



JULY 2, 2020

IN REPLY REFER TO:

9105395-20

REDWOOD COAST REGIONAL CENTER, I  
1116 AIRPORT PARK BLVD  
UKIAH, CA 95482

Dear Policyholder

Thank you for choosing us as your workers' compensation insurance carrier.

This package contains your renewal documents as listed on the following page. Please keep these together.

Our goal is to provide you with fast, efficient, and the most convenient service possible. We truly appreciate your business. If you have any questions about the information in this mailing, please contact your broker of record or your local State Compensation Insurance Fund office.

State Compensation Insurance Fund

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5880 Owens Dr ■ Pleasanton, CA 94588-3900

Mailing Address: P.O. Box 8192 ■ Pleasanton, CA 94588-8792



IN REPLY REFER TO:  
**9105395-20**

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY  
INSURANCE POLICY  
STATE COMPENSATION INSURANCE FUND  
Forms and Endorsements Applicable List Policy

FORM NUMBER	FORM DESCRIPTION
10963A	ANNUAL RATING ENDORSEMENT
10217	2029 -ENDORSEMENT AGREEMENT- CALIFORNIA SHORT-RATE CANCELLATION
10217	2089 -ENDORSEMENT AGREEMENT- STATUTORY ACCOUNTING PRINCIPLES - BILL RECEIVABLE
10217	2437 -ENDORSEMENT AGREEMENT- MEDICAL PROVIDER NETWORK ENDORSEMENT
10217	2559A -ENDORSEMENT AGREEMENT- TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2015
10217	2566 -ENDORSEMENT AGREEMENT- NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2015
10217	2512A -ENDORSEMENT AGREEMENT- EXPERIENCE MODIFICATION
10217	3015 -ENDORSEMENT AGREEMENT- EXECUTIVE OFFICERS - MINIMUM/MAXIMUM LIMITS
10217	9961 -ENDORSEMENT AGREEMENT- CLASS AND RATES AMENDED
10610D	POLICY HOLDER NOTICE

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HOME OFFICE	SAN FRANCISCO	ANNUAL RATING ENDORSEMENT
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IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE **CONTINUOUS POLICY** ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.

HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

**IMPORTANT** THIS IS NOT A BILL  
SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

CONTINUOUS POLICY 9105395-20

THE RATING PERIOD BEGINS AND ENDS AT 12:01AM  
PACIFIC STANDARD TIME

RATING PERIOD 7-01-20 TO 7-01-21

REDWOOD COAST REGIONAL CENTER, I  
1116 AIRPORT PARK BLVD  
UKIAH, CALIF 95482

DEPOSIT PREMIUM	\$0.00
MINIMUM PREMIUM	\$500.00
PREMIUM ADJUSTMENT PERIOD	MONTHLY
REP B5	R SC

NAME OF EMPLOYER- REDWOOD COAST DEVELOPMENTAL SERVICES  
CORPORATION  
(A NON-PROFIT CORP.)

CODE NO. PRINCIPAL WORK AND RATES EFFECTIVE FROM 07-01-20 TO 07-01-21

		PREMIUM BASIS	BASE RATE	INTERIM BILLING RATE*
8742-1	SALESPERSONS--OUTSIDE.	5130341	.75	.48
8810-1	CLERICAL OFFICE EMPLOYEES--N.O.C.	1744120	.53	.34

EXPERIENCE MODIFICATION  
07-01-20 TO 07-01-21 232 %

\*\*\*\*\*BUREAU NOTE INFORMATION\*\*\*\*\*

FEIN 942897317

TOTAL ESTIMATED ANNUAL PREMIUM \$71,095

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HOME OFFICE	SAN FRANCISCO	ANNUAL RATING ENDORSEMENT
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HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

**IMPORTANT**  
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 SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

CONTINUOUS POLICY 9105395-20

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RATING PERIOD 7-01-20 TO 7-01-21

\* INTERIM BILLING RATES WILL BE USED ON PAYROLL REPORTS. THEY TAKE INTO ACCOUNT RATING PLAN CREDITS (OR DEBITS) WHICH WILL APPLY AT FINAL BILLING AND AN ESTIMATE OF YOUR PREMIUM DISCOUNT AS DETAILED BELOW.

RATING PLAN CREDITS (DEBITS) EFFECTIVE FROM 07-01-20 TO 07-01-21

RATING PLAN MODIFIER	0.71820
ESTIMATED PREMIUM DISCOUNT MODIFIER	<u>0.89411</u>
COMPOSITE FACTOR APPLIED TO BASE RATES TO DERIVE INTERIM BILLING RATES	0.64215

\*\*\*\*\*  
 \*  
 \* PREMIUM DISCOUNT SCHEDULE EFFECTIVE FROM 07-01-20 TO 07-01-21 \*  
 \* ESTIMATED MODIFIED PREMIUM IS DISCOUNTED ACCORDING TO THE FOLLOWING SCHEDULE: \*  
 \* FIRST ABOVE \*  
 \* \$5,000 \$5,000 \*  
 \* 0.0% 11.3% \*  
 \*  
 \*\*\*\*\*

THE ESTIMATED PREMIUM DISCOUNT IS BASED ON AN ESTIMATE OF YOUR PAYROLL. ACTUAL PREMIUM DISCOUNT APPLIED AT FINAL BILLING WILL BE BASED ON THE ACTUAL PAYROLL REPORTED ON YOUR POLICY AND SUBJECT TO AUDIT.

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IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE **CONTINUOUS POLICY** ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.

CONTINUOUS POLICY 9105395-20

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL STATE FUND OFFICE BELOW:

LOS ANGELES  
900 CORPORATE CENTER DR.  
MONTEREY PARK, CA 91754  
(888) 782-8338

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions agreements or limitations of the Policy other than as herein stated.

When countersigned by a duly authorized officer or representative of the State Compensation Insurance Fund, these declarations shall be valid and form part of the Policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT AND CEO

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ENDORSEMENT AGREEMENT
CALIFORNIA SHORT-RATE CANCELLATION

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2-27-67-28
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HOME OFFICE
SAN FRANCISCO

EFFECTIVE JULY 1, 2020 AT 12.01 A.M.
TO JULY 1, 2021 AT 12.01 A.M.

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REDWOOD COAST REGIONAL CENTER, I
1116 AIRPORT PARK BLVD
UKIAH, CA 95482

THE INSURANCE UNDER THIS POLICY IS LIMITED AS FOLLOWS:

IT IS AGREED THAT ANYTHING IN THE POLICY TO THE CONTRARY
NOTWITHSTANDING, SUCH INSURANCE AS IS AFFORDED BY THIS
POLICY IS SUBJECT TO THE FOLLOWING PROVISIONS:

IF YOU CANCEL THE POLICY AND A DISCLOSURE WAS PROVIDED IN
ACCORDANCE WITH SECTION 481(C) OF THE CALIFORNIA INSURANCE
CODE, FINAL PREMIUM WILL BE BASED ON THE TIME THIS POLICY
WAS IN FORCE AND INCREASED BY THE SHORT-RATE CANCELLATION
TABLE BELOW:

SHORT-RATE CANCELLATION TABLE

FINAL PREMIUM BASED ON THE TABLE BELOW WILL NOT BE LESS
THAN THE MINIMUM PREMIUM FOR THIS POLICY.

DAYS = EXTENDED NUMBER OF DAYS
% = PERCENTAGE OF FULL POLICY PREMIUM

Table with 6 columns: DAYS, %, DAYS, %, DAYS, %. Rows include intervals like 1, 5-6, 11-12, 17-18, 23-25, 33-36, 44-47, 55-58 and percentages from 5% to 28%.

CONTINUED

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

Signature of Authorized Representative

AUTHORIZED REPRESENTATIVE

Signature of President and CEO

PRESIDENT AND CEO



ENDORSEMENT AGREEMENT
CALIFORNIA SHORT-RATE CANCELLATION

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Table with 6 columns showing age ranges (e.g., 66-69, 70-73, 74-76) and corresponding percentages (e.g., 29%, 30%, 31%).

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COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

Signature of Authorized Representative

Signature of President and CEO



ENDORSEMENT AGREEMENT  
STATUTORY ACCOUNTING PRINCIPLES  
BILL RECEIVABLE

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ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT  
WILL BE CONTROLLED BY THIS ENDORSEMENT.

IT IS AGREED THAT THIS ENDORSEMENT AMENDS SECTION D. OF  
PART FIVE OF THE POLICY.

YOUR POLICY HAS BEEN WRITTEN ON MONTHLY ADJUSTMENT  
PERIOD. YOU WILL PAY ALL PREMIUM WHEN DUE.

PAYROLL REPORTS AND PREMIUM ARE DUE WITHIN 10 DAYS (TEN)  
AFTER THE LAST DAY OF THE REPORTING PERIOD.

PAYMENT OF OUTSTANDING PREMIUM IS DUE WITHIN 10 DAYS (TEN)  
FROM THE BILL DATE.

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OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
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COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO





ENDORSEMENT AGREEMENT  
MEDICAL PROVIDER NETWORK

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ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT  
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THE STATE COMPENSATION INSURANCE FUND MEDICAL PROVIDER  
NETWORK IS ESTABLISHED IN ACCORDANCE WITH CALIFORNIA LABOR  
CODE 4600 ET SEQ AND APPROVED BY THE CALIFORNIA DIVISION OF  
WORKERS' COMPENSATION ADMINISTRATIVE DIRECTOR. THE INTENT  
OF THE 2004 LEGISLATION REQUIRING THE ESTABLISHMENT OF THE  
MEDICAL PROVIDER NETWORK IS INCREASED EMPLOYER CONTROL OVER  
THE COSTS OF TREATING EMPLOYEE WORK RELATED INJURIES AND  
DISEASE.

PART FOUR OF THE POLICY, YOUR DUTIES IF INJURY OCCURS, IS  
AMENDED AS FOLLOWS:

IT IS AGREED THAT THE POLICYHOLDER SHALL REFER ALL WORK  
RELATED INJURIES OR DISEASE TO THE STATE COMPENSATION  
INSURANCE FUND MEDICAL PROVIDER NETWORK AT THE TIME OF AN  
OCCUPATIONAL INJURY OR UPON KNOWLEDGE OF AN OCCUPATIONAL  
INJURY OR DISEASE.

IT IS FURTHER AGREED THAT WHEN AN EMPLOYEE NOTIFIES THE  
POLICYHOLDER OF AN OCCUPATIONAL INJURY OR FILES A CLAIM FOR  
WORKERS' COMPENSATION WITH THE POLICYHOLDER, THE POLICY-  
HOLDER SHALL ARRANGE AN INITIAL MEDICAL EVALUATION AND  
BEGIN TREATMENT WITHIN THE MEDICAL PROVIDER NETWORK. THE  
POLICYHOLDER SHALL NOTIFY THE EMPLOYEE OF HIS OR HER RIGHT

CONTINUED

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ENDORSEMENT AGREEMENT  
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TO BE TREATED BY A PHYSICIAN OF HIS OR HER CHOICE FROM  
WITHIN THE MEDICAL PROVIDER NETWORK AFTER THE FIRST VISIT.  
THE POLICYHOLDER SHALL NOTIFY EMPLOYEE OF THE METHOD BY  
WHICH THE LIST OF PARTICIPATING PROVIDERS MAY BE ACCESSED  
BY EMPLOYEES.

IT IS FURTHER AGREED THAT IF AN INJURED EMPLOYEE DISPUTES  
EITHER THE DIAGNOSIS OR THE TREATMENT PRESCRIBED BY THE  
TREATING PHYSICIAN, THE EMPLOYEE MAY SEEK THE OPINION OF  
ANOTHER PHYSICIAN WITHIN THE MEDICAL PROVIDER NETWORK. IF  
THE INJURED EMPLOYEE DISPUTES THE DIAGNOSIS OR TREATMENT  
PRESCRIBED BY THE SECOND PHYSICIAN, THE EMPLOYEE MAY SEEK  
THE OPINION OF A THIRD PHYSICIAN WITHIN THE MEDICAL  
PROVIDER NETWORK.

IT IS FURTHER AGREED THAT THIS ENDORSEMENT IN NO WAY  
AFFECTS THE RIGHTS OF AN INJURED WORKER TO PREDESIGNATE A  
PHYSICIAN. AN EMPLOYEE MUST FILE WRITTEN NOTICE OF THE  
PREDESIGNATION WITH THE EMPLOYER PRIOR TO THE DATE OF  
INJURY. THE NOTICE MUST INCLUDE THE PHYSICIAN'S SIGNATURE  
OF AGREEMENT TO THE PREDESIGNATION, AND THE FOLLOWING  
CONDITIONS MUST APPLY:

THE PHYSICIAN IS THE EMPLOYEE'S REGULAR PHYSICIAN.

THE PHYSICIAN IS THE EMPLOYEE'S PRIMARY CARE PROVIDER WHO  
HAS PREVIOUSLY DIRECTED THE MEDICAL TREATMENT OF THE

CONTINUED

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PRESIDENT AND CEO



ENDORSEMENT AGREEMENT  
MEDICAL PROVIDER NETWORK

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CONTINUED.

EMPLOYEE AND RETAINS RECORDS OF THE TREATMENT AND MEDICAL HISTORY.

THE EMPLOYER PROVIDES THE STAFF WITH NONOCCUPATIONAL GROUP HEALTH COVERAGE IN A HEALTH-CARE SERVICE PLAN (SUCH AS AN HMO/PPO PROGRAM).

OR

THE EMPLOYER PROVIDES NONOCCUPATIONAL HEALTH COVERAGE IN A GROUP HEALTH PLAN OR A GROUP HEALTH INSURANCE POLICY, PER LABOR CODE 4616.7.

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AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



ENDORSEMENT AGREEMENT

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TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2015

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THIS ENDORSEMENT ADDRESSES THE REQUIREMENTS OF THE  
TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED AND  
EXTENDED BY THE TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2015. IT SERVES TO NOTIFY YOU OF  
CERTAIN LIMITATIONS UNDER THE ACT, AND THAT YOUR  
INSURANCE CARRIER IS CHARGING PREMIUM FOR LOSSES THAT MAY  
OCCUR IN THE EVENT OF AN ACT OF TERRORISM.

YOUR POLICY PROVIDES COVERAGE FOR WORKERS COMPENSATION  
LOSSES CAUSED BY ACTS OF TERRORISM, INCLUDING WORKERS  
COMPENSATION BENEFIT OBLIGATIONS DICTATED BY STATE LAW.  
COVERAGE FOR SUCH LOSSES IS STILL SUBJECT TO ALL TERMS,  
DEFINITIONS, EXCLUSIONS, AND CONDITIONS IN YOUR POLICY, AND  
ANY APPLICABLE FEDERAL AND/OR STATE LAWS, RULES, OR  
REGULATIONS.

DEFINITIONS

THE DEFINITIONS PROVIDED IN THIS ENDORSEMENT ARE BASED ON  
AND HAVE THE SAME MEANING AS THE DEFINITIONS IN THE ACT. IF  
WORDS OR PHRASES NOT DEFINED IN THIS ENDORSEMENT ARE  
DEFINED IN THE ACT, THE DEFINITIONS IN THE ACT WILL APPLY.

"ACT" MEANS THE TERRORISM RISK INSURANCE ACT OF 2002,  
WHICH TOOK EFFECT ON NOVEMBER 26, 2002, AND ANY  
AMENDMENTS THERETO, INCLUDING ANY AMENDMENTS  
RESULTING FROM THE TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2015.

CONTINUED

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CONTINUED.

"ACT OF TERRORISM" MEANS ANY ACT THAT IS CERTIFIED BY THE SECRETARY OF THE TREASURY, IN CONSULTATION WITH THE SECRETARY OF HOMELAND SECURITY, AND THE ATTORNEY GENERAL OF THE UNITED STATES AS MEETING ALL OF THE FOLLOWING REQUIREMENTS:

- A. THE ACT IS AN ACT OF TERRORISM.
- B. THE ACT IS VIOLENT OR DANGEROUS TO HUMAN LIFE, PROPERTY OR INFRASTRUCTURE.
- C. THE ACT RESULTED IN DAMAGE WITHIN THE UNITED STATES, OR OUTSIDE OF THE UNITED STATES IN THE CASE OF THE PREMISES OF UNITED STATES MISSIONS OR CERTAIN AIR CARRIERS OR VESSELS.
- D. THE ACT HAS BEEN COMMITTED BY AN INDIVIDUAL OR INDIVIDUALS AS PART OF AN EFFORT TO COERCE THE CIVILIAN POPULATION OF THE UNITED STATES OR TO INFLUENCE THE POLICY OR AFFECT THE CONDUCT OF THE UNITED STATES GOVERNMENT BY COERCION.

"INSURED LOSS" MEANS ANY LOSS RESULTING FROM AN ACT OF TERRORISM (AND, EXCEPT FOR PENNSYLVANIA, INCLUDING AN ACT OF WAR, IN THE CASE OF WORKERS COMPENSATION) THAT IS COVERED BY PRIMARY OR EXCESS PROPERTY AND CASUALTY INSURANCE ISSUED BY AN INSURER IF THE LOSS OCCURS IN THE UNITED STATES OR AT THE PREMISES OF UNITED STATES MISSIONS OR TO CERTAIN AIR CARRIERS OR VESSELS.

CONTINUED

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

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ENDORSEMENT AGREEMENT

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CONTINUED.

"INSURER DEDUCTIBLE" MEANS, FOR THE PERIOD BEGINNING ON  
JANUARY 1, 2015, AND ENDING ON DECEMBER 31, 2020, AN  
AMOUNT EQUAL TO 20% OF OUR DIRECT EARNED PREMIUMS,  
DURING THE IMMEDIATELY PRECEDING CALENDAR YEAR.

LIMITATION OF LIABILITY

THE ACT LIMITS OUR LIABILITY TO YOU UNDER THIS POLICY. IF  
AGGREGATE INSURED LOSSES EXCEED \$100,000,000,000 IN A  
CALENDAR YEAR AND IF WE HAVE MET OUR INSURER DEDUCTIBLE,  
WE ARE NOT LIABLE FOR THE PAYMENT OF ANY PORTION OF THE  
AMOUNT OF INSURED LOSSES THAT EXCEEDS \$100,000,000,000;  
AND FOR AGGREGATE INSURED LOSSES UP TO \$100,000,000,000,  
WE WILL PAY ONLY A PRO RATA SHARE OF SUCH INSURED LOSSES AS  
DETERMINED BY THE SECRETARY OF THE TREASURY.

POLICYHOLDER DISCLOSURE NOTICE

1. INSURED LOSSES WOULD BE PARTIALLY REIMBURSED BY THE  
UNITED STATES GOVERNMENT. IF THE AGGREGATE INDUSTRY  
INSURED LOSSES EXCEED:
  - A. \$100,000,000, WITH RESPECT TO SUCH INSURED LOSSES  
OCCURRING IN CALENDAR YEAR 2015, THE UNITED  
STATES GOVERNMENT WOULD PAY 85% OF OUR  
INSURED LOSSES THAT EXCEED OUR INSURER  
DEDUCTIBLE.

CONTINUED

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AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



ENDORSEMENT AGREEMENT

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TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2015

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CONTINUED.

- B. \$120,000,000, WITH RESPECT TO SUCH INSURED LOSSES OCCURRING IN CALENDAR YEAR 2016, THE UNITED STATES GOVERNMENT WOULD PAY 84% OF OUR INSURED LOSSES THAT EXCEED OUR INSURER DEDUCTIBLE.
- C. \$140,000,000, WITH RESPECT TO SUCH INSURED LOSSES OCCURRING IN CALENDAR YEAR 2017, THE UNITED STATES GOVERNMENT WOULD PAY 83% OF OUR INSURED LOSSES THAT EXCEED OUR INSURER DEDUCTIBLE.
- D. \$160,000,000, WITH RESPECT TO SUCH INSURED LOSSES OCCURRING IN CALENDAR YEAR 2018, THE UNITED STATES GOVERNMENT WOULD PAY 82% OF OUR INSURED LOSSES THAT EXCEED OUR INSURER DEDUCTIBLE.
- E. \$180,000,000, WITH RESPECT TO SUCH INSURED LOSSES OCCURRING IN CALENDAR YEAR 2019, THE UNITED STATES GOVERNMENT WOULD PAY 81% OF OUR INSURED LOSSES THAT EXCEED OUR INSURER DEDUCTIBLE.
- F. \$200,000,000, WITH RESPECT TO SUCH INSURED LOSSES OCCURRING IN CALENDAR YEAR 2020, THE UNITED STATES GOVERNMENT WOULD PAY 80% OF OUR INSURED LOSSES THAT EXCEED OUR INSURER DEDUCTIBLE.

CONTINUED

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



ENDORSEMENT AGREEMENT

TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2015

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RENEWAL  
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HOME OFFICE  
SAN FRANCISCO

EFFECTIVE JULY 1, 2020 AT 12.01 A.M.  
TO JULY 1, 2021 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE  
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CONTINUED.

- 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.

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED.

WC 00 04 22 B

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO





ENDORSEMENT AGREEMENT

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NOTIFICATION ENDORSEMENT OF PENDING LAW  
CHANGE TO TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2015

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THIS ENDORSEMENT IS BEING ATTACHED TO YOUR WORKERS  
COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY. THIS  
ENDORSEMENT DOES NOT REPLACE THE SEPARATE TERRORISM RISK  
INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE  
ENDORSEMENT (WC 00 04 22 B) THAT IS ATTACHED TO YOUR  
CURRENT POLICY AND WHICH REMAINS IN EFFECT AS APPLICABLE.

THE TERRORISM RISK INSURANCE ACT OF 2002 (TRIA), AS  
PREVIOUSLY AMENDED AND EXTENDED BY THE TERRORISM RISK  
INSURANCE PROGRAM REAUTHORIZATION ACT OF 2015 (TRIPRA2015),  
PROVIDES FOR A PROGRAM UNDER WHICH THE FEDERAL GOVERNMENT  
WILL SHARE IN THE PAYMENT OF INSURED LOSSES CAUSED BY  
CERTAIN ACTS OF TERRORISM. IN THE ABSENCE OF AFFIRMATIVE US  
CONGRESSIONAL ACTION TO EXTEND, UPDATE, OR OTHERWISE  
REAUTHORIZE TRIPRA 2015, IN WHOLE OR IN PART, TRIPRA 2015  
IS SCHEDULED TO EXPIRE ON DECEMBER 31, 2020.

SINCE THE TIMETABLE FOR ANY FURTHER CONGRESSIONAL ACTION  
REGARDING TRIPRA 2015 IS PRESENTLY UNKNOWN, AND EXPOSURE TO  
ACTS OF TERRORISM REMAINS, WE ARE PROVIDING POLICYHOLDERS  
WITH RELEVANT INFORMATION CONCERNING THEIR WORKERS  
COMPENSATION POLICIES IN THE EVENT OF THE TRIPRA 2015'S  
EXPIRATION.

YOUR POLICY PROVIDES COVERAGE FOR WORKERS COMPENSATION  
LOSSES CAUSED BY ACTS OF TERRORISM, INCLUDING WORKERS  
COMPENSATION BENEFIT OBLIGATIONS DICTATED BY STATE LAW,

CONTINUED

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



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NOTIFICATION ENDORSEMENT OF PENDING LAW  
CHANGE TO TERRORISM RISK INSURANCE PROGRAM  
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CONTINUED.

EXCEPT IN PENNSYLVANIA, WHERE INJURIES OR DEATHS RESULTING FROM CERTAIN WAR-RELATED ACTIVITIES ARE EXCLUDED FROM WORKERS COMPENSATION COVERAGE. COVERAGE FOR SUCH LOSSES IS STILL SUBJECT TO ALL TERMS, DEFINITIONS, EXCLUSIONS, AND CONDITIONS IN YOUR POLICY.

THE PREMIUM CHARGE FOR THE COVERAGE THAT YOUR POLICY PROVIDES FOR TERRORISM LOSSES IS SHOWN IN ITEM 4 OF THE POLICY INFORMATION PAGE OR THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT (WC 00 04 22 B) SCHEDULE THAT IS ATTACHED TO YOUR POLICY. THIS AMOUNT MAY CONTINUE OR CHANGE FOR NEW, RENEWAL, AND IN-FORCE POLICIES IN EFFECT ON OR AFTER DECEMBER 31, 2020, IN THE EVENT OF TRIPRA 2015'S EXPIRATION, SUBJECT TO REGULATORY REVIEW IN ACCORDANCE WITH APPLICABLE STATE LAW.

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



ENDORSEMENT AGREEMENT  
EXPERIENCE MODIFICATION ENDORSEMENT

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ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT  
WILL BE CONTROLLED BY THIS ENDORSEMENT.

IT IS AGREED THAT THE POLICY CONTRACT PREMIUM EARNED  
AT THE BASE RATE SHALL BE MODIFIED BY 232 % IN  
ACCORDANCE WITH THE CALIFORNIA WORKERS' COMPENSATION  
EXPERIENCE RATING PLAN.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

  
AUTHORIZED REPRESENTATIVE

  
PRESIDENT AND CEO



ENDORSEMENT AGREEMENT

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EXECUTIVE OFFICERS  
MINIMUM/MAXIMUM LIMITS

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UKIAH, CA 95482

ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT  
WILL BE CONTROLLED BY THIS ENDORSEMENT.

IT IS AGREED THAT UNLESS OTHERWISE EXCLUDED BY ENDORSEMENT  
THE ACTUAL REMUNERATION EARNED BY EACH EXECUTIVE OFFICER  
DURING THE POLICY PERIOD SHALL BE USED AS THE BASIS OF  
PREMIUM, SUBJECT TO

THE MINIMUM AMOUNT OF \$ 54,600 PER ANNUM

AND THE MAXIMUM AMOUNT OF \$ 139,100 PER ANNUM

AS SPECIFIED IN THE CALIFORNIA WORKERS' COMPENSATION  
UNIFORM STATISTICAL REPORTING PLAN, FOR WORKERS'  
COMPENSATION INSURANCE IN EFFECT DURING THE POLICY PERIOD.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: JULY 2, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



ENDORSEMENT AGREEMENT

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EFFECTIVE JULY 1, 2020 AT 12.01 A.M.

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UKIAH, CA 95482

ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT WILL  
BE CONTROLLED BY THIS ENDORSEMENT.

IT IS AGREED THAT THE FOLLOWING CLASSIFICATION(S) IS (ARE)  
HEREBY ADDED TO AND MADE A PART OF THIS POLICY.  
RATE(S) EFFECTIVE UP TO 7/01/21 -

STANDARD CLASS	DESCRIPTION OF WORK	BASE RATE*	INTERIM BILLING RATE*
8810-1	CLERICAL OFFICE EMPLOYEES--N.O.C.	.53	.34
8742-1	SALESPERSONS--OUTSIDE.	.75	.48

IF THIS CLASSIFICATION CHANGE RESULTS IN INCREASED POLICY PREMIUM,  
YOU ARE ENTITLED, AS PROVIDED BY INSURANCE CODE SECTION 11753.1,  
TO REQUEST THAT THE CLASSIFICATION DECISION BE RECONSIDERED BY  
THE STATE COMPENSATION INSURANCE FUND. PLEASE CONTACT YOUR LOCAL  
DISTRICT OFFICE.

\*THE BASE RATE IS PROVIDED FOR YOUR INFORMATION. IT IS THE RATE  
WHICH STATE COMPENSATION INSURANCE FUND HAS FILED WITH THE  
DEPARTMENT OF INSURANCE. THE INTERIM BILLING RATE WILL BE USED  
ON PAYROLL REPORTS. IT TAKES INTO ACCOUNT RATING PLAN CREDITS  
(OR DEBITS) WHICH WILL APPLY AT FINAL BILLING.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JULY 02, 2020

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO

9961

9105395-20

Dear Policyholder:

These endorsements amend and are part of your policy.  
Please keep them with your documents for future reference.

If you have any questions concerning these endorsements,  
Please contact your local State Fund office.

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**POLICYHOLDER NOTICE**  
**YOUR RIGHT TO RATING AND DIVIDEND INFORMATION**  
**PN 04 99 01H (Ed. 05-20)**

POLICY NO. 9105395-20  
R SC

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**I. Information Available to You**

**A. Information Available from Us - State Compensation Insurance Fund**

(1) General questions regarding your policy should be directed to:

**State Fund, Small Commercial Service Center**  
**1020 Vaquero Circle**  
**Vacaville, CA 95688**  
**Telephone: 888-782-8338**  
**Website: [www.statefundca.com](http://www.statefundca.com)**

(2) **Dividend Calculation.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.

Pursuant to California Code of Regulations, Title 10 CCR 2503 (b), under California Law it is unlawful for an insurer [us] to promise the future payment of dividends under an unexpired workers' compensation policy or to misrepresent the conditions for dividend payment. Dividends are payable only pursuant to conditions determined by the [our] Board of Directors or other governing board [of the Company] following policy expiration. Forfeiture of a right to, reduction in the amount of, or delay in the payment of a policyholder's dividend due to the policyholder's failure to accept renewal of the policy or subsequent policies issued by the same insurer is illegal and constitutes an unfair practice.

(3) **Claims Information.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

For claims covered under this policy, we will estimate the ultimate cost of unsettled claims for statistical purposes eighteen months after the policy becomes effective and will report those estimates to the Workers' Compensation Insurance Rating Bureau of California (WCIRB) no later than twenty months after the policy becomes effective. The cost of any settled claims will also be reported at that time. At twelve-month intervals thereafter, we will update and report to the WCIRB the estimated cost of any unsettled claims and the actual final cost of any claims settled in the interim. The amounts we report will be used by the WCIRB to compute your experience modification if you are eligible for experience rating.

**B. Information Available from the Workers' Compensation Insurance Rating Bureau of California**

(1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the *California Workers' Compensation Uniform Statistical Reporting Plan--1995* (USRP) and the *California Workers' Compensation Experience Rating Plan--1995* (ERP). WCIRB contact information is: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Customer Service; 888-229-2472 (phone); 415-778-7272 (fax); and [customerservice@wcirb.com](mailto:customerservice@wcirb.com) (email). The regulations contained in the USRP and the ERP are available for public viewing through the WCIRB's website at [wcirb.com](http://wcirb.com).

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POLICYHOLDER NOTICE  
Your Right to Rating and Dividend Information

POLICY NO. 9105395-20  
R SC

- (2) **Policyholder Information.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Custodian of Records. The Custodian of Records can be reached at 415-777-0777 (phone) and 415-778-7272 (fax).
- (3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form/Worksheet free of charge by completing a Policyholder Experience Rating Worksheet Request Form on the WCIRB's website at [wcirb.com/ratesheet](http://wcirb.com/ratesheet). The Experience Rating Form/Worksheet will include a Loss-Free Rating, which is the experience modification that would have been calculated if \$0 (zero) actual losses were incurred during the experience period. This hypothetical rating calculation is provided for informational purposes only.

## II. Dispute Process

You may dispute our actions or the actions of the WCIRB pursuant to CIC Sections 11737 and 11753.1.

- A. Our Dispute Resolution Process.** You may request in writing that we reconsider a change in a classification assignment that results in an increased premium. You may also request, in writing, that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written requests that we reconsider or review our actions should be forwarded to: State Compensation Insurance Fund, Attention: Manager, Customer Assistance Program, 5880 Owens Drive, Pleasanton, CA 94588 or call us at 925-460-6530 or fax us at 925-460-6633.
- B. Disputing the Actions of the WCIRB.** If you have been aggrieved by any decision, action, or omission to act of the WCIRB, you may request, in writing, that the WCIRB reconsider its decision, action, or omission to act. You may also request, in writing, that the WCIRB review the manner in which its rating system has been applied in connection with the insurance afforded or offered you. For requests related to classification disputes, the reporting of experience, or coverage issues, your initial request for review must be received by the WCIRB within 12 months after the expiration date of the policy to which the request for review pertains, except if the request involves the application of the Revision of Losses rule. For requests related to your experience modification, your initial request for review must be received by the WCIRB within 6 months after the issuance, or 12 months after the expiration date, of the experience modification to which the request for review pertains, whichever is later, except if the request for review involves the application of the Revision of Losses rule. If the request involves the Revision of Losses rule, the time to state your appeal may be longer. (See Section VI, Rule 7 of the ERP).

You may commence the review process by sending the WCIRB a written Inquiry. Written Inquiries should be sent to: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Customer Service. Customer Service can be reached at 888-229-2472 (phone), 415-778-7272 (fax) and [customerservice@wcirb.com](mailto:customerservice@wcirb.com) (email).

If you are dissatisfied with the WCIRB's decision upon an Inquiry, or if the WCIRB fails to respond within 90 days after receipt of the Inquiry, you may pursue the subject of the Inquiry by sending the WCIRB a written Complaint and Request for Action. After you send your Complaint and Request for Action, the WCIRB has 30 days to send you written notice indicating whether or not your written request will be reviewed.

If the WCIRB agrees to review your request, it must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If the WCIRB declines to review your request, if you are dissatisfied with the decision upon review, or if the WCIRB fails to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner

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POLICYHOLDER NOTICE  
Your Right to Rating and Dividend Information

POLICY NO. 9105395-20  
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as described in paragraph II.C., below. Written Complaints and Requests for Action should be forwarded to: WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Complaints and Reconsiderations. The WCIRB's contact information is 888-229-2472 (phone), 415-371-5204 (fax) and customerservice@wcirb.com (email).

- C. California Department of Insurance - Appeals to the Insurance Commissioner.** After you follow the appropriate dispute resolution process described above, if (1) we or the WCIRB decline to review your request, (2) you are dissatisfied with the decision upon review, or (3) we or the WCIRB fail to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner pursuant to CIC Sections 11737, 11752.6, 11753.1 and Title 10, California Code of Regulations, Section 2509.40 et seq. You must file your appeal within 30 days after we or the WCIRB send you the notice rejecting review of your Complaint and Request for Action or the decision upon your Complaint and Request for Action. If no written decision regarding your Complaint and Request for Action is sent, your appeal must be filed within 120 days after you sent your Complaint and Request for Action to us or to the WCIRB. The filing address for all appeals to the Insurance Commissioner is:

Administrative Hearing Bureau  
California Department of Insurance  
1901 Harrison Street, 3rd Floor  
Oakland, California 94612  
415-538-4243

You have the right to a hearing before the Insurance Commissioner, and our action, or the action of the WCIRB, may be affirmed, modified or reversed.

**III. Resources Available to You in Obtaining Information and Pursuing Disputes**

- A. Policyholder Ombudsman.** Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the Insurance Commissioner pursuant to Section 11737 of the Insurance Code. The address of the policyholder ombudsman is WCIRB, 1221 Broadway, Suite 900, Oakland, CA 94612, Attn: Policyholder Ombudsman. The policyholder ombudsman can be reached at 415-778-7159 (phone), 415-371-5288 (fax) and ombudsman@wcirb.com (email).
- B. California Department of Insurance - Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 800-927-HELP (4357) or insurance.ca.gov. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

This notice does not change the policy to which it is attached.

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