7

 – Protect your employees, business and community 8

 – Claim information to have 9

 – Contain costs 14

Prevent Losses15

 – Keep your employees safe 16

 – Reduce losses from auto accidents 17

 – Stay-at-work and Return-to-work 18

 – Protect through safety and health program 21

 – Prevent through safety and health program 24

CHOOSING CINCINNATI

We believe in doing business person to person. This helps us deliver a high level of service, customize our products to policyholder needs and respond faster in the event of a claim.





The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

To Our Policyholders:

You already know that maintaining a healthy work force and a safe work environment helps you avoid workers' compensation claims. Did you also know that your local independent insurance agent and The Cincinnati Insurance Company work together to help you prevent, prepare for and recover from covered employee injuries?

Use the booklet to learn how you can avoid or minimize losses and how to respond in the event of a loss:

- **Report injuries** – Call us, anytime day or night, **877-242-2544**, to report an injury. We're ready to help you through the claims process. We have resources to help you implement stay-at-work and return-to-work programs, receive pharmacy cards, transport the injured employee to an appropriate treatment facility and more.
- **Prevent losses** – Develop a risk management program customized for your business with assistance – at no additional cost – from your local Cincinnati loss control consultant. We can help you provide a safe work environment, establish relationships with reputable organizations that can reduce your loss potential and organize employee-based safety and health committees.

Thank you for trusting us with your workers' compensation coverage needs.

Sincerely,

Thomas J. Lupinetti, CPCU, AIM, ALCM, ARM, CSP
Vice President
Loss Control

Marc J. Schambow, CPCU, AIM, ASLI
Senior Vice President
Chief Claims Officer

LEARN ABOUT THE CINCINNATI INSURANCE COMPANY

Who we are – How we work

Who We Are

The Cincinnati Insurance Company was founded in 1950 by John J. Schiff, Robert C. Schiff, Harry M. Turner and Chester T. Field. As independent insurance agents living and working in Ohio, they believed there was great opportunity for a company that would focus on providing exceptional local service to agents and policyholders.

The original prospectus for potential stockholders stated a commitment to the American Agency System and specified the plan to write fire and allied lines, marine and physical damage insurance in Ohio. In the first year of operation, Cincinnati Insurance wrote \$92,000 in gross premiums. In 1968, Cincinnati Financial Corporation, the holding company for all current operations, was formed to permit growth beyond Ohio. Today, Cincinnati Financial Corporation is a multi-billion dollar, publicly traded company. Agents and policyholders consistently rank Cincinnati Insurance among top insurers for claims satisfaction.

Leading With Strength

Cincinnati ranks among the nation's top 25 property casualty insurer groups, based on net written premiums. Our solid financial strength, liquidity and flexibility support high independent ratings, including the standard market property casualty group's A+ (Superior) and the life insurer's A (Excellent) from A.M. Best Company.

Staying True To Our Mission

While success broadened the scope of the plan for Cincinnati Insurance, it has not altered the original purpose. We protect the long-term interests of agents and policyholders through sound underwriting and pricing practices, superior claims service and efforts to provide a stable market to agents and their clients through all industry and the economic cycles. Local agents have an informed, frontline perspective that benefits policyholders as well as the company, helping to create profitability and value for shareholders.

Ratings are effective as of the edition date of this form, under continuous review and subject to change and/or affirmation. For the latest financial ratings, please visit cinfin.com and Financial Strength.

Offering A Broad Range Of Products And Services

Cincinnati Financial Corporation operates through The Cincinnati Insurance Company, which itself has four other insurance subsidiaries, and through two financial services subsidiaries:

- Our standard market property casualty insurance group offers a broad range of business and personal policies, retaining a strong customer focus on our select group of more than 1,600 agencies in more than 40 states and the District of Columbia. The Cincinnati Casualty Company and The Cincinnati Indemnity Company round out this highly rated group.
- The Cincinnati Life Insurance Company markets life and disability income insurance and annuities in 49 states.
- The Cincinnati Specialty Underwriters Insurance Company offers excess and surplus lines insurance products.

Two other Cincinnati Financial subsidiaries offer services that complement our insurance operations:

- CFC Investment Company offers equipment and vehicle leasing and financing services.
- CSU Producer Resources Inc, our wholly owned excess and surplus lines brokerage, serves the same local independent agencies that offer our standard market policies.

How We Work

We believe in doing business person to person. This helps us deliver a high level of service, customize our products to policyholder needs and respond quickly in the event of a claim. A unique field structure places local marketing and claims decision-makers in the communities they serve. Thirty percent of our insurance staff lives and works in field locations, operating out of their homes. These associates spend much of their time in the offices of our customers, the local independent agents who provide exceptional value and service to the businesses and people in their communities.



REPORT A CLAIM – 877-242-2544

Cincinnati's Claim Reporting Center simplifies the claims process for you, your injured employee and your independent agent. By hearing directly from you, we streamline the process to everyone's benefit – valuable time is saved, paperwork reduced and multiple-point entry removed – for a quick response for you and your injured employee.

PROTECT YOUR EMPLOYEES, BUSINESS AND COMMUNITY

Report Accidents

You invest your time, talents and capital to help your business succeed. We know that you depend on your employees to be motivated and healthy – ready to help build your business. When an on-the-job injury disrupts your operations and affects productivity, you can take control. Please immediately notify Cincinnati Insurance of workers' compensation accidents so that we can:



Provide necessary information to your injured employee



Assist your injured employee in obtaining quality medical care



Coordinate recovery efforts with you, your injured employee and medical providers



Help you establish a stay-at-work and return-to-work program

Prompt claim reporting is central to successful workers' compensation claim resolution. And, because many states have strict reporting requirements, prompt incident reporting also helps to fulfill your state-specific obligations, thereby minimizing your risk of notice-related fines or disciplinary action.

Some states allow employers or your insurance carrier to control medical treatment. If your state adheres to this policy, your local Cincinnati claims representative will help you direct your injured employees to an appropriate medical provider.

To report a workers' compensation claim, please call us toll-free, anytime, day or night. Our associates are dedicated to expediting the claims process for you.

877-242-2544

When reporting a claim to us, 877-242-2544, please have claim related information ready, including:

Employer Information

Policyholder name

Policy number

Employee Information

Name, address, phone number

Social Security number

Date of birth

Gender

Marital status

Number of dependents

Hire date

Current position

Wage information

Incident Information

Type of injury – such as burn or cut

Specific body part injured

Cause of accident

Names of witnesses

Address where injury occurred

Where the injured employee was treated

When the accident was reported to you and by whom

When reporting a claim to us, 877-242-2544, please have claim related information ready, including:

Employer Information

Policyholder name

Policy number

Employee Information

Name, address, phone number

Social Security number

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Address where injury occurred

Where the injured employee was treated

When the accident was reported to you and by whom

CONTAIN COSTS

Controlling Costs Frees Your Business

Workers' compensation claims cost your business time, money and productivity. Through an array of programs, The Cincinnati Insurance Company manages claims while helping your business succeed by limiting your expenses.

Stay-At-Work and Return-To-Work Programs –

Stay-at-work and return-to-work programs cost little or nothing to implement, but produce an excellent return. Injured employees who stay at or return to work, even in modified positions, recover more quickly, return to their regular work sooner and are released from medical care faster than employees without stay-at-work and return-to-work programs. Your Cincinnati loss control representative and field marketing representative, along with your independent agent representing Cincinnati, can help you prepare a stay-at-work and return-to-work program before the need arises.

Medical Case Management – Case managers provide your injured employees with personalized care by regularly collaborating with physicians and paying close attention to treatments. And, Cincinnati's local case managers work with you, your physician and claims representative to coordinate your stay-at-work and return-to-work program.

Pharmacy Card Program – Our quick, hassle-free program allows savings on prescriptions arising out of workers' compensation claims. No more processing prescription receipts or taking pharmacy calls – the program allows the pharmacy to automatically handle prescription filling and billing with no out-of-pocket fees for your injured employees. Reduced prescription pricing and an emphasis on generic pharmaceuticals mean all-around savings.

Medical Bill Review – Medical bills continue to increase, becoming the largest factor in the overall cost of workers' compensation claims. Cincinnati uses a sophisticated bill review and payment process – including screening by analysts, nurses and claims professionals – to catch overlooked and unnecessary charges. Plus, bills are negotiated with providers whenever possible, keeping more money in your pocket.

Diagnostic Test Scheduling – We offer high-quality diagnostic services from credentialed providers. And because our vendor evaluates the market to find the lowest pricing for quality imaging services, you can relax knowing that your injured employees receive superior diagnostic care as quickly as possible at significantly reduced costs.

Physical Therapy Networks – Through strategic vendor partnerships, our network network expedites scheduling and treatment of your injured workers, resulting in access to quality care, improved turnaround time and cost savings that benefits your bottom line. Rather than focusing on back-end discounts, our program actively manages cases up front, concentrating on communication and stay-at-work and return-to-work programs.

Durable Medical Equipment – Our professional durable medical equipment network ensures quality equipment tailored to your injured employee's needs. You'll appreciate products and services required for your injured employee's rehabilitation delivered in timely fashion.

A man with dark hair, wearing a light blue button-down shirt and a bright yellow high-visibility safety vest with reflective silver stripes, is focused on a laptop. He is standing in a warehouse or industrial setting, with metal shelving units and stacks of wooden pallets visible in the background. The lighting is bright, highlighting the man and his work area.

PREVENT LOSSES

The Cincinnati Insurance Company and your local independent agent representing Cincinnati provide high-quality, valuable loss control service as part of your insurance program. Loss control services help you minimize losses by identifying, evaluating and providing control measures. How your business controls losses affects your productivity and the safety of your employees. Contact your local independent agent to set up a consultation with your local, experienced Cincinnati loss control consultant who is ready to help you manage your workers' compensation risk.

KEEP YOUR EMPLOYEES SAFE

Cincinnati's loss control services are provided at no additional cost to our policyholders. Let us tailor a loss control program for your business. For more information, or to schedule a meeting with a Cincinnati loss control representative, please contact your local independent agent representing Cincinnati.

Simple practices can significantly improve workplace safety:

- Commit to controlling losses by developing an active safety committee to assist in discovering unsafe practices and providing solutions.
- Implement a maintenance program to perform regular preventive maintenance on your hand tools and equipment.
- Maintain good housekeeping practices to help reduce accidents and improve safety conditions within your workplace.
- Make first-aid kits easily accessible to all employees and periodically inspect and replenish them.
- Establish a training program for proper use of hand tools and equipment.
- Perform regular safety inspections to make certain all machinery is in good working condition, including safeguards on all machinery.
- Provide safety training sessions to ensure your employees recognize safety hazards and understand safe work practices, like safe lifting and materials handling to help reduce back injuries.
- Provide your employees personal protective equipment and properly train them on how to use and maintain it.
- Investigate all workplace incidents to find out the cause and to prevent similar incidents in the future.

MAINTAIN SOUND OPERATIONS TO KEEP WORKERS SAFE

Keeping workers safe and helping them to recover and return to work benefits not only businesses, but also the communities they serve.

REDUCE LOSSES FROM AUTO ACCIDENTS

Auto accidents are serious and costly. They can cause injuries, some of which result in permanent disability or even death. Costs also include damage to vehicles and property, lost work time for injured employees, lost productivity and third party liability.

These simple suggestions may help you reduce losses from auto accidents:

- Allow only insured and qualified drivers with good driving records to operate your company's vehicles.
- Limit your drivers' personal use of company vehicles.
- Review your drivers' motor vehicle records periodically to determine if additional training is necessary.
- Implement safe driving practices and procedures to help control your auto losses.
- Implement and enforce a policy to address the use of electronic devices, including cell phones, while vehicles are in motion.
- Require and verify that adequate insurance is in place for personal vehicles that are used for company business.
- Create a driver training program, giving your drivers the knowledge and skills to safely drive your company's vehicles.
- Give your drivers a road test before they drive your company's vehicles.
- Provide an incentive program to encourage your drivers to drive safely.
- Properly maintain company vehicles.
- Develop a required daily maintenance checklist for your drivers to complete.
- This provides you with a written report of any problems and the opportunity to fix them.
- Establish accident analysis procedures to help management determine the cause of accidents and to avoid future problems

Contact Us

Cincinnati's loss control services are provided at no extra cost to our policyholders. Let us tailor a loss control program for your business. For more information, or to schedule a meeting with a Cincinnati loss control representative, please contact your local independent agent representing Cincinnati.

STAY-AT-WORK AND RETURN-TO-WORK PROGRAMS

Stay at work and return to work programs (SAW/RTW) can minimize or eliminate lost work time, speed recovery, assist medical outcomes, improve employee satisfaction and preserve production capacity. Plus, a SAW/RTW program is critical to protecting your experience modification factor (EMF), which ultimately determines the cost of your workers' compensation insurance.

Studies show that the vast majority of injuries require no more than a few days off work for injured employees, and that many injuries require no time off at all. If an employee is away from work unnecessarily, the negative impact is felt by everyone: the employee loses pay, the employer loses production and may incur increased costs and others may have to fill in or work overtime to get the job done.

SAW/RTW programs are a great way to keep most injured employees on the job and productive, and to help those with more serious injuries ease back into their job; they provide workers with temporarily modified jobs that consider physical restrictions, skills, interests and capabilities. They also function as part of a disability management program. Every dollar paid in claims – both medical and lost wages – affects your future workers' compensation premiums.

Program Objectives and Benefits

Many businesses recognize and use SAW/RTW programs. Although variations exist, they share common characteristics.

Most SAW/RTW programs focus on the following objectives:

- address the physical, emotional, attitudinal and environmental factors that hinder the stay-at-work and return-to-work process
- facilitate temporary or permanent job reassignment or job restructuring
- identify alternative employment, consisting of modified duties
- reduce the number of workers' compensation injuries within your organization
- decrease the number of lost work days
- increase employee morale and motivation to return to and remain at work
- assist in compliance with the Americans with Disabilities Act

Effective SAW/RTW programs benefit **employers** by:

- reducing costs associated with replacing valuable skilled workers with temporary or replacement workers
- minimizing productivity slow-downs
- decreasing potential of re-injury
- maintaining an experienced work force
- promoting good will and enhancing corporate image
- allowing active participation of management in the employee's recovery
- improving employee/management relations
- promoting employee morale and security
- improving work ethic
- uniting workers, supervisors and management

SAW/RTW programs benefit **employees** by:

- eliminating or reducing loss in pay and benefits
- reinforcing a daily work habit
- providing a sense of security and stability
- reinforcing management commitment to employee welfare
- reinforcing a positive self-image to the injured worker
- providing positive reinforcement to the injured worker while easing back into the workforce
- encouraging normal working relationships with other employees

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The Team Approach

An effective SAW/RTW program is enhanced by a strong team dedicated to keeping injured employees at work as the first priority, and otherwise bringing them back to work as quickly as possible. Together with your injured employee, the supervisor, the insurance company and medical personnel, you can create a winning situation for everyone.

The steps you can take to get your SAW/RTW program under way include:

- establishing a policy statement detailing your management's commitment, responsibility and support for the program.
- appointing a coordinator with strong communication skills. The coordinator represents your company and acts as liaison between the managing supervisor and employee, the labor representative, the insurance company and the physician. Active communication reaffirms the employee's value to the company, prompting the injured employee to continue working or to return in a timely manner.
- developing position descriptions that identify essential job functions. This identifies those jobs performed by able-bodied employees that can be modified to accommodate disabled workers.
- developing a task inventory that catalogs the individual tasks that could fill the work day for an injured worker. The task inventory enables the supervisor to quickly identify and combine many tasks to fill up an injured employee's allowed work time. Change assignments as your employee's condition improves.
- being creative with alternative work assignments. Don't limit them to production tasks; consider maintenance, clerical, charity work and other tasks within prescribed medical restrictions.
- orienting and training your employees and management team on the elements of the SAW/RTW program, including a review of the applicable workers' compensation system being employed, management commitment, position descriptions and identification of standard and modified job tasks.

- using hazard identification and controls to detect loss exposures which, when corrected, reduce the likelihood of employee injury or illness. The objectives of such a program are to maintain a safe and healthful work environment, reduce or eliminate the risks of injury and maintain operational profitability for the employees and company.
- setting a positive tone for employees who come into daily contact with the injured worker. Your employee needs to feel wanted and secure; a positive psychological state is tremendously important at this stage in the worker's recovery.

Your SAW/RTW program requires the cooperation of others, too. For instance:

- Your insurance company:
 - maintains active verbal and written communication with you and the disabled worker
 - answers benefits questions
 - provides loss control services, such as industrial hygiene and ergonomics evaluations, job hazard analysis, loss control policy, program review and employee/supervisor safety training
- The treating physician reviews, evaluates, documents and treats your employee's disability. The physician needs access to your position descriptions to review current and modified job functions and to recommend additional modifications and work restrictions where warranted.
- Your injured employee has a responsibility to report the injury immediately to a supervisor, complete all paperwork according to company policies, follow the physician's directions and maintain contact with you to provide health updates.

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Return-To-Work Offer, Medical Limitation and Modified Duties

Employers should develop a formal process for communicating offers for return to work and accommodating modified duties. Each state may have different requirements for conveying information to the employee regarding modified duty and accommodating limitations presented by the physician. It is important to work with your Cincinnati claim representatives to develop the appropriate procedures so employees and physicians understand that you will work together to accommodate restricted duties to assist the employee's recovery. Developing the appropriate procedure prior to an incident occurring will help facilitate meeting the restrictions developed by the physician and ensure the employee is properly informed of the return to work process.

Your injured employee may return to:

- modified work: an existing job that is not as physically taxing or demanding as the employee's normal job
- restricted work: the employee's normal job, with restrictions assigned by the physician
- modified duty or total accommodation: a specifically created position that accommodates the injured employee's restrictions

Job modifications and accommodations must meet the restrictions recommended by the treating physician. It may involve changes in training, tools, machine design, workstation design or work procedures.

The following are some simple, yet effective, ways to implement job modifications:

- minor workstation modifications – simplify the workflow process and eliminate nonessential features
- job task redesign – rearrange task sequence, eliminate tasks or distribute them to more than one worker
- ergonomic or physical accommodations – provide adjustable chairs, hydraulic pallets, clamping devices and ergonomic or electric tools
- environmental accommodations – rotate workers to limit exposure to repetitive trauma

Keep SAW/RTW Positive

- Check in with injured employees regularly to give encouragement and offer extra help that may be needed due to medical restrictions or job tasks. Do your best to make sure that employees who have medical restrictions do not suffer an aggravation of their injury or a new injury during their recovery by insisting they follow doctor's orders.
- Communicate daily to ensure the employee is comfortable with the assigned position, and make modifications to the job if needed.
- Make sure your supervisors understand that keeping and returning to work injured employees aids the employee's recovery and your business' economic welfare. Supervisors must diligently make sure employees abide by any medical restrictions they may have.

Protect Through Safety and Health Programs

An unsafe work environment can lead to serious consequences for your business and staff. Hazardous conditions, dangerous equipment, toxic chemicals and risky work procedures are a few of the challenges your business may face. Establishing a solid, functional safety and health program is essential for protecting what is important.

The loss of a skilled worker can far exceed the cost of correcting unsafe conditions. By implementing safety and health management techniques, you can prevent occupational injuries and illnesses, conserve assets and mitigate losses.

Effective safety and health management prevents or reduces worker injuries and illnesses. Its elements are incorporated into your company's operating procedures and policies. The promotion of occupational safety and health can produce altruistic benefits, improved plant productivity, increased morale and lower bottom-line costs.

Program Elements

A proactive safety and health program has:

- management's safety and health policy
- a supervisory safety and health performance program
- a safety and health coordinator
- written procedures and training
- worker selection procedures
- a safety and health committee and/or safety and health meetings
- hazard surveys
- a loss trend analysis
- accident investigations

Management's Safety and Health Policy

- The safety and health policy, developed by your top management personnel, should state that occupational safety and health is one of your company's core values, along with productivity, financial performance and customer service. Use the policy to guide supervisors in their decision making and hazard analysis. Prepare a policy statement that:
- states objectives in clear, understandable language. Pay special attention to bi-lingual issues and ensure goals are measurable and related to company profitability.
 - states the policy as a belief. Reinforce the principle that safety and health performance supports the company's goals; encourage monitoring by all workers, supervisors and top management.
 - presents itself in broad terms, then thoroughly covers each point of its purpose.
 - is long range, so it is not quickly outdated. This provides stability without preventing periodic review and improvement.
 - gives the policy stature. Include your chief executive officer's signature.
 - gives it wide exposure. Make it part of the policy manual – memos get lost.

Supervisory Safety and Health Performance Program

Your line supervisors and managers are good candidates to maintain the worker safety and health program. First, establish measurable performance criteria, such as timely and comprehensive accident investigations, routine departmental hazard surveys, safety and health procedures enforcement and routine worker safety and health meetings. Then, include these criteria as part of their annual performance reviews, weighing it equally with productivity, financial performance and customer service.

Safety and Health Coordinator

Consider appointing a coordinator, selected by your top management team, to focus on and administer the safety and health program. The coordinator serves as staff consultant by supporting line supervisors and managers in carrying out program requirements. Safety and health coordinator's duties typically include:

- developing policies and procedures
- developing and implementing worker and supervisor training programs
- conducting routine hazard surveys and safety and health meetings
- conducting accident investigations and analysis
- managing essential activities aimed at reducing worker injuries and illnesses

Written Procedures and Training

Written procedures and training educate workers on program requirements and provide guidelines to ensure a safe and healthful work environment. Procedures and training programs serve you best when reflective of your workplace hazards. The development, implementation and ongoing administration of safety and health procedures and training involves:

- developing and revising a company safety and health procedures manual
- training new and existing workers on company safety and health procedures
- ensuring supervisor observation of safety and health procedures to identify at-risk behavior
- implementing remedial action, including additional instruction and disciplinary action
- retraining of safety and health procedures when necessary

Worker Selection Procedures

Because worker selection and job placement affect worker safety and health, consider drug and alcohol testing, background checks, motor vehicle records for drivers, a probationary period, pre-placement medical examinations and health evaluations to ensure that workers can safely perform assigned tasks. Worker selection procedures should not conflict with state and federal laws intended to protect against hiring discrimination.

Safety and Health Committee and/or Safety and Health Meetings

To help promote an atmosphere of safety and health awareness among workers, establish a formal safety and health committee or conduct safety and health meetings. Both methods allow workers and management to communicate their respective safety and health needs.

Hazard Surveys

The first step in a hazard recognition and control program is identifying and evaluating workplace hazards associated with machinery, equipment, tools, operations, physical plant and at-risk behaviors. Request a physical inspection of the facilities using a trained safety professional, loss trend analysis and/or a job hazard analysis or your Cincinnati loss control representative.

Once identified, evaluate and rank the hazards; address the worst first. When ranking, consider the severity, probable occurrence frequency and number of workers exposed. Armed with full and accurate information, you can make intelligent and informed hazard control decisions. Conduct follow-up surveys to ensure timely correction of unsafe conditions and at-risk behaviors.

Loss Trend Analysis

Conduct a loss trend analysis for the prior three to five years to identify major causes of loss, such as slips/falls or materials handling. Management can then design and implement intervention strategies to eliminate or reduce each major cause.

Accident Investigations

Timely accident investigation is critical to prevent other, similar accidents. Adopt an intervention strategy and follow up to ensure its satisfactory implementation.

Prevent Through Safety and Health Committees

A safety and health committee is one of the most effective tools your business can use to help prevent accidents and injuries. Successful committees have a defined purpose and structure, identified goals, appropriate membership and support from top management to carry out its responsibilities.

Committee Types and Functions

Since requirements vary from one organization to another, the structure and scope of safety and health committees also varies. Committee effectiveness is determined by how it is organized, what guidelines it follows, how membership reflects your workforce, its degree of autonomy and where final authority lies for implementing recommendations.

Ensure each committee's success by maintaining management's active involvement to make it effective and responsible. Implement the committee type that best fits your requirements:

- corporate or company committees
- plant central committees
- departmental committees
- supervisors' committees
- workers' committees
- sub committees, such as behavioral safety, ergonomics, accident investigation and more

A safety and health committee performs many functions:

- providing direction for the safety and health program by establishing annual goals, objectives and action plans
- discussing safety policies and recommending their adoption by management
- discovering unsafe conditions and practices and providing solutions
- obtaining results by putting management-approved recommendations into practice
- teaching safety practices to committee members, who may then teach them to all personnel
- stimulating and maintaining the interest of superintendents, foremen and group leaders while keeping them informed on safety matters
- stimulating and maintaining the interest of workers to keep them aware of safety practices that prevent accidents
- making safety activities an integral part of operating policies, methods and function
- providing an opportunity for free discussion of accident problems and preventive measures, including a suggestion system to obtain information on unsafe conditions
- helping your operating manager evaluate safety suggestions

Committee Membership, Policies and Procedures

Your corporate, company or plant central committees may find it valuable to consider some best practices, such as:

- listing the policies and procedures that define the scope of committee activity, the extent of committee authority and enforceable procedures
- documenting committee membership, meeting attendance and meeting minutes as well as the time, place and frequency of meetings
- establishing committees of five to 15 members. Studies show committees of five or seven function most effectively and productively
- representing the different departments in your business
- appointing a management co-chairman to facilitate autonomy and authority in correcting at-risk behaviors
- making sure the maintenance department is represented on the committee
- allowing the co-chairpersons or workers to determine committee membership, as long as several departments are represented

To get the best results, look for committee members who are:

- receptive to new ideas
- familiar with the production processes
- interested in safety and health issues
- able to express ideas
- interested in the needs of the entire workforce
- willing to compromise when necessary
- respected by co-workers
- willing to attend meetings and work on projects

Develop a system that enables periodic committee membership rotation. This allows a number of employees to become actively involved in the safety effort and take part in the decision-making process. Stagger membership appointments to maintain a sense of continuity and avoid a complete turnover at the same time. Consider membership appointments in proportion to department size and the nature of work

Committee Meetings

Consider adopting an order of business for safety committee meetings, including:

- Call to order
- Roll call by the secretary
- Introductions
- Minutes
- Unfinished business
- Review of accidents and statistics
- Safety education
- Inspection and recommendations
- New business
- Adjourn

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