

**ERM-14 FORM—CONFIDENTIAL REQUEST FOR OWNERSHIP INFORMATION**  
Effective 01 Dec 2003

All items must be answered completely or the form may be returned.

The following confidential ownership statements may be used only in establishing premiums for your insurance coverages. Your workers compensation policy requires that you report ownership changes, and other changes as detailed below, to your insurance carrier in writing within 90 days of the change. If you have questions, contact your agent, insurance company, or the appropriate rating organization. Once completed, this form must be submitted to the rating organization by you, your insurance carrier(s), or your agents. If this form does not provide the means to explain the transaction, enter as much information on the form as possible and supplement the form with a narrative on the employer's letterhead, signed by an owner, partner, or executive officer.

**Section A—Transaction and Entity Information**

Check all that apply	Type of Transaction Columns A, B, and C referenced below are found in Section B.	Effective Date Enter effective date of transaction	Reported Date Enter date reported in writing to your insurance provider
	<b>Name and/or legal entity change</b> —Complete column A for former entity and column B for newly named entity. Complete Type of Entity portion for each entity to reflect such change.		
	<b>Sale, transfer or conveyance of all or a portion of an entity's ownership interest</b> —Complete column A for ownership before the change and column B for ownership after the change.		
	<b>Sale, transfer or conveyance of an entity's physical assets to another entity that takes over its operations</b> —Complete column A for the former entity and column B for the acquiring entity.		
	<b>Merger or consolidation (attach copy of agreement)</b> —Complete columns A and B for the former entities and column C for the surviving entity.		
	<b>Formation of a new entity that acts as, or in effect is, a successor to another entity that:</b> (a) Has dissolved (b) Is non-operative (c) May continue to operate in a limited capacity.		
	<b>An irrevocable trust or receiver, established either voluntarily or by court mandate</b> —Complete column A before the change and column B after the change.		
	<b>Determination of combinability of separate entities</b> —Complete a separate column in Section B for each entity to be reviewed for common ownership (attach additional forms if necessary).		

**ENTITY 1—Complete Column A on Page 3**

Complete Name of Entity (including DBA or TA) \_\_\_\_\_

Risk ID \_\_\_\_\_ FEIN \_\_\_\_\_

Type of Entity (check all that apply) Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Eff. Date \_\_\_\_\_

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Limited Partnership                    | <input type="checkbox"/> Temporary Labor Service | <input type="checkbox"/> School District | <input type="checkbox"/> Irrevocable Trust       |
| <input type="checkbox"/> Partnership          | <input type="checkbox"/> Limited Liability Corporation          | <input type="checkbox"/> Publicly Traded         | <input type="checkbox"/> For Profit      | <input type="checkbox"/> Religious Organization  |
| <input type="checkbox"/> Domestic Corporation | <input type="checkbox"/> Joint Venture                          | <input type="checkbox"/> State Agency            | <input type="checkbox"/> Not for Profit  | <input type="checkbox"/> Charitable Organization |
| <input type="checkbox"/> Foreign Corporation  | <input type="checkbox"/> Association (including unincorporated) | <input type="checkbox"/> County Agency           | <input type="checkbox"/> Non-Profit      | <input type="checkbox"/> Franchise               |
| <input type="checkbox"/> Sub-Chapter S-Corp   | <input type="checkbox"/> Employee Leasing                       | <input type="checkbox"/> Municipality            | <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> ESOP                    |

**Primary Address**

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Web Site \_\_\_\_\_

Mailing Address (if different than Primary Address) \_\_\_\_\_

Additional Location(s) \_\_\_\_\_

**ENTITY 2—Complete Column B on Page 3**

**Complete Name of Entity** (including DBA or TA) \_\_\_\_\_

**Risk ID** \_\_\_\_\_ **FEIN** \_\_\_\_\_

**Type of Entity** (check all that apply) **Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Eff. Date** \_\_\_\_\_

- Sole Proprietorship     Limited Partnership     Temporary Labor Service     School District     Irrevocable Trust
- Partnership     Limited Liability Corporation     Publicly Traded     For Profit     Religious Organization
- Domestic Corporation     Joint Venture     State Agency     Not for Profit     Charitable Organization
- Foreign Corporation     Association (including unincorporated)     County Agency     Non-Profit     Franchise
- Sub-Chapter S-Corp     Employee Leasing     Municipality     Revocable Trust     ESOP

**Primary Address**

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Web Site \_\_\_\_\_

Mailing Address (if different than Primary Address) \_\_\_\_\_

Additional Location(s) \_\_\_\_\_

**ENTITY 3—Complete Column C on Page 3**

**Complete Name of Entity** (including DBA or TA) \_\_\_\_\_

**Risk ID** \_\_\_\_\_ **FEIN** \_\_\_\_\_

**Type of Entity** (check all that apply) **Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Eff. Date** \_\_\_\_\_

- Sole Proprietorship     Limited Partnership     Temporary Labor Service     School District     Irrevocable Trust
- Partnership     Limited Liability Corporation     Publicly Traded     For Profit     Religious Organization
- Domestic Corporation     Joint Venture     State Agency     Not for Profit     Charitable Organization
- Foreign Corporation     Association (including unincorporated)     County Agency     Non-Profit     Franchise
- Sub-Chapter S-Corp     Employee Leasing     Municipality     Revocable Trust     ESOP

**Primary Address**

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Web Site \_\_\_\_\_

Mailing Address (if different than Primary Address) \_\_\_\_\_

Additional Location(s) \_\_\_\_\_

**Section B—Ownership**

1. Have any of these entities operated under another name in the last four years?     Yes     No
2. Are any of the entities **currently** related through common majority ownership to any entity not listed on the front of the form?     Yes     No
3. Have any of these entities been **previously** related through common majority ownership to any other entities in the last four years?  
 Yes     No
4. If you answered Yes to questions 1, 2, or 3 above, provide additional information, indicating which question(s) your answer references:  
 1     2     3

Name of Business	Principal Location	Carrier and Policy Number	Effective Date

5. Were the assets and/or ownership interest (all or a portion) of this entity acquired from a previously existing business?     Yes     No  
If yes, you must provide complete ownership information for the prior owner in column A and ownership information for the new owner in column B.
6. If this is a partial sale, transfer, or conveyance of an existing business (i.e., sale of one or more plants or locations):
  - a. Explain what portion or location of the entire operation was sold, transferred, or conveyed.  
\_\_\_\_\_
  - b. Was this entity insured under a separate policy from the remaining portion?     Yes     No  
If not, specify the entities with which it was combined:  
\_\_\_\_\_

7. Did the legal status of this entity change?  Yes  No  
 If yes, you must complete the Type of Entity portion for each entity to reflect such change.
8. Is this transaction a result of bankruptcy?  Yes  No  
 If yes, please indicate under which Chapter the bankruptcy was filed. \_\_\_\_\_

**Corporations**—List all names of owners of 5% or more of voting stock and number of shares owned. Submit shareholder proposal if transaction involved exchange of stock.

**Partnerships**—List each partner and appropriate share in the profits. If the entity is a limited partnership, list name(s) of each general partner(s).

**Other**—If no voting stock, list members of board of directors or comparable governing body.

Information	Column A	Column B	Column C
	Enter name used in Section A for Entity 1 <b>Entity 1</b>	Enter name used in Section A for Entity 2 <b>Entity 2</b>	Enter name used in Section A for Entity 3 <b>Entity 3</b> If applicable, use this column for multiple combinations or entities resulting from mergers and consolidations
<b>Name of Entity</b>			
<b>Ownership</b> See reference above to ownership information required for corporations, partnerships, and other entities.			
<b>Total Ownership Interest or Number of Shares</b>			

**NOTE:** If your business has changed significantly to result in a change to the primary (governing) classification and the process and hazard of the operation have also changed, contact your agent, insurance company or rating organization for additional information.

**Section C—Additional Information**

Please include any additional information you believe pertinent to the transaction detailed above that cannot be expressed due to the format of this form. If there is not enough space below, attach the information on the entity's letterhead, signed by an owner, partner, or executive officer.

---



---



---



---



---

**Section D—Did You Remember to . . .**

- Indicate the type of transaction, check all that apply, and include transaction and notification dates?
- Complete all necessary entity information? **Note:** You can use more forms if the number of entities exceeds three.
  - Entity name
  - Risk identification number (if you know it)
  - Federal Employer Identification Number (FEIN)
  - Type of entity
  - Primary address, telephone, and other contact information
  - Mailing address and additional locations if applicable
- Fill out the ownership table completely?
  - Include the names of the entities as listed in Section A?
  - Include all owners, partners, board of director members, members and/or manager of LLCs, general partners of LPs, or any other comparable governing body?
  - Include percentage of ownership for each owner, partner, board of director member, member and/or manager of LLCs, general partner of LPs, or any other comparable governing body?
- Answer questions 1 through 8?

**Section E—Certification**

**This is to certify that the information contained on this form is complete and correct.**

**All forms will be returned if this Certification Section is incomplete.**

Name of person completing form: \_\_\_\_\_

Check which entity or entities the signer represents:  Entity 1  Entity 2  Entity 3  Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner, Member, or Executive Officer      Title      Carrier

\_\_\_\_\_  
Print name of above signature      Date      Carrier Address

**Section F—For Rating Organization Use Only**

Associate/automated \_\_\_\_\_

Date received \_\_\_\_\_

Date complete \_\_\_\_\_

Assessment—form complete? What is missing? \_\_\_\_\_

Ruling \_\_\_\_\_

Revisions necessary—Yes/No \_\_\_\_\_

Revisions complete and mailed—Yes/No/NA \_\_\_\_\_

Rating Effective Date impacted—Yes/No—if Yes, which ones? \_\_\_\_\_

Risk ID impacted—list all impacted, any deactivated? Indicate deactivated #s \_\_\_\_\_

All carriers/rating organizations notified? \_\_\_\_\_

## **IMPORTANT NOTICE TO POLICYHOLDERS**

This Important Notice is not your policy. Please read your policy carefully to determine your rights, duties, and what is and what is not covered. Only the provisions of your policy determine the scope of your insurance protection.

**THIS IMPORTANT NOTICE PROVIDES INFORMATION CONCERNING POSSIBLE IMPACT ON YOUR INSURANCE COVERAGE DUE TO COMPLIANCE WITH APPLICABLE TRADE SANCTION LAWS.**

**PLEASE READ THIS NOTICE CAREFULLY.**

Various trade or economic sanctions and other laws or regulations prohibit us from providing insurance in certain circumstances. For example, the United States Treasury Department's Office of Foreign Asset Control (OFAC) administers and enforces economic and trade sanctions and places restrictions on transactions with foreign agents, front organizations, terrorists, terrorists organizations, and narcotic traffickers. OFAC acts pursuant to Executive Orders of the President of the United States and specific legislation, to impose controls on transactions and freeze foreign assets under United States jurisdiction. (To learn more about OFAC, please refer to the United States Treasury's web site at <http://www.treas.gov/ofac>.)

To the extent that you or any other insured, or any person or entity claiming the benefits of this insurance has violated any applicable sanction laws, this insurance will not apply. We have added a condition or section that applies to the entire policy called Compliance With Applicable Trade Sanctions, which stipulates that your insurance policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance.

## *POLICYHOLDER NOTICE*

All of the members of the Chubb Group of Insurance companies doing business in the United States (hereinafter "Chubb") distribute their products through licensed insurance brokers and agents ("producers"). Detailed information regarding the types of compensation paid by Chubb to producers on US insurance transactions is available under the Producer Compensation link located at the bottom of the page at [www.chubb.com](http://www.chubb.com), or by calling 1-866-588-9478. Additional information may be available from your producer.

Thank you for choosing Chubb.

**CHUBB GROUP  
U.S. PRIVACY NOTICE**

<b>FACTS</b>	<b>WHAT DOES THE CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?</b>		
<b>Why?</b>	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number and payment history</li> <li>▪ insurance claim history and medical information</li> <li>▪ account transactions and credit scores</li> </ul> <p>When you are no longer our customer, we continue to share information about you as described in this notice.</p>		
<b>How?</b>	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.		
<b>Reasons we can share your personal information</b>	<b>Does Chubb share?</b>	<b>Can you limit this sharing?</b>	
<b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No	
<b>For our marketing purposes</b> – to offer our products and services to you	Yes	No	
<b>For joint marketing with other financial companies</b>	Yes	No	
<b>For our affiliates' everyday business purposes</b> – information about your transactions and experiences	Yes	No	
<b>For our affiliates' everyday business purposes</b> – information about your creditworthiness	No	We don't share	
<b>For our affiliates to market to you</b>	No	We don't share	
<b>For nonaffiliates to market to you</b>	No	We don't share	
<b>Questions?</b>	Call 1-800-258-2930 or go to <a href="https://www2.Chubb.com/us-en/privacy.aspx">https://www2.Chubb.com/us-en/privacy.aspx</a>		

<b>Who is providing this notice?</b>		The Chubb Group. A list of these companies is located at the end of this document.
<b>What we do</b>		
<b>How does Chubb Group protect my personal information?</b>	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>	
<b>How does Chubb Group collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>▪ apply for insurance or pay insurance premiums</li> <li>▪ file an insurance claim or provide account information</li> <li>▪ give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>	
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>	
<b>Definitions</b>		
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ Our affiliates include those with a Chubb name and other companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.</li> </ul>	
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ Chubb does not share with nonaffiliates so they can market to you.</li> </ul>	
<b>Joint Marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>▪ Our joint marketing partners include categories of companies such as banks.</li> </ul>	



### Other important information

**For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NV, NC, NJ, OH, OR, and VA only:** Under state law, under certain circumstances, you have the right see the personal information about you that we have on file. To see your information, write Chubb Group Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

**For Nevada residents only:** We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at [privacyinquiries@Chubb.com](mailto:privacyinquiries@Chubb.com), or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing [bcinfo@ag.state.nv.us](mailto:bcinfo@ag.state.nv.us), or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

**For Vermont residents only:** Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

### Chubb Group Companies Providing This Notice

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Texas Pacific Indemnity Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

**Item 1. Name & Mailing Address of the Insured**

COLOR INCORPORATED DIGITAL  
IMAGING INC  
3280 CHICAGO DR SW  
GRANDVILLE, MI 49418

FEIN 38-3589464

TEL#: (616) 988-1489 # of EMP:  
UI#:

Insured is: Corporation

**Name & Address of the Producer**

OLIVIER-VANDYK INSURANCE AGENCY INC  
2780 44TH STREET SW  
WYOMING MI 49519-0000

Producer Number 0049842

**Issued by** Chubb National Insurance Company  
a stock insurance company  
incorporated in INDIANA

**N.C.C.I. Carrier Code** 35173

**Policy Number** (19) 7176-84-35

Previous Policy Number NEW

**OTHER WORK PLACES NOT SHOWN ABOVE - SEE ATTACHED EXTENSION OF INFORMATION PAGE**

**Item 2. POLICY PERIOD**

12:01 A.M. standard time at the insured's mailing address FROM 07/01/18 TO 07/01/19

**Item 3. 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	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	500,000	each employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here: All States,  
Except states designated in Item 3.A and ND, OH, WA, WY

**D. Endorsements (Form No.) Refer To Extension of Information Page "List of Endorsements & Schedules"**

**Item 4.** The Premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating  
Plans. All information required below is subject to verification and change by audit.

**Refer to Extension of Information Page**

Minimum Premium: \$682	Total Estimated Premium:	\$1,135
Minimum Premium State: MICHIGAN	Total State Surcharges:	
Expense Constant: MICHIGAN (\$320 INCL)	Total Estimated Charge:	\$1,135
Premium Adjustment Period: AT EXPIRATION	Deposit Amount:	\$1,135

**CHUBB GROUP OF INSURANCE COMPANIES:**

WATERS BUILDING  
161 OTTAWA NW, SUITE 214  
GRAND RAPIDS, MI 49503-2718



06/14/18

Authorized Representative and Date Signed

Issue Date: 06/14/18

Policy Number (19) 7176-84-35

Chubb National Insurance Company

NCCI Carrier Code 35173

NAME AND LOCATION SCHEDULE

Named Insured COLOR INCORPORATED DIGITAL

Effective Date: 07-01-2018

12:01 A.M., Standard Time

Agent Name OLIVIER-VANDYK INSURANCE AGENCY INC

Agent No. 0049842

State: MICHIGAN

Risk ID

TIM KASBERGER PHOTOGRAPHY INC

3280 CHICAGO DR SW

GRANDVILLE MI 49418

Legal Entity: Corporation

FEIN: 38-3589464

SIC Code: 7221

NAIC Code: 541921

Policy Number  
(19) 7176-84-35

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Chubb National Insurance Company**

Named Insured **COLOR INCORPORATED DIGITAL**

Effective Date: **07-01-2018**  
12:01 A.M., Standard Time

Agent Name **OLIVIER-VANDYK INSURANCE AGENCY INC**

Agent No. **0049842**

**WORKERS COMPENSATION FORMS AND ENDORSEMENTS**

WC 00 00 01A	05-88	INFORMATION PAGE WC AND EMPL LIABIL POL
WC 00 00 01A	05-88	SCHEDULE OF NAMES & LOCATIONS
WC 00 00 01A	05-88	WC CLASSIFICATION SCHEDULE
08 02 0109	04-84	WORK COMP POLICY COVER PAGE
WC 00 00 00C	01-15	WORKERS COMPENSATION AND EMPLOYERS LIAB
WC 00 04 14	07-90	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 19	01-01	PREMIUM DUE DATE ENDORSEMENT
WC 00 04 24	01-17	AUDIT NONCOMPLIANCE CHARGE ENDT
WC 21 03 03 A	06-97	MI NOTICE TO POLICYHOLDER ENDT
WC 21 03 04	04-84	MI LAW ENDORSEMENT
08 02 0261	03-12	CIVIL UNIONS OR DOMESTIC PARTNERSHIPS

Chubb National Insurance Company

Policy Number  
(19) 7176-84-35

EXTENSION OF INFORMATION PAGE  
WORKERS COMPENSATION CLASSIFICATION SCHEDULE

State of: MICHIGAN

Named Insured COLOR INCORPORATED DIGITAL

Effective Date: 07-01-2018  
12:01 A.M., Standard Time

Agent Name OLIVIER-VANDYK INSURANCE AGENCY INC

Agent No. 0049842

Classification of Operation	Code No.	Annual Remuneration	Total Estimated Per \$100 of Remuneration	Estimated Annual Premium
0001-01 TIM KASBERGER PHOTOGRAPHY INC FEIN 38-3589464 SIC CODE 7221 NAIC CODE 541921  3280 CHICAGO DR SW GRANDVILLE MI 49418				
Quick Printing-Copying or Duplicating Service	8015	\$ 115,959	.71	\$ 823.00
Clerical Office Employees NOC.	8810	\$ 156,269	.08	\$ 125.00
Total Class Premium				\$ 948.00
Increase Limits 1.01	9807			\$ 9.00
Empl Minimum Difference	9848			\$ 41.00
Total Subject Premium				\$ 998.00
Total Modified Premium				\$ 998.00
Schedule Modification .79	9887			\$ -210.00
Standard Total				\$ 788.00
Expense Constant	0900			\$ 320.00
Terrorism .01	9740			\$ 27.00
Total Estimated Premium				\$ 1,135.00
Final Total				\$ 1,135.00
Policy Total Estimated Cost				\$ 1,135.00

**CHUBB®**

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

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

**GENERAL SECTION****A. The Policy**

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

**B. Who is Insured**

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

**C. Workers Compensation Law**

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

**D. State**

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

**E. Locations**

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

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

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

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

**B. We Will Pay**

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

**C. We Will Defend**

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

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

**D. We Will Also Pay**

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

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

**E. Other Insurance**

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

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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

workers compensation law that apply to:

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

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

**PART TWO  
EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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



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

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

### C. Exclusions

This insurance does not cover:

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

901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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

### D. We Will Defend

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

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

### E. We Will Also Pay

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

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

**F. Other Insurance**

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

**G. Limits of Liability**

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

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

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

**I. Actions Against Us**

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

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

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

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

**PART THREE**

**OTHER STATES INSURANCE**

**A. How This Insurance Applies**

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

**B. Notice**

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

**PART FOUR**

**YOUR DUTIES IF INJURY OCCURS**

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

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

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

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

## **PART FIVE PREMIUM**

### **A. Our Manuals**

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

### **B. Classifications**

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

### **C. Remuneration**

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

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

### **D. Premium Payments**

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

### **E. Final Premium**

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

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

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

### **F. Records**

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

### **G. Audit**

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

**PART SIX  
CONDITIONS**

**A. Inspection**

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

**B. Long Term Policy**

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

**C. Transfer of Your Rights and Duties**

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

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

**D. Cancellation**

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

**E. Sole Representative**

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

Chubb National Insurance Company



Secretary



President

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

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 **07-01-18**      Policy No. **(19) 7176-84-35**

Endorsement No.

Insured **COLOR INCORPORATED DIGITAL**

Premium \$ **Incl.**

Insurance Company **Chubb National Insurance Company**

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

**PREMIUM DUE DATE ENDORSEMENT**

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE  
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

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 **07-01-18**      Policy No. **(19) 7176-84-35**

Endorsement No.

Insured **COLOR INCORPORATED DIGITAL**

Premium \$ **Incl.**

Insurance Company **Chubb National Insurance Company**

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

**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**

<b>State(s)</b>	<b>Basis of Audit Noncompliance Charge</b>	<b>Maximum Audit Noncompliance Charge Multiplier</b>
<b>MI</b>	<b>Estimated Annual Premium</b>	<b>2</b>

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 **07-01-18**      Policy No. **(19) 7176-84-35**  
 Insured **COLOR INCORPORATED DIGITAL IMAGING INC**  
 Insurance Company **Chubb National Insurance Company**

Endorsement No.  
 Premium \$ **Incl.**

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
202B Hall's Mill Road
Whitehouse Station, NJ 08889

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 07-01-18 Policy No. (19) 7176-84-35
Insured COLOR INCORPORATED DIGITAL IMAGING INC
Insurance Company Chubb National Insurance Company

Endorsement No.
Premium \$ Incl .

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;

(Ed. 4-84)

**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 **07-01-18** Policy No. **(19) 7176-84-35**

Endorsement No.

Insured **COLOR INCORPORATED DIGITAL**

Premium \$ **Incl.**

Insurance Company **Chubb National Insurance Company**

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

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**

08 02 0261 (Ed. 3-12)

**CIVIL UNIONS OR DOMESTIC PARTNERSHIPS**

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

This endorsement, effective on 07/01/2018 at 12:01 A. M. standard time, forms a part of

Policy No. (19) 7176-84-35 of the Chubb National Insurance Company  
(DATE)  
(NAME OF INSURANCE COMPANY)

Issued to TIM KASBERGER PHOTOGRAPHY INC

Endorsement No.

\_\_\_\_\_  
Authorized Representative

Civil Unions or Domestic Partnerships: All references in the policy to "spouse" include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.

All other terms and conditions remain unchanged.

# NOTICE

---

The undersigned, an employer within the meaning of the Workers' Compensation Law of the State of Michigan, hereby gives notice to their employees that they have secured the payment of Compensation to their employees and their dependents in accordance with the provisions of said law, by insuring with

**Chubb National Insurance Company  
WATERS BUILDING  
161 OTTAWA NW, SUITE 214  
GRAND RAPIDS, MI 49503-2718**

**TIM KASBERGER PHOTOGRAPHY  
INC**

---

Employer

Dated \_\_\_\_\_ By \_\_\_\_\_