

Notification

CHANGE TO INSURER'S ADDRESS

Please be advised that all references to the address 175 Water Street, New York, NY 10038 contained in the Policy, Policy Declarations, riders, endorsements, and Policy notices are hereby deleted in their entirety and replaced with the following:
1271 Ave of the Americas FL 37, New York, NY 10020-1304

All other terms and conditions of the Policy remain the same.

SERVICE CENTER

Phone: (877) 867-3783
FAX: (800) 315-3896

July 30, 2021

AON RISK SERVICES SOUTH INC
ATTN: BROOKE BARLOW
THREE ALLIANCE CENTER 3550 LENOX ROAD,NE
SUITE 1700
ATLANTA, GA 30326-0000

RE: Insured: PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S
Policy # : WC 013-75-9681
Effective: 07/01/2021

Dear Sir/Madam:

Enclosed please find the original and broker copies of the policy issued to the insured referenced above.

Upon review of the policy, we believe it is complete and accurate based upon the requirements noted on the binder. If you discover anything you believe is incomplete or inaccurate, please contact your underwriter so corrections can be made immediately.

We appreciate your business. **Your satisfaction is our # 1 Priority!**

Sincerely,

Service Specialist

CC: KALISTA MORRIS, Underwriter

***World Leaders in Insurance and
Financial Services***

A I U INSURANCE COMPANY
14354

0009262-00

WC 013-75-9681

059-14-0721-00

INCORPORATED UNDER THE LAWS OF **NEW YORK**
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S
(SEE WC990013 FOR COMPLETE NAME)
WAYNE K. CURRY ADMIN BLDG
1301 MCCORMICK DRIVE STE 1100
LARGO, MD 20774-0000



An AIG company

EXECUTIVE OFFICES:
175 Water Street
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# 190598217

MD UI#:

PRODUCERS NAME AND ADDRESS

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

AON RISK SERVICES SOUTH INC
THREE ALLIANCE CENTER 3550 LENOX ROAD, NE
SUITE 1700
ATLANTA, GA 30326-0000

INSURED IS
CORPORATION

PREVIOUS POLICY NUMBER
RENEWAL 048425932

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address			
	FROM	07/01/21	TO	07/01/22
ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MD			
	B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. The limits of our liability under Part Two are:			
	Bodily Injury by Accident	\$ 1,000,000	each accident	
	Bodily Injury by Disease	\$ 1,000,000	policy limit	
	Bodily Injury by Disease	\$ 1,000,000	each employee	
	C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA ME MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI WV			
	D. This policy includes these endorsements and schedules: SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612			
ITEM 4	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.			
	Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year
				Estimated Premium

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$160 MD			
MINIMUM PREMIUM	\$750 MD	TOTAL ESTIMATED ANNUAL PREMIUM	\$1,121,773	

If indicated below, interim adjustments of premium shall be made:

Semi-Annually Quarterly Monthly

DEPOSIT PREMIUM \$1,121,773

07/30/21 PHILADELPHIA

14

EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE

Policy Number: WC 013-75-9681

Effective Date: 07/01/2021

USLHPOLNOT
WC000106A
WC000311A
WC000313
WC000414A
WC000421E
WC000422C
WC000424
WC000425
WCOFACA
107437A
WC990067
WC000419
WC990011A
WC990039
WC990008A
WC190601G
WC990013
WC990610

USL&H POLICYHOLDER NOTICE
LONGSHORE AND HARBOR WC ACT COVERAGE
VOLUNTARY COMP AND EMPLOYERS LIAB COV
WAIVER OF OUR RIGHT TO RECOVER
90 DAY REQ NOT OF CHANGE IN OWNERSHIP
CATASTROPHE PREMIUM ENDORSEMENT
TRIPRA DISCLOSURE ENDORSEMENT
AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
EXPERIENCE RATING MOD FCTR REVISION ENDT
NOTICE REG OFFICE OF FOREIGN ASSET CTRL
PRIVACY POLICY
LARGE DEDUCTIBLE ENDORSEMENT
PREMIUM DUE DATE ENDORSEMENT
UNINTENTIONAL ERRORS AND OMISSIONS
ADV NOTICE OF CANC OR NON-REN BY US EXTN
AMENDMENT OF YOUR DUTIES IF INJURY OCCUR
MD CANCELLATION AND NONRENEWAL ENDT.
FIRST NAMED INSURED ENDORSEMENT
NAMED INSUREDS/ADDRESSES

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**AIU INSURANCE COMPANY
175 WATER STREET, 24TH FLOOR
NEW YORK, NY 10038**

A Stock Insurance Company

Coverage is provided by the Company designated on the Information Page

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE

	BEGINNING ON PAGE
Information Page	i
GENERAL SECTION	1
A. The Policy	1
B. Who Is Insured	1
C. Workers Compensation Law	1
D. State	1
E. Locations	1
PART ONE-WORKERS COMPENSATION INSURANCE	1
A. How This Insurance Applies	1
B. We Will Pay	1
C. We Will Defend.....	1
D. We Will Also Pay	1
E. Other Insurance	2
F. Payments You Must Make.....	2
G. Recovery From Others	2
H. Statutory Provisions	2

THESE POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

"INCLUDES COPYRIGHT MATERIAL OF THE NATIONAL COUNCIL ON COMPENSATION
INSURANCE, USED WITH ITS PERMISSION.

COPYRIGHT 1991 NATIONAL COUNCIL ON COMPENSATION INSURANCE"

QUICK REFERENCE - CONTINUED

BEGINNING ON
PAGE

PART TWO - EMPLOYERS LIABILITY INSURANCE2

- A. How This Insurance Applies.....2
- B. We Will Pay.....3
- C. Exclusions3
- D. We Will Defend.....3
- E. We Will Also Pay.....4
- F. Other Insurance.....4
- G. Limits of Liability.....4
- H. Recovery From Others.....4
- I. Action Against Us.....4

PART THREE - OTHER STATES INSURANCE4

- A. How This Insurance Applies.....4
- B. Notice.....5

PART FOUR - YOUR DUTIES IF INJURY OCCURS5

PART FIVE - PREMIUM.....5

- A. Our Manuals.....5
- B. Classifications.....5
- C. Remuneration.....5
- D. Premium Payments.....5
- E. Final Premium.....5
- F. Records.....6
- G. Audit.....6

PART SIX - CONDITIONS6

- A. Inspection.....6
- B. Long Term Policy.....6
- C. Transfer of Your Rights and Duties.....6
- D. Cancellation.....6
- E. Sole Representative.....6

PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

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

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

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

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

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

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

F. Payments You Must Make

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

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

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

G. Recovery From Others

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

H. Statutory Provisions

These statements apply where they are required by law.

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

- a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

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

**PART TWO
EMPLOYERS LIABILITY INSURANCE**

A. How This Insurance Applies

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

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

B. We Will Pay

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

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

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

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

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

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.

In Witness Whereof, the company has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the company.



Secretary



President

EXTENSION OF ITEM 4. OF THE INFORMATION PAGE

WC 013-75-9681
Policy Prefix & No.

MARYLAND
Schedule

190598217
INTRA/Independent State Risk ID

059-14-0721-00

PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

Item 4. Classification of Operations	Premium Basis		Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premiums
RATING GROUP: 0001-01				
FIREFIGHTERS & DRIVERS-VOLUNTEER	7711	31,165,267	5.18	1,614,361
FIREFIGHTERS & DRIVERS-VOLUNTEER	7711F	IF ANY	7.77	
FIREFIGHTERS & DRIVERS-VOLUNTEER	7711V	IF ANY	5.18	
STATE OF MARYLAND TOTALS				
TOTAL CLASSIFICATION PREMIUM				1,614,361
BLANKET WAIVER 2.00%	0930			32,287
INCREASE LIMITS 1.10%	9812			17,758
TOTAL UNMODIFIED PREMIUM				1,664,406
EXPERIENCE PREMIUM (ACTUAL) 2.0100	9898			1,681,050
MODIFIED STANDARD PREMIUM				3,345,456
SCHEDULE MODIFICATION -25.00%	9887			-836,364
UNDISCOUNTED PREMIUM				2,509,092
LARGE DEDUCTIBLE -56.7061%	9867			-1,422,808
DISCOUNTED PREMIUM				1,086,284
EXPENSE CONSTANT	0900			160
TERRORISM 3.00%	9740			48,431
NEGOTIATED TRIA MODIFICATION	9740			-45,431
CATASTROPHE 0.013	9741			4,051
NEGOTIATED CAT MODIFICATION	9741			28,278
TOTAL ESTIMATED PREMIUM				1,121,773
TOTAL DUE				1,121,773
EXPERIENCE RATING MODIFICATION = 2.01				
TOTAL PREMIUM FOR TERRORISM COVERAGE INCLUDED				
IN TOTAL ESTIMATED PREMIUM \$3,000				

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.



NOTICE TO POLICYHOLDER

Your Obligation to file Federal Form LS-202

"Employer's First Report of Injury or Occupational Illness"

Policy Number: WC 013-75-9681

Named Insured: PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

We have sent you this Notice because the policy to which this notice is attached provides insurance to you for your obligations under at least one of the following federal workers' compensation laws:

- **Longshore and Harbor Workers Compensation Act**
- **Nonappropriated Funds Instrumentalities Act**
- **Outer Continental Shelf Lands Act**

YOUR REPORTING OBLIGATION

When an employee is injured and the loss is subject to any of the Federal Acts listed above, the employer is obligated to promptly file the Employer's First Report of Injury or Occupational Illness, Form LS-202, with the United States Department of Labor (DOL).

WHAT DO YOU HAVE TO DO?

1. Decide if Federal law could apply: Determine if the injured employee could be entitled to benefits under any of the federal workers' compensation acts identified above. For guidance in making these determinations consult with your agent or broker, or your attorney. The DOL has established the following web site which may be useful to you:

www.dol.gov/owcp/dlhwc/

A reportable injury is defined on Form LS-202 as "Any accidental injury which causes loss of one or more shifts of work or death allegedly arising out of and in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from an accidental injury"

2. If there is a reportable injury, file Form LS-202 directly with the DOL: You can access a specimen Form LS-202 through the following DOL web site:

<https://www.dol.gov/owcp/dlhwc/lis-202.pdf>

Submit the completed Form LS-202 to the DOL within the timeframe required by one of the following methods: mail, fax, or electronic portal. Do not submit the same documents via more than one method of transmission.

Mailing address:

U. S. Department of Labor
Office of Workers' Compensation Programs
Division of Longshore and Harbor Workers' Compensation
400 West Bay Street, Room 63A, Box 28
Jacksonville, FL 32202

If you choose to mail the LS-202 form, we recommend using certified mail so there is proof of mailing.

Fax number: 202-513-6814 (Do not provide a cover sheet or attachments.)

Electronic portal: Secure Electronic Access Portal (SEAPortal) located at <https://seaportal.dol-esa.gov>

For instructions on the electronic submission of new claims through SEAPortal, please refer to Industry Notice No. 178:

<https://www.dol.gov/owcp/dlhwc/lisindustry notices/industry notice178.htm>

If an employer contests the employee's right to compensation, it must also file a Notice of Controversion of Right to Compensation, Form LS-207, with the District Director for the Office of Workers' Compensation Programs within 14 days after the employer has knowledge of the alleged injury or death. A specimen Form LS-207 is provided at the following DOL website:

<https://www.dol.gov/owcp/dlhwc/lis-207.pdf>

3. Notify us: As set forth in your policy, if any of your workers are injured on the job under any circumstances during the time period that the policy provides coverage, notify us at once. This applies whether the injury arose out of work subject to any of the above federal laws, or not.

If federal law applies: To notify us of an accident for which you filed Form LS-202, please send us a copy of Form LS-202 that you submitted to the DOL. You can send us the form to us by fax, e-mail or regular mail as follows:

Location of Accident

States of Our Western Zone

Alaska	Colorado	Iowa	Montana	New Mexico	Oregon	Washington
Arizona	Hawaii	Kansas	Nebraska	North Dakota	Texas	Wyoming
Arkansas	Idaho	Louisiana	Nevada	Oklahoma	Utah	
California	Illinois	Missouri				

Fax Number: 866-739-6981

E-Mail Address: westernwcnewloss@AIG.com

US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225

States of Our Eastern Zone

Alabama	Georgia	Massachusetts	New Jersey	Rhode Island	Vermont
Connecticut	Indiana	Michigan	New York	South Carolina	Virginia
Delaware	Kentucky	Minnesota	North Carolina	South Dakota	West Virginia
District of Columbia	Maine	Mississippi	Ohio	Tennessee	Wisconsin
Florida	Maryland	New Hampshire	Pennsylvania		

Fax Number: 866.420.1404

E-Mail Address: easternwcnewloss@AIG.com

US Postal Service: AIG, P.O. Box 25971, Shawnee Mission, KS 66225

If federal law does not apply: To notify us of an accident for which a Form LS-202 filing is not required (i.e., an injury subject only to a state's workers' compensation law), either of the following additional notification options are available to you.

Phone: 877-399-6442 Internet: www.aig.com/fnl

Your notifying us of an injury is not an admission of liability under any law; it only enables us to protect your interests under the terms of our policy.

We will continue our service of notifying the state's workers' compensation authority, after you have given us notice of an injury, when a state has jurisdiction of the case.

Please contact your agent or broker if you have any questions about this or any other matter connected with your insurance.

American Home Assurance Company, AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., National Union Fire Insurance Company of Louisiana, New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania, AIU Company.

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By A I U INSURANCE COMPANY

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in Item 3.A. of the Information Page.

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

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

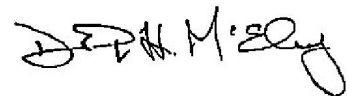
This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
Maryland	50.00 %

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

Countersigned by _____



Authorized Representative

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

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

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of employment shown in the Schedule were shown in Item 3.A of the Information Page.

Schedule

Employees

ALL OFFICERS AND EMPLOYEES, NOT SUBJECT TO THE WORKERS COMPENSATION LAW EXCEPT MASTERS AND MEMBERS OF THE CREW OF ANY VESSEL.

State of Employment

ANY STATE DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE OF THIS POLICY.

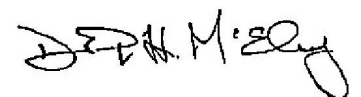
Designated Workers Compensation Law

STATE OF HIRE.

This endorsement is not applicable in: HI and NJ.

WC 00 03 11 A
(Ed. 08/91)

Countersigned by _____



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE ENTERED INTO A CONTRACT, A CONDITION OF WHICH REQUIRES YOU TO OBTAIN THIS WAIVER FROM US. THIS ENDORSEMENT DOES NOT APPLY TO BENEFITS OR DAMAGES PAID OR CLAIMED:

- 1. PURSUANT TO THE WORKERS' COMPENSATION OR EMPLOYERS' LIABILITY LAWS OF KENTUCKY, NEW HAMPSHIRE, OR NEW JERSEY; OR,
- 2. BECAUSE OF INJURY OCCURRING BEFORE YOU ENTERED INTO SUCH A CONTRACT.

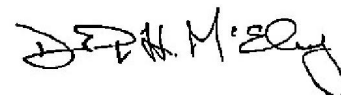
This form is not applicable in Kansas for private construction contracts as defined in K.S.A. 16-1801 through K.S.A 16-1807 or public construction contracts as defined in K.S.A. 16-1901 through 16-1908, except where permitted by statute or other applicable law, such as for use in wrap-up insurance programs.

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This form is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas, or Utah.

WC 00 03 13
(Ed. 04/84)

Countersigned by _____



Authorized Representative

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

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

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.

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

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:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. 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); and
 - c. 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.

State	Schedule Rate	Premium
-------	------------------	---------

WC 00 04 21 E (Ed. 01-20) Countersigned by _____

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

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

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

Definitions

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

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

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

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

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

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

Limitation of Liability

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

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

	Schedule	
State	Rate	Premium

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

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

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

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

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

Note:

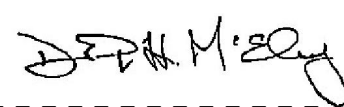
For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
MD	TOTAL ESTIMATED ANNUAL PREMIUM	2.00

WC 00 04 24
(Ed. 01-17)

Countersigned by _____



Authorized Representative

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

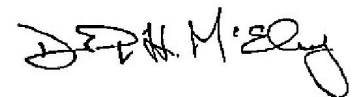
Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

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.

Countersigned by _____



Authorized Representative

WC 00 04 25

(Ed. 01-17)

© Copyright 2016 National Council on Compensation Insurance, Inc. All Rights Reserved.

**IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:

<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

FACTS**WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?****WHY?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are no longer our customer, we continue to share your information as described in this notice.

HOW?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

Who is providing this notice?	The insurance company subsidiaries of American International Group, Inc. (AIG) listed below.
How does AIG protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.
How does AIG collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none"> • apply for insurance or pay insurance premiums • file an insurance claim or give us your income information • provide employment information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes- information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • <i>Our affiliates include the member companies of American International Group, Inc.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • <i>AIG does not share with nonaffiliates so they can market to you.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • <i>Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.</i>

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; and The Insurance Company of the State of Pennsylvania (collectively the "AIG Insurance Companies")

For Vermont Residents only.

We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only.

We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only.

We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 175 Water Street, 15th Floor, New York, NY 10038.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at Privacy Officer, 175 Water Street, 15th Floor, New York, NY 10038.

For recipients who are employers under a workers compensation policy:

You are being provided this Notice because you are an employer who has purchased a Workers Compensation policy from an AIG Insurance Company. It describes AIG Insurance Companies' information handling practices with respect to an individual's (natural person) workers compensation claim.

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681
Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S
By A I U INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

A. General Conditions

1. This endorsement applies to the Workers Compensation Insurance, Employers Liability Insurance, and Other States Insurance coverage provided in this policy. This endorsement also applies to the insurance provided by any endorsement to this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under the policy except as otherwise stated in this endorsement.
3. You and we have mutually agreed to have the cost of the insurance rated under our large risk deductible plan in accordance with any Notice of Election accepted in writing by you or your authorized representative.
4. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments we make under the policy, including Allocated Loss Adjustment Expenses(s) where you have elected to include such expenses as indicated in the Schedule.

B. Deductible - Each Accident

1. The deductible applies to each accident or to each employee for disease, and can apply separately to workers compensation and employer liability or on a combined basis as indicated in the Schedule:
 - (a) Workers Compensation
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for workers compensation benefits for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee - The deductible amount stated in the Schedule is the most you must reimburse us for workers compensation benefits for disease to any one employee as the result of any one accident.
 - (b) Employers Liability
 - i. Per Accident - The deductible amount stated in the Schedule is the most you must reimburse us for damages for bodily injury to one or more employees as the result of any one accident.
 - ii. Per Employee - The deductible amount stated in the Schedule is the most you must reimburse us for damages for disease to any one employee as the result of any one accident.
2. All or a portion of the Allocated Loss Adjustment Expense may be included in the deductible amount depending upon the option selected by you, as indicated in the Schedule.

C. Aggregate Deductible Limit

1. The amount stated in the Schedule as the Aggregate Deductible Limit is the most you must reimburse us for the sum of all benefits and damages within any Deductible. All or a portion of the Allocated Loss Adjustment Expense may be subject to the Aggregate Deductible Limit depending upon the option selected by you, as indicated in the Schedule.

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

2. The Aggregate Deductible Limit will not be reduced if:
 - (a) this endorsement is issued for a term of less than (1) year; or
 - (b) the policy or this endorsement is canceled for any reason by you or by us before the end of the policy period.

D. Multiple Line/Multiple Policy Aggregate Limit

1. The amount stated in the Schedule as the Multiple Line/Multiple Policy Aggregate Limit is the most you must reimburse us for all reimbursements or payments within a deductible, loss limit, or retained limit for any policy listed in the Schedule.
2. The Multiple Line/Multiple Policy Aggregate Limit will not be reduced if:
 - (a) this endorsement is issued for a term of less than (1) year; or
 - (b) this policy, this endorsement, or any policy listed in the Schedule as subject to the Multiple Line/Multiple Policy Aggregate Limit (or any endorsement thereto) is canceled for any reason by you or by us before the end of the policy period.

E. Effect of Deductible on Employers Liability Limits

The applicable limits of liability as respects the Employers Liability insurance coverage provided in this policy will be reduced by the deductible amount(s) applicable to the corresponding type of Employers Liability claim for accident or disease covered under this policy. In the event of a claim, our liability to pay is the amount available for damages that remains after the subtraction of the specific deductible amount from the applicable limits of liability. The payment of Allocated Loss Adjustment Expense(s) will not reduce, and is in addition to, the limits of liability, but where elected by you, such expense will be reimbursed to us by you as stated in the Schedule.

F. Allocated Loss Adjustment Expense

1. "Allocated Loss Adjustment Expense" (or "ALAE") encompasses the following costs of a carrier which can be directly allocated to a particular claim:
 - (a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representatives.
 - (b) Court, Alternate Dispute Resolution and other specific items of expense whether incurred by an outside vendor or by one of our employees, including but not limited to:
 - i. Medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability;
 - ii. Expert medical or other reports or testimony;
 - iii. Autopsy;
 - iv. Witnesses and summonses;
 - v. Copies of documents such as birth and death certificates and medical treatment records;
 - vi. Arbitration fees;
 - vii. Fees or costs for surveillance or other professional investigations which are conducted as part of the handling of a claim;
 - viii. Fees or costs for loss prevention and engineering personnel and fees or costs for rehabilitation nurses or other nurses, if the cost of such nurses is not included in losses, for services which are conducted as part of the handling of a claim;
 - ix. Appeal bond costs and appeal filing fees.
 - (c) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by an employee for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include but are not limited to:
 - i. Bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, medical or vocational rehabilitation vendor bills.

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

- ii. Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews.
 - iii. Preferred provider Network/Organization expenses.
 - iv. Medical fee review panel expenses.
- (d) Expense(s) not defined as losses which are directly related to and directly allocated to the handling of a particular claim and are required to be performed by statute or regulation.
2. The following shall not be included as "Allocated Loss Adjustment Expense":
 - (a) Salaries, overhead and traveling expenses of carrier employees, except for employees while doing activities previously listed as allocated expenses.
 - (b) Fees paid to independent Claims professionals or attorneys when each is hired to perform the function of claim investigation normally performed by claim adjusters for developing and investigating a claim so that a determination can be made of the cause, extent or responsibility for the injury, disease or damage, including evaluation and settlement of covered Claims.
 - (c) Expenses which are defined as either an indemnity or medical loss.

G. Claims Handling And Other Expenses

1. "Claims Handling" expenses cover the cost of claim services other than Allocated Loss Adjustment Expense.
 - (a) If a third-party administrator ("TPA") is selected, you will negotiate the charges for Claims Handling with the TPA and then pay those charges directly to the TPA.
 - (b) If no TPA is selected, you will reimburse us for these expenses calculated as either (a) a loss conversion factor (percentage) applied to each loss amount, (b) a flat amount per claim, or (c) a flat amount against the policy, depending on the option selected by you as stated in Item 5. of the Schedule.
2. Charges for any additional expenses we incur will be reimbursed by you as either (a) a rate times an exposure base or (b) a flat amount against the policy, depending on the option selected by you as stated in Item 5. of the Schedule.

H. Recovery From Others

If we recover any payments under this policy from anyone liable for the injury, the amount we recover will be applied as follows:

1. First, to any payments made by us in excess of the deductible amount; and
2. The remainder, if any, will be applied to reduce the deductible amount reimbursed by you.

I. Cancellation

If you fail to reimburse us for any amounts as required by this endorsement, or if you fail to provide security in a form and amount acceptable to us, we may cancel this policy in accordance with the cancellation conditions. You will remain fully responsible for reimbursing us for all amounts we pay in connection with claims resulting from or relating to bodily injury by accident or bodily injury by disease that occurred prior to the effective date of cancellation.

J. Sole Representative

The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:

1. Changes to this endorsement;
2. Obligations to receive premiums; or
3. Giving or receiving notice of cancellation.

K. Your Duties and Understanding

All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

L. Other Rights and Duties

All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:

1. Our right and duty to defend any claim, proceeding or suit against you; and
2. Your duties if injury occurs.

SCHEDULE

1. Deductible Amount: \$2,000,000

(The option that applies is indicated by "x")

- (a) Applies to Workers Compensation and Employers Liability on a combined basis
- (b) Applies Separately to Workers Compensation and Employers Liability

2. Aggregate Deductible Limit:

It is adjusted based on: (The option that applies is indicated by "x")

- (a) Negotiated rate of per \$100 of audited payroll
But in no event less than
- (b) Negotiated percentage of standard premium
But in no event less than
- (c) No Aggregate Limit applies.

3. Multiple Line/Multiple Policy Aggregate Limit:

(applicable only if 2. (c) of this Schedule is selected)

It is adjusted based on: (The option that applies is indicated by "x")

- (a) Negotiated rate of per \$100 of audited payroll
But in no event less than
- (b) Negotiated percentage of standard premium
But in no event less than
- (c) No Multiple Line/Multiple Policy Aggregate Limit applies.

Schedule of Policy Numbers for which the Multiple Line/Multiple Policy Aggregate Limit is applicable

--	--	--	--	--	--

4. Allocated Loss Adjustment Expenses (ALAE): (The option that applies is indicated by "x").

- (a) Included in the deductible - each accident limit and included in the aggregate amount; or
- (b) Excluded from the deductible - each accident limit and the aggregate amount; and

(The option that applies is indicated by "x"). Refer To NOE

- i. Reimbursed by you for total amount of expense regardless of deductible limit(s); or
- ii. Shared pro rata between you and us; or
- iii. Fully paid by us in return for a flat charge payable by you
Flat charge:

NOTE: EXCEPT FOR OPTION b. iii. ABOVE, YOU ARE OBLIGATED TO REIMBURSE US FOR SOME OR ALL OF THE ALAE ASSOCIATED WITH LOSSES WITHIN THE DEDUCTIBLE AMOUNT.

5. Claims Handling and Other Associated Expenses:

- (a) A TPA has been selected and Claims Handling will be paid directly to the TPA.

OR

- (b) No TPA has been selected and Claims Handling is:

(The option that applies is indicated by "x").

- i. Reimbursed by you as a percentage charge for each loss;
Percentage charge:

WORKERS COMPENSATION LARGE DEDUCTIBLE ENDORSEMENT

ii. Reimbursed by you as a flat charge for each claim;

Flat charge per claim: Refer To NOE

iii. Reimbursed by you as a flat charge against the policy;

Flat charge: _

(c) Charges other than Claims Handling are:

(The option that applies is indicated by "x").

i. Reimbursed by you at a rate of _ times exposure base of _ per _ ;

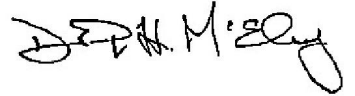
ii. Reimbursed by you as a flat charge of Refer To NOE against the policy.

6. At final premium audit, this policy: (The options that apply are indicated by "x").

(a) Will be billed to you at a rate of Refer To NOE per \$100 of audited payroll; or

(b) Will be billed to you using rates on the Declaration Page.

All other terms and conditions remain the same.



Countersigned by _____

Authorized Representative

PREMIUM DUE DATE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

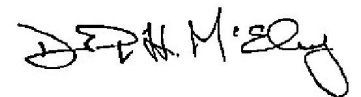
Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

**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.**



UNINTENTIONAL ERRORS AND OMISSIONS

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

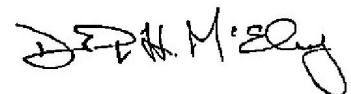
Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

PART SIX - CONDITIONS is amended by the addition of the following:

- F. Unintentional errors or omissions in representations made to us or our agent by you or any other insured before the inception of this policy will not impair your rights under this policy.

Countersigned by _____



Authorized Representative

ADVANCE NOTICE OF CANCELLATION OR NON-RENEWAL BY US EXTENDED

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PART SIX - CONDITIONS. D. - Cancellation, 2. is deleted in its entirety and replaced with:

We may cancel or non-renew this policy. We must mail or deliver to you not less than the number of days shown below advance written notice stating when the cancellation or non-renewal is to take effect.

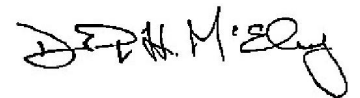
Except for non-payment of premium, non-payment of loss reimbursement or non-delivery of satisfactory security or collateral when due for which we will provide the advance written notice required by law, we shall not provide less than the number of days advance notice set forth below, or in the policy and endorsements attached thereto, or as required by state law.

Mailing that notice to you, at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

Cancellation: 90 Days

Non-Renewal: 90 Days

Countersigned by _____



Authorized Representative

AMENDMENT OF YOUR DUTIES IF INJURY OCCURS

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

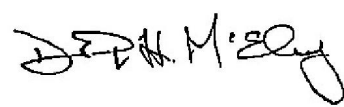
Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By A I U INSURANCE COMPANY

PART FOUR - YOUR DUTIES IF INJURY OCCURS is replaced by the following:

Tell us at once if injury occurs that may be covered by this policy. Knowledge of an injury by your agent, your servant, or your employee shall not in itself constitute knowledge by you unless your director of risk management or his/her designee, at the address shown in the policy declarations, will have received such notice. 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 costs.



MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN'S

By A I U INSURANCE COMPANY

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

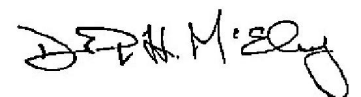
Part Six-Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation and Nonrenewal

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
 - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days' advance written notice stating when the cancellation will take effect.
 - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
 - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
 - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
4. The provisions in D-2 and D-3 do not apply to the cancellation of a policy or binder during the 45-day underwriting period in accordance with Section 12-106 of Maryland Code, Insurance. Refer to Section 12-106 of Maryland Code, Insurance for the cancellation provisions that apply during the 45-day underwriting period.



CONTINUATION OF INSURED NAME FROM ITEM 1

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 07/01/2021 forms a part of Policy No. WC 013-75-9681

Issued to PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

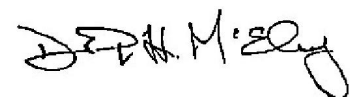
By A I U INSURANCE COMPANY

NCCI Carrier Code 14354

This endorsement provides the full legal name of the insured as follows:

**PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S
ASSOCIATION**

Countersigned by _____



Authorized Representative

EXTENSION OF ITEM 1. OF THE INFORMATION PAGE

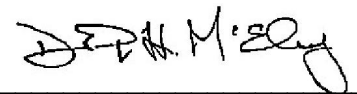
This endorsement, effective 12:01 AM 07/01/2021

Forms a part of policy no.: WC 013-75-9681

Issued to: PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S

By: A I U INSURANCE COMPANY

LOC NO.	NAME AND ADDRESS SCHEDULE	FEIN	UI #
0001	PRINCE GEORGES COUNTY VOLUNTEER FIREMEN`S ASSOCIATION WAYNE K. CURRY ADMIN BLDG 1301 MCCORMICK DRIVE STE 1100 LARGO, MD 20774-0000 USA BUSINESS TYPE: CORPORATION NAIC: 921110	521689206	



Authorized Representative

Issue Date: 07/30/21