



100 Erie Insurance Place
Erie, PA 16530

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 00 01A
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INFORMATION PAGE

PRIOR POLICY NUMBER - Q85 5104801

Agent	Insurance Is Provided By	Policy Number	BRANCH CODE
FF1869 GREY INSURANCE AGY INC	ERIE INS PROP/CAS CO	31127	Q85 5104801

ITEM 1. Named Insured and Address

WOODRIDGE ASSOCIATION OF
OWNERS INC
PO BOX 623
ELLETTSVILLE IN 47429-0623

RENEWAL CERTIFICATE
CORPORATION MONROE CO
OTHER WORKPLACES NOT SHOWN ABOVE - AS SCHEDULED

ITEM 2. THE POLICY PERIOD IS FROM 01/01/25 TO 01/01/26 AT THE INSURED'S MAILING ADDRESS.

ITEM 3.A. WORKERS COMPENSATION INSURANCE- PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE- IN.

ITEM 3.B. EMPLOYERS LIABILITY INSURANCE- PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3.A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE-

BODILY INJURY BY ACCIDENT	\$100,000 EACH ACCIDENT
BODILY INJURY BY DISEASE	\$500,000 POLICY LIMIT
BODILY INJURY BY DISEASE	\$100,000 EACH EMPLOYEE

ITEM 3.C. OTHER STATES INSURANCE- PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE- ALL STATES EXCEPT ND, OH, WA, WY, STATES DESIGNATED IN ITEM 3.A.,

ITEM 3.D. SEE ATTACHED ENDORSEMENT SCHEDULE

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.

	SEE ATTACHED SCHEDULE OF OPERATIONS	20
CODE 0990	AMOUNT TO SATISFY POLICY MIN PREMIUM	516
	EXPENSE CONSTANT	160
	TOTAL ESTIMATED ANNUAL PREMIUM	\$696
INDIANA SECOND INJURY FUND SURCHARGE	0.79%	\$5
	DEPOSIT PREMIUM	\$701

MINIMUM PREMIUM \$696

IN RATES, MIN. PREM. AND/OR DEVIATIONS MAY CHANGE

RETURNED PAYMENT FEES WILL BE ADDED TO YOUR ACCOUNT.

** S C H E D U L E O F O P E R A T I O N S **

ITEM 4. ST LOC CODE NO	CLASSIFICATIONS	PREM BASIS TOTAL-EST ANN REMUN	RATE PER \$100 REMUN	EST ANNUAL PREMIUM
IN 001 9012	CONDOMINIUMS OR COOPERATIVES - PROFESSIONAL EMPLOYEES, PROPERTY MANAGERS AND LEASING AGENTS AND CLERICAL, SALESPERSONS	IF ANY	.62	\$0
9015	BATHHOUSE - BEACH	IF ANY	1.64	\$0
9102	LAWN MAINTENANCE - COMMERCIAL OR DOMESTIC & DRIVERS	1,000	1.96	\$20
8810	CLERICAL OFFICE EMPLOYEES NOC	IF ANY	.10	0
	SUB-TOTAL			20
9740	TERRORISM		.012	0
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)		.010	0
	TOTAL FOR INDIANA			\$20
	TOTAL SCHEDULE OF OPERATIONS PREMIUM			\$20

** SCHEDULE OF PRIMARY AND ADDITIONAL LOCATIONS **

LOC 001 9460 S LAKE RIDGE DR, BLOOMINGTON, IN 47401

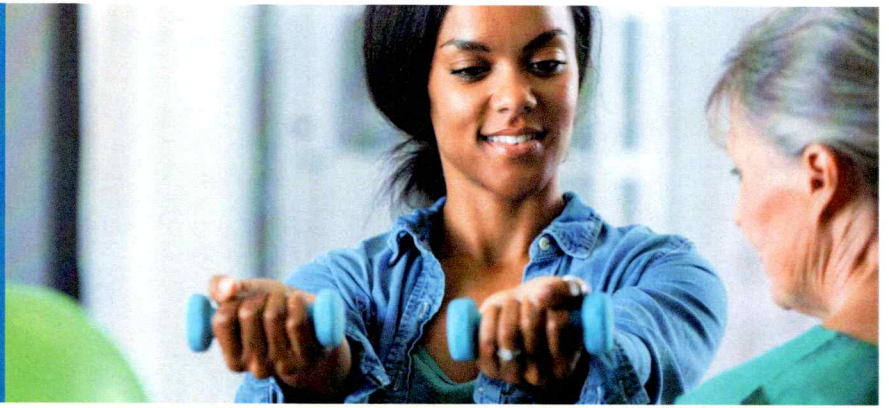
** E N D O R S E M E N T S C H E D U L E **

THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES- WC-C1/15,
WC-UF6414* (IN), WC-000414A* (IN), WC-990604A* (IN), WC-UF3036* (IN), WC-UF4839
(IN), WC-000419* (IN), WC-000421F* (IN), WC-000422C* (IN), WC-UF4813* (IN),
WC-UF5215* (IN), WC-UF0143* (IN), WC-000000C (IN), WC-000425* (IN).

Q85 5104801

injury reporting

for workers' compensation



We're Here For You

(and your employees)

When the unexpected happens, Erie Insurance is here to help you get back on track.

If an employee has been injured, it's time to get in touch. Once your worker is safe and taken care of, give us a call at (800) 367-3743. Here's some of the information we'll need to get started:

- Workers' compensation policy number
- Date of injury
- Time injury occurred
- Your company tax ID number
- Name and telephone number of contact person (owner, manager)
- Date employer was notified of injury
- Address where injury occurred
- Name, address and telephone number of injured worker
- Employee's social security number
- Date of birth, gender, and marital status
- Number of dependents
- Occupation/job title
- Date of hire
- Description of how the injury happened
- Type of injury and exact body part injured
- Is the employee full time or part time?
- What is the employee's normal starting time?
- Has the employee lost any time from work?
- Was the employee paid full wages for the date of injury?
- Return to work date
- Names of any witnesses
- Name, address and telephone number of physician or hospital
- Wage information (hourly, weekly)

What's Next?

After you've notified ERIE of an injury, we'll get things moving right away. Here's what happens first. We will:

- File the report with the appropriate State Workers' Compensation Commission.
- Assign an adjuster to the claim who will call the employer and injured worker for details.
- Engage our nurse case manager(s) on complex injuries to act as a liaison between the injured worker, employer and physician to assist in managing the treatment, care and return-to-work status of the injured worker.
- Provide a pharmacy card to the injured worker for all work-related medications.
- Manage the case and keep the employer informed of any progress or change in the injured worker's condition.

Doing Right by You

(means doing right by them)

When an injury happens, we're here to help you get your team member and your business back on track. From helping to get medical providers in place to assisting with creating a program for transitional duties when an injured worker isn't quite ready for business as usual, a powerful team is there for you and your employees alike.

Erie Insurance and your ERIE Agent are here for you every step along the way.

ERIE® insurance products and services are provided by one or more of the following insurers: Erie Insurance Exchange, Erie Insurance Company, Erie Insurance Property & Casualty Company, Flagship City Insurance Company and Erie Family Life Insurance Company (home offices: Erie, Pennsylvania) or Erie Insurance Company of New York (home office: Rochester, New York). The companies within the Erie Insurance Group are not licensed to operate in all states. Go to erieinsurance.com for company licensure information. The insurance products and rates, if applicable, described in this brochure are in effect as of November 2019 and may be changed at any time. Insurance products are subject to terms, conditions and exclusions not described in this brochure. The policy contains the specific details of the coverages, terms, conditions, and exclusions. The insurance products and services described in this brochure are not offered in all states. ERIE life insurance and annuity products are not available in New York. Eligibility will be determined at the time of application based upon applicable underwriting guidelines and rules in effect at that time. Your ERIE Agent can offer you practical guidance and answer questions you may have before you buy.

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WORKERS COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Workers Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The workers compensation insurance carrier or the administrator for

WOODRIDGE ASSOCIATION OF OWNERS INC

(name of company)

is:

Q85 5104801

(policy number)

01/01/2025 - 01/01/2026

(policy period)

ERIE INS PROP/CAS COMPANY

P.O. BOX 80129

INDIANAPOLIS, IN 46280-0129

(800) 624-1620

WORKERS COMPENSATION SPECIALIST

For more information about rights or procedures under the Indiana workers compensation system, call or write:

Workers Compensation Board of Indiana
Ombudsmen Division
402 W. Washington St., Rm W196
Indianapolis, IN 46204
(317) 232-3808

ERIE INSURANCE
BOAT PROTECTOR
BUSINESS CATASTROPHE LIABILITY
COMMERCIAL CRIME
COMMERCIAL FIRE
COMMERCIAL GENERAL LIABILITY
COMMERCIAL INLAND MARINE
COMMERCIAL SELECT OUTPUT
DWELLING PROPERTY/PERSONAL LIABILITY
FIDELITY AND SURETY
FIVESTAR CONTRACTORS
HOMEPROTECTOR
MOBILE HOMEPROTECTOR
PERSONAL CATASTROOPHE LIABILITY
PERSONAL INLAND MARINE
ULTRAFLEX PACKAGE
ULTRAPACK BUSINESS
ULTRASURE FOR LANDLORDS
ULTRASURE FOR PROPERTY OWNERS
WORKERS COMPENSATION
UF-6414 (Ed. 8/05)

IMPORTANT NOTICE TO INDIANA POLICYHOLDERS

Questions regarding your policy or coverage should be directed to:

**Erie Insurance Group
(800) 458-0811**

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at www.in.gov/idoi.

INDIANA AMENDATORY ENDORSEMENT

D. (2) under PART SIX--CONDITIONS in your basic policy is deleted and replaced by:

- (2) We may cancel or refuse to renew by mailing you written notice stating the effective date of the cancellation. Notice will be sent to your last known address. Cancellations and nonrenewals will comply with the laws of the state in which your business is located.

If your policy has been in effect more than 90 days, we may cancel your policy by providing written notice at least:

- 1) 45 days before canceling the policy for one or more of the following reasons:
 - a) there is a substantial change in the scale of risk covered by the policy;
 - b) you have failed to comply with reasonable safety recommendations; or
 - c) reinsurance of the risk associated with the policy has been canceled;
- 2) 30 days before canceling the policy for nonpayment of premium; or
- 3) 20 days before canceling the policy if you have perpetrated a fraud or material misrepresentation on us.

If your policy has been in effect 90 days or less, we may cancel your policy by providing written notice at least:

- 1) 20 days before canceling the policy if you have perpetrated a fraud or material misrepresentation on us; or
- 2) 30 days before canceling the policy for nonpayment of premium or for any other reason not listed in 1) above.

If we do not renew your policy, we will mail or deliver to you written notice of nonrenewal at least 45 days before:

- 1) the expiration date of your policy, if the policy is written for a term of one year or less; or
- 2) the anniversary date of your policy, if the policy is written for a term of more than one year.

We will mail to you, at your last known address, our notice of nonrenewal. If notice is mailed, proof of mailing will be sufficient proof of notice.

ERIE INSURANCE
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COMMERCIAL GENERAL LIABILITY
COMMERCIAL INLAND MARINE
DWELLING PROPERTY/PERSONAL LIABILITY
FIVESTAR CONTRACTORS'
HOMEPROTECTOR
MOBILE HOMEPROTECTOR
PERSONAL CATASTROPHE LIABILITY
SURETY
ULTRAFLEX PACKAGE
ULTRAPACK BUSINESS
ULTRASURE FOR LANDLORDS
ULTRASURE FOR PROPERTY OWNERS
WORKERS' COMPENSATION
UF-4813 (Ed. 3/08)

IMPORTANT NOTICE - POLICY SERVICE FEES

Indiana

Dear Policyholder:

SERVICE FEES - For policies effective on and after March 1, 2008, the following service fees will be applicable to all payment plans.

- **Returned Payment Fee** - A **\$20.00** charge will be applied to your account if your check or other payment is returned unpaid by your financial institution.
- **Late Fee** - A **\$10.00** charge will be applied to your account when a cancellation notice is issued on your policy because of non-payment of premium.
- **Reinstatement Fee** - A **\$25.00** charge will be applied to your account when your policy is reinstated with a lapse in coverage following cancellation of your policy because of non-payment of premium.

If you have any questions concerning this Important Notice, please contact your ERIE Agent.



ERIE INSURANCE GROUP

WORKERS COMPENSATION
(Ed. 7/00) UF-3036

IMPORTANT NOTICE

INDIANA SECOND INJURY FUND ASSESSMENT

In accordance with House Enrolled Act 2085 of 1999 in Indiana, effective July 1, 2000, the Indiana Second Injury Fund Assessment will be shown as a separate charge on your Declarations.

This assessment is a mandatory charge from the Indiana Workmen's Compensation Rating Bureau. It is used to provide benefits to employees who have been permanently and totally disabled due to a compensable injury and have also exhausted the statutory maximum of 500 weeks of compensation. This Fund also provides benefits to persons who have suffered an amputation due to a compensable injury and need to repair or replace the prosthetic device.

If you have any questions regarding this change, please contact your Agent.

IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS?

If you use subcontractors in your business, please read the following notice:

It is important to have and maintain Certificates of Insurance for all subcontractors. This will verify that each subcontractor is adequately insured and may protect your business from costly losses. In many cases, subcontractors who do not have adequate workers' compensation insurance become the responsibility of the business who hired them. Uninsured subcontractors who are required to maintain insurance by law or employ individuals who may become your responsibility with respect to providing workers compensation benefits, present an unacceptable exposure to your business and may impact your future insurability with ERIE.

When ERIE issues your workers' compensation policy, the premium is based on the estimated payroll of your employees. When your policy term expires, ERIE may audit your payroll and the payroll of subcontractors that you used during the policy term. The audit will ensure that you pay the appropriate premium for your exposure. As part of the audit process, we will ask you for copies of the Certificate of Insurance for each subcontractor that covers the time period the subcontractor performed work for you. Therefore, you may be required to provide more than one Certificate of Insurance for the same subcontractor. If you do not have the certificate, or cannot produce the certificates at the time of the audit, the subcontractor will be considered uninsured. Labor costs for that subcontractor may be added to the audited payroll of your policy and a premium charge may be made according to the applicable workers' compensation rules for uninsured subcontractors in the states where you operate.

Erie Insurance will not accept Independent Contractor Statements to exclude the payroll of a sole proprietor or partner (who does not have employees) from your audit. ERIE will not charge a premium if one of the following conditions is satisfied:

1. The subcontractor obtains a workers' compensation policy and you keep a copy of the Certificate of Insurance on file; or
2. ERIE and the auditor confirm that the sole proprietor or partner is an independent contractor and not an employee. Factors that are considered in determining whether an individual is an independent contractor or an employee include:
 - a. who controlled the manner and performance of the work;
 - b. method of payment;
 - c. freedom to hire helpers and schedule work hours;
 - d. freedom to offer service to others; and
 - e. who furnish tools and equipment.

If the individual is an independent contractor, then the payroll attributable to the individual will be excluded from the audit. However, if an employee/employer relationship exists, the amount paid to the individual will be included on the audit, and you will be charged premium for the exposure. Factors used as a reference in determining whether a worker is an independent contractor or an employee are also detailed on the IRS Web site at www.irs.gov at Publication 1779, "Independent Contractor or Employee" and under IRS Summertime Tax Tip 2010-20.

Pennsylvania Employers

Effective February 10, 2011, ACT 72, the Construction Workplace Misclassification Act, established criteria that employers must follow in determining whether an individual is an independent contractor in the construction industry for workers' compensation purposes as follows:

- You and the individual must have a written contract to perform the services;
- The individual must be free from control or direction over performance of the services; and
- The individual must be customarily engaged in an independently established trade, occupation, profession, or business, which includes maintaining liability insurance during the term of the contract of at least \$50,000.

When Erie audits your worker's compensation policy, if the workers/subcontractors you hire to perform services do not have a workers' compensation policy and an appropriate Certificate of Insurance, the auditor will request copies of the contracts between you and the individuals you hire to perform services on your behalf, perform the direction and control test, and request copies of the certificates of insurance showing liability insurance. A contract must be established for each policy year between you and the individual. The contract should be sufficient to cover all of the jobs the individual performs for you during the applicable policy year. If any of these criteria are not met, the individual will be considered an employee and a premium charge will be made for the audited exposure under your workers' compensation policy. For additional information, please visit the Pennsylvania Department of Labor and Industry website at www.legis.state.pa.us/.

If you have any questions regarding this notice, please contact your ERIE agent. Thank you for your business.



WORKERS COMPENSATION
UF-0143 (Ed. 10/10)

IMPORTANT NOTICE – NOTIFY US OF OPERATIONS IN OTHER STATES

This notice is to remind you that New York no longer accepts “other states” coverage under Item 3.C. of your policy. If your policy was issued for operations in states other than New York, but at any time you have employees or begin operations in New York, please contact your agent immediately. Your agent will assist you in adding New York under Item 3.A. in your policy if eligible, or otherwise obtain the required coverage. Please include the name of the business entity (or entities) covered under the policy and the Federal Identification Number for the entity. Failure to contact your agent to update your policy may result in state imposed fines and penalties.

To ensure we are providing the protection your business needs and your operations are in compliance with state laws we ask that **YOU NOTIFY YOUR AGENT IMMEDIATELY IF YOU HAVE OPERATIONS IN OTHER STATES THAT WERE NOT REPORTED AS OF THE POLICY INCEPTION OR, IF YOU BEGIN WORK IN ANOTHER STATE DURING THE POLICY PERIOD.** If you anticipate that you will conduct business operations in another state at your policy inception, you should review your operations with your agent to determine whether coverage may be added under Item 3.A. of your current policy or whether additional or separate coverage may be required (for example, in states that are not covered under Item 3.C.). Many states require that proof of coverage be filed with the state within 30 days of the policy effective date or of the date operations began.

If you have any questions, please contact your ERIE Agent.

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 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 exceeds \$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

Please see the Miscellaneous Information Page Schedule

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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.

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

You must report any change in ownership to us in writing within 90 days of the date of change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.



ERIE INSURANCE GROUP

WORKERS COMPENSATION
WC 00 04 19 (Ed. 7/01) UF-3365

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 premium is the date of the billing.**

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
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(Please see the Miscellaneous Information Page Schedule)