

**STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**NATIONWIDE MUTUAL INSURANCE COMPANY (16195)**

Issued by: **ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220**

INFORMATION PAGE

Policy No: **ACP WC 24 4 2912068**

as Renewed On **12/15/11**

Printed On **11/14/11**

1. Name of Insured: **MARINERS VILLAGE CONDOMINIUM UNIT OWNERS ASSOCIATION INC**

Mailing Address: **PO BOX 915  
HARDY VA 241010915**

Agent: **BEVERIDGE INS AGY INC 24 45 80399 001  
ROANOKE VA 240184418**

Producer: **BEVERIDGE INS AGY INC**

Federal ID 1.) **010730234** 2.) 3.) 4.)

Other Workplaces: **See Schedule of Locations**

The insured is a(n) Individual: Partnership: Corporation: **X**

Limited Liab Co: Other:

2. The policy period is from 12:01 AM standard time on **12/15/11** to **12/15/12** at the insureds mailing address.

3. Coverage.

A. Workers Compensation Insurance: Part One applies to the Workers Compensation Law of the states listed here: **VIRGINIA**

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

Bodily Injury by Accident	<b>100,000</b>	each accident
Bodily Injury by Disease	<b>100,000</b>	each employee
Bodily Injury by Disease	<b>500,000</b>	policy limit

C. Other States Insurance: Part Three applies to the states listed here:  
**All states except North Dakota, Ohio, Washington, West Virginia, Wyoming.**

D. This policy includes these endorsements and schedules:  
**SEE ATTACHED SUPPLEMENTAL INFORMATION PAGE.**

Misc. Policy Information	Sub Total:	\$	PREMIUM <b>15.00</b>
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Experience Mod:

Sub Total: \$ **15.00**

Prior Policy: **1111WCF 111111111**

Premium Discount:	
Expense Constant:	\$ <b>260.00</b>
Premium for Terrorism:	\$ <b>0.00</b>

Minimum Premium: \$ <b>489.00</b>	Total Estimated Premium:	\$ <b>489.00</b>
Adjustment of premium shall be made <b>Annually</b>	Deposit Premium:	\$ <b>489.00</b>

Underwriter: **24 - 08** Countersigned by: \_\_\_\_\_ Date \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**EXTENSION OF INFORMATION PAGE**

Schedule of Locations

ITEM 1

POLICY NO **ACP WC 24 4 2912068**

Location No

Location

**001 MARINERS WAY , HUDDLESTON, VA, 241010000**

**STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**NATIONWIDE MUTUAL INSURANCE COMPANY (16195)**

Issued by: **ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220**

**SCHEDULE**

Policy No: **ACP WC 24 4 2912068**

State ID. No.

**4. Premium.**

All information required below is subject to verification and change by audit.

**- VIRGINIA OPERATIONS -**

Loc No.	Classification of Operations	Code No.	Estimated Total Remuneration	Rates Per \$100	Estimated Policy Premium
<b>001</b>	<b>BUILDING OPERATION BY OWNER, LESSEE, OR REAL ESTATE MANAGEMENT FIRM; PROFESSIONAL EMPLOYEES, PROPERTY MANAGERS AND LEASING AGENTS &amp; CLERICAL, SALESPERSONS</b>	<b>9012</b>	<b>1,000</b>	<b>1.48</b>	<b>\$ 15.00</b>

State Sub Total: \$ 15.00

State Sub Total: \$ 15.00  
State Premium Discount: \$  
State Expense Constant: \$ 260.00  
Premium for Terrorism: \$ 0.00

**NATIONWIDE MUTUAL INS CO**

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

Policy Number: **ACP WC 2442912068**

Policy Period: From **12/15/11** To **12/15/12**

Named Insured: **MARINERS VILLAGE CONDOMINIUM UNIT OWNERS ASSOCIATION INC**

Form	Date	Title
WC000000B	0711	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000404	0484	PENDING RATE CHANGE ENDORSEMENT
WC000419	0101	PREMIUM DUE DATE ENDORSEMENT
WC000422A	0908	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
WC450602	0596	VIRGINIA AMENDATORY ENDORSEMENT
13614	1185	SPECIAL CONTINUATION PROVISION
16490	0809	VIRGINIA WORKERS COMPENSATION DRUG-FREE WORKPLACE PROGRAM PREMIUM CREDIT AP

----- IMPORTANT NOTICES -----

EN7281	0706	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN7365	0611	WORKERS' COMPENSATION NOTICE
IN7371	0711	REPORTING WORKERS' COMPENSATION CLAIMS IMPORTANT NOTICE
11317	0611	IMPORTANT NOTICE - WORKERS' COMPENSATION DEDUCTIBLE AVAILABILITY

**WC END (01-93) (WC000001)**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**PENDING RATE CHANGE ENDORSEMENT**

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

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

Schedule

**State**

**VA**

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  
Endorsement No.  
Insured

Policy No.  
Premium \$

Countersigned By \_\_\_\_\_

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

### 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 2007. 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 2007.

"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.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

#### 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 the Treasury.

#### Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

	State	Rate	Premium
VA		.049	\$ 0

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  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

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