

Why Use Auto Pay?

We can give you several reasons!

- **Efficient.** Nobody likes to spend time writing checks, detaching payment coupons and stuffing envelopes. Automatic payment eliminates all of that.
- **Secure.** Your banking information is encrypted and kept secure following federal banking standards.
- **Predictable.** With checks, you never know when they will clear your bank account. Automatic payment takes the wonder out of the equation.
- **Saves Money.** Every time you pay a bill automatically you save the cost of a first-class stamp.
- **Less Worry.** Your check can be lost in the mail or mistakenly sent to the wrong address. Automatic payment ensures timely and accurate posting to your account.
- **Automatic Balance Adjustment.** If your invoice balance changes prior to the due date, the automated payment adjusts to the new balance.
- **Avoids Policy Cancellation.** Because your payment will never be late, you avoid cancelling for non-payment and an associated fee for reinstatement.
- **Transparency.** You will receive notifications including when a payment is scheduled, when it processes, if you update your banking information or turn on/off automatic payments.
- **Convenient.** The bottom line is that automatic payment is more convenient. This will make life a little less complicated for you!

Combine Auto Pay with paperless billing to save invoice fees and reduce clutter!

To sign up for Auto Pay, simply go to www.accidentfund.com and click on 'Customer Portal.' From there, click on 'Billing' and then on 'Auto Pay.' Once you've signed up, you can access your account at any time to monitor activity.

Questions? Call 866-206-5851.



AccidentFund



UnitedHeartland



CompWest



ThirdCoast
Underwriters

AF Group (Lansing, Mich.) and its subsidiaries are a premier provider of innovative insurance solutions. Insurance policies may be issued by any of the following companies within AF Group: Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company.

Welcome to Accident Fund!

Thank you for choosing Accident Fund Insurance Company of America for your workers' compensation needs. With more than 100 years of industry expertise, we partner with you to help you protect your most important asset: your employees.

Website Access

You now have access to our secure policyholder portal, where you can pay your invoices, report claims, access real-time claim status updates, and much more!

To register for the first time, go to www.accidentfund.com, click on Login (top navigation bar), select 'Policyholder Login' from the dropdown menu, and then select 'Register Here.' You will need your policy number, Federal Employer Identification Number (FEIN) and your policy expiration date to register, which are all available on your policy.

Please note: Only one person can perform the initial registration process for the site. The first person to do so will be designated as the Security Administrator for their organization. Instructions for Security Administrators are available on the site. After completing the initial registration, the Security Administrator will have the option to setup an additional Security Administrator if needed -- along with creating additional user access for the policyholder portal.

For policyholders already registered with access to our secure policyholder portal, the Security Administrator can add claim inquiry access to the profile of existing users by selecting the 'Change User ID/Password' link from the main policyholder portal site. This will give the Security Administrator the option to 'Manage Users' including giving claim inquiry access.

When Injury Occurs

Contact Accident Fund's Claims Express Service within 24 hours. **To expedite claims reporting, please use our website.**

Online: www.AccidentFund.com (log into portal)

Fax: 866-814-5595

Email: ClaimsExpress@AccidentFund.com

Phone: 866-206-5851

Online Claim Reporting Our online claim management tools provide our customers easy access to claim documents from a computer or mobile device, including:

- 24-hour real-time claim filing and immediate receipt of a claim number upon submitting a First Notice of Loss (FNOL).
- The ability to save an in-progress FNOL and complete it within 48 hours.
- Online and mobile access to prescription benefit cards.
- Real-time claim and payment status updates.
- The ability to search claim notes and view claim financials.
- Access to our Care Analytics® Provider Locator.

AccuPremium – Pay-As-You-Go

Our pay-as-you-go solution, AccuPremium, allows us to work with you or your payroll vendor to ensure premium payments are simple, efficient and accurate. We utilize actual reported payroll rather than estimates to ensure minimal adjustments during audits. With AccuPremium, you're able to choose how often payroll is reported – and there are no administration fees. You will receive an email with registration instructions soon. Once the registration is complete, you'll receive an EFT approval and registration link so you can securely add your bank information. Contact AFGroup@AccuPremium.com with questions.

Fraud Reporting

If you or an employee suspects workers' compensation fraud, contact our anonymous tip line at 800-944-FRAUD (3728). All calls are completely confidential.

More Information

We realize you have several carriers to choose from, and we're honored that you chose us for your company's workers' compensation insurance coverage. We look forward to partnering with your business. For more information about Accident Fund, visit AccidentFund.com.

**Basic Manual for Workers Compensation and Employers Liability Insurance
Michigan Version**

Notice to Insured

This policy is exempt from the filing requirements of section 2236 of the insurance code of 1956, 1956 PA 218, MCL500.2236

We are pleased to acknowledge the issuance of your workers' compensation insurance policy with AF Group (the "Company"). Enclosed is your policy and invoice representing the deposit premium for the policy or the advance deposit premium due. We ask that if there is a premium due on your invoice, that you pay the designated amount by the date shown on the invoice to avoid policy cancellation. Please review your policy to ensure that we have the correct information about your business.

Should any changes in payroll, ownership or location occur during the policy period, please advise your agent or AF Group promptly so that the policy may be corrected. The policy cannot be assigned over to a new ownership or changed to a different entity without approval of the Company.

If this is a renewal policy and you do not desire to continue your coverage with the Company, please notify us immediately.

AF Group provides a variety of Loss Control Services. They include safety surveys, consultation on accident prevention, safety literature, posters, safety videotapes and guidance for implementing special programs such as respirator program, hearing conservation, and confined space entry programs. Additionally, the Company has a toll-free number for reporting claims: 866-206-5851. There are claims representatives available from 8 a.m. to 4:45 p.m. ET weekdays to assist you with your call.

As a new policyholder, you will receive a packet of information under separate cover that will acquaint you with the services provided by the Company. As a renewal policyholder, should you require additional forms for reporting claims, or information regarding services provided, do not hesitate to contact us at 866-206-5851.

Thank you again for choosing AF Group for your insurance needs. We assure you that it is our desire to render the best possible service throughout your policy year.

Special Notices

Employer Penalty for Late Claim Reporting

Public Act No. 302 effective March 30, 1978 provides for the following:

An Employer who has NOTICE or KNOWLEDGE of the disability or death of an employee and who fails to give notice to the insurance carrier within 30 days shall pay a PENALTY of \$50.00 per day commencing on the 31st day. Total payment not to exceed \$1,500.00.

If weekly COMPENSATION BENEFITS, ACCRUED WEEKLY BENEFITS or TRAVEL EXPENSE are not paid within 30 days after becoming due, up to \$50.00 per day shall be added and paid to the worker for each day over 30 days of non-payment by the insurance carrier. Medical bills can also incur penalties at the rate of \$500.00 per day; however, total penalty cannot exceed amount of bill. Otherwise, penalty will not exceed \$1,500.00.

The Workers' Compensation Disability Act stipulates that compensation shall be paid promptly and directly to the person entitled thereto and shall become due and payable on the 14th day after the employer has notice and knowledge of the disability of death.

To avoid penalty payment, report claims promptly to the Company.

NCCI Copyright

This cover, the policy, its information page and endorsements include material of the National Council on Compensation Insurance, used with its permission, copyright 1991, National Council on Compensation Insurance.

Important

The information on the outside and inside of this cover is not part of the Workers Compensation and Employers' Liability Insurance Policy and does not provide coverage.

Dividends

Dividends available to qualified insureds at the discretion of the Board of Directors.

Liability for Minors Illegally Employed

Michigan Law provides that if a minor is illegally employed and injured, then the minor is entitled to recover double the amount of normal workers disability compensation benefits.

A minor is someone under 18 years of age. For most routine non-hazardous jobs, to be legally employed the minor must obtain a work permit from appropriate school authorities. The work permit should be submitted to you and retained by you as an important business record.

If you desire to employ a minor in a job declared to be hazardous by the Department of Consumer and Industry Services, you must apply to the Wage and Hour Division of the Department of Consumer and Industry Services for special approval. If you have any questions regarding the employment of minors you should contact the Department of Consumer and Industry Services.

The illegal employment of minors may subject you to prosecution by the Department of Consumer and Industry Services. If you employ minors, make sure that you have the proper work permits on file and have secured approval from the Department of Consumer and Industry Services where appropriate.

Liability for Injured Employees of Contractors and Subcontractors

Michigan Law makes you liable for accidental injuries to employees of your contractors and subcontractors who do not have their own workers compensation insurance. If they have such insurance, you are protected.

If your contractors and subcontractors do not have workers compensation insurance, we will charge your premium for coverage of their employees. In order to avoid the liability and the premium, you should require your contractors and subcontractors to supply you with evidence of their workers compensation insurance by means of a current certificate from their insurance company. Do not rely on a copy of an insurance policy as evidence of coverage, since the policy may have been cancelled before its normal expiration date.

POLICYHOLDER NOTICE

NON SUFFICIENT FUNDS AND REINSTATEMENT FEE CHARGES

If a payment is made to us on a direct bill policy by check, draft, debit card, credit card, electronic funds transfer (EFT), or electronic check that is returned, declined, or cannot be processed due to insufficient funds we will impose a charge of a \$20 insufficient funds fee per failed payment transaction. However, we will not charge an insufficient funds fee if the failure in payment resulted from fraud or misuse on the policyholder's account from which the payment was made and such fraud or misuse was not attributed to the policyholder.

There will be a \$20 reinstatement fee charged for direct bill policies when the payment is posted after the cancellation date and the reinstatement is non-system generated. The fee will not be charged when the payment is posted prior to the cancellation date and reinstatement is done electronically by the policy system.

Account Number: A010140432

Primary Named Insured: FOREST HILLS PUBLIC SCHOOLS

Policy Number: AF WCP 100041032 02

Policy Term: 07/01/2023 - 07/01/2024

Premium Installment Schedule as of 06/27/2023

This is not a bill.

<u>Bill Date</u>	<u>Due Date</u>	<u>Premium</u>	<u>Total</u>
06/26/2023	07/21/2023	\$40,239.50	\$40,239.50
08/21/2023	09/15/2023	\$40,239.50	\$40,239.50
11/20/2023	12/15/2023	\$40,239.50	\$40,239.50
02/19/2024	03/15/2024	\$40,239.50	\$40,239.50
			\$160,958.00

Invoice fees may apply.

For billing inquiries, please call 866-206-5851 or log on to our customer portal at: AFGroup.com

Privacy Disclosure Notice

To our customers

CompWest Insurance Company (“the Company” or “we”) does not disclose any non-public personal information about our individual policyholders, applicants, claimants, customers or former customers to any non-affiliated third party other than those permitted by law and only for the purpose of transacting the business of insurance.

What kinds of information do we collect and from whom?

The Company collects majority of its information directly from you and/or your agent. This information can include, but is not limited to, name, address, e-mail address, phone number, social security number, income, account balances, transaction history, credit history, insurance claim history, and medical information. The personal information collected is used to help serve your insurance needs, conduct company business, adjust claims, provide customer service and fulfill legal regulatory requirements.

What do we do with the information collected about you?

We use the information collected to evaluate your request for insurance coverage, provide policy and premium quotes, service your claims, and determine your rates. We do not disclose information about you to anyone unless such disclosure is expressly authorized by you, required by law, or is necessary to enable our employees or authorized agents to perform functions for the Company. The information is not available to the public.

What safeguards do we use?

The Company has a security program consisting of physical, electronic, and procedural safeguards designed to ensure the security and confidentiality of information collected and disclosed.

For a copy of our Privacy Policy:

Visit our website:	www.compwestinsurance.com
Call toll-free:	1-888-266-7937
Write:	CompWest Insurance Company Office of the General Counsel Attn: Privacy Officer PO Box 40790 Lansing, MI 48901-7990

Claims Process



Part of our mission as an organization is to help you prevent accidents on the job. Our Loss Control team is equipped with knowledge experts and risk mitigation resources to help ensure long term safety success for your organization. However, when injuries happen, we'll be there to guide you and your employees through the process every step of the way.



Medical Care

As soon as the injury occurs, it is essential to get the appropriate care immediately.

Injured Worker

In an emergency, seek immediate care. Many options, including TeleCompCare®, exist to help you get medical attention as soon as possible. In non-emergency situations, inform your employer to ensure you are using the appropriate provider.**

Employer

Provide first-aid, if necessary, and arrange for employee medical treatment. Alert the medical facility that the employee is coming.

Your Claim Team

Our team is here to support the injured employee and company from the onset of an injury. We can assist with gaining immediate medical attention.



Report Your Claim

Report the injury details and refer the injured worker for further medical treatment. Reporting the claim through our online portal is the fastest, easiest option. However, you may also do so via phone or email. Please note, you will also need to report the claim directly to OSHA. OSHA requires employers to report any worker fatality within 8 hours and any amputation, loss of an eye or hospitalization of a worker within 24 hours.

Injured Worker

Communicate the injury to your employer as soon as possible. It is critical to provide a detailed overview of the injury. Return all forms you receive in your welcome packet in a timely manner after the claim is reported — and consult with your claims professional on any questions.

Employer

Submit the claim. Gather all the employee's pertinent details, contact any witnesses, take photos and have the employee complete an accident form. Promptly submit a wage statement on lost time claims to help administer benefits.

Your Claim Team

A claims professional will contact you as soon as possible to discuss the incident and gather any outstanding information.

AFGroup.com
1-844-462-2344

AF Group (Lansing, Mich.) and its subsidiaries are a premier provider of innovative insurance solutions. Insurance policies may be issued by any of the following companies within AF Group: Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company. United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group.



Care

Following the injury, a nurse or doctor will help determine the next steps in getting the injured worker back to 100%.

Injured Worker

Follow treatment given by medical staff. Be sure to attend any appointments, keep your employer informed of the progress and call the claims professional after every appointment. Register for our online portal to access and manage your claim information 24-7.

Employer

Support the injured worker any way you can. Be sure to stay informed of the medical staff's guidance and any job duties the injured worker can begin to perform. Register for our online portal to monitor the progress of your injured worker.

Your Claim Team

The claims team will be a part of the entire process. We'll ensure the injured worker is getting the appropriate care and the employer is aware of the treatment status.



Return to Work/Keep at Work

An effective RTW/KAW program shortens the duration of disability and helps keep injured workers functioning effectively in the workplace. After the treating physician releases the injured worker, temporary work restrictions may be provided.

Injured Worker

Continue treatment with the physician and ensure a 'Work Status Form' is sent to the employer following each medical appointment. It should outline the job duties deemed physically appropriate for the injured worker.

Employer

Discuss temporary job modifications, alternative work and/or reduced work hours with the employee. Provide support as they transition into modified tasks.

Your Claim Team

The claims professional will work with the employer to review any work restrictions and assist with the employee's return to work plan.



Recovery

Fully recovering from the work injury and returning to a sense of normalcy is the ultimate goal.

Injured Worker

Completing your medical care and continuing any at-home exercises will usually help get you back to peak physical condition.

Employer

Maintain communication with the injured employee and assist them mentally and physically as they return to the job.

Your Claim Team

The claims professional will continue to reach out as the claim is closed. A loss control consultant will be able to help mitigate the future risk of employee injury.

*For further information regarding TeleCompCare®, please contact your agent.

** If you are not sure how care is handled in your respective state, please contact the carrier or employer for guidance.

Claims Contact Information

Accident Fund

866-206-5851

ClaimsExpress@AccidentFund.com

Portal link: <https://dcp.accidentfund.com/>

Third Coast

866-641-2328

ClaimsExpress@3CU.com

Portal link: <https://dcp.3cu.com/>

CompWest

888-266-7937

Portal link: <https://dcp.compwestinsurance.com/>

United Heartland

888-881-8242

ClaimsExpress@UnitedHeartland.com

Portal link: <https://dcp.unitedheartland.com/>

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2019, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels, or the premises of a United States mission; and to have 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is listed under Item 4 Premium of the Policy Information Page, and does not include any charges for the portion of losses covered by the United States Government under the Act.



PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Renewal of Policy AFWCP100041032	
ITEM 1. Named Insured and Address	Agent
FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910 AF10490

Other Workplaces Not Shown Above: See schedule attached

Extended Named Insured: Absence of an entry means no exception

Interstate ID:

Insured Is: Governmental Entity

Bureau/Risk ID: 0440264A

Unemployment ID Number:

Intrastate ID:

FEIN#: 386026843

NCCI #: 12985

ITEM 2. POLICY PERIOD is from 12:01 A.M., 07/01/2023 to 12:01 A.M., 07/01/2024 Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

- A.** Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MI
- B.** Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
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.
- D.** This policy includes these endorsements and schedules:
See endorsement schedule

ITEM 4. PREMIUM

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.

C L A S S I F I C A T I O N S

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$ 750	\$40,239.50	\$ 160,958	Annual - Reporting

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LANSING, MI 48901-7990

Workers Compensation and Employers Liability
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	AF10490

SCHEDULE OF CLASSIFICATIONS:07/01/2023-07/01/2024

CLASSIFICATIONS	CODE NO	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
STATE: Michigan				
CLERICAL OFFICE EMPLOYEE	8810	4,224,726	0.0700	\$2,957
JANITORIAL OPERATIONS & CUSTODIAL CARE	9015	2,293,665	2.1900	\$50,231
CHURCH-PROF EMPLOYEES	8868	48,094,093	0.1700	\$81,760
SCHOOL: ALL OTHER EMPL.	9101	1,175,300	1.7700	\$20,803
FOOD SERVICE EMPLOYEES	9058	735,728	0.7000	\$5,150
SCHOOL BUS DRIVERS	7380	1,196,618	3.1500	\$37,693
Total Manual Premium				\$198,594
Employers Liability (E/L) increased limits factor	9812	198,594	0.0200	\$3,972
Total Subject Premium				\$202,566
Experience Modifier	9898	202,566	0.9200	(\$16,205)
Total Modified Premium				\$186,361
Renewal Credit	9034	186,361	0.0400	(\$7,454)
Express Claim Service Credit	9880	178,907	0.0100	(\$1,789)
Managed Care Credit	9880	177,118	0.0100	(\$1,771)
Health Care Credit	9880	175,347	0.0100	(\$1,753)
Schedule Rating Credit	9887	173,594	0.9000	(\$17,359)
Total Standard Premium				\$156,235
Premium Discount	0063	156,235	0.9178	(\$12,843)
Expense Constant	0900	1	250	\$250
Terrorism Premium	9740	57,720,130	0.0200	\$11,544
Catastrophe Premium	9741	57,720,130	0.0100	\$5,772
Estimated Annual Premium				\$160,958
Other Premium and Surcharges				
Total Amount Due				\$160,958

Total Estimated Annual Premium \$160,958

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PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
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Agent	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910
	AF10490

SCHEDULE OF COVERED WORKPLACES

Address

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
6590 CASCADE RD SE
GRAND RAPIDS, MI 49546

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
3775 Leonard NE
Grand Rapids, MI 19525

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
731 Ada Drive SE
Ada, MI 49301

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
4243 Knapp Valley Dr NE
Grand Rapids, MI 49525-9438

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
400 Alta Dale SE
Ada, MI 49301

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
2200 Pettis Ave NE
Ada, MI 49301-9266

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
4085 Leonard St NE
Grand Rapids, MI 49525-3375

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
7192 Bradfield Ave SE
Ada, MI 49301-9130

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
5901 Hall St SE
Grand Rapids, MI 49546-3849

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PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

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	From	To
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Agent	
ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910	
AF10490	

SCHEDULE OF COVERED WORKPLACES

Address

FOREST HILLS PUBLIC SCHOOLS FINE ARTS CTR - 386026843
3250 Redford Dr SE
Grand Rapids, MI 49546-7331

INSURED COPY



PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

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	AF10490

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
MI	WC 00 00 01 A	05 88	Information Page - AF CW
MI	WC 00 00 00 C	01 15	Workers Compensation and Employers Liability Insurance Policy
MI	WC 00 04 04	04 84	Pending Rate Change Endorsement
MI	WC 00 04 19 A	08 22	Part Five - Premium Amendatory Endorsement
MI	WC 00 04 21 F	08 22	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
MI	WC 00 04 22 C	01 21	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
MI	WC 00 04 24	01 17	Audit Non-Compliance Charge Endorsement
MI	WC 00 04 25	05 17	Experience Rating Modification Factor Revision Endorsement
MI	WC 21 03 03 A	06 97	Michigan Notice to Policyholder Endorsement
MI	WC 21 03 04	04 84	Michigan Law Endorsement
MI	WC 99 03 04	09 01	Michigan Exceptions Endorsement
MI	WC 99 04 06	08 16	Premium Discount Endorsement
MI	WC 99 06 50 B	07 21	Invoice Fee
MI	WC 99 06 60	05 17	Execution Clause Endorsement
MI	WC 99 21 01	02 07	Michigan Amendatory Endorsement

INSURED COPY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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

GENERAL SECTION**A. The Policy**

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

B. Who is Insured

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

C. Workers Compensation Law

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

D. State

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

E. Locations

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

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

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

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

B. We Will Pay

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

C. We Will Defend

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

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

D. We Will Also Pay

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

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

E. Other Insurance

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

(Ed. 1-15)

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

F. **Payments You Must Make**

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

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

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

G. **Recovery From Others**

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

H. **Statutory Provisions**

These statements apply where they are required by law.

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

workers compensation law that apply to:

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

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

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

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. **How This Insurance Applies**

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

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

B. **We Will Pay**

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

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

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

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

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

C. Exclusions

This insurance does not cover:

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

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

D. We Will Defend

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

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

E. We Will Also Pay

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

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

(Ed. 1-15)

F. Other Insurance

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

G. Limits of Liability

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

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident. A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee. Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

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

I. Actions Against Us

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

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

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

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

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

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

B. Notice

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

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

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

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

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

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

PART FIVE—PREMIUM

A. Our Manuals

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

B. Classifications

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

C. Remuneration

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

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

D. Premium Payments

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

E. Final Premium

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

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

F. Records

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

G. Audit

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

PART SIX—CONDITIONS**A. Inspection**

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

B. Long Term Policy

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

C. Transfer of Your Rights and Duties

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

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

D. Cancellation

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

E. Sole Representative

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

PENDING RATE CHANGE ENDORSEMENT

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

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

Schedule

State

Michigan

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 00 04 04
(Ed. 4-84)

Part Five—Premium Amendatory Endorsement

This endorsement amends Part Five—Premium of the policy as follows:

Part Five—Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

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. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 00 04 19 A
(Ed. 08-22)

Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

This endorsement is notification that we are 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). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

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

Schedule

State	Rate	Premium
Michigan	0.01	\$5,772

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 00 04 21 F
(Ed. 08-22)

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

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

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

Definitions

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

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, 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
Michigan	0.02	\$11,544

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 00 04 22 C
(Ed. 01-21)

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method 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
Michigan	Estimated Annual Premium	0.50

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

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

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

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT

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

1. Rates and Premium

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

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

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

2. Payroll Audits

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

3. Reserves or Redemption

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

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

Addresses

Commissioner of Insurance
Michigan Insurance Bureau
P.O. Box 30220
Lansing, MI 48909

Company Address
CompWest Insurance Company
P.O. Box 40790
Lansing, MI 48901-7990

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

MICHIGAN LAW ENDORSEMENT

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

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

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

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

Compensation

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

Medical Services

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

Rehabilitation Services

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

Funeral Expenses

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

Scope of Contract

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

Obligations Assumed

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

Termination Notice

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

Conflicting Provisions

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

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

MICHIGAN EXCEPTIONS ENDORSEMENT

This endorsement changes the terms of the policy and forms a part of the policy. The insurance provided to you for coverage under the State of Michigan Worker's Disability Compensation Act is modified as listed below:

"Part Two – Employers' Liability Insurance, C. Exclusions, 1", is amended to read:

1. Liability assumed under any contract, written, oral, expressed or implied;

"Part Two – Employers' Liability Insurance, C. Exclusions, 5", is amended to read:

2. Bodily injury intentionally caused or aggravated by you; bodily injury caused by your actual knowledge that an injury was certain to occur and your willful disregard of that knowledge;

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 99 03 04
(Ed. 09-01)

PREMIUM DISCOUNT ENDORSEMENT

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

Schedule

<u>Estimated Eligible Premium</u>							
<u>1. State</u>	<u>First</u>	<u>Next</u>	<u>Next</u>	<u>Next</u>	<u>Next</u>	<u>Next</u>	<u>Balance OVER</u>
MICHIGAN	\$2,500	\$2,500	\$20,000	\$75,000	\$150,000	\$250,000	\$500,000
	0.0%	7.0%	8.0%	8.0%	9.0%	10.0%	11.0%

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____


INVOICE FEE

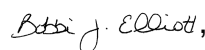
Under this policy if you are on direct bill and have selected a multiple payment installment plan option and your account level balance is \$50,000 or less, a \$5.00 invoice fee will apply to each invoice delivered by mail.

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

Execution Clause Endorsement

In Witness Whereof, the Company has caused this policy to be executed and attested to by its President and Secretary. Where required by law, the information Page has been countersigned by our duly authorized representative.

 **Stephen J. Cooper, President**

 **Betty J. Elliott, Secretary**

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

MICHIGAN AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Michigan is shown in Item 3.A of the Information Page.

Part Four – Your duties if injury occurs is amended to add:

7. Notice given by or on behalf of the insured to our authorized agent, with particulars sufficient to identify the insured, shall be considered notice to us. Failure to give any notice required to be given by this policy within the time period specified shall not invalidate any claim made by you if it shall be shown not to have been reasonably possible to give notice within the prescribed time period and that notice was given as soon as was reasonably possible.

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 99 21 01
(Ed. 2-07)

Account Number: A010140432

Primary Named Insured: FOREST HILLS PUBLIC SCHOOLS

Policy Number: AF WCP 100041032 02

Policy Term: 07/01/2023 - 07/01/2024

Premium Installment Schedule as of 08/04/2023

This is not a bill.

<u>Bill Date</u>	<u>Due Date</u>	<u>Premium</u>	<u>Total</u>
06/26/2023	07/21/2023	\$40,239.50	\$40,239.50
08/21/2023	09/15/2023	\$40,239.50	\$40,239.50
11/20/2023	12/15/2023	\$40,239.50	\$40,239.50
02/19/2024	03/15/2024	\$40,239.50	\$40,239.50
			\$160,958.00

Invoice fees may apply.

For billing inquiries, please call 866-206-5851 or log on to our customer portal at: AFGroup.com

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Insured's Name (WC 89 06 01) | <input type="checkbox"/> Item 3.A. States (WC 89 06 11) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18) |
| <input checked="" type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |

is changed to read:

Amended PNI from Forest Hills Public Schools Fine Arts CTR to Forest Hills Public Schools, and phone number 616-493-8804.

*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$160,958

Minimum Premium \$ 750

Deposit Premium \$ 40,239.50

Premium Change \$0

All other terms and conditions of this policy remain unchanged.

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**Endorsement No. **001**
Premium: **\$0**Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 89 06 00 A
(Ed. 7-87)



PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1. Named Insured and Address	Agent
FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910 AF10490

Other Workplaces Not Shown Above: See schedule attached

Extended Named Insured: Absence of an entry means no exception

Interstate ID:

Insured Is: Governmental Entity

Bureau/Risk ID: 0440264A

Unemployment ID Number:

Intrastate ID:

FEIN#: 386026843

NCCI #: 12985

ITEM 2. POLICY PERIOD is from 12:01 A.M., 07/01/2023 to 12:01 A.M., 07/01/2024 Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

- A.** Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MI
- B.** Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
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.
- D.** This policy includes these endorsements and schedules:
See endorsement schedule

ITEM 4. PREMIUM

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.

C L A S S I F I C A T I O N S

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$ 750	\$40,239.50	\$ 160,958	Annual - Reporting

INSURED COPY



PO BOX 40790
LANSING, MI 48901-7990

Workers Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1.	Named Insured and Address
FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910
	AF10490

SCHEDULE OF CLASSIFICATIONS:07/01/2023-07/01/2024

CLASSIFICATIONS	CODE NO	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
STATE: Michigan				
SCHOOL BUS DRIVERS	7380	1,196,618	3.1500	\$37,693
SCHOOL: ALL OTHER EMPL.	9101	1,175,300	1.7700	\$20,803
CHURCH-PROF EMPLOYEES	8868	48,094,093	0.1700	\$81,760
CLERICAL OFFICE EMPLOYEE	8810	4,224,726	0.0700	\$2,957
FOOD SERVICE EMPLOYEES	9058	735,728	0.7000	\$5,150
JANITORIAL OPERATIONS & CUSTODIAL CARE	9015	2,293,665	2.1900	\$50,231
Total Manual Premium				\$198,594
Employers Liability (E/L) increased limits factor	9812	198,594	0.0200	\$3,972
Total Subject Premium				\$202,566
Experience Modifier	9898	202,566	0.9200	(\$16,205)
Total Modified Premium				\$186,361
Renewal Credit	9034	186,361	0.0400	(\$7,454)
Express Claim Service Credit	9880	178,907	0.0100	(\$1,789)
Managed Care Credit	9880	177,118	0.0100	(\$1,771)
Health Care Credit	9880	175,347	0.0100	(\$1,753)
Schedule Rating Credit	9887	173,594	0.9000	(\$17,359)
Total Standard Premium				\$156,235
Premium Discount	0063	156,235	0.9178	(\$12,843)
Terrorism Premium	9740	57,720,130	0.0200	\$11,544
Expense Constant	0900	1	250	\$250
Catastrophe Premium	9741	57,720,130	0.0100	\$5,772
Estimated Annual Premium				\$160,958
Other Premium and Surcharges				
Total Amount Due				\$160,958

Total Estimated Annual Premium \$160,958

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PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1.	Named Insured and Address
	FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503
Agent	
ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910	
AF10490	

SCHEDULE OF COVERED WORKPLACES

Address

Forest Hills Public Schools - 386026843
6590 CASCADE RD SE
GRAND RAPIDS, MI 49546

Forest Hills Public Schools - 386026843
3775 Leonard NE
Grand Rapids, MI 19525

Forest Hills Public Schools - 386026843
731 Ada Drive SE
Ada, MI 49301

Forest Hills Public Schools - 386026843
4243 Knapp Valley Dr NE
Grand Rapids, MI 49525-9438

Forest Hills Public Schools - 386026843
400 Alta Dale SE
Ada, MI 49301

Forest Hills Public Schools - 386026843
2200 Pettis Ave NE
Ada, MI 49301-9266

Forest Hills Public Schools - 386026843
4085 Leonard St NE
Grand Rapids, MI 49525-3375

Forest Hills Public Schools - 386026843
7192 Bradfield Ave SE
Ada, MI 49301-9130

Forest Hills Public Schools - 386026843
5901 Hall St SE
Grand Rapids, MI 49546-3849

INSURED COPY



PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1.	Named Insured and Address
	FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503
Agent	
ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910	
AF10490	

SCHEDULE OF COVERED WORKPLACES

Address

Forest Hills Public Schools - 386026843
3250 Redford Dr SE
Grand Rapids, MI 49546-7331

INSURED COPY



PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1.	Named Insured and Address
	FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503
Agent	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910
	AF10490

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
MI	WC 89 06 00 A	07 87	Policy Information Page Endorsement
MI	WC 00 00 01 A	05 88	Information Page - AF CW
MI	WC 00 00 00 C	01 15	Workers Compensation and Employers Liability Insurance Policy
MI	WC 00 04 04	04 84	Pending Rate Change Endorsement
MI	WC 00 04 19 A	08 22	Part Five - Premium Amendatory Endorsement
MI	WC 00 04 21 F	08 22	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
MI	WC 00 04 22 C	01 21	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
MI	WC 00 04 24	01 17	Audit Non-Compliance Charge Endorsement
MI	WC 00 04 25	05 17	Experience Rating Modification Factor Revision Endorsement
MI	WC 21 03 03 A	06 97	Michigan Notice to Policyholder Endorsement
MI	WC 21 03 04	04 84	Michigan Law Endorsement
MI	WC 99 03 04	09 01	Michigan Exceptions Endorsement
MI	WC 99 04 06	08 16	Premium Discount Endorsement
MI	WC 99 06 50 B	07 21	Invoice Fee
MI	WC 99 06 60	05 17	Execution Clause Endorsement
MI	WC 99 21 01	02 07	Michigan Amendatory Endorsement

INSURED COPY

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

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

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

Definitions

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

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, 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
Michigan	0.02	\$11,544

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 00 04 22 C
(Ed. 01-21)

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

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

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method 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
Michigan	Estimated Annual Premium	0.50

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**

Endorsement No.
Premium: **\$0**

Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

Account Number: A010140432

Primary Named Insured: FOREST HILLS PUBLIC SCHOOLS

Policy Number: AF WCP 100041032 02

Policy Term: 07/01/2023 - 07/01/2024

Premium Installment Schedule as of 08/30/2023

This is not a bill.

<u>Bill Date</u>	<u>Due Date</u>	<u>Premium</u>	<u>Total</u>
06/26/2023	07/21/2023	\$40,239.50	\$40,239.50
08/21/2023	09/15/2023	\$40,239.50	\$40,239.50
11/20/2023	12/15/2023	\$40,239.50	\$40,239.50
02/19/2024	03/15/2024	\$40,239.50	\$40,239.50
			\$160,958.00

Invoice fees may apply.

For billing inquiries, please call 866-206-5851 or log on to our customer portal at: AFGroup.com

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01) | <input checked="" type="checkbox"/> Item 3.A. States (WC 89 06 11) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input checked="" type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |

is changed to read:

Added location at 2770 Leffingwell NE, Grand Rapids, MI 49525.

*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$160,958

Minimum Premium \$ 750

Deposit Premium \$ 40,239.50

Premium Change \$0

All other terms and conditions of this policy remain unchanged.

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

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

Endorsement Effective **07/01/2023** Policy No. **AF WCP 100041032 02**
Insured **FOREST HILLS PUBLIC SCHOOLS**Endorsement No. **003**
Premium: **\$0**Insurance Company **COMPWEST INSURANCE
COMPANY**

Countersigned by _____

WC 89 06 00 A
(Ed. 7-87)



PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1. Named Insured and Address	Agent
FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910 AF10490

Other Workplaces Not Shown Above: See schedule attached

Extended Named Insured: Absence of an entry means no exception

Interstate ID:

Insured Is: Governmental Entity

Bureau/Risk ID: 0440264A

Unemployment ID Number:

Intrastate ID:

FEIN#: 386026843

NCCI #: 12985

ITEM 2. POLICY PERIOD is from 12:01 A.M., 07/01/2023 to 12:01 A.M., 07/01/2024 Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

- A.** Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MI
- B.** Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
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.
- D.** This policy includes these endorsements and schedules:
See endorsement schedule

ITEM 4. PREMIUM

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.

C L A S S I F I C A T I O N S

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$ 750	\$40,239.50	\$ 160,958	Annual - Reporting

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PO BOX 40790
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
AF WCP 100041032	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

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INFORMATION PAGE Policy Change - Effective: 07/01/2023	
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FOREST HILLS PUBLIC SCHOOLS ATTN: W MI WC GRP 300 OTTAWA NW STE 301 GRAND RAPIDS, MI 49503	ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910
	AF10490

SCHEDULE OF CLASSIFICATIONS:07/01/2023-07/01/2024

CLASSIFICATIONS	CODE NO	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
STATE: Michigan				
SCHOOL: ALL OTHER EMPL.	9101	1,175,300	1.7700	\$20,803
FOOD SERVICE EMPLOYEES	9058	735,728	0.7000	\$5,150
SCHOOL BUS DRIVERS	7380	1,196,618	3.1500	\$37,693
CLERICAL OFFICE EMPLOYEE	8810	4,224,726	0.0700	\$2,957
JANITORIAL OPERATIONS & CUSTODIAL CARE	9015	2,293,665	2.1900	\$50,231
CHURCH-PROF EMPLOYEES	8868	48,094,093	0.1700	\$81,760
Total Manual Premium				\$198,594
Employers Liability (E/L) increased limits factor	9812	198,594	0.0200	\$3,972
Total Subject Premium				\$202,566
Experience Modifier	9898	202,566	0.9200	(\$16,205)
Total Modified Premium				\$186,361
Renewal Credit	9034	186,361	0.0400	(\$7,454)
Express Claim Service Credit	9880	178,907	0.0100	(\$1,789)
Managed Care Credit	9880	177,118	0.0100	(\$1,771)
Health Care Credit	9880	175,347	0.0100	(\$1,753)
Schedule Rating Credit	9887	173,594	0.9000	(\$17,359)
Total Standard Premium				\$156,235
Premium Discount	0063	156,235	0.9178	(\$12,843)
Expense Constant	0900	1	250	\$250
Terrorism Premium	9740	57,720,130	0.0200	\$11,544
Catastrophe Premium	9741	57,720,130	0.0100	\$5,772
Estimated Annual Premium				\$160,958
Other Premium and Surcharges				
Total Amount Due				\$160,958

Total Estimated Annual Premium \$160,958

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LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

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Agent	
ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910	
AF10490	

SCHEDULE OF COVERED WORKPLACES

Address
Forest Hills Public Schools - 386026843 6590 CASCADE RD SE GRAND RAPIDS, MI 49546
Forest Hills Public Schools - 386026843 3775 Leonard NE Grand Rapids, MI 19525
Forest Hills Public Schools - 386026843 731 Ada Drive SE Ada, MI 49301
Forest Hills Public Schools - 386026843 4243 Knapp Valley Dr NE Grand Rapids, MI 49525-9438
Forest Hills Public Schools - 386026843 400 Alta Dale SE Ada, MI 49301
Forest Hills Public Schools - 386026843 2200 Pettis Ave NE Ada, MI 49301-9266
Forest Hills Public Schools - 386026843 4085 Leonard St NE Grand Rapids, MI 49525-3375
Forest Hills Public Schools - 386026843 7192 Bradfield Ave SE Ada, MI 49301-9130
Forest Hills Public Schools - 386026843 5901 Hall St SE Grand Rapids, MI 49546-3849

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LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

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ARTHUR J. GALLAGHER RMS INC - GRAND RAPIDS 300 OTTAWA NW STE. 301 GRAND RAPIDS, MI 49503 616-233-0910	
AF10490	

SCHEDULE OF COVERED WORKPLACES

Address

Forest Hills Public Schools - 386026843
3250 Redford Dr SE
Grand Rapids, MI 49546-7331

Forest Hills Public Schools - 386026843
2770 Leffingwell Ave NE
Grand Rapids, MI 49525-3947

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LANSING, MI 48901-7990

**Workers Compensation and Employers Liability
Insurance Policy**

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	AF10490

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
MI	WC 89 06 00 A	07 87	Policy Information Page Endorsement
MI	WC 00 00 01 A	05 88	Information Page - AF CW
MI	WC 00 00 00 C	01 15	Workers Compensation and Employers Liability Insurance Policy
MI	WC 00 04 04	04 84	Pending Rate Change Endorsement
MI	WC 00 04 19 A	08 22	Part Five - Premium Amendatory Endorsement
MI	WC 00 04 21 F	08 22	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
MI	WC 00 04 22 C	01 21	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
MI	WC 00 04 24	01 17	Audit Non-Compliance Charge Endorsement
MI	WC 00 04 25	05 17	Experience Rating Modification Factor Revision Endorsement
MI	WC 21 03 03 A	06 97	Michigan Notice to Policyholder Endorsement
MI	WC 21 03 04	04 84	Michigan Law Endorsement
MI	WC 99 03 04	09 01	Michigan Exceptions Endorsement
MI	WC 99 04 06	08 16	Premium Discount Endorsement
MI	WC 99 06 50 B	07 21	Invoice Fee
MI	WC 99 06 60	05 17	Execution Clause Endorsement
MI	WC 99 21 01	02 07	Michigan Amendatory Endorsement

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