



Farm Bureau Mutual
Farm Bureau Life
Farm Bureau General

MICHIGAN'S INSURANCE COMPANY

7373 West Saginaw Highway, Box 30400, Lansing, Michigan 48909-7900
Phone (517) 323-7000

FarmBureauInsurance.com

**CHILD ADVOCACY TEAM
1023 CHURCH ST
FLINT MI 48502**

**Policy Number:
WCC -3285949-12
Effective Date:
MARCH 26, 2024
Date Policy Issued:
FEBRUARY 5, 2024**

THANK YOU FOR YOUR CONTINUED BUSINESS!

Enclosed is your **WORKERS COMPENSATION RENEWAL**

We appreciate your continued confidence in the Farm Bureau Insurance Companies. Enclosed are updated policy documents that you should keep with your other important insurance papers.

You will notice there is no Account Billing Statement enclosed. If any premium is due, you will soon receive either a separate Account Billing Statement or an EFT Withdrawal Schedule.

Our goal is to keep you informed about the coverages you currently have and about new products and coverages that may benefit you.

PLEASE READ THE ENCLOSED POLICY DOCUMENTS CAREFULLY. Note that many of these documents are printed on both the front and reverse sides of the page. Please take special note of the Information Page and its schedules. Make sure all the information on the Information Page and schedules is correct, and that we are providing for your current coverage needs.

If you have any questions about the information on your Information Page or its schedules or the coverages described in your policy, please contact your Farm Bureau Insurance agent. Also let your agent know if your legal entity (shown on the Information Page as "Type of Legal Entity") changes or if there are any other changes in your situation that might affect your current or future coverage needs. Your agent is always ready to work with you and help tailor your coverages to fit your changing needs.

Thank you for insuring with us. We look forward to many more years of serving you . . . and helping you build a better future.

Farm Bureau General Insurance Company of Michigan

WCC 3285949 12 20240205 RENI 20240326 20250326

AGENT NAME: BEN NOYCE LUTCF	AGENT NUMBER: # 4509	PHONE: 810-653-8508
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POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 (the "Act") was first signed into law by the President of the United States on November 26, 2002, and became effective immediately. The Act established a program within the United States Department of the Treasury, under which the federal government shares, along, with the insurance industry, the risk of loss from future terrorist attacks.

The Act has been modified and extended by: the Terrorism Risk Insurance Extension Act of 2005; the Terrorism Risk Insurance Program Reauthorization Act of 2007; and the Terrorism Risk Insurance Program Reauthorization Act of 2015.

The Act has been extended a fourth time, without modification, by the Terrorism Risk Insurance Program Reauthorization Act of 2019.

The Act applies when the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, certifies that an event meets the definition of an act of terrorism. In accordance with the Act, as modified and extended, we are required to provide you with a notice disclosing the following information.

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. The federal government will reimburse 80% of that portion of the amount of such insured losses that exceeds our insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year, the United States Department of the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap on Insurer Participation in Payment of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Disclosure of Premium

The portion of the premium that is attributable to coverage for acts of terrorism is \$0.

**Farm Bureau General Insurance Company of Michigan
Farm Bureau Mutual Insurance Company of Michigan**



Farm Bureau General Insurance Company of Michigan
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Policy No.
WCC -3285949-12

INSURANCE POLICY INFORMATION PAGE

Reason For Information Page	Policy Period (12:01 a.m. standard time)	Effective Date
RENEWAL	FROM 03/26/2024 TO 03/26/2025	MARCH 26, 2024

1. Named Insured and Mailing Address:

CHILD ADVOCACY TEAM
1023 CHURCH ST
FLINT MI 48502

Issue Date: **FEBRUARY 5, 2024**
Annual Premium: **\$ 402.00**
Account Number: **C001344149-001-00001**
Payment Plan: **FULL PAY**
Agent: **NOYCE #4509**
Phone Number: **810-653-8508**

TERRORISM NOTICE ENCLOSED: BR584

Type of Legal Entity: **CORPORATION**
Federal ID Number: *******6621**
Intrastate ID Number: **3927830A**

This policy is exempt from the filing requirements of Section 2236 of Michigan's Insurance Code of 1956, as amended, 1956 PA 218, MCL 500.2236.

Workplaces (Locations of Operations):

SEE THE LOCATIONS OF OPERATIONS SCHEDULE

2. The policy period is:

MARCH 26, 2024 TO MARCH 26, 2025 12:01 a.m. standard time, at the insured's mailing address.

3.A. Worker's Disability Compensation Insurance:

Part One of the policy applies to Michigan's Worker's Disability Compensation Act.

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 \$ 500,000 each accident
Bodily Injury by Disease \$ 500,000 each employee
Bodily Injury by Disease \$ 500,000 policy limit

C. Other States Insurance:

SEE THE LIMITED OTHER STATES INSURANCE ENDORSEMENT FW 66 03

D. This policy includes these endorsements and schedules:

SEE THE ENDORSEMENT SCHEDULE (IF APPLICABLE)

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required is subject to verification and change by audit. Failure to complete the audit may result in an Audit Noncompliance Charge and/or cancellation of the policy.

SEE THE CLASSIFICATION OF OPERATIONS SCHEDULE

Premium from the Classification of Operations Schedule	\$ 282.00
Expense Constant Charge	\$ 120.00
Total Estimated Annual Premium	\$ 402.00
Minimum Premium	\$ 140.00



**Farm Bureau General Insurance Company of Michigan
WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY INFORMATION PAGE**

Policy No.
WCC -3285949-12

EXTENSION OF INFORMATION PAGE

LOCATIONS OF OPERATIONS SCHEDULE

Location No. Address

0001 1023 CHURCH ST
 FLINT MI 48502



**Farm Bureau General Insurance Company of Michigan
WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY INFORMATION PAGE**

Policy No.
WCC -3285949-12

EXTENSION OF INFORMATION PAGE

ENDORSEMENT SCHEDULE

The following Policy Endorsements, together with the Workers Compensation and Employers Liability Insurance Policy, **FW 65 01 01 20**, and the most current Information Pages, make up your policy. The symbol " √ " beside a Form Number indicates that the Form is enclosed with this mailing.

Policy Endorsements:

- √ **FW 00 04 24 01 19 AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT**
- √ **FW 66 01 01 15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**
- √ **FW 66 03 01 12 LIMITED OTHER STATES INSURANCE ENDORSEMENT**



EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS SCHEDULE

Loc.	Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per 100	Estimated Annual Premium
0001	ATTORNEY	8820	125,000.00	.05	63.00
0001	LAW OFFICE INCL-PRES-KAREN BUNKER	8820	124,800.00	.05	62.00
0001	LAW OFFICE INCL-SECR-TERESA HOLIFORD	8820	124,800.00	.05	62.00
0001	LAW OFFICE INCL-TRES-TERINA CARTE	8820	114,000.00	.05	57.00
	EMPLOYERS LIABILITY	9807		1.0100	2.00
	REQUIRED TO BALANCE TO EMPLOYERS LIABILITY MINIMUM PREMIUM	9848			48.00
	MULTI-POLICY CREDIT - ONE QUALIFYING POLICY	9951		.9500	12.00-

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE

	<u>Beginning on Page</u>		<u>Beginning on Page</u>
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IMPORTANT

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

PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY.

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IMPORTANT

Throughout this Quick Reference, the policy, and the policy's information page and endorsements, "Workers Compensation and Employers Liability" means "Worker's Disability Compensation and Employers' Liability".

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 Michigan's Worker's Disability Compensation Act and the Michigan law concerning Occupational Diseases. It includes any amendments to those laws that 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 non-occupational 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 Michigan, 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; or
 - 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 Michigan.
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 you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

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

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. for care and loss of services; and
3. for consequential bodily injury to a spouse, child, parent, brother, or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

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

4. any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. bodily injury intentionally caused or aggravated by you;
6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts, or omissions;
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356a), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. bodily injury to a master or member of the crew of any vessel;
11. fines or penalties imposed for violation of federal or state laws; and
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued 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 – NOT APPLICABLE

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.

Remuneration for certain individuals is subject to a minimum and a maximum amount or a fixed amount, as set forth in our manual of rates.

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 minimum premium shown on the Information Page.

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

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

F. Records

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

G. Audit

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

PART SIX – CONDITIONS

A. Inspection

We have the right, but we are not obligated 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 such recommendations 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 right we have under this provision.

B. Long Term Policy

If the policy period is longer than one (1) year and sixteen (16) 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 of your death within thirty (30) days after your death, we will cover your legal representative as an 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 (10) days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1. of the Information Page will be sufficient to prove notice.
3. The policy 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 that 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.

F. Mutual Conditions (Applies to Farm Bureau Mutual Insurance Company of Michigan policyholders only)

1. This policy is non-assessable.
2. Annual Meeting. The annual meeting of our members shall be held at our home office at Lansing, Michigan, on the last Wednesday of the month of February of each year.

MICHIGAN LAW PROVISIONS

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

1. We are "the insurer issuing this policy".
2. You are "the insured employer".
3. "Michigan Workmen's Compensation Act" means the Workers' Disability Compensation Act of 1969.
4. "Workmen's compensation" means workers' compensation.
5. "The Bureau of Workmen's Compensation" means the Workers' Compensation Agency.

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the Accident Fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

Compensation

- a. That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan Workmen's Compensation Act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Medical Services

- b. That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan Workmen's Compensation Act and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational disease happening to his employees during the life of this contract or policy;

Rehabilitation Services

- c. That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan Workmen's Compensation Act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Funeral Expenses

- d. That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan Workmen's Compensation Act;

Scope of Contract

- e. That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

Obligations Assumed

- f. That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan Workmen's Compensation Act, as far as the payment of compensation, death benefits, medical, surgical, hospital care, or medicine and rehabilitation services is concerned;

Termination Notice

- g. That it will file with the Bureau of Workmen's Compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancellation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancellation is received by the Bureau of Workmen's Compensation;

Conflicting Provisions

- h. That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

MICHIGAN NOTICE TO POLICYHOLDERS

This notice is required by Michigan law

1. Rates and Premiums

This policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this notice. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Payroll Audits

You may request a payroll audit once each calendar year. Your request must be in writing sent to our address shown in this notice. You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request, if you provide us with all information we need to perform the audit.

Generally, we will conduct an audit once a year.

3. Reserves or Redemption

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this notice. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of a claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this notice. If you are not satisfied with the results of the meeting, you may appeal to the Commissioner of Insurance at the address shown in this notice.

Addresses

Customer Service
Farm Bureau Insurance
7373 West Saginaw Highway
P.O. Box 30400
Lansing, Michigan 48909-7900

Michigan Department of Labor and Economic Opportunity
Department of Insurance and Financial Services
P.O. Box 30220
Lansing, Michigan 48909-7720

This policy is signed in facsimile at Lansing, Michigan on behalf of Farm Bureau Mutual Insurance Company of Michigan and Farm Bureau General Insurance Company of Michigan by our Chief Executive Officer.



Donald E. Simon, CPCU, ARe, LLIF
Chief Executive Officer

IMPORTANT INFORMATION FOR EMPLOYERS WITH WORKER'S DISABILITY COMPENSATION INSURANCE

LOSS REPORTING INFORMATION

The Michigan Worker's Disability Compensation Act of 1969 requires you to comply with the following instructions when making reports of occupational injuries and diseases:

Make prompt reports: The law requires that the first payment of compensation shall reach the injured worker on the fourteenth day of disability. Prompt reporting of occupational injuries and diseases is essential in order to meet this requirement. The law provides penalties when compensation payments are delayed. Since prompt reporting will mean prompt payment of compensation, cooperate fully, so that such penalties may be avoided.

Reporting Form: Employer's Basic Report of Injury is used in reporting all occupational injuries, diseases, and deaths arising out of and in the course of employment. Send the completed report to our Home Office Medical Claims.

Recurring disability: When lost time recurs in the case of an occupational injury or disease already reported, immediately contact our Home Office Medical Claims and give full details, including the date of disablement.

Supplemental Report of Fatal Injury: When death results from an occupational injury or disease, you are required to file a Supplemental Report of Fatal Injury in addition to the Employer's Basic Report of Injury. Send the completed report to our Home Office Medical Claims.

IMPORTANT PAYROLL INFORMATION

Subcontractors: Under the Worker's Disability Compensation Act of 1969, you are responsible to employees of contractors doing work for you (commonly called subcontractors), unless such contractors carry worker's disability compensation insurance. You should secure from each such contractor a Certificate of Insurance showing that they carry worker's disability compensation insurance for their employees. Retain these certificates for the company's payroll auditor so that they are available when your payroll records are audited.

If you do not secure these certificates, the contractor's payroll or the contract price for the work done will be included with your worker's disability compensation payroll for premium calculation purposes.

Payroll records: The premium for your worker's disability compensation insurance is based on remuneration paid to all your employees (inside servant help excepted) and the type of work they perform. It is important that you maintain adequate records of all your payrolls, including commissions, tips, or other sums paid for regular time, overtime, piece work, or allowances. This also includes the cash equivalent of all housing, merchandise, store certificates, credits, or any other substitute for cash. The records should include all payroll applicable to new operations and/or operations not previously identified, and the payroll of family members not excluded by endorsement. Your records should include whether the employee was full-time (35 hours per week for a period of 13 weeks or longer) or part-time help. The records should also indicate a breakdown by employee of the type of work performed. Any exchange of labor must be included. These payroll records should be conveniently available to the company's auditor.

IMPORTANT EMPLOYER MAY BE SUBJECT TO PENALTY

Michigan law stipulates that a late payment penalty shall be payable to the worker at the rate of \$50 per day for each day over 30 days in which Worker's Disability Compensation benefits are not paid. The maximum penalty is \$1,500.

The statute provides that an EMPLOYER who has notice or knowledge of a work-related injury and fails to give notice to the insurance company SHALL PAY THE PENALTY. Therefore, in order to avoid the possibility of being responsible for a late payment penalty, any incident which COULD be considered a Worker's Disability Compensation claim, should be promptly reported to our Claims Department. By promptly reporting any and all possible Worker's Disability Compensation situations, you will eliminate the possibility of any late payment penalties.

NOTICE: BUILDING WRECKING OR DEMOLITION

You will be assessed a penalty equal to 200% of the applicable premium, if you do not notify us before beginning a demolition or wrecking job where a building, chimney, or steeple is razed or where a floor, exterior wall, or roof is removed.



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 of determining the Audit Noncompliance Charge 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 Five - Premium, Section 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
Michigan	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.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under this policy. The provisions of this endorsement are applicable only until the Terrorism Risk Insurance Program, which was established by the Terrorism Risk Insurance Act, terminates.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. the act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. the act is a violent act or an act that is dangerous to human life, property, or infrastructure and is 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.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

LIMITED OTHER STATES INSURANCE ENDORSEMENT

This endorsement modifies insurance provided under the Workers Compensation and Employers Liability Insurance Policy. "Part Three - Other States Insurance" of the policy is replaced by the following:

PART THREE - OTHER STATES INSURANCE

How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers' compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insurance group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers' compensation law.

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. of the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers' compensation law.