

November 26, 2025

Workers' Compensation Insurance

RFP #650-24-25

ADDENDUM NO. 2

This addendum, issued November 26, 2025, becomes in its entirety a part of the Request for Proposals RFP #650-24-25 as is fully set forth herein:

Item 1: Q: Can you send me a copy of the current policy?
 A: **Please see Attached.**

Item 2: The due date, time, and location remain unchanged on December 12, 2025, at 10:00 a.m., at the HACP Procurement Dept., 412 Boulevard of the Allies 6th Floor, Pittsburgh, PA 15219.

Item 3: The Housing Authority of the City of Pittsburgh will **only accept physical proposals dropped off in person from 8:00 AM until the closing time of 10:00 a.m. on December 12, 2025**, in the lobby of the One Stop Shop at 412 Boulevard of the Allies, Pittsburgh, PA 15219.

Proposals may still be submitted electronically via:

<https://www.dropbox.com/request/5qhgucuWkL3FFeYRS5yW>

Sealed proposals may still be mailed via USPS at which time they will be Time and Date Stamped at 412 Boulevard of the Allies, 6th Floor - Procurement, Pittsburgh, PA 15219. All proposals must be received at the above address no later than December 12, 2025, at 10:00 a.m. regardless of the selected delivery mechanism.

END OF ADDENDUM NO. 2



Mr. Brandon Havranek
Associate Director of Procurement/Contracting Officer

November 26, 2025

Date



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Housing Authority City of Pittsburgh

Policy Number: 02730111SG-15

200 Ross Street 9th Floor
Pittsburgh, PA 15219

Notice of Agent Equity Ownership Interest in
Synergy Comp Insurance Company

The agent that has solicited you to purchase this insurance policy is an independent insurance agent, appointed by Synergy Comp Insurance Company to act on its behalf. You applied to Synergy Comp Insurance Company for an insurance policy through the agent. Upon payment by you to Synergy Comp Insurance Company of the premium amount due for this policy, the agent will be paid a commission by Synergy Comp Insurance Company. The agent, or individuals or entities with whom he or she is affiliated, may also be a minority shareholder of Synergy Comp Insurance Company. Therefore, in addition to any commission the agent earns, he or she, or individuals or entities with whom he or she is affiliated, may also share in any profit or loss Synergy Comp Insurance Company earns in its insurance business as a whole.



January 01, 2025

Dear Caster Binion,

The Synergy Comp Insurance Company would like to thank you for renewing your Workers' Compensation Insurance with us. Enclosed, please find your renewal policy. As you know, at Synergy Comp, we are passionate about both creating safer work environments and aggressive claims management.

Together we have been able to help control your insurance costs while providing your company and its employees the outstanding service you deserve. We look forward to building a partnership based not only on our insurance knowledge, but the relationships we develop.

We appreciate your business and trust in us.

Sincerely,

Christina Multari
Vice President of Underwriting & Marketing
Synergy Comp Insurance Company



Our Privacy Policy

As an insurance company we will obtain a variety of information provided by customers, producers, various claimants, medical providers, and other third parties. It is the policy of Synergy Comp Insurance Company to abide by the laws regarding confidentiality for all information that is collected by restricting access to that information. Synergy Comp also maintains all physical, electronic and procedural safeguards to protect such information from unauthorized access.

Insurance companies cannot effectively provide insurance services unless they are given access to and are able to process different kinds of information. For example, underwriters cannot evaluate individual risks without information regarding the prospective insured's loss experience, safety practices and so forth; and all claims cannot be administered without information regarding the nature and extent of the damage incurred, including relevant medical information.

Much of the information we obtain is public and not of a personal or sensitive nature. We believe that those who entrust us with nonpublic personal information do so with the reasonable expectation that we will use the information only for the limited purpose for which we obtain it; i.e. for insurance-related purposes. We are concerned about protecting the privacy of our customers and the other people with whom we interact, and have taken steps to protect the confidentiality of the nonpublic personal information that we obtain.

Where does Synergy Comp collect its information:

- Customers provide us with information as part of the insurance application process or evaluation process. We may also request reports from various sources in connection with applications for insurance and/or any renewal of such insurance. The kind of information we collect depends upon the type of policy, but may include such things as automobile/motor vehicle reports, loss and claim reports, and other information. We also may receive and verify information from government agencies or independent reporting companies to help us correctly rate and properly underwrite a particular insurance risk.
- We maintain detailed claim files which contain information about the claims and the claimant, including accident reports, wage information medical reports bearing the claim, and evidence relating to the validity or eligibility of the claim. We obtain such information from claimants, employers, their medical providers, and other generally reliable sources. We cannot administer claims or pay benefits without appropriate access to such information.

Much of the information that Synergy Comp obtains personal identifiable medical information only in connection with underwriting specific insurance policies or administering claims under those policies. We will not use or share third party personally identifiable medical information for any purpose other than the underwriting or administration of a policy, claim, account or program, or as otherwise disclosed to the subject when the information is collected, except as may be permitted by applicable law.

Synergy's policy is to limit access to nonpublic personal information to those who need it in order to serve our own customers' insurance business needs, to administer claims and to maintain and improve customer service. We do not disclose nonpublic information to third parties except as necessary to conduct business, i.e. processing claims, or as permitted or required by law.

Synergy Comp retains all information it has collected for various periods as established by the records that retention policy.

Except as permitted or required by law, we will not disclose nonpublic personal information about a person without that person's consent. We may, without prior permission but only to the extent permitted by law, provide information contained in our records and files to certain persons or organizations which are fundamental to the insurance services we provide, such as:

- Our customers, and their independent producers;
- Our affiliated property and casualty insurance companies;
- Independent claims adjusters, medical examiners, vocational counselors, attorneys or investigators, when appropriate;
- Companies that provide insurance related services to or on the behalf of Synergy Comp Insurance Company, such as claims administration via Synergy Claims Management Company, medical review or treatment, and pharmacy network services;
- Persons or organizations that conduct research for or on behalf of the insurance industry, including actuarial or underwriting studies;
- Insurance support or rating organizations or, at our customers' request, other insurers; and
- To appropriate entities as necessary to prevent fraud or to properly underwrite a risk.

Also, on some occasions, we may be required to share this information:

- With state insurance departments or other governmental agencies, to the extent required by federal, state or local laws;
- If ordered by a summons, court order, search warrant or subpoena; or
- To protect our own legal interests, or in case of suspected fraud or other illegal activities.

This privacy policy statement may be modified from time to time. If we decide to change our privacy policy, we will post those changed to our website. You may wish to visit this page periodically to review the most recent policy statement.

Synergy Comp Insurance Company

(A Stock Company)
A Nonparticipating Policy
30 East State Street
Sharon, PA 16146
NAIC # 12593

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

Policy No. 02730111SG-15

Renewal of: 02730111SG-14

1. The Insured: Housing Authority City of Pittsburgh

 Individual Partnership
 Corporation or Other

Mailing Address: 200 Ross Street 9th Floor
Pittsburgh, PA 15219

Federal Employers I.D. # See Schedule

Inter/Intrastate Risk I.D. # Yes

Other I.D. # 02730111

2. The policy period is from 01/01/2025 12:01 a.m. to 01/01/2026 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 states listed here: PA

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

Bodily Injury by Accident	<u>\$1,000,000</u>	each accident
Bodily Injury by Disease	<u>\$1,000,000</u>	policy limit
Bodily Injury by Disease	<u>\$1,000,000</u>	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: None

D. This policy includes the schedule and endorsements listed on Schedule of Forms and Endorsements attached hereto.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.

All information set forth below and on the attached Schedules of Classifications is subject to verification and

Total Estimated Annual Premium **\$439,095**

Total Estimated Taxes and Surcharges **\$10,626**

Total Estimated Policy Costs **\$449,721**

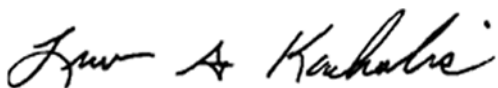
Deposit Premium **\$120,401**

Minimum Premium **\$750**

Producer: Gilbert's Risk Solutions
30 E State St, Sharon, PA 16146

SIGNATURE PAGE

In witness whereof, Synergy Comp Insurance Company has caused this policy to be signed by its CEO and Vice President.



Lew G. Kachulis
CEO



Keith Lewis
Vice President

Named Insured: Housing Authority City of Pittsburgh

Policy #: 02730111SG-15

Policy Period: 01/01/2025 - 01/01/2026

Item 3. D. Extension Schedule

Schedule of Forms and Endorsements

Form Number :	Description:
WC 00 00 01 A	Information Page
WC 00 00 01 EXT	Classification of Operations
WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy
PA 2619	Notification of Availability
PA Notice	PA Notice
WC 00 04 06	Premium Discount Endorsement
WC 00 04 07	Rate Change Endorsement
WC 00 04 14 A	90 Day Reporting Requirement - Notification of Change in Ownership Endorsement
WC 00 04 19	Premium Due Date Endorsement
WC 00 04 21 E	Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement
WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure
WC 00 04 25	Experience Rating Modification Revision
WC 37 04 01	Audit NonCompliance Charge
WC 37 04 04 C	Certified Safety Committee Endorsement
WC 37 06 01	Inspection of Manuals Endorsement
WC 37 06 02	Pennsylvania Notice Endorsement
WC 37 06 03 A	Pennsylvania Act 86-1986 Endorsement
WC 37 06 04	Employer Assessment Endorsement

Insured: Housing Authority City of Pittsburgh

Policy Number: 02730111SG-15

Effective Date: 01/01/2025

Schedule of Forms and Endorsements

NAMED INSUREDS:

Housing Authority City of Pittsburgh

Allies and Ross Management and Development

Allies and Ross Management Corporation Guarantee, LLC

FEIN #:

25-6001768

20-8558857

35-2426370

Insured: Housing Authority of the City of Pittsburgh

Policy Number: 02730111SG-15

Effective Date: 01/01/2025

Item 3. D. Extension Schedule

Schedule of Forms and Endorsements

200 Ross Street, 9th Floor
Pittsburgh, PA 15219
Number of Employees: 90

2305 Bedford Ave
Pittsburgh, PA 15219
Number of Employees: 32

1014 Sheffield Street
Pittsburgh, PA 15233
Number of Employees: 3

601 Pressley Street
Pittsburgh, PA 15212
Number of Employees: 4

1702 Belleau Drive
Pittsburgh, PA 15212
Number of Employees: 5

3206 Niagara Street
Pittsburgh, PA 15213
Number of Employees: 4

10 Albertice Street
Pittsburgh, PA 15208
Number of Employees: 6

2416 Sara Street
Pittsburgh, PA 15203
Number of Employees: 1

533 Mt. Pleasant Road
Pittsburgh, PA 15214
Number of Employees: 19

3123 Cordell Place
Pittsburgh, PA 15210
Number of Employees: 3

2129 Brownsville Road
Pittsburgh, PA 15210
Number of Employees: 3

2125 Los Angeles Ave
Pittsburgh, PA 15216
Number of Employees: 2

803 E Warrington Ave
Pittsburgh, PA 15210
Number of Employees: 4

801 E Warrington Ave
Pittsburgh, PA 15210
Number of Employees: 3

2825 Murray Ave
Pittsburgh, PA 15217
Number of Employees: 2

100 Ross St
Pittsburgh, PA 15219
Number of Employees: 39

201 Kirkpatrick Street
Pittsburgh, PA 15219
Number of Employees: 86

1205 Liverpool Street
Pittsburgh, PA 15233
Number of Employees: 3

Insured: Housing Authority City of Pittsburgh

Policy Number: 02730111SG-15

Effective Date: 01/01/2025

Item 3. D. Extension Schedule

Schedule of Installments

Inst. No	Due Date	Premium	Taxes and Fees	Amount Due	Balance
Deposit	01/01/2025	\$109,775	\$10,626	\$120,401	\$329,320
1	02/01/2025	\$41,165		\$41,165	\$288,155
2	03/01/2025	\$41,165		\$41,165	\$246,990
3	04/01/2025	\$41,165		\$41,165	\$205,825
4	05/01/2025	\$41,165		\$41,165	\$164,660
5	06/01/2025	\$41,165		\$41,165	\$123,495
6	07/01/2025	\$41,165		\$41,165	\$82,330
7	08/01/2025	\$41,165		\$41,165	\$41,165
8	09/01/2025	\$41,165		\$41,165	\$0

Item 4. Calculation of Premium

Schedule of Classifications

Housing Authority City of Pittsburgh
 01/01/2025 - 01/01/2026
 Carrier: Synergy Comp Insurance Company

State: PA

Classification	Code	Location	Exposure	Rate	Premium
SALESPERSON OUTSIDE	0951	1	\$764,988	0.30	2,295
OFFICE	0953	1	\$11,302,828	0.11	12,433
HOUSING AUTHORITY	0983	1	\$9,161,315	6.75	618,389

Total Payroll: \$21,229,131

Total Manual Premium: \$633,117

Policy Limits (1,000/1,000/1,000)	1.014	8,864
Experience Modification	0.775	(144,446)
Certified Safety Committee Credit	0.950	(24,877)
Premium Discount	0.898	(48,211)
Terrorism	0.046	9,765
Catastrophe	0.023	4,883
Employer Assessment Amount	0.0242	10,626

PA Premium 449,721

Total Estimated Annual Premium: \$439,095

PREMIUM DISCOUNT ENDORSEMENT

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

Schedule

1. **State** Pennsylvania

2. Average percentage discount 10.20

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 Date: 1/1/2025 Policy No. 02730111SG-15 Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 00 04 06

(Ed. 8-84)

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 Date: 1/1/2025 Policy No. 02730111SG-15 Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 00 04 14 A

(Ed. 4-19)

Countersigned by _____

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

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

**PART FIVE
PREMIUM**

D. Premium is amended to read:

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

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

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

Endorsement Effective Date: 1/1/2025 Policy No. 02730111SG-15

Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026

Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 00 04 19

(Ed. 1-01)

Countersigned by _____

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

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

For purposes of this endorsement, the following definitions apply.

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

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

Schedule

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

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

Endorsement Effective Date: 1/1/2025

Policy No. 02730111SG-15

Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026

Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

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 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 concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

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

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

"Insured 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.

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 Date: 1/1/2025 Policy No. 02730111SG-15 Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 00 04 22 C

(Ed. 1-15)

Countersigned by _____

(ed. 1-15)

Limitation of Liability

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

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 Date: 1/1/2025

Policy No. 02730111SG-15

Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026

Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

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

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

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

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

Endorsement Effective Date:	01/01/2025	Policy No.	02730111SG-15	Endorsement No.
Policy Effective Dates:	01/01/2025 - 01/01/2026			Premium \$
Insured:	Housing Authority of the City of Pittsburgh			

Carrier Name / Code: Synergy Comp Insurance Company

WC 00 04 25
(Ed. 5-17)

Countersigned by _____

RATE CHANGE ENDORSEMENT

Rate changes that apply to the policy have been approved by the proper regulatory authority. The changes are shown in the Schedule.

Schedule			
State PA	Date of Change 01/01/2025	State Coverage % Change 38.00%	Longshore and Harbor Workers Act Coverage % n/a

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 Date: 1/1/2025

Policy No. 02730111SG-15

Endorsement No.

Policy Effective Dates: 01/01/2025 - 01/01/2026

Premium \$

Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

PENNSYLVANIA 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 (ANC).

The charge is determined by applying the ANC Multiplier to the ANC Basis shown in the table below:

ANC Basis	ANC Multiplier
Estimated Annual Premium	Two times

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

The application of the ANC is subject to the following conditions:

- a) Carriers must comply with all applicable state laws and/or regulations related to audits of workers compensation insurance policies.
- b) The Audit Noncompliance Charge Endorsement is optional. When used, the Audit Noncompliance Charge Endorsement and/or applicable state-specific endorsement must be attached to the policy at inception of the policy term being audited.
- c) The carrier must make two attempts to obtain the audit information and/or complete the audit. At each attempt, the carrier must notify the employer regarding the specific required records and the amount of the ANC to be applied if the employer continues to refuse to comply with the audit.
- d) The carrier must adequately document the audit file regarding the above attempts to obtain the required audit information.

This ANC rule applies to mail/email, telephone, computer (remote access), and physical audits, unless otherwise provided by state law.

Note: The Audit Noncompliance Charge Endorsement must be attached to the policy at inception of the policy term being audited.

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 Date: 01/01/2025 Policy No. 02730111SG-15 Endorsement No.
Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$
Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 37 04 02

(Ed. 1-17)

Countersigned by _____

PENNSYLVANIA CERTIFIED SAFETY COMMITTEE ENDORSEMENT

The employer has received a certificate from the Pennsylvania Department of Labor and Industry specifying that the employer has established a safety committee in conformance with the Department's criteria.

This policy is subject to a 5% rate credit to recognize the certification of the safety committee. An employer must submit certification renewal affidavits annually to the Department of Labor and Industry in order to qualify for continuation of the 5% annual premium credit.

Note: This credit shall not apply to the policy period in effect when the certification is issued. The credit must be applied to the policy period in effect following certification.

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 Date: 01/01/2025 Policy No. 02730111SG-15 Endorsement No.
Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$
Insured: Housing Authority of the City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 37 04 04 C
(Ed. 05-17)

Countersigned by _____

SPECIAL PENNSYLVANIA ENDORSEMENT - INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

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 Date: 01/01/2025 Policy No. 02730111SG-15 Endorsement No.
Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$
Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 37 06 01 Countersigned by _____
(Ed. 4-84)

PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance.

1. Surveys;
2. Consultation or advice; or
3. Inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. If the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. To consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. If any acts of omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual, malice, or gross negligence.

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 Date: 01/01/2025 Policy No. 02730111SG-15 Endorsement No.
Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$
Insured: Housing Authority of the City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 37 06 02

(Ed. 4-84)

Countersigned by _____

PENNSYLVANIA ACT 86-1986 ENDORSEMENT**NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM**

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

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
 - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1.a. and 1.b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

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 Date: 01/01/2025 Policy No. 02730111SG-15 Endorsement No.
Policy Effective Dates: 01/01/2025 - 01/01/2026 Premium \$
Insured: Housing Authority City of Pittsburgh

Carrier Name / Code: Synergy Comp Insurance Company

WC 37 06 03 A

(Ed. 8-95)

Countersigned by _____

PENNSYLVANIA EMPLOYER ASSESSMENT ENDORSEMENT

Act 57 of 1997 requires that "... the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation supersedes Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry."

EMPLOYER ASSESSMENT FORMULA

Employer	= Act of 1997 Employer	X	Employer Assessment
Assessment	Assessment Factor		Premium Base

Act 57 of 1997 Employer Assessment Factor

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

Employer Assessment Premium Base

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

CODE 0938**EMPLOYER ASSESSMENT FACTOR****0.0242****EMPLOYER ASSESSMENT****\$10,626**

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 Date:	Policy No.	02730111SG-15	Endorsement No.
Policy Effective Dates:	01/01/2025 - 01/01/2026		Premium \$
Insured:	Housing Authority City of Pittsburgh		

Carrier Name / Code: Synergy Comp Insurance Company

WC 37 06 04
(Ed. 10-99)

Countersigned by _____



Notification of Availability of Accident & Illness Prevention Services

Accident & Illness Prevention Service Statement

The Synergy Comp Insurance Company maintains and provides accident and illness prevention services as required by the nature of the policyholder's business or its operations, in accordance with the Pennsylvania Workers' Compensation Act, including information about the 5% premium discount available to employers who form a certified workplace safety committee. These services include:

- Customized Loss Control Business Plan
- Surveys/Recommendations
- Accident and Illness Prevention Training Programs
- Consultations
- Analyses of Accident Causes
- Industrial Hygiene
- Industrial Health Services

For more information about these services contact Lew Kachulis, President at (724) 704-7040



Health and Safety Division Information Document



Synergy Comp Insurance Company
30 East State Street
Sharon, PA 16146
Phone: (724) 704-7060

Normal Office Hours: 8:30 a.m. to 5:00 p.m.

NOTICE TO PENNSYLVANIA EMPLOYERS AND EMPLOYEES

In accordance with the Anti-Fraud Legislation passed by the Commonwealth of Pennsylvania, insurance carriers are required to advise all policyholders and claimants of the following:

Any person who knowingly and with the intent to defraud any insurance company or other person - files an application for insurance or statement of claim containing any materially false information or conceals (for the purpose of misleading) information concerning any fact material thereto, commits a fraudulent insurance act, in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties.

"Statement" is defined as any oral or written presentation or other evidence of loss, injury, or expense. This includes, but is not limited to, any notice, statement, proof of loss, diagnosis, prescription, hospital or doctor records.

Workers' Compensation fraud is a felony, punishable by payment of fines of up to fifty thousand dollars (\$50,000) or double the value of the fraud or to undergo imprisonment for a period of not more than seven (7) years, or both.

By preventing fraud, the best interests of all parties are protected. Resources can then be properly devoted to legitimate claims, helping to ensure the speedy resolution of an injured employee's claim.

A message from the
Management Team of Synergy Comp Insurance Company

Signature of Employee: _____ Date: _____

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

(Ed. 1-15)

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

F. Payments You Must Make

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

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

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

G. Recovery From Others

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

H. Statutory Provisions

These statements apply where they are required by law.

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

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

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

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

B. We Will Pay

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

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

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

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

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

C. Exclusions

This insurance does not cover:

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

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

D. We Will Defend

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

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

E. We Will Also Pay

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

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

(Ed. 1-15)

F. Other Insurance

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

G. Limits of Liability

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

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

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

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

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

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

H. Recovery From Others

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

I. Actions Against Us

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

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

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

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

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

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

B. Notice

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

PART FOUR YOUR DUTIES IF INJURY OCCURS

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

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

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

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

PART FIVE—PREMIUM

A. Our Manuals

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

B. Classifications

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

C. Remuneration

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

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

D. Premium Payments

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

E. Final Premium

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

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

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

F. Records

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

G. Audit

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

PART SIX—CONDITIONS**A. Inspection**

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

B. Long Term Policy

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

C. Transfer of Your Rights and Duties

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

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

D. Cancellation

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

E. Sole Representative

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