

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SC WORKERS' COMPENSATION COMMISSION

Gene McCaskill, Commissioner
Melody L. James, Commissioner
R. Michael Campbell, III, Commissioner

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SC Court of Appeals

Case No. 1423018

Giles Long.....Claimant, Appellant/Respondent

v.

Metro Construction, Inc., Employer, and
American Zurich Ins. Co. and The
SC Uninsured Employer's Fund.....Carrier, Defendants

of which Metro Construction, Inc., Employer, and
The SC Uninsured Employers Fund, Carrier are.....Respondents/Appellants

And American Zurich Ins. Co.....Respondent

RECORD ON APPEAL VOLUME III OF IV

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1 Mr. Killen: I think that's all I have,
2 Commissioner.

3 Commissioner Wilkerson: Okay.

4 Mr. Cook: May it please the Commission.

5 Commissioner Wilkerson: Sure.

6 Mr. Cook: Your Honor, Robert Cook on
7 behalf of Metro Construction.

8 CROSS-EXAMINATION

9 By Mr. Cook:

10 Q. Mr. Lukes, I -- I've had a little trouble hearing
11 you, and that's my problem, not your problem, but I
12 didn't catch your first name.

13 A. My first name is Timothy; I go by Tim.

14 Q. Okay. I will refer to you as -- as Mr. Lukes. As
15 I understand your testimony, every -- every premium
16 dollar that has been requested by American Zurich has,
17 in fact, been paid by Metro Construction; do I
18 understand that correctly?

19 A. Yes, you do. Although, this isn't about --

20 Q. I --

21 A. -- premium.

22 Q. -- and -- and you'll have a chance to explain but
23 you do need to answer first and on redirect your
24 attorney can illicit any additional information that
25 she wishes.

1 A. Sure.

2 Q. And there has been no return of any premium to
3 Metro Construction in this particular instance; is that
4 correct?

5 A. No.

6 Q. All right.

7 A. No premium has been due back to them.

8 Q. And as I also understood your testimony, the only
9 time that Zurich American was on a risk related to
10 Metro Construction was for this policy period, 4/4/14
11 to 4/4/15; is that correct?

12 A. That was the initial --

13 Q. Okay.

14 A. -- policy period, yes.

15 Q. There was no previous policy period that was an
16 issue, correct?

17 A. That's correct.

18 Q. And there's no subsequent policy period that's an
19 issue, is there?

20 A. Also correct.

21 Q. Okay. All right. So, everything -- every action
22 taken by the Travelers, as the agent for Zurich
23 American, every action taken by Metro Construction as
24 the insured, related to the policy issued for this
25 policy period 4/4/14 to 4/4/15; is that correct?

1 A. I can't answer for the insured and what they did
2 but for us, all of our interest was with only this
3 policy through the -- through the time that it ran.

4 Q. In terms of everything that you received from the
5 insured, it was all directed to that particular policy
6 period; was it not?

7 A. For that particular policy number and period, yes.

8 Q. Okay. All right. Now, I would ask you, do you
9 have the submissions that your attorney -- that you --
10 you have at one time were looking at policy documents
11 and all of that?

12 Commissioner Wilkerson: She's still got
13 them; I think --

14 Mr. Cook: Okay.

15 Ms. Haltiwanger: I've got them.

16 Commissioner Wilkerson: -- she just
17 showed them.

18 Mr. Cook: All right. Yes, I'm going to
19 --

20 Commissioner Wilkerson: Do you want to
21 reference her pages --

22 Mr. Cook: -- Your Honor --

23 Commissioner Wilkerson: -- or --

24 Mr. Cook: -- well, I -- however, it's
25 -- it's fine. If I can approach I'll just

1 show him the --

2 Commissioner Wilkerson: -- sure.

3 Absolutely, yes.

4 Mr. Cook: -- okay. Your Honor, I'm
5 going to initially ask Mr. Lukes questions
6 about pages 749 and 750 and that is the
7 submissions of the Carrier, okay?

8 Commissioner Wilkerson: That's fine.

9 It will just flow better. Okay.

10 Q. Mr. Lukes, I -- if you don't mind, I'm going to
11 approach behind you because I need to look at this at
12 the same time you do.

13 A. Okay.

14 Q. I'm at first having you look at page 749 and
15 that's kind of a dec page on the policy, more-or-less;
16 would you agree with that?

17 A. That is the declaration page --

18 Q. Okay.

19 A. -- yes.

20 Q. All right. And it indicates -- and I'm not trying
21 to be repetitive but I'm trying to point something out
22 -- that the initial -- the effective date of the policy
23 began 4/4 of '14, correct?

24 A. That is correct.

25 Q. Now, if you look down in the lower left hand

1 column -- part of that policy, it indicates that the
2 date of issue was 5/18 of '14; is that correct?

3 A. 5/8/14.

4 Q. 5/8, excuse me, 5/8/14; is that correct?

5 A. That is correct.

6 Q. I'm assuming, and you can correct me if I'm wrong,
7 that the insured bound coverage through the producer
8 and then, ultimately, that policy made its way by
9 5/8/14, to Zurich American; does that sound correct?

10 A. Probably -- almost but, basically, the -- again,
11 the producer isn't a binder of coverage; the NCCI binds
12 the coverage --

13 Q. Okay.

14 A. -- so, the policy would have been bound with the
15 NCCI, at which time point they would have sent it to us
16 --

17 Q. Okay.

18 A. -- and we would have issued a policy.

19 Q. And -- and by that time the initial estimated
20 premium payment has been made in order to bind
21 coverage, correct?

22 A. That is a requirement to bind the policy, yes.

23 Q. Okay. So -- but at some point, by May 8th, 2014,
24 Zurich American had this in-house and then issued this
25 policy, correct?

1 A. Basically, what we can allude to from that is that
2 only that the policy was issued on 5/8 of '14?

3 Q. Okay.

4 A. Yeah.

5 Q. All right. So, you don't know what time you would
6 have gotten it but we know that by at least by 5/8/14,
7 you had it, correct?

8 A. You could certainly confirm that, yes.

9 Q. Okay. All right. And I understand, Mr. Lukes,
10 that you may not know some things about questions that
11 we ask but you do understand that you're here today as
12 the witness for Zurich American, correct?

13 A. Yes, sir.

14 Q. And you understand that your testimony can bind
15 Zurich American, correct?

16 A. Yes, sir.

17 Q. And if you admit something the insurance company
18 is admitting it, if you deny it the insurance company
19 is denying it; you understand that, correct?

20 A. That is correct.

21 Q. All right. And if you don't know something, I'm
22 okay with you telling me that, okay?

23 A. (Nodded head in an up-and-down motion).

24 Q. All right. Now, I'm going to --

25 Mr. Cook: -- if I can approach the

1 witness, Your Honor?

2 Commissioner Wilkerson: Sure.

3 Q. These are portions of the actual policy that were
4 submitted into evidence by the Carrier. I'm going to
5 first refer to page 758. The last part of the policy
6 language is entitled G Audit in the bottom right hand
7 corner; do you see that?

8 A. Yes, I do.

9 Q. All right. Now, that, as I understand it, would
10 be that portion of the policy that would have been sent
11 to the insured to explain to the insured what the
12 insured needs to do if there is an audit; is that a
13 fair reading of that?

14 A. Yeah. This -- this is actually the policy
15 contract.

16 Q. Okay.

17 A. So, the indication is what -- what they're
18 responsible for.

19 Q. And in terms of the legal obligations on both
20 sides, correct?

21 A. Correct.

22 Q. All right. Now, with regard to that section, G
23 Audit, on page 758, are there any deadlines contained
24 in that policy language; a deadline by which time the
25 insured must act in compliance with -- with audit

1 requests?

2 A. Do you have 7 -- page 759 as well?

3 Q. Yes, I do. Yes, sir. I wasn't trying to -- it
4 goes on to a -- another --

5 A. Okay.

6 Q. -- thing.

7 A. I'm sorry; could you repeat your question as well?

8 Q. The question is, is there anything within that
9 policy language about audit that gives a deadline by
10 which the insured must respond to audit information
11 requests?

12 A. No, there is not a particular timeframe that is
13 stated on the policy other than that they need provide
14 --

15 Q. Right.

16 A. -- us copies of records when we ask for them.

17 Q. So, in -- in -- if in this case, if Metro
18 Construction is relying specifically on the policy
19 language, there is nothing within the policy that gives
20 American Zurich the right to do anything by a specific
21 time as regard to an audit by reference to that
22 section; is that accurate or am I misreading that?

23 A. As far as the -- the individual information
24 contained within the policy language, no, there is no
25 reference as to the specific times that are required to

1 -- in which they have to complete the audit.

2 Q. Does the insured, in this case, does Metro
3 Construction have a right to rely upon the policy
4 language written by North American or American Zurich?

5 A. I believe that they would have to follow the
6 provisions of the policy in addition to other
7 documentation that we would send along the -- the
8 policy cycle.

9 Q. American Zurich would certainly take the position
10 that the insured has to follow the policy language,
11 wouldn't they?

12 A. In addition to, again, other requirements that are
13 required; although you can't know this when a policy is
14 written and I think the intention of a policy would be
15 to state what the general requirements are --

16 Q. Okay. And we'll get to what --

17 A. -- when you --

18 Q. -- what --

19 A. -- get to the actual --

20 Q. -- what may have happened later.

21 A. -- provision of the policy --

22 Q. Okay. Do I understand you to say that there may
23 have been information provided later that would have
24 changed the -- the vagueness of that language?

25 A. There's nothing -- you know, nothing that would

1 occur that would change the language of the policy as
2 originally written.

3 Q. Okay. All right. Let me ask you to take a look
4 on the next page, which is 759, and do you see where
5 I've highlighted under D, cancellation 4?

6 A. Yes.

7 Q. Do you see that?

8 A. Uh-huh.

9 Q. All right. As -- as I take it, that language --
10 and I think it's probably in every policy of insurance
11 that has ever been written -- basically, what it says
12 is, is that if there is anything about our policy that
13 -- that can -- that does not comply with the state law
14 in which it's issued, state law will control; is that
15 -- do I understand that correctly?

16 A. The exact highlighting says, any of these
17 provisions that conflict with the law that controls the
18 cancellation of the insurance in this policy is changed
19 by this statement to comply with the law.

20 Q. Okay.

21 A. So --

22 Q. All right. Thank you.

23 A. -- I think you've answered your question.

24 Q. Right. And this policy controls the risk --
25 involves a risk in South Carolina, correct?

1 A. That is correct.

2 Q. So, whatever South Carolina law is on this issue,
3 regardless of what the policy says, American Zurich is
4 bound by South Carolina law regarding cancellation;
5 that's correct, is it not?

6 A. You're getting into an area that I -- I don't know
7 about.

8 Q. I'm getting -- are -- are you -- are you unable to
9 answer the question as to whether South Carolina law
10 controls the cancellation that was done in this case?

11 A. Well, I don't know South Carolina law --

12 Q. I'm not asking --

13 Ms. Haltiwanger: Object to the form.

14 A. -- I don't know how --

15 Ms. Haltiwanger: Object to the form.

16 A. -- I also don't know how Workers' Compensation Law
17 Statute revolves around the common law as you've
18 stated. It's a -- you know, a -- a --

19 Q. So, you don't know whether this policy was
20 cancelled in compliance with South Carolina law or not,
21 do you?

22 A. -- I know the policy was cancelled in compliance
23 to --

24 Mr. Cook: Your Honor, I'm entitled to a
25 direct answer --

1 Commissioner Wilkerson: No.

2 Mr. Cook: -- to that question.

3 Commissioner Wilkerson: He can address
4 that, yes. It's your policy.

5 Witness: -- okay. What --

6 Commissioner Wilkerson: It's unilateral
7 and it's your policy.

8 Q. Do you know whether this cancellation was done in
9 compliance with South Carolina law or not?

10 A. -- personally, you know, no, I can't make that --
11 that judgment --

12 Q. Okay.

13 A. -- because that's not my role.

14 Q. Okay. Thank you. Now --

15 Commissioner Wilkerson: That's --
16 that's fair.

17 Q. -- I am going to move on to page 802 of the
18 carrier's APA submissions.

19 Mr. Cook: And I'm going to approach, if
20 I may, Your Honor.

21 Q. You've already testified with regard to this, I
22 believe. You've indicated that this was a cancellation
23 notice; is that correct?

24 A. That's correct.

25 Q. All right. And refresh my memory. The -- the

1 date of that document is July 4th of 2014, correct?

2 A. That's correct.

3 Q. All right. And -- now, let me ask you this, were
4 you aware that there had been a Workers' Compensation
5 claim made in June of 2014, by an employee of Metro
6 Construction named William Rogers?

7 A. I am familiar with that as review of the --

8 Q. All right.

9 A. -- the case goes, sure.

10 Q. Okay. So, at the time this premium audit occurred
11 it occurred subsequent to that claim being made; that's
12 true, is it not?

13 A. That is -- yeah, that is correct --

14 Q. All right.

15 A. -- it did happen after it.

16 Q. All right. Did -- was the premium audit initiated
17 as a result of this employee's claims being made?

18 A. No.

19 Q. All right. That's -- that's the position of
20 American Zurich; is that correct?

21 A. Absolutely.

22 Q. All right. So, the cancellation notice was dated
23 7/4/14, correct?

24 A. Correct.

25 Q. All right. No question that by July 4th,

1 Independence Day of the year 2014, American Zurich had
2 made a decision to cancel this policy; that's clear
3 from that document, is it not?

4 A. Oh, well, we had made a decision or, you know,
5 basically based on the fact of noncompliance with the
6 request for a preliminary audit, that if they didn't
7 comply by the time 8/8 rolled around that, sure, the
8 policy would be canceled.

9 Q. But -- okay. But it -- but you've made the
10 decision to cancel it as of that date because it's then
11 sent to NCCI; is it not?

12 A. They are put on notice as well, yes. It's -- it's
13 sent over night but, again, it's. --

14 Q. And if no further action is taken the cancellation
15 happens, correct?

16 A. -- that is correct --

17 Q. All right.

18 A. -- if no further action is taken.

19 Q. So, upon receipt of this document dated July 4th,
20 2014, if nothing else happens on the end of American
21 Zurich that policy is canceled; that's accurate,
22 correct?

23 A. The policy will cancel if the --

24 Q. Okay.

25 A. -- fault is not corrected.

1 Q. All right. Now, I'm going -- going to hand you
2 the -- the next document from the same Carrier's APA's,
3 which is a notice of noncooperation with the
4 preliminary audit, it's page 803 of the APA's, and the
5 date of that is July 5th; is that correct?

6 A. Yes.

7 Q. All right. I believe you indicated that you're
8 not aware of any documents sent to the insured before
9 that letter; is that correct?

10 A. Just the one that indicates -- the one before this
11 letter, July 5th? No, I don't believe there are -- are
12 any documents --

13 Q. Okay.

14 A. -- before that one.

15 Q. So, the decision to cancel coverage was made on
16 July 4th and the first correspondence to the insured
17 was sent after the decision to cancel coverage was
18 made; is that correct?

19 A. Well, no. Again, the letter states that there
20 were attempts that -- that have been made to obtain the
21 payroll information and those weren't complied with and
22 --

23 Q. And -- and you don't know --

24 A. -- therefore --

25 Q. -- what those attempts were, as I understood your

1 earlier testimony; is that accurate?

2 A. -- yeah --

3 Q. Okay.

4 A. -- I don't have any reference --

5 Q. All right.

6 A. -- to indicate what those --

7 Q. Are all of these letters --

8 A. -- as to what they were.

9 Q. -- unique; in other words, does somebody sit down
10 and type up each of these letters unique to every
11 situation?

12 A. No. This is a form letter.

13 Q. It's a form letter, right. So, you don't know
14 whether the information about prior attempts, several
15 attempts, is just part of the form letter language or
16 whether it accurately reflects what was done, do you?

17 A. That would be correct.

18 Q. Okay. All right. In fact, almost all of these
19 letters that you get are form letters that -- that are
20 in evidence; is that correct?

21 A. Correct.

22 Q. All right. So, I go back -- I go back to my
23 question, that in terms of what Metro Construction
24 received in writing from the insurance company, it was
25 only sent by the insurance company after the decision

1 to cancel coverage had been made?

2 A. well, again, they had been given notice. Notice
3 is important.

4 Q. We don't know --

5 A. Yeah.

6 Q. -- you've already said you don't know.

7 A. What do you mean I don't know? There's a notice
8 right here.

9 Q. I --

10 A. It's called a notice of cancellation.

11 Q. -- right. And that -- and that's dated a day
12 earlier than this -- than this letter.

13 A. I -- I'm sorry; I don't --

14 Q. I'll rephrase the question.

15 A. -- I don't see the --

16 Q. I'm not trying --

17 A. -- I don't see the relevance here, honestly.

18 Q. -- I'm not purposely trying to confuse you. That
19 the decision to cancel coverage had been made by means
20 of page 802, this -- this notice of cancellation,
21 before any correspondence was sent to Metro
22 Construction as shown by page 803, which was the first
23 time they would have been advised that there was even
24 an audit --

25 A. well, the --

1 Q. -- that was being made.

2 A. -- the reason is given on the notice of
3 cancellation to indicate to them what the reason for
4 the cancellation is and that -- of what it is. The
5 letter, basically, is -- is giving them more
6 information stating this is what needs to happen --

7 Q. okay.

8 A. -- and by when --

9 Q. Look, let me ask it this way.

10 A. -- if you'd like to prevent --

11 Q. Is it --

12 A. -- a cancellation.

13 Q. -- is it the policy of American Zurich to go ahead
14 and make the decision to -- in every case to make the
15 decision to cancel coverage and then send the letters
16 regarding preliminary audits --

17 A. No. The decision basically --

18 Q. -- or interim audits or whatever the language is?

19 A. -- the decision on cancellation doesn't come from
20 American Zurich or it doesn't come from Travelers, it
21 comes from the plan and we follow the plan.

22 Q. okay. And -- so, all right, but this -- this --

23 A. And this is not a decision to cancel the policy;
24 it is an intent to cancel and judging by the word,
25 intent, means that we're -- that's what we're probably

1 going to do --

2 Q. -- right.

3 A. -- if you don't act on something.

4 Q. And if nothing -- and I believe -- I want to --
5 because I think this is an important point.

6 Mr. Cook: And I'm not -- I'm not trying
7 to be redundant, Your Honor.

8 Commissioner Wilkerson: No. I know
9 what the question is.

10 Q. If -- if the insured had given you immediately a
11 mound of documentation but American Zurich had taken no
12 further steps with regard to NCCI, based upon 802,
13 cancel -- coverage would have been canceled, wouldn't
14 it? You would have had to have done something else to
15 stop it.

16 A. I -- I'm just not --

17 Witness: -- and I apologize, sir.

18 Commissioner Wilkerson: No, no, no.

19 Witness: I am just not --

20 Commissioner Wilkerson: If you don't
21 know, that's fine.

22 Witness: -- I am just not following
23 what -- what is trying to be said here.

24 Mr. Cook: Okay. Fair enough.

25 Witness: I mean --

1 Commissioner Wilkerson: Okay. That's
2 fair.

3 Witness: -- it's an intent to cancel.

4 Mr. Cook: All right.

5 Witness: The -- the term, intent, means
6 that we're giving you warning if you don't do
7 something. We're not committing to the
8 cancellation --

9 Mr. Cook: What --

10 Witness: -- we're saying that, yes, if
11 you don't perform --

12 Mr. Cook: -- okay.

13 Witness: -- what we're requesting the
14 policy will cancel --

15 Mr. Cook: Fair enough.

16 Witness: -- and it is your option to
17 comply or not.

18 Q. With reference to page 802, will you find language
19 in there that would indicate that it was an intent to
20 cancel, rather than a decision had been made to cancel?

21 A. I -- I don't know that anybody would understand
22 language like that if we did put it in there --

23 Q. Well, okay.

24 A. -- but if I could offer you --

25 Q. All right. Well --

- 1 A. -- a simple question to your answer --
- 2 Q. -- so, because insurance can --
- 3 A. -- is, that's absolutely right.
- 4 Q. -- because insurance is confusing, isn't it?
- 5 A. I can't say that.
- 6 Q. You just said you didn't know whether anybody
- 7 would understand the language even if we put it in
- 8 there, didn't you?
- 9 A. I did say that.
- 10 Q. Because laymen have a heck of a hard time
- 11 understanding insurance policies that are written by
- 12 lawyers, don't they?
- 13 A. Well, I can't answer for them, sir.
- 14 Q. Well, what -- what did you mean when you said they
- 15 wouldn't understand it if we put it in there?
- 16 A. Just that, that there is a possibility; that
- 17 doesn't mean -- that -- that basically comes across as
- 18 my opinion, not as to -- to what they would perceive or
- 19 what they would think of it.
- 20 Q. So, it's important that there be some clarity in
- 21 the communications in writing between an insured and an
- 22 insurance company; I'm assuming you would agree with
- 23 that?
- 24 A. I think correspondence and communications is
- 25 always a -- a good idea --

1 Q. All right.

2 A. -- to alleviate any type of misgiving. I think
3 it's pretty clear in this case that an intent to cancel
4 was issued and the date that it was going to happen and
5 for the reason that it was going to occur.

6 Q. Right. And let me ask you to look on page 802. I
7 mean, that -- it states, we wish to inform you that
8 your policy designated herein is canceled. And then,
9 further up it states, cancel notice, effective date of
10 cancellation. There is not anything within this
11 document that would indicate to the insured when they
12 received it that there is anything that they could do
13 to solve this problem; if there is, show it to me.

14 A. Well, that's why we send the second letter.

15 Q. Okay. But let me ask you this then. As a
16 representative of American Zurich Insurance Company, do
17 you agree that these -- that based upon your testimony,
18 that these letters seem confusing when read together?

19 A. My personal opinion as to what those letters state
20 is -- I don't really necessarily think is of complete
21 relevance here.

22 Q. Fair enough.

23 A. Just like the letters in -- in the --

24 Q. Well --

25 A. -- I think we've conceded that we can beat up the

1 language of our letters --

2 Q. -- as the --

3 A. -- very clearly and as representative of that, I
4 have to stick by the -- the letters of -- of what they
5 state and what their intention is.

6 Q. -- well, you -- you've already offered an opinion
7 that it would be -- that this is just an intent --
8 shows an intent to cancel and it can be fixed and I've
9 asked you to point out where that language is in the
10 letter and you've not been able to provide any; is that
11 correct?

12 A. Okay. With the exception of it does say that this
13 is a notice.

14 Q. Well, yes, I mean, that's --

15 A. Well, you're saying the same thing to me.

16 Q. -- that's like saying -- well, never mind; I'm not
17 going to get into that semantic argue -- argument with
18 you. All right. Now -- all right.

19 Commissioner Wilkerson: I've got a
20 great question. On the 803 --

21 Witness: Yes, sir.

22 Commissioner Wilkerson: -- it says, if
23 you have already complied with our request --
24 comma, that separates it -- please -- I don't
25 know what that word is --

1 Mr. Cook: Yeah. That's -- I think
2 that's Greek.

3 Commissioner Wilkerson: -- disregard
4 the notice. So, why is there a comma there?
5 Tell me why there's a comma in that --

6 Mr. Cook: Let me hand him that document
7 so he can see what you're talking about --

8 Witness: Let me see what the document
9 says --

10 Mr. Cook: -- Your Honor.

11 Commissioner Wilkerson: -- yes.

12 Witness: -- maybe I can say --

13 Commissioner Wilkerson: Tell me why
14 that's comma is there.

15 Witness: -- I am by no means a
16 grammatical -- grammatical expert and as far
17 as the typo, wow. If you've already complied
18 --

19 Commissioner Wilkerson: Tell me why
20 there is a comma there.

21 Witness: -- with our request, please
22 disregard this notice.

23 Commissioner Wilkerson: Why is there a
24 comma there? Doesn't that separate?

25 Witness: It separates the two (2)

1 thoughts, yeah. So, it's basically, step
2 one, step two. If -- if you've done this,
3 then B --

4 Commissioner Wilkerson: Okay.

5 Witness: -- then disregard the notice.

6 Commissioner Wilkerson: Or does a
7 layperson say just disregard the notice?

8 Witness: I can't say. I --

9 Commissioner Wilkerson: It's separated
10 for a reason; I don't know why. It's your --
11 it's your letter.

12 Witness: -- I understand that and I am
13 -- I am not a grammatical expert and --

14 Commissioner Wilkerson: Okay.

15 Witness: -- and I have no --

16 Commissioner Wilkerson: That's fine.

17 Witness: -- no -- no involvement in the
18 development of this letter, obviously.

19 Commissioner Wilkerson: I -- I would
20 agree from your position --

21 Witness: Yeah.

22 Commissioner Wilkerson: -- because you
23 would have changed it and I know how you
24 would have changed it.

25 Witness: Oh, I can't say.

1 Commissioner Wilkerson: I understand
2 clearly.

3 Witness: You know, as many times as
4 I've been over this letter to -- to see that
5 typo missing the S is --

6 Commissioner Wilkerson: And --

7 Witness: -- is quite --

8 Commissioner Wilkerson: -- and I think

9 --

10 Witness: -- disconcerting.

11 Commissioner Wilkerson: -- you
12 indicated earlier, this letter is really sent
13 out by NCCI?

14 Witness: No. It's sent out by us.

15 Commissioner Wilkerson: Okay. It's
16 sent to NCCI electronically?

17 Witness: Within a -- they do get a -- a
18 notice that they are uncooperative, yes.

19 Commissioner Wilkerson: Okay. That's
20 fine. I'm fine with that.

21 Witness: And did you say
22 electronically?

23 Commissioner Wilkerson: Yes.
24 Electronically, it says that at the bottom.

25 Witness: Yeah. Okay, yes.

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1 Commissioner Wilkerson: Via electronic
2 notification.

3 Witness: Yeah.

4 Commissioner Wilkerson: That's fine.

5 Mr. Cook: Your Honor, did you have --

6 Commissioner Wilkerson: Yes.

7 Mr. Cook: -- are you finished?

8 Commissioner Wilkerson: No, I just
9 wanted to --

10 Mr. Cook: All right.

11 Q. Mr. Lukes, I'm going to hand you a document that
12 is page number 811 of the Carrier's -- of the Carrier's
13 APA's, which is a -- it's entitled a notice of
14 noncooperation with preliminary audit and it's dated
15 October 23rd of 2014. Now, given the date on that
16 letter, October 23rd, 2014, that's about two and a half
17 (2 ½) months after the policy had been canceled on
18 8/8/14; you're with me so far, right?

19 A. Yes, sir.

20 Q. Okay. The language of that letter towards the
21 bottom indicates that, more or less, that failure to
22 cooperate may result in cancellation of your policy.
23 Do you see the part -- I've highlighted it -- do you
24 see that?

25 A. Yes, sir.

1 Q. All right. At this point the policy has already
2 been canceled, correct?

3 A. That is correct --

4 Q. Okay.

5 A. -- but as you indicated before --

6 Q. And --

7 A. -- this is a form letter; so, it's written to
8 cover --

9 Q. -- and that's --

10 A. -- pretty much --

11 Q. -- yes. So, that is an -- that is a form letter
12 sent to the insured? Is -- is that a form letter or
13 was that unique to this particular case?

14 A. -- no, that's a form letter.

15 Q. All right. Why -- even if it's a form letter, why
16 would American Zurich send out a letter two and a half
17 (2 ½) months after coverage had been canceled that
18 contains language that if you don't do something the
19 coverage might get canceled? That seems inconsistent.

20 A. Oh, but it's not. I'll explain why.

21 Q. Good. Okay, great.

22 A. Okay. The reason that's not inconsistent why the
23 -- the letter is worded as such is because of
24 reinstatements, as we've talked about beforehand. Now,
25 a reinstatement -- when a policy is reinstated with a

1 lapse it's assigned a new policy number. Now, the
2 system isn't necessarily smart enough to know to go out
3 and look at this policy number to see if there is
4 future coverage, ergo the word, may.

5 Q. All right. Okay. What -- would the insured know
6 that from -- your explanation just from looking at that
7 letter?

8 A. Of course not.

9 Q. Okay. Would a reasonable insured, in looking at
10 the letter -- what is -- and the policy term on the
11 letter that we're talking about is the full term,
12 right, 4/4/14 to 4/4/15, correct?

13 A. It still shows the initial policy --

14 Q. All right.

15 A. -- term, yes.

16 Q. So, in terms of the only information that was
17 provided by the insurance company to the insured
18 stating that there may be a lapse in coverage, the only
19 information on that letter is for the complete policy
20 term of 4/4/14 to 4/4/15, correct?

21 A. Right. And, again, the -- the form letter is --

22 Q. Yes.

23 A. -- is what it is and shows what it shows.

24 Q. All right. I'm going to hand you another
25 document, which is the Carrier's Exhibit -- Carrier's

1 page number 823, which is titled an earned premium with
2 an issue date of 1/7/15.

3 A. Okay.

4 Q. All right. Do you see in the -- in the part -- I
5 haven't highlighted it but I've kind of written into it
6 -- there's language in this document that basically
7 says, if you don't want coverage to be canceled you
8 need -- you -- while you contest this you need to do
9 certain things, correct?

10 A. Correct.

11 Q. All right.

12 A. Yes. The language says that if -- if you dispute
13 any of the amount --

14 Q. Yes, sir.

15 A. -- that's due on the bill, you must do the
16 following --

17 Q. Okay.

18 A. -- by the due date in order to avoid cancellation
19 procedure from being initiated.

20 Q. Of -- of coverage, correct?

21 A. (Nodded head in an up-and-down motion).

22 Q. And there, again, the -- now, this one is a little
23 bit different because it changes. Where it says the
24 policy date was 4/4/14 to 4/4/14; why would that --
25 what would -- well -- would the same date be used twice

1 for the beginning and end of the policy date?

2 A. That would have to be a -- a typo or a system --

3 Q. All right.

4 A. -- a system glitch.

5 Q. Do you think it was intended to mean 4/4/15 in the
6 effective date?

7 A. It would have been, yeah.

8 Q. Okay. All right. So, you've got another letter
9 that references what the insured needs to do to avoid
10 -- to avoid cancellation of coverage, right?

11 A. Correct.

12 Q. And this is about five (5) months after coverage
13 has already been canceled?

14 A. That's a long time, yes.

15 Q. Okay. All right. I'm going to hand you APA
16 number 2 -- I'm sorry, 825, which is -- basically
17 appears to be the same letter but it's dated 1/26/15;
18 is that basically the same letter just sent about,
19 what, nineteen (19) days later?

20 A. Correct. This would be a second bill --

21 Q. All right. So --

22 A. -- and exactly nineteen (19) days later, yes.

23 Q. -- yes, sir. So, there's at least three (3)
24 letters, if not more, that were sent by American Zurich
25 after coverage had been canceled that read, at least in

1 terms of what the letter itself actually says, that
2 there are things that the insured can do to prevent
3 cancellation of coverage, correct?

4 A. That is how the -- the letters read, yes.

5 Q. All right. Do you -- is there anything within the
6 Zurich American file that would have provided the
7 insured, in this case Metro Construction, with any
8 interpretation of these letters? And I wouldn't think
9 there would be. I mean, was there anything -- is there
10 anything that you would have discussed with him -- with
11 Metro?

12 A. No. I mean, you know, our -- the policies and the
13 documentation that runs through the lifecycle of the
14 policy is -- is consistent and very much automated.
15 So, but however, again, you know, one of the -- the
16 biggest things that -- that happens is you get an
17 intent to cancel and a -- and a final cancellation of a
18 policy. If there's no ensuing reinstatement then,
19 well, you know, I mean, this is, you know, to -- to our
20 thinking or to my thinking --

21 Q. The -- the same --

22 A. -- would be to --

23 Q. -- the same document that you've testified to that
24 shows the intent to cancel actually acts as the final
25 cancellation unless something is done, doesn't it?

1 A. -- no. There's a second -- a -- another document
2 that's issued for a final.

3 Q. Okay. Not between the Carrier and NCCI, is there?

4 A. Between the Carrier and NCCI?

5 Q. Yes. There's no additional cancellation document
6 that's sent to them?

7 A. Well, no. With the NCCI, this is the way the
8 system works, is that it would run its course unless it
9 was affected --

10 Q. Right.

11 A. -- by a reinstatement.

12 Q. And -- and that's -- that's what I'm saying is,
13 the only document that's in evidence is the July 4th
14 document that is the notice of cancellation and that's
15 what NCCI acted on; is it not?

16 A. The N -- what did the NCCI act on?

17 Q. To cancel the policy.

18 A. Well, we canceled the policy.

19 Q. Well, I mean, on -- on their terminal or whatever
20 in the world it is they have at NCCI. That's how they
21 know --

22 A. Oh, you're --

23 Q. -- that the Carrier doesn't want to be on the risk
24 anymore, right?

25 A. -- oh, are you speaking about the NCCI document

1 that was in --

2 Commissioner Wilkerson: The -- the
3 screen print.

4 Q. I'm speaking about your --

5 A. -- our argument where --

6 Q. -- your reporting obligations.

7 Witness: The screen print?

8 Q. You've already testified about the --

9 A. Okay.

10 Q. -- the screen print.

11 A. I'm just catching up on to what you're talking
12 about --

13 Q. Okay.

14 A. -- I apologize.

15 Q. Well, I -- I'll stop and start again, okay? The
16 July 4th notice of cancellation, July 4th 2014, was
17 sent to NCCI, correct?

18 A. That is correct --

19 Q. All right.

20 A. -- they are notified of it.

21 Q. There is nothing in evidence that shows that any
22 subsequent documentation was sent to NCCI; are you
23 aware of any in terms of what you've reviewed that has
24 been submitted into evidence?

25 A. No. Nothing further would be required.

1 Q. Okay. And that was my point. Once you sent that
2 in on July 4th, assuming you didn't recall it or
3 invalidate it, that cancellation was going to take
4 place on August 8th, 2014, correct?

5 A. Correct. If --

6 Q. All right.

7 A. -- if the fault had not been corrected.

8 Q. Right. That's what I'm saying.

9 A. Yes.

10 Q. So, there -- right, exactly. That was -- and that
11 was my point --

12 A. Okay.

13 Q. -- that that one document was all that it took to
14 cancel with NCCI?

15 A. To notify them --

16 Q. Right.

17 A. -- of the cancellation.

18 Q. Okay. And that is the actual cancellation
19 document in -- in terms of NCCI being the reporting
20 agency, correct?

21 A. Again, it's notice to the NCCI about what's going
22 on per -- per the requirement --

23 Q. All right.

24 A. -- and, yeah, it's an intent to cancel --

25 Q. All right.

1 A. -- intent.

2 Q. Thank you.

3 Commissioner Wilkerson: Okay. Where
4 did we start?

5 REDIRECT EXAMINATION

6 By Ms. Haltiwanger:

7 Q. Mr. Lukes, we've talked a lot about the premium
8 payments on this; was this cancellation about the
9 payment of the premiums?

10 A. No, in no way, shape or form is it about the
11 premium.

12 Q. Okay. What -- what was it really about?

13 A. It's about the noncompliance with the preliminary
14 audit.

15 Q. Okay. And you were shown a document called the
16 941's; I'm going to show you that again, it's Exhibit E
17 in Mr. -- Mr. Callas' documents, the Claimant's
18 documents.

19 A. Uh-huh.

20 Commissioner Wilkerson: I've got you.

21 Q. And I think, if I recall your testimony correctly
22 earlier, you said that you did recall seeing these in
23 the file that American Zurich has for this?

24 A. Correct. Yes.

25 Q. Okay.

1 A. Uh-huh.

2 Q. And we talked about -- earlier about the date on
3 these documents, which is August 20th, 2014, correct?

4 A. Correct.

5 Q. But do you have any way of knowing if these were
6 submitted in August of 2014?

7 A. No. I don't have any ability to know when they
8 exist, other than the fact after we received them --

9 Q. Okay.

10 A. -- which in this case was much later.

11 Q. Okay. And I believe your earlier testimony was
12 that they were received in January of 2015 --

13 A. Early --

14 Q. -- from what you saw in the file?

15 A. -- early January, correct.

16 Q. Okay. And on this document it talks about -- when
17 are the dates for this quarterly tax return?

18 A. Those are for April, May and June.

19 Q. Okay. Would these have been sufficient -- and you
20 may not know the answer to this but I'm going to ask
21 you anyway; would April, May and June have been
22 sufficient 941's for the audit period that we're
23 working with here?

24 A. Yeah, I -- I don't know.

25 Q. Okay.

1 A. I don't know that.

2 Q. Okay. Who would know that within American Zurich?

3 A. Someone from the Audit Department.

4 Q. Okay.

5 Commissioner Wilkerson: In what
6 department?

7 Witness: The Audit Department.

8 Commissioner Wilkerson: Okay. And
9 there is nobody here to testify from the
10 Audit Department; is that right? Just the
11 Underwriting Department?

12 Ms. Haltiwanger: Just the Underwriting,
13 correct.

14 Q. You're just for the Underwriting Department; is
15 that correct?

16 A. Uh-huh. That's correct.

17 Q. Okay. And --

18 Commissioner Wilkerson: Well, help me
19 understand how it could be for any other
20 policy period of time.

21 Ms. Haltiwanger: -- I'm sorry?

22 Commissioner Wilkerson: Help me
23 understand how it could be for any other
24 period of time other than April, May and
25 June. It couldn't be past July the 5th

1 because it already -- cancellation had
2 already been sent out.

3 Ms. Haltiwanger: No, sir. But the --

4 Commissioner Wilkerson: It couldn't --

5 Ms. Haltiwanger: -- the policy --

6 Commissioner Wilkerson: -- be before
7 the policy because they didn't ever write it
8 before the policy; so, that --

9 Ms. Haltiwanger: -- but the
10 cancellation is from -- for the period of
11 April to August. So, we'll -- we'll talk
12 some more about that.

13 Commissioner Wilkerson: -- but the
14 notification was sent out in July.

15 Ms. Haltiwanger: Correct, for --
16 through August but then the audit period and
17 -- and we'll talk about that.

18 Q. Mr. Lukes, do you remember what the audit period
19 is on this policy from the documents we've talked
20 about?

21 A. Which audit are we talking? Are we talking about
22 the preliminary audit --

23 Q. The --

24 A. -- which is the cause of cancellation or are we
25 talking about --

1 Q. -- let me --

2 A. -- the final?

3 Q. -- let me show you.

4 Commissioner Wilkerson: Yes.

5 Ms. Haltiwanger: I'll talk about it --

6 Commissioner Wilkerson: Because there's
7 two (2) different numbers --

8 Ms. Haltiwanger: -- on these documents.

9 Commissioner Wilkerson: -- we've got
10 two (2) -- we -- that's the hundred and
11 twenty-eight dollar (\$128.00) dollar audit --

12 Witness: Right.

13 Commissioner Wilkerson: -- for argument
14 purposes.

15 Ms. Haltiwanger: Yes, sir. The -- the
16 audit period that is shown on these policies.
17 Let me find one of the documents and we'll
18 put that right into evidence.

19 Witness: Well, once audits start going
20 in to -- to being performed and completed
21 then the dates don't change; the audit --
22 it's the term that the policy was enforced,
23 which was 4/4/14 through 8/8 -- 8/14.

24 Ms. Haltiwanger: Okay. And that's
25 exactly the period I'm talking about.

1 Witness: Okay.

2 Ms. Haltiwanger: Okay.

3 Witness: So, we're talking about the --
4 the final audit?

5 Ms. Haltiwanger: Right. Yes, sir. The
6 final audit; that's what I'm talking about --

7 Witness: Okay. Uh-huh.

8 Ms. Haltiwanger: -- that period would
9 have been the audit period.

10 Commissioner Wilkerson: How do we know
11 that's the final audit period before the
12 second one is instituted?

13 Ms. Haltiwanger: Mr. Lukes, can you
14 answer that question --

15 Witness: I --

16 Ms. Haltiwanger: -- for the
17 Commissioner?

18 Witness: -- I don't necessarily -- I
19 don't -- can you rephrase that or I don't
20 understand.

21 Commissioner Wilkerson: Well, I don't
22 -- I don't understand how anybody would know
23 that the audit period for the hundred and
24 twenty (\$120.00) -- the hundred and
25 twenty-eight dollars (\$128.00) --

1 Ms. Haltiwanger: It's on all the
2 documents, Commissioner.

3 Commissioner Wilkerson: -- I understand
4 that. But that's dated 11/5 --

5 Witness: Do we have the --

6 Commissioner Wilkerson: -- right?

7 Mr. Callas: Yes.

8 Commissioner Wilkerson: Which would
9 have been the preliminary --

10 Witness: -- audit preliminary report --

11 Commissioner Wilkerson: -- initial --

12 Witness: -- their final submitted
13 report?

14 Commissioner Wilkerson: -- or whatever
15 you want to call it, right?

16 Ms. Haltiwanger: I'm sorry,
17 Commissioner?

18 Commissioner Wilkerson: I don't
19 disagree -- I don't disagree with you. The
20 initial audit, preliminary or whatever number
21 -- whatever words we're going to use, that's
22 what generated the hundred and twenty-eight
23 dollar (\$128.00) premium, right?

24 Ms. Haltiwanger: Correct.

25 Witness: No, sir.

1 Commissioner Wilkerson: No?

2 Witness: No.

3 Commissioner Wilkerson: That was the
4 two thousand dollars (\$2,000.00)?

5 Witness: No. The estimated audit and
6 the final audit are both for the cancellation
7 -- for the --

8 Commissioner Wilkerson: I said the
9 initial.

10 Witness: -- after the term had
11 canceled.

12 Commissioner Wilkerson: I'm talking
13 about the initial because it was paid in --

14 Witness: But the initial is -- that
15 audit was never completed and since it was
16 never completed you move from a preliminary
17 audit, which is something that goes on while
18 the policy is -- is enforced, more or less --

19 Commissioner Wilkerson: -- so, how did
20 they come up --

21 Witness: -- to --

22 Commissioner Wilkerson: -- with the
23 numbers for the two thousand dollars
24 (\$2,000.00)?

25 Witness: -- those are actual figures

1 from the insured's supporting documentation
2 that -- what they provided.

3 Commissioner Wilkerson: Is that on the
4 941's?

5 Witness: Somewhat, yes.

6 Commissioner Wilkerson: Okay. Well,
7 somewhat or yes; I mean, it --

8 Witness: Well, yes. I mean, that's a
9 corroborating documentation; that's not a --
10 a singular piece of documentation that we
11 complete an audit by.

12 Ms. Haltiwanger: Well, let's look at --
13 let's look at 806, page 806.

14 Q. I mean, this one talks about a premium audit and
15 it says the policy period on here for the premium audit
16 and it gives us the policy period.

17 A. Right. And this was sent out 9/19 after it's
18 already been deemed uncooperative.

19 Q. Right.

20 A. And this is after -- of course, this changed from
21 a physical audit from the prelim to a policy holder
22 report from the final.

23 Q. Okay. And it's saying that the audit term --

24 A. That we are requesting for is for 4/4/14 to
25 8/8/14, for the information that we want to provide --

1 Q. Okay.

2 A. -- or they want -- we want them to provide.

3 Q. Right. Okay.

4 Ms. Haltiwanger: All right. That's --
5 that's what I was getting at, Commissioner.

6 Commissioner Wilkerson: I would agree
7 with that but it didn't come off of that
8 other form. Okay. Go ahead.

9 Ms. Haltiwanger: Okay. That's --
10 that's where I was going.

11 Commissioner Wilkerson: Okay. I'm
12 fine. I'm okay with that.

13 Ms. Haltiwanger: All right.

14 Q. And --

15 Ms. Haltiwanger: -- okay. I think
16 that's my questions.

17 Commissioner Wilkerson: Okay. Do we go
18 here or did we go here?

19 Mr. Callas: Over here.

20 Commissioner Wilkerson: Back to you;
21 I'm sorry.

22 Mr. Callas: A little bit.

23 RECROSS-EXAMINATION

24 By Mr. Callas:

25 Q. Mr. Lukes, I want to just go over a couple of

1 things that were just brought up.

2 A. Okay.

3 Q. The first one by Attorney Cook here. When he was
4 going over the contract with you he went to the portion
5 of the contract that talked about when audit
6 information had to be provided and you testified by
7 reading the contract that it wasn't specified
8 specifically in the contracts, correct?

9 A. That is correct.

10 Q. Now, for there to be a substantial breach of the
11 contract the Claimant has to do something very
12 significant, substantial, that is written in the
13 contract because that's what you're holding him to,
14 correct?

15 A. I --

16 Q. You holding him to what the -- what the document
17 says, correct?

18 A. -- we are holding them to the --

19 Q. So, how can there be a substantial breach of the
20 contract if the part of the contract that governs when
21 an audit is done isn't clarified or specified in the
22 contract itself?

23 A. -- well -- well, sir, honestly, I -- I suspect
24 that's why we're here and the -- the point about that,
25 it would be to say that --

1 Q. Indeed.

2 A. -- we do request that and that the language in the
3 policy states that when we ask for it. Is one (1)
4 month when we ask for it, two (2) months, three (3)
5 months, four (4) months, five (5) months; is that when
6 we ask for it? I -- I don't know, sir.

7 Q. Okay.

8 A. I -- I can't elaborate further on that.

9 Commissioner Wilkerson: But you would
10 agree it says up to three (3) years?

11 Witness: That we can go back and
12 perform an audit?

13 Commissioner Wilkerson: Yes.

14 Witness: That is -- that would be
15 correct --

16 Commissioner Wilkerson: Okay.

17 Witness: -- that we can continue to ask
18 for information.

19 Commissioner Wilkerson: Okay.

20 Q. Let me ask a question. If -- if you can go back
21 to three (3) years then why doesn't he have three (3)
22 years to provide it?

23 A. I cannot answer that.

24 Q. Okay. Fair enough. When you say you can't answer
25 something, I'm moving on. Okay. Now, your attorney

1 was just talking about the 941's and the information
2 that was provided was for April, May and June. The
3 941's are quarterly documents, aren't they?

4 A. That's correct.

5 Q. The first quarter is January, February and March.
6 The second quarter is April, May and June, right?

7 A. (Nodded head in an up-and-down motion).

8 Q. He can't give you the third quarter, which is
9 July, August and September, until we get to September,
10 correct?

11 A. That would be -- that would stand to follow; yes,
12 sir.

13 Q. So, if he is giving you the information on August
14 20th, 2016, for the second quarter, that's really all
15 he can give you except for maybe a pay stub or if he
16 has some internal firm records for anything after June,
17 like for the month of July, but that's really all he
18 could give you, correct?

19 A. At that particular time --

20 Q. Let me put it this way --

21 A. -- on that particular date?

22 Commissioner Wilkerson: Well, let him
23 answer that one.

24 Q. -- he can't give --

25 Commissioner Wilkerson: Whoa, let him

1 answer that one first.

2 Mr. Callas: -- all right.

3 Commissioner Wilkerson: Give him a
4 chance.

5 A. Well, again, when he files these or when we
6 actually have record of them or they're sent to us are
7 -- are two (2) very different things. Again, at the --
8 the point of cancellation, when that occurs, and then
9 the uncooperative letters go off after that, in fact,
10 the third quarter would have ended and by the time that
11 we actually did receive them that's shown in our file,
12 not only, perhaps, would the third quarter be available
13 but maybe even the fourth.

14 Q. Okay. But the third and fourth quarter happened
15 after you said the policy was cancelled in August,
16 right?

17 A. I was answering to your term about the timing of
18 when it was received versus, basically, when those --
19 when the -- the timing of when those -- that 941
20 covers.

21 Q. Okay. But when the policy was canceled in August
22 of 2014, the only information that the Claimant could
23 have given the insurance company would have been for
24 the first two (2) quarters; can we agree on those
25 dates?

1 A. I would say that that was -- possibly, yeah.
2 Yeah. Yeah, I will -- of course, the -- that's the
3 only amount of time that had passed.

4 Q. Okay.

5 Mr. Callas: I don't have any further
6 questions, Your Honor.

7 Commissioner Wilkerson: Okay.

8 Mr. Killen: I'll do my best to be
9 brief, Your Honor.

10 RECROSS-EXAMINATION

11 By Mr. Killen:

12 Q. Mr. Lukes, is it your company's practice not to
13 have any written documentation of a substantial breach
14 of the contract up until the time of cancellation or
15 sending out what you'd call a notice of intent to
16 cancel?

17 A. Is it our practice to not --

18 Q. To fail to document any substantial breach of the
19 contract in writing?

20 A. -- in writing, again, we're -- we're stating that
21 the letter prior -- you know, basically, the letter
22 that we sent out, that notice of noncooperation, is the
23 notice, again, after other attempts have been made.

24 Q. So, you're saying -- yes, but there's no written
25 documentation of those other attempts, is there?

- 1 A. I -- I don't have written documentation --
2 Q. Okay.
3 A. -- with me, no.
4 Q. So, that's not here. The first -- first notice of
5 any alleged substantial breach of the contract is the
6 actual cancellation notice sent to NC -- NCCI, correct?
7 A. The cancellation notice is directed towards the
8 NCCI; it's also sent to the producer and insured.
9 Q. The first notice of any alleged substantial breach
10 of the contract is that July the 4th cancellation
11 notice sent to NCCI, correct?
12 A. That's correct, yes.
13 Q. So, as far as the documentation is concerned
14 that's kind of a -- a preemptive cancellation?
15 A. Well, it's an intent to cancel.
16 Q. Okay. But it actually performs the cancellation;
17 I think Mr. Cook went over that with you. And then,
18 the -- the only time you send a letter to your insured
19 is after the cancellation notice is sent to NCCI; is
20 that correct, July 5th?
21 A. Well, depending on what notice you're looking
22 about --
23 Q. I'm following --
24 A. -- you know, I mean, the Audit Department would
25 also provide some information based on the type of

1 audit that it was that would send out either a -- an
2 invitation to complete an audit or an invitation for an
3 audit appointment.

4 Q. -- have you seen any documentation about that here
5 today?

6 A. Here today? No, sir.

7 Q. Okay. So, the first time the insured who paid,
8 what, almost eighteen (18) -- twenty (20) some odd
9 thousand dollars for four (4) months of coverage, the
10 first time that he learns that his policy is canceled
11 is after the cancellation notice is sent to NCCI,
12 correct?

13 A. Well, it's an intent to cancel; so, he's getting
14 notice that the policy hasn't canceled yet --

15 Q. It's actually a --

16 A. -- but it will.

17 Q. -- cancellation notice; is it not? I know you
18 keep calling it an intent to cancel; it doesn't say
19 that, does it? It's a cancellation notice --

20 A. Well, right.

21 Q. -- and it says it will be canceled in thirty (30)
22 days --

23 A. Okay.

24 Q. -- isn't that correct?

25 A. I see what you're saying.

1 Q. Isn't that correct?

2 A. Yeah. It does say that, yes.

3 Q. Okay. Thank you.

4 Mr. Killen: That's all.

5 Mr. Cook: Your Honor, I have no
6 additional questions.

7 Ms. Haltiwanger: Yes, Your Honor, I --
8 I'm going to straighten something out right
9 there.

10 FURTHER REDIRECT EXAMINATION

11 By Ms. Haltiwanger:

12 Q. The first notice that went out, Mr. Lukes, that
13 states it as the cancellation went out on July 4th; is
14 that correct?

15 A. That's correct.

16 Q. And then, the next notice that went -- and that
17 went to Metro Construction; is that correct?

18 A. That's correct.

19 Q. And then, there was another notice that went out
20 on July 5th --

21 A. Regarding the non --

22 Q. -- also to Metro Construction --

23 A. -- right.

24 Q. -- and to Adams, Eddy and --

25 A. Right, regarding the noncompliance of the audit.

1 Q. -- okay. And so, NCCI was not notified before
2 Metro Construction of the cancellation, as Mr. Killen
3 was just implying?

4 A. That's --

5 Mr. Killen: Objection, Your Honor.

6 Commissioner Wilkerson: Yes. I don't
7 think that's what he said.

8 Mr. Killen: That is not my implication
9 at all.

10 Ms. Haltiwanger: Okay.

11 Commissioner Wilkerson: I don't think
12 that's what he said.

13 Ms. Haltiwanger: Maybe --

14 Mr. Killen: I think she misunderstood
15 my line of questioning.

16 Ms. Haltiwanger: -- maybe I
17 misunderstood his questioning.

18 Commissioner Wilkerson: Yes. I don't
19 think that's what he said but --

20 Ms. Haltiwanger: Okay.

21 Commissioner Wilkerson: -- I'm
22 surprised that a notice went out on a Federal
23 Holiday; that's even more confusing that --

24 Ms. Haltiwanger: Okay.

25 Commissioner Wilkerson: -- because I

1 don't believe anybody was working on July the
2 4th --

3 Ms. Haltiwanger: All right. Well, I --
4 I think --

5 Commissioner Wilkerson: -- the computer
6 might have but --

7 Ms. Haltiwanger: -- let me -- let me
8 clarify some of that then.

9 Commissioner Wilkerson: -- I don't
10 believe anybody was sitting in an office.

11 Q. I think you and I talked about earlier that the
12 date of that letter was 7/4 and that you -- I think you
13 told me that it probably went out either that afternoon
14 or maybe the next morning?

15 Mr. Killen: Objection, Commissioner,
16 she is testifying.

17 Commissioner Wilkerson: Yes.

18 Mr. Callas: To a conversation that
19 wasn't part of the testimony.

20 Commissioner Wilkerson: Part of -- yes.

21 Ms. Haltiwanger: Okay.

22 Commissioner Wilkerson: He said
23 generally if it's dated that day it either
24 goes out that afternoon or the next day.

25 Ms. Haltiwanger: Okay. Yes, I believe

1 that's exactly what we talked about.

2 Commissioner Wilkerson: That's what he
3 said.

4 Witness: Right.

5 Q. Is -- is that correct?

6 A. Right. The --

7 Q. That we -- we spoke about that earlier.

8 A. -- I believe that my prior testimony would have
9 been that it could have gone out that evening or that
10 -- but it would have --

11 Commissioner Wilkerson: That's --
12 that's what he testified.

13 Ms. Haltiwanger: Okay.

14 Commissioner Wilkerson: I agree with
15 that.

16 A. -- if not, it would have gone out by early the
17 next morning.

18 Q. All right.

19 Ms. Haltiwanger: That -- that's all I
20 wanted to clarify. Thank you.

21 Commissioner Wilkerson: Yes. I agree
22 with that. Bingo, bango; let's see, who's
23 next? Oh, back to you.

24 Mr. Callas: I don't have anything.

25 Commissioner Wilkerson: Anything on

1 that narrow issue?

2 Mr. Killen: No, Your Honor.

3 Commissioner Wilkerson: Anything on
4 that narrow issue?

5 Mr. Cook: No, sir.

6 Commissioner Wilkerson: Okay. Is it
7 fair, I don't know, you all will have to tell
8 me, that we have finished with this witness
9 or does he need to stay around if and when we
10 get back with you today or on March the 13th?
11 I don't know. It's you all's case; you all
12 tell me what we need to do, okay? Because we
13 can't go any further with this right this
14 second because I have two (2) others chomping
15 at the bit because we have exhausted your two
16 (2) hours --

17 Mr. Callas: Two (2) hours.

18 Commissioner Wilkerson: -- plus and I'm
19 fine with that, okay? I can't tell you when
20 we're going to finish today's hearing
21 because, here again, you asked for two (2), I
22 knew it was going to be four (4) to six (6),
23 okay? But I can't -- I can't put in my notes
24 I know it's going to take longer than this,
25 backing it up with two (2) other hearings who

1 have also -- one requested an hour and one
2 requested two (2) hours, which isn't going to
3 happen either, okay? So, the odds of
4 finishing with you all today probably is
5 closer to zero (0) than it is finality just
6 because it ain't going to happen, okay? But
7 --

8 Mr. Cook: Your Honor?

9 Commissioner Wilkerson: -- yes.

10 Mr. Cook: May I -- may I ask a -- a
11 point of personal privilege?

12 Commissioner Wilkerson: Sure.

13 Mr. Cook: I -- I got into this case
14 about three (3) weeks ago.

15 Commissioner Wilkerson: Okay.

16 Mr. Cook: I saw it starting at 9:00, I
17 saw it being a couple of hours. I'm -- I'm
18 going to ask the Court, as a friend, I've got
19 an obligation to be in Atlanta with my twelve
20 (12) year old daughter later on this
21 afternoon and it would be my request that we
22 resume on another day, rather than resume
23 later this afternoon and I know that might be
24 inconvenient for the parties but -- but
25 that's my request, Your Honor.

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1 Commissioner Wilkerson: Well -- well,
2 no, here's the deal. When I say later today,
3 Avery is going to be in his car to meet my
4 wife for our thirty-seventh (37th) wedding
5 anniversary issue at six o'clock this
6 evening. So, the bottom line is, I -- the
7 other parties know that so, I am through
8 today around 2:50; I might can give them till
9 3:05 but I am finished.

10 Mr. Callas: Okay.

11 Commissioner Wilkerson: So, I don't
12 think we're going to get back to you all,
13 even if it was today, till I'm guessing it
14 would be 4:00, 5:00 six o'clock.

15 Mr. Killen: Let's come back at a later
16 date.

17 Commissioner Wilkerson: That -- in fact
18 -- but -- but -- and I guess the question is
19 --

20 Mr. Callas: We're done with him.

21 Commissioner Wilkerson: -- we're done
22 with him; I don't think this gentleman needs
23 to reappear.

24 Mr. Callas: No.

25 Commissioner Wilkerson: I don't -- but

1 I want to make sure everybody understands
2 that because it wouldn't be fair to him and
3 them and whoever that is to reappear. And --
4 and if there's any additional questions,
5 which I can't believe there is, it's been
6 covered pretty thoroughly; I don't think we
7 need anymore. Is that -- the Claimant says
8 yes.

9 Mr. Cook: I agree.

10 Commissioner Wilkerson: The Employer?
11 I'm just going in order.

12 Mr. Killen: The Fund agrees that he can
13 leave.

14 Ms. Haltiwanger: I --

15 Commissioner Wilkerson: Okay.

16 Ms. Haltiwanger: -- I'm perfectly fine
17 with it.

18 Commissioner Wilkerson: That's fine.
19 That's why we tried to get you in first --

20 Mr. Lukes: I knew that.

21 Commissioner Wilkerson: -- because I
22 knew we were not going to see you today if we
23 went regularly, okay? So, this concludes
24 where we are today; it does not conclude the
25 hearing, okay? Now, let me give you the day

1 I've got back on my schedule.

2 Court Reporter: Can we go off the
3 record or do you want me to stay on the
4 record?

5 Commissioner Wilkerson: Let -- let's do
6 it on the record --

7 Court Reporter: Oh, okay.

8 Commissioner Wilkerson: -- because I --
9 I would agree that anything to do with kids
10 or whatever --

11 Mr. Cook: Thank you.

12 Commissioner Wilkerson: -- we're
13 finished for the day. I've got March the
14 13th, what a great day; I don't know why it's
15 a great day.

16 Mr. Killen: I can make that work.

17 Ms. Haltiwanger: Let me see; my month
18 is crazy.

19 Mr. Callas: I will let you know in two
20 (2) seconds --

21 Commissioner Wilkerson: No, no, that's
22 fine.

23 Mr. Callas: -- as soon as I find out.

24 Commissioner Wilkerson: See, Nick,
25 you've got gray hair like me; at least you

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1 keep it here. I have attorneys who are like
2 me; I've got to call my office and if my
3 personnel is there I can tell you if I'm
4 available.

5 Mr. Callas: Your Honor, I -- I
6 appreciate you calling it gray because it's
7 white.

8 Mr. Cook: March 13th suits me, Your
9 Honor.

10 Mr. Callas: All right.

11 Commissioner Wilkerson: Okay.

12 Mr. Callas: Let's see here.

13 Ms. Haltiwanger: What time are we
14 talking?

15 Commissioner Wilkerson: I'd just as
16 soon tee it up early --

17 Ms. Haltiwanger: It would have to be --

18 Commissioner Wilkerson: -- that's
19 Avery's point.

20 Ms. Haltiwanger: -- I have a
21 deposition.

22 Commissioner Wilkerson: Well, that
23 kills --

24 Mr. Callas: Oh, March 13 works for me
25 all day.

1 Commissioner Wilkerson: -- well, I
2 don't mind --

3 Mr. Killen: I have a deposition I'm
4 canceling, so.

5 Commissioner Wilkerson: -- do what?

6 Mr. Killen: I have a deposition in
7 Spartanburg that day but it's no longer on my
8 calendar.

9 Commissioner Wilkerson: See, that
10 doesn't count; you know that but --

11 Mr. Callas: It's fine with me.

12 Ms. Haltiwanger: Okay. If -- if
13 everybody else is fine, I'll make it work.

14 Commissioner Wilkerson: -- yes. You
15 all have got a hundred (100) people; he's got
16 a --

17 Ms. Haltiwanger: I -- I'll find
18 somebody.

19 Commissioner Wilkerson: -- he's got
20 three hundred (300) people, so.

21 Ms. Haltiwanger: Yes. I'll find
22 somebody to make --

23 Commissioner Wilkerson: Somebody can
24 cover a depo, right?

25 Ms. Haltiwanger: -- I'll make somebody

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cover it.

Commissioner Wilkerson: Yes. I understand.

Ms. Haltiwanger: So, if it works for everybody else; I will make it work --

Mr. Killen: Yes.

Ms. Haltiwanger: -- because my schedule is a nut case, so.

Commissioner Wilkerson: Robert?

Mr. Cook: Yes, that's fine.

Commissioner Wilkerson: Okay.

Mr. Cook: Yes, sir.

Commissioner Wilkerson: So -- so, let me ask a question. Is 9:30 better than 9:00? I got you pumped back a little early today just because I knew it was going to be --

Mr. Callas: It's fine for me.

Commissioner Wilkerson: -- for you, I know. But sometimes the traffic, I mean, I can tell you thirty (30) --

Ms. Haltiwanger: I'm across the street; so, whatever.

Commissioner Wilkerson: -- but thirty (30) minutes in the morning can make the difference in leaving the house at X time or

1 leaving an hour before. So, you want to do
2 9:30?

3 Mr. Callas: 9:30.

4 Commissioner Wilkerson: Okay?

5 Mr. Cook: Yes, sir.

6 Mr. Killen: Yes, sir.

7 Ms. Haltiwanger: Okay.

8 Commissioner Wilkerson: Okay. So, what
9 we'll do is, we'll send a notice out in
10 reference to reconvening or whatever. All
11 parties have agreed to a 9:30. That's
12 interesting, I had already picked that day
13 because I knew there was no chance that these
14 were going to finish and I -- I already knew
15 that. But when you can take an insurance
16 course that lasts three (3) days on the
17 meaning of an automobile liability policy, I
18 knew this could not be over quick. So, thank
19 you all; this concludes our proceeding here
20 today.

21 (THERE BEING NO FURTHER DISCUSSION, THE HEARING CONCLUDED
22 AT 11:50 A.M. TO RECONVENE ON TUESDAY, MARCH 13, 2018)
23
24
25

1 (THE FOLLOWING IS PART TWO OF THE HEARING, WHICH WAS
2 STARTED ON FEBRUARY 28, 2018, BEGINNING ON MARCH 13,
3 2018, AT 9:26 A.M.)

4 Commissioner Wilkerson: All right.
5 We're back from a hearing that was held, I
6 think, on February 28th, we started it; is
7 that correct?

8 Mr. Cook: Yes, sir.

9 Commissioner Wilkerson: Okay. I want
10 to make sure everybody agrees with that, if
11 not, I've got the wrong file. And we agreed
12 to reconvene here this morning in reference
13 to the Gregg Long versus Metro Construction
14 Company, Workers' Comp file number 1423018.
15 And the only testimony that we've taken so
16 far would be the testimony of the Underwriter
17 at the insurance company; is that you all's
18 recollection as well as mine? Correct me --

19 Mr. Callas: Yes, sir.

20 Ms. Haltiwanger: Yes, sir.

21 Mr. Killen: Yes, Your Honor.

22 Commissioner Wilkerson: -- okay.
23 That's what I thought. Okay. So, at this
24 point in time, then, we're going to call Mr.
25 Gregg Long, the Claimant and the owner of --

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1 or one of the owners of Metro Construction
2 Company. I think Mr. Killen sent me a
3 Federal case --

4 Mr. Killen: I did.

5 Commissioner Wilkerson: -- in reference
6 to -- have you all got copies of that? Are
7 there any --

8 Mr. Callas: which case is that?

9 Mr. Killen: I sent it via email maybe
10 the day or --

11 Commissioner Wilkerson: Let's is here.
12 It is --

13 Mr. Killen: -- it is Moore versus
14 Occupational Safety and Health Review
15 Commission in the Fourth Circuit, 1979.

16 Commissioner Wilkerson: -- everybody
17 knows OSHA. That's OSHA, right? It looks
18 like he sent it out on March the 1st, with
19 notice that it went to Mr. Cook --

20 Mr. Cook: Yes.

21 Commissioner Wilkerson: Mr. Callas, Ms.
22 Haltiwanger. Hold on, let's see who else; I
23 think that's it. Yes.

24 Ms. Haltiwanger: Yes, sir. I received
25 it.

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1 Commissioner Wilkerson: Okay. Let me
2 make sure.

3 Mr. Cook: I don't remember getting it,
4 no.

5 Mr. Callas: I don't remember getting it
6 either but --

7 Commissioner Wilkerson: I think that
8 was the position he had put on the record
9 when we initially started the case from my
10 recollect -- recollection and review. I'll
11 let you all see if you got it. And I think
12 you all put potentially opposing positions on
13 the record in reference to the case, as well;
14 I don't remember what they were because I
15 didn't read back through all of that but it
16 will be part of the record. I don't think we
17 need to go into it any further this morning;
18 I just want to make sure you all have a copy
19 of it.

20 Mr. Cook: Yes, sir.

21 Mr. Callas: Your Honor, I -- I didn't
22 get a copy of it; however, he used this case
23 in the memo -- in his brief when he was
24 trying to add Mr. Long as a personal party
25 Defendant.

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1 Commissioner Wilkerson: Right.

2 Mr. Callas: And in my response to the
3 brief I addressed his particular case and
4 that issue had been ruled on --

5 Commissioner Wilkerson: That's right.

6 Mr. Callas: -- by the Commissioner
7 earlier. So --

8 Commissioner Wilkerson: I understand.

9 Mr. Callas: -- I'm only going to bring
10 this up in the sense that I object to
11 anything about this case or its analysis
12 because it has already been reviewed and --

13 Commissioner Wilkerson: I understand.

14 Mr. Callas: -- and -- and ruled upon.

15 Commissioner Wilkerson: I understand.
16 And my only point was I wanted to make sure
17 you got it because my email list or what it
18 says, he sent it to everybody; that's my
19 point.

20 Mr. Callas: Well, I didn't get it this
21 last time or I don't recall getting it but
22 I'm certainly aware of this case.

23 Commissioner Wilkerson: Okay. That's
24 fine. It shows its sent, whatever, I --

25 Mr. Callas: Right.

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1 Mr. Killen: It looks like --

2 Commissioner Wilkerson: -- it's out in
3 cyber space.

4 Mr. Killen: -- in our system, Mr.
5 Callas' name comes up but it is his
6 Assistant's.

7 Commissioner Wilkerson: Merridy --

8 Mr. Callas: My Paralegal, Merridy.

9 Mr. Killen: Merridy.

10 Commissioner Wilkerson: -- PC whatever,
11 yes.

12 Mr. Killen: Merridy@pcslawyer.com.

13 Mr. Callas: Yes. She may have missed
14 it --

15 Mr. Killen: Yes.

16 Mr. Callas: -- but it's not a problem.

17 Commissioner Wilkerson: I understand.

18 Mr. Callas: Right.

19 Commissioner Wilkerson: I just want to
20 make sure that --

21 Mr. Callas: Oh, yes.

22 Commissioner Wilkerson: -- that's the
23 only correspondence I got outside of our
24 previous hearing.

25 Mr. Callas: Right.

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1 Commissioner Wilkerson: And I -- it
2 wasn't ex parte because I think I asked for
3 it --

4 Mr. Cook: Yes.

5 Mr. Killen: That's correct, Your Honor.

6 Ms. Halthiwanger: You did.

7 Commissioner Wilkerson: -- and it was
8 sent to the respective --

9 Mr. Callas: Right.

10 Commissioner Wilkerson: -- or here
11 again, it's noted that it was sent to the
12 respective parties, okay? Mr. Cook?

13 Mr. Cook: No. There's no question of
14 --

15 Commissioner Wilkerson: Okay.

16 Mr. Cook: -- I mean, I received it --

17 Commissioner Wilkerson: Okay.

18 Mr. Cook: -- you know, the response
19 would be, it would be a strange Workers' Comp
20 case where a Federal Circuit Court decision
21 interpreting Virginia Statute would have
22 anything to do with a South Carolina case but
23 --

24 Commissioner Wilkerson: I understand.

25 Mr. Cook: -- I don't think this is that

1 one but, you know.

2 Commissioner Wilkerson: I understand.
3 Hey, everybody has got to put their best
4 position and their best foot forward and I
5 get to decide and then you all can run it on
6 to the Court of Appeals and they can tell us
7 if we did it right.

8 Mr. Killen: Just briefly in response to
9 -- to them, the issue is a novel issue in
10 South Carolina and there is no other case law
11 to rely upon --

12 Commissioner Wilkerson: I understand.

13 Mr. Killen: -- as -- as far as South
14 Carolina is concerned.

15 Commissioner Wilkerson: South Carolina
16 is concerned. I -- okay. So, we're ready to
17 hear from Mr. Long; is that fair?

18 Mr. Callas: Yes, sir.

19 Commissioner Wilkerson: Okay. We're
20 going to swear him in first; the Court
21 Reporter will swear him in. You're calling
22 him as your witness; is that fair?

23 Mr. Callas: Yes, Your Honor.

24 Commissioner Wilkerson: Claimant's
25 counsel? Okay. And then, we'll -- I think

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1 we went this way, is that -- do you still
2 want to go that -- zzzzz -- like we did last
3 time? You -- you'll go second, third,
4 fourth? No?

5 Ms. Haltiwanger: That's -- that's fine.

6 Mr. Killen: That's -- that's fine.

7 Commissioner Wilkerson: Okay. Yes,
8 that's what I thought.

9 Ms. Haltiwanger: It doesn't really
10 matter.

11 Court Reporter: You don't need to
12 stand.

13 Mr. Long: I don't need to stand? I
14 just feel like I need to stand.

15 whereupon;

16 Giles Gregory Long, being duly sworn and cautioned to
17 speak the truth, the whole truth and nothing but the truth,
18 testified as follows:

19 Court Reporter: Please state your full
20 name for the record.

21 Witness: Giles Gregory Long.

22 Court Reporter: Thank you, sir.

23 Commissioner Wilkerson: Thank you, Mr.
24 Long. Please. Wherever you want to stand,
25 sit; I don't care. I'm going to be taking

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1 notes and if I get confused I'll holler.

2 DIRECT EXAMINATION

3 By Mr. Callas:

4 Q. Mr. Long, can you hear me okay?

5 A. Yes, sir.

6 Q. All right. How old are you, sir?

7 A. Oh, I'm fifty-nine (59) -- fifty-eight (58).

8 Q. And what is your current address?

9 A. 2550 Horne Road, Leesville, South Carolina.

10 Q. How far did you go in school, sir?

11 A. Eleventh (11th) grade.

12 Q. Did you ever get a GED?

13 A. No, I did not.

14 Q. Okay. So, you're not a high school graduate?

15 A. No.

16 Q. Now, who are you employed with?

17 A. Metro Construction out of Leesville, South
18 Carolina.

19 Q. In addition to being an employee of that company,
20 are you also the owner of that company?

21 A. That is correct.

22 Q. Okay. You own a hundred percent (100%) of the
23 stock in that company?

24 A. That is correct.

25 Q. How are you paid by Metro Construction?

1 A. I get a weekly paycheck.

2 Q. Okay. And W-2's generated from the company?

3 A. Oh, yes. I'm an employee of the company.

4 Q. All right. On your Workers' Compensation
5 insurance policies over the years, as well as this one,
6 how did you treat yourself?

7 A. As an employee.

8 Q. Okay. Have you ever had a work-related accident
9 before where you filed a claim on yourself?

10 A. Yes.

11 Q. Did you suffer a work-related accident in November
12 of 2014?

13 A. Yes, I did.

14 Q. Okay. Now, I'd like for you to tell the
15 Commissioner a little bit about Metro Construction and
16 what happened that particular day.

17 A. My business is mainly construction, infostructure,
18 sewer, water, storm drains, roll buildings; that kind
19 of stuff. And on this day, we had some older chemicals
20 that had become out of date, needed to be disposed of
21 and the proper way to dispose of them is by burning
22 them. You simply pile them up, wad up some newspaper
23 and light them; this is the recommended and proposed
24 way to dispose of them and we've done it many times.
25 And upon doing that this time something -- nobody, I

1 mean, no one understands why but these actually
2 exploded.

3 Q. Now, you mentioned this time it exploded. How
4 many times have you disposed of these types of
5 materials before this way?

6 A. Probably twenty (20) plus times.

7 Q. Okay. And when you said that you were following
8 the -- the way you do it, what kind of guidelines are
9 out there that --

10 A. These --

11 Q. -- determine how you do it?

12 A. -- these chemicals are regulated by, not only the
13 ATF, the South Carolina State Fire Marshall.

14 Q. Okay. And you believe that you were following
15 those guidelines?

16 A. Definitely.

17 Q. Okay. What injuries did you sustain as a result
18 of this explosion?

19 A. Well, major -- a lot of injuries. It'll take a
20 minute here. First, I'll start at the top. I was so
21 close to the explosion, my skull from the top of the
22 head down to my jaw, was fractured; it looked like a
23 broken windshield type fracture. My right eye; I
24 received a scar, a piece of debris or something hit the
25 pupil and it has a scar detrimental to my vision in my

1 right eye. Let's see. Of course, I have a trachea
2 scar that happened during surgery. The burns are over
3 eighty percent (80%) of my skin, including burns and
4 skin grafts that have been injured. The brain -- back
5 up -- vertigo, I have real bad vertigo because of the
6 explosion. Going down stairs is impossible, I can go
7 up stairs but I cannot go down stairs; impossible, I
8 can't do it. Also, with the brain, I used to count
9 numbers and money real well, not as good anymore; so, I
10 do have a little -- a little problem there. The scars
11 continue down, I have a severe scar along my stomach
12 area where my belt buckles; that one is in need of some
13 more surgery, as the surgeon has told me would happen.
14 The scars go all the way down to the top of my ankles.
15 I have a really bad scar on my left thigh; again, some
16 projectile or something hit it, knocked a hole in it.
17 My left calf, it actually -- the explosion blew my left
18 calf off of my leg and they have, miraculously, rebuilt
19 that to an operating -- I can walk; now, it's kind of
20 weak but I can walk. What did I leave out? I don't
21 have a list; so, I'm sure I'm leaving out something but
22 I think I covered the gist of it.

23 Q. Well, let me ask a question. How is your hearing?

24 A. Thank you very much. I told you I'd leave
25 something out. I have -- I have lost my eardrum and

1 the bone -- I can't remember the name of it -- that
2 holds the eardrum; I have zero (0) hearing in the left
3 ear and it cannot be repaired. I have about twenty
4 percent (20%) hearing in my right ear.

5 Q. Okay. Any injury to your lungs?

6 A. Yes. My lungs were -- through the blast forced
7 the hot air down into my lungs; it is -- I don't know
8 the status. I need to go back and have them checked; I
9 just haven't done that but --

10 Q. Well, that goes to my next question. Have you
11 been released by your doctors or do you need to go back
12 and see them?

13 A. -- no, sir. No, sir; I do need to return to the
14 doctors.

15 Q. Now, how much in medical bills have you
16 accumulated from this particular accident?

17 A. It's over two million (\$2,000,000.00); I don't
18 know exactly.

19 Mr. Callas: Your Honor, those bills are
20 attached as Exhibit K --

21 Commissioner Wilkerson: Okay.

22 Mr. Callas: -- in my pre-hearing brief.

23 Commissioner Wilkerson: And those would
24 be the standard billing due to this accident

25 --

1 Mr. Callas: Yes.

2 Commissioner Wilkerson: -- is that
3 fair?

4 Mr. Callas: Yes.

5 Commissioner Wilkerson: And that's got
6 nothing to do with if it ever becomes an
7 accepted and/or compensable claim. Have
8 these been paid by group health? Have these
9 been --

10 Mr. Callas: No.

11 Commissioner Wilkerson: -- they haven't
12 been paid at all?

13 Mr. Callas: No. And I was going to get
14 --

15 Commissioner Wilkerson: Help --

16 Mr. Callas: -- get into that.

17 Commissioner Wilkerson: -- perfect.
18 I'm just trying to get -- because obviously
19 it would be subject to the medical fee
20 schedule but go ahead. If it's compensable;
21 I don't know.

22 Mr. Callas: From our --

23 Commissioner Wilkerson: This will --
24 this will be a major issue; we all know that.

25 Mr. Callas: -- yes.

1 Commissioner Wilkerson: Yes. This is
2 going to be a major issue but go ahead.

3 Q. Mr. Long, you've accumulated over two million
4 dollars (\$2,000,000.00) in bills to your knowledge,
5 correct?

6 A. Correct.

7 Q. Initially, were a few of these bills paid by your
8 health insurance?

9 A. Yes, they were.

10 Q. Okay. Now, to your knowledge, was that a very,
11 very small amount of these bills?

12 A. Yes, it was a very small amount.

13 Q. What is your understanding of how much in medical
14 bills you still owe?

15 A. Over two million dollars (\$2,000,000.00).

16 Q. Okay. Now, did you attempt to have your health
17 insurance company pay these bills?

18 A. Yes, I did.

19 Q. Okay. That's when you were initially taken to the
20 hospital, correct?

21 A. Right.

22 Q. Did your insurance carrier deny paying any further
23 amount of the medical bills?

24 A. At some point my insurance carrier went bankrupt
25 and denied to pay any further --

1 Q. okay.

2 A. -- medical bills.

3 Q. As far as you know are you -- what's the story
4 with your health insurance carrier today?

5 A. They're still filing bankruptcy; I mean, we have
6 --

7 Q. okay.

8 A. -- no claim.

9 Q. Did you attempt to file these bills through a
10 Workers' Compensation claim?

11 A. Yes, I did.

12 Q. okay. And did Workers' Compensation pay any of
13 these bills?

14 A. Not to my knowledge, no.

15 Commissioner Wilkerson: Let me ask a
16 question and this is way on down the road.
17 Is the health carrier subject to the Guaranty
18 Act in the state of South Carolina?

19 Mr. Callas: Yes. But -- there's always
20 a but in this case --

21 Commissioner Wilkerson: There are.

22 Mr. Callas: -- and getting to the next
23 question. Almost all of his medical bills
24 were accumulated in Georgia at the Burn
25 Center.

1 Commissioner Wilkerson: Okay.

2 Mr. Callas: And that was going to be my
3 next question.

4 Commissioner Wilkerson: I do follow
5 you.

6 Q. Mr. Long, when you went to get treated for your
7 different injuries, where did you first go; where were
8 you airlifted to?

9 A. The first place was Palmetto Health.

10 Q. Palmetto Richland?

11 A. Richland. Richland.

12 Q. Richland Memorial Hospital?

13 A. Yes.

14 Q. Okay. I still call it Richland Memorial --

15 A. I understand.

16 Q. -- Palmetto Richland. From there were you
17 transported to some other location?

18 A. Yes, Augusta Burn Center in Augusta, Georgia.

19 Q. Is that where the majority of your medical
20 treatment took place?

21 A. Yes, that is correct.

22 Q. How long were you at the Augusta Burn Center?

23 A. Seven (7) weeks, I -- I think.

24 Q. Okay.

25 A. A little over seven (7) weeks.

1 Q. Did you see any other healthcare providers besides
2 the Augusta Burn Center out in Georgia?

3 A. No.

4 Q. Okay. Now, you mentioned that Workers' Comp
5 denied the claim; is that correct?

6 A. That is correct.

7 Q. All right. I'd like to get into that a little
8 bit. Do you have an understanding as to why they
9 denied paying the medical bills in your case?

10 A. It's my understanding that the policy was canceled
11 for some reason.

12 Q. Okay. Now, I want to go to some exhibits and
13 documents that we were talk -- have been talking about
14 during this hearing.

15 Mr. Callas: And the first one, Your
16 Honor, is at Exhibit C for me, which we have
17 already discussed. And I'm going to hand
18 this up to Mr. Long if you don't --

19 Commissioner Wilkerson: Please.

20 Mr. Callas: -- mind, okay?

21 Q. Mr. Long, can you read the very top of that that
22 letter says?

23 A. Notice of noncooperation with preliminary audit.

24 Q. And who is that document from?

25 A. Zurich.

1 Q. And that's your insurance carrier -- Workers' Comp
2 insurance carrier, correct?

3 A. That is correct.

4 Q. Now, can you tell me what the date is that is on
5 that letter?

6 A. July the 5th of 2014.

7 Q. And can you read the first -- after it says, Dear
8 Insured, read the first sentence.

9 A. Dear Insured, the letter -- this letter is to
10 advise that several attempts have been made to obtain
11 payroll classification and tax information from you in
12 order to prepare the preliminary audit on your Workers'
13 Compensation insurance policy.

14 Q. Mr. Long, do you recall ever receiving any
15 documents or phone calls from Zurich prior to July 5th
16 of 2014, in regard to your financial information?

17 A. No, I do not.

18 Q. Is this the first time you remember ever receiving
19 anything?

20 A. Yes, it is.

21 Q. If you go to the bold portion of the page down
22 there, can you read that, please?

23 A. Failure to allow access for audit of policy term
24 may result in cancellation of your Workers'
25 Compensation and Employer's Liability insurance policy.

- 1 Q. Okay. Now, I'm going to go over this policy that
2 you -- you purchased. Do you recall when the policy
3 went into effect?
- 4 A. 4/14, which would be April --
- 5 Q. April of --
- 6 A. -- of 2014.
- 7 Q. -- 2014?
- 8 A. Yes.
- 9 Q. Was it an assigned risk policy?
- 10 A. That is was.
- 11 Q. Can you please tell me how premiums are generally
12 paid on assigned risk policies?
- 13 A. It's my understanding that they're paid in full up
14 front for a full year term.
- 15 Q. And is that exactly what you did?
- 16 A. Yes.
- 17 Q. How much did you pay initially?
- 18 A. Not exactly, but about eighteen thousand dollars
19 (\$18,000.00) was the first payment amount --
- 20 Q. Okay.
- 21 A. -- to Zurich.
- 22 Q. Now, in order for Zurich to come up with that
23 amount that they charged you, what did you have to
24 provide to Zurich in the very beginning back in, you
25 know, April of 2014?

- 1 A. Financial information.
- 2 Q. And did you provide them --
- 3 A. Yes.
- 4 Q. -- that information?
- 5 A. Everything they asked for.
- 6 Q. Okay. And when you purchased that policy, what
- 7 was your understanding?
- 8 A. I assumed it would be for a full year term.
- 9 Q. Now, you mentioned that you gave eighteen thousand
- 10 dollars (\$18,000.00) initially, right?
- 11 A. Correct.
- 12 Q. Did you get any kind of a refund initially?
- 13 A. Yeah. Shortly thereafter there was a two thousand
- 14 (\$2,000.00) and some odd dollar refund.
- 15 Q. Okay. So, the actual policy only cost you a
- 16 little under sixteen thousand dollars (\$16,000.00); is
- 17 that correct?
- 18 A. Correct.
- 19 Q. Now, you got this notice from the carrier; is that
- 20 correct?
- 21 A. That is correct.
- 22 Q. What did you do after receiving this information?
- 23 A. Tried to gather this information and send what
- 24 they had asked for.
- 25 Q. What efforts did you make to provide the insurance

1 carrier the information that they wanted?

2 A. I have -- I have -- Metro has a bookkeeper and I
3 had showed her this letter and asked her to gather the
4 information and get it to Adams and Eddy.

5 Q. Okay.

6 Mr. Callas: Now, I'm going to hand up
7 what is Exhibit D; it's the cancellation
8 notice.

9 Q. Did you receive this notice from Zurich in August
10 of 2014?

11 A. Yes, I did.

12 Q. And what is the effective date of that
13 cancellation?

14 A. Effective date of cancellation, 8/8 of 2014.

15 Q. So, you were aware at that time that Zurich, in
16 their opinion, had canceled your policy; is that
17 correct?

18 A. Yes. Yes.

19 Q. All right. Now, did you have an understanding
20 that this could be fixed?

21 A. Of course.

22 Q. Okay. What was your understanding?

23 A. That if we supplied the information that Zurich
24 had asked for and -- and, of course, paid the bills, as
25 we did, that this would be reinstated as if it had

1 never went away.

2 Mr. Callas: And in Exhibit E, Your
3 Honor, which is the 941 information; I'm
4 going to hand this up to Mr. Long.

5 Q. Mr. Long, did you attempt to give Zurich more
6 financial information?

7 A. Yes, I did.

8 Q. And did you provide the payroll information that
9 was requested?

10 A. Yes, I did.

11 Q. And I'd like for you to turn to the second page
12 and look at the date that you provided that financial
13 information.

14 A. 8/20 of 2014.

15 Q. Okay. Was it your belief that you had done the
16 actions that Zurich wanted to -- to have your insurance
17 policy remain in effect?

18 A. Yes, indeed.

19 Q. I'm going to ask you a couple of questions about
20 these preliminary or interim audits. Sir, how long
21 have you owned Metro Construction?

22 A. Since 1999, which is eighteen (18) years.

23 Q. In the prior eighteen (18) years had you had an
24 assigned risk policy covering your workers' Comp for
25 your company?

1 A. I don't think so.

2 Q. Did you have assigned risk policies in the past?

3 A. Not to my knowledge.

4 Q. Well, this was an assigned risk policy?

5 A. This was an assigned risk.

6 Q. Right. In those prior Workers' Comp policies, did
7 you ever have an audit in the middle of the policy?

8 A. Definitely not.

9 Q. Can you please tell the Commissioner how you are
10 used to dealing with workers' Comp insurance policies
11 on Metro Construction?

12 A. I'll be glad to. Normally we would pay a premium
13 up front, at the end of the year the insurance company
14 would send someone out to our office to physically do
15 the audit. They would sit down with a bookkeeper or
16 secretary and go through everything. They actually
17 hands-on confirmed the audit after the yearend; at that
18 point we would either pay if we owed or would be
19 reimbursed if they owed us.

20 Q. So, was this an unusual set of circumstances for
21 you?

22 A. Very new and unusual to me, yes.

23 Q. Okay. Now, do you feel that you provided the
24 information that Zurich wanted through that 941?

25 A. Yes, I do.

1 Q. Okay. What was your impression after you had
2 given that information?

3 A. That everything was good to go; that we had
4 Workers' Comp insurance.

5 Q. Okay.

6 Mr. Callas: I'm going to hand up, which
7 is Exhibit J, Your Honor.

8 Q. Did you receive this letter from Zurich in October
9 of 2014?

10 A. Yes, I did.

11 Q. Okay. And I already stated the date on it. Could
12 you please indicate the policy term that is indicated
13 in the Zurich letter?

14 A. Policy term, 4/4 of 2014 through 4/4 of 2015.

15 Q. All right. And I'd like for you, again, to read
16 the very top part, the first sentence, of that letter.

17 A. This letter is to advise that several attempts
18 have been made to obtain payroll classification and tax
19 information from you in order to prepare the
20 preliminary audit on your Workers' Compensation
21 insurance policy.

22 Q. Now, go down to the bold and read that again.

23 A. Failure to allow access for audit of policy term
24 may result in cancellation of your Workers'
25 Compensation and Employer's Liability insurance policy.

1 If you have already complied with our request, please
2 disregard this notice.

3 Q. First, do you believe that you had complied with
4 that request?

5 A. I did.

6 Q. Two (2), by reading that sentence that you just
7 read, what was your impression about your policy
8 coverage?

9 A. That the policy had been reinstated in full.

10 Q. Did you continue to receive bills from Zurich
11 during this period of time?

12 A. Yes, I did.

13 Q. Did you receive a hundred and twenty-eight dollar
14 (\$128.00) bill from Zurich in November of 2014?

15 A. Yes, I did.

16 Q. Did you pay that bill?

17 A. Immediately.

18 Q. In January of 2015 --

19 Mr. Callas: -- Your Honor, I'm handing
20 up Exhibit G.

21 Q. Did you receive this bill from Zurich?

22 A. Metro Construction did, yes.

23 Q. Okay. Did Metro Construction receive a bill for
24 two thousand and ninety-five dollars (\$2,095.00) in
25 January of 2015?

1 A. Yes, sir; we did.

2 Q. Did you or did your company pay that bill?

3 A. Yes, it was paid.

4 Q. Did you actually pay it or did someone for your
5 company pay it?

6 A. Someone from my company. I was actually
7 incapacitated still at August Burn Center on that --

8 Q. So, that bill was given to you by Zurich --

9 A. -- correct.

10 Q. -- in January of 2015, and someone paid it on your
11 behalf while you're still in the hospital?

12 A. Correct.

13 Q. Mr. Long, I'd like you to tell the Commissioner if
14 you believe that -- that you substantially complied
15 with the contractual agreement with American Zurich
16 and, if so, why you believe you did.

17 A. I complied with everything I was asked to do. I
18 paid all the bills that were sent.

19 Witness: I'm sorry.

20 Commissioner Wilkerson: That's fine.

21 Witness: Excuse me. Those are very
22 hard times in my life; I don't like to think
23 about it.

24 A. All the bills were paid that were sent to me or
25 Metro Construction. I did everything in my power to

1 supply all the information that was asked of me.

2 Q. Let me ask it like this.

3 A. I feel that it was reinstated in full effect.

4 Q. Was Zurich aware of what kind of business you
5 have?

6 A. Yes, they were.

7 Q. And what information did you give them when the
8 policy first went into effect so they could set the
9 premium?

10 A. Payroll information, basically.

11 Q. Did Zurich or anyone ever tell you that there
12 would be a -- an audit within ninety (90) days after
13 your policy went into effect?

14 A. No, of course not. I had no idea.

15 Q. Do you think it was reasonable for Zurich to send
16 you a notice in July saying if you didn't give them all
17 this financial information --

18 A. I thought it was very unreasonable.

19 Q. -- okay. Why was it so hard to get them the
20 information in thirty (30) days?

21 A. Well, number one (1), we weren't used to having to
22 do it in thirty (30) or sixty (60) days; it's usually
23 at yearend. This was not even halfway term; it was the
24 first quarter. We weren't prepared. We weren't ready;
25 had not idea it was coming.

1 Q. Mr. Long, you're here today in a Workers'
2 Compensation claim; what would you like the Commission
3 to do?

4 A. I would like Zurich to step up and take hold of
5 this Workers' Compensation claim. I'd like my bills
6 paid, hospital bills, doctor's bills, over two million
7 dollars (\$2,000,000.00) most importantly. If there is
8 anything left, compensation for me, that would be nice;
9 that would be a plus. And, of course, my attorney has
10 got to be paid whether I pay him or Zurich pays him;
11 he's got to get paid. And I guess that's about it.

12 Q. Would you like to have your future medical bills,
13 in other words, future evaluations done?

14 A. Yes. If the Workers' Comp claim -- and, of
15 course, I do have more medical and a few surgeries that
16 should be done and need to be done as instructed by a
17 surgeon at Augusta Burn Center.

18 Mr. Callas: No further questions.

19 Commissioner Wilkerson: Let me ask a
20 couple of questions. I know we've got to get
21 the coverage issue resolved before anything;
22 whatever that means, okay? In the medical
23 reports that I have before me, they're
24 voluminous, as we know; I don't know this
25 without reading them. Bad word to use, my

1 assumption is he's been out of work for quite
2 some time; at this point in time I don't know
3 what it is; we don't have any testimony on
4 that, okay? Here again --

5 Mr. Callas: I'll -- I can -- I'll ask
6 him.

7 Commissioner Wilkerson: -- bad --
8 another assumption is I don't know if the
9 company is still paying him; it -- there's a
10 couple of assumptions that I don't want to be
11 caught at when we finish. So, if you could
12 cover a little bit about, I'm going to call
13 lost time, that maybe the company has not
14 reimbursed him for; I don't know. That -- I
15 don't know -- I don't know the gist of that.
16 I don't know if it's compensable, cancelled;
17 I don't -- don't know where we are in
18 reference to that. I'm guessing, from what
19 I've heard so far, that we're not at MMI on
20 certain body parts. So, for any disability
21 we wouldn't be at that level today.

22 Mr. Callas: Right.

23 Commissioner Wilkerson: I think the
24 only thing we're looking at, and you all
25 correct me if I'm wrong, would be if any TTD,

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1 TPD, would be paid in reference to something
2 that happened back to 2014, and is there an
3 open end or is there a closed end? A lot of
4 questions --

5 Mr. Callas: All right.

6 Commissioner Wilkerson: -- I just asked

7 --

8 Mr. Callas: So, let me see if I can --

9 Commissioner Wilkerson: -- but I need
10 -- I need a little bit of that if I find it
11 to be compensable and whom it may or may not
12 be responsible for.

13 Mr. Callas: -- all right.

14 Commissioner Wilkerson: So, if we could
15 cover that.

16 Q. Well, Mr. Long, I forgot to ask you some important
17 questions and I'm going to go over that now. The
18 accident happened in November of 2014, correct?

19 A. Correct.

20 Q. You already testified that you were in the
21 hospital for how long?

22 A. Seven (7) weeks.

23 Commissioner Wilkerson: Seven (7)
24 weeks, right.

25 Q. And you got out of the hospital approximately

1 when?

2 A. January 7 or 8th, I'm guessing; I don't remember
3 the date.

4 Q. All right.

5 A. The first of January.

6 Q. How long was it before you resumed working at
7 least part time activities?

8 A. I surely don't have a definite answer for that; I
9 wasn't prepared for that question. Several months,
10 several, four (4) or five (5) months at least, before I
11 even could, technically, walk again.

12 Q. Okay. And if you can recall the answer to this
13 question; I'm sorry that I didn't discuss this with you
14 earlier. But during the time that you were in the
15 hospital, did you continue to receive paychecks from
16 Metro Construction?

17 A. I can't answer that definitely. I assume so; I --
18 again, I was incapacitated. My wife was taking care of
19 all the financial responsibilities. At some point I
20 know I started back receiving about one half of my pay,
21 not a full salary but I don't have those dates with me;
22 I just don't remember.

23 Q. All right.

24 Commissioner Wilkerson: I mean, I think
25 that's fair in the process. I don't know

1 what we're going to find.

2 Mr. Callas: Okay.

3 Commissioner Wilkerson: And let me ask
4 a question. Do you remember at what time --
5 if at what time, you started receiving full
6 pay again from your company?

7 Witness: I still haven't.

8 Commissioner Wilkerson: You still
9 haven't? Okay. That's -- okay. That's
10 okay. I mean, that's one of those, we're
11 cooking a cake, we've just got to add some
12 more to it to figure that out; I -- I don't
13 know. Let me ask a question. Have we
14 established -- because I don't remember --

15 Mr. Callas: Comp rate?

16 Commissioner Wilkerson: -- have we
17 established AWW and comp rate?

18 Mr. Callas: No.

19 Commissioner Wilkerson: Okay. I didn't
20 think so. I guess we'll have to get some
21 audit information; we'll have to get
22 something. I mean, I can take some brief
23 testimony but if you asked me what I was
24 making in 2014 or '13, I wouldn't remember
25 without going back and pulling all my stuff.

1 Mr. Callas: Right.

2 Commissioner Wilkerson: So, I think
3 we're going to have to leave that in abeyance
4 until we can figure it out, if it's
5 compensable. I mean, do -- I mean, I don't
6 know.

7 Mr. Killen: I would -- Commissioner, we
8 have tax --

9 Commissioner Wilkerson: Do we have it?

10 Mr. Killen: -- tax documentation.

11 Mr. Callas: We have tax information and
12 it's been included.

13 Commissioner Wilkerson: For '13 and
14 '14?

15 Mr. Callas: Yes.

16 Commissioner Wilkerson: Okay. That's
17 fine. Then I can figure it out or you all
18 can figure it out and -- okay. That's fine.
19 Thank you. I -- I know I've got about four
20 (400), five (500), six hundred (600) pieces
21 of paper; I'm just going to put tax info
22 provided so we can figure that out.

23 Mr. Callas: Right.

24 Commissioner Wilkerson: Okay.

25 Mr. Callas: I don't have any further

1 questions.

2 Commissioner Wilkerson: Okay. Thank
3 you. Thanks. Mr. Killen, please. I don't
4 remember all the stuff I got a couple of
5 weeks ago.

6 Mr. Killen: Yes, sir.

7 Commissioner Wilkerson: So, Mr. Killen
8 is going to have some questions for you at
9 this point in time.

10 Mr. Killen: Thank you, Your Honor.

11 Commissioner Wilkerson: Thank you.

12 CROSS-EXAMINATION

13 By Mr. Killen:

14 Q. Mr. Long?

15 A. Yes, sir.

16 Q. I'm Tim Killen representing the South Carolina
17 Workers' Compensation Uninsured Employer's Fund in --
18 in this matter. I just want to bring your attention to
19 what has been marked as page 819; it's in the Fund's --

20 A. I'm sorry, Tim.

21 Q. -- you can't hear me?

22 A. (Shook head in a side-to-side motion).

23 Q. Okay.

24 A. I try to look --

25 Mr. Killen: May I approach,

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1 Commissioner?

2 Commissioner Wilkerson: Yes, please.

3 It's in yours, Tim?

4 Mr. Killen: Yes, sir. In 8 -- page
5 819.

6 Commissioner Wilkerson: Okay. Hold on.

7 Q. Can you tell me what those documents are? Those
8 -- it appears to be two (2) documents on one (1) page.

9 A. -- it looks like my W-2's from Metro Construction.

10 Q. Okay. And that's 2014, down there?

11 A. Yes, it is.

12 Q. How much did you earn in 2014?

13 Commissioner Wilkerson: I've got so
14 many papers up here.

15 A. 2014, ten thousand, eight hundred and twenty
16 dollars (\$10,820.00).

17 Mr. Killen: Here you are, Commissioner.

18 Commissioner Wilkerson: That's 2000 --
19 no, that's fine. I'm sure I've got it.
20 Thank you. I'll just note page 18. And this
21 year, again, I apologize, was?

22 Mr. Killen: Oh, 2014 is the year of the
23 accident, Commissioner.

24 Commissioner Wilkerson: Okay. And this
25 is 2015 wages, right?

1 Mr. Killen: That has '15 and '14.

2 Commissioner Wilkerson: Oh, this is '14

3 --

4 Mr. Killen: Yes, sir.

5 Commissioner Wilkerson: -- wages?

6 Thank you. From 2014, and that's the ten
7 thousand, eight twenty (\$10,820.00). And
8 this would have been '15? okay. That's
9 fine. Thanks.

10 Mr. Killen: Thank you, Commissioner.

11 Commissioner Wilkerson: Okay. Thank
12 you. I'll find it; it's in all these papers
13 up here.

14 Q. And in 2013 --

15 Mr. Killen: -- I'm looking at page 820
16 now --

17 Commissioner Wilkerson: Thank you.

18 Q. -- there's a -- what -- can you tell me what
19 document that is?

20 A. That is my W-2 form from Metro Construction.

21 Q. Okay. For what year?

22 A. 2013.

23 Q. And what did -- what did you earn that year from
24 Metro Construction?

25 A. Forty (40) -- forty-three thousand (\$43,000.00).

1 Q. Okay. And in 2014, you worked the entire year up
2 until November 20 of 2014; is that correct?

3 A. Yes.

4 Commissioner Wilkerson: So, Mr. Killen,
5 I'm guessing it's your position that the six
6 thousand (\$6,000.00) -- let me make sure I've
7 got this right -- would apply but we've still
8 got to go back and add approximately
9 forty-five (45) days from somewhere; is that
10 --

11 Mr. Killen: Well, my position would be
12 that the 2014 W-2 divided by the number of
13 weeks in 2014, would be the best way to
14 calculate what he was earning at the time of
15 the injury, which is forty-six (46) weeks and
16 one (1) day.

17 Commissioner Wilkerson: -- but I -- but
18 I think out of fairness, whatever that means,
19 is that we do have some type of documentation
20 from '13, so you've realistically got a
21 preview of a fifty-two (52) week period?

22 Mr. Killen: Yes, sir.

23 Commissioner Wilkerson: Don't -- I
24 don't know what those forty-five (45) days
25 are but I understand what your --

1 Mr. Killen: Yes, Your Honor.

2 Commissioner Wilkerson: -- position
3 would be and then it's left up, within
4 reason, to what I do or don't do with the
5 forty-three thousand (\$43,000.00).

6 Mr. Killen: Yes, Your Honor.

7 Commissioner Wilkerson: Okay. That's
8 fine. I just --

9 Mr. Killen: All right.

10 Q. Mr. Long, this was covered briefly and I don't
11 want to go back over stuff we've -- we've already
12 talked about but you're the sole shareholder of Metro
13 Construction; is that correct?

14 A. That is correct.

15 Q. Okay. You're the President of Metro Construction;
16 is that correct?

17 A. Correct.

18 Q. Okay. You're the sole officer of Metro
19 Construction; is that correct?

20 A. Correct.

21 Q. Okay. Now, when you started Metro Construction,
22 where did you get the money --

23 A. I did a personal --

24 Q. -- to capitalize it?

25 A. -- a personal loan.

1 Q. From yourself --

2 A. To the company.

3 Q. -- to the company? And that's never been paid
4 back, has it?

5 A. No.

6 Q. Okay. It's a C Corporation, correct?

7 A. Correct.

8 Q. Okay. Do you -- is there a board of directors?

9 A. No.

10 Q. Do you have shareholder's meetings?

11 A. No.

12 Q. Do you keep minutes?

13 A. No.

14 Q. Okay. In 2014, did Metro Construction have a -- a
15 separate bank account from you, personally?

16 A. I'm sorry, Tim; repeat that?

17 Q. In -- in 2014, did Metro Construction have it's
18 own bank account?

19 A. Yes. It always has; yes, sir.

20 Q. All right. And how much were you paid a week?

21 A. May salary was one thousand dollars (\$1,000.00) a
22 week in 2012, and prior, and still was until -- I'm
23 chopping at dates; I'm sorry.

24 Q. All right.

25 A. I don't remember dates.

1 Q. Well, why -- why did you only report, what --

2 A. There was --

3 Q. -- forty-three thousand dollars (\$43,000.00) --

4 A. -- I had a --

5 Q. -- in 2013?

6 A. -- excuse me. I had a prior accident, drunk

7 driver, and I was out of work for a short time. When I

8 came back to work after that, I was still only making

9 about half of my salary because I was still about half

10 a person trying to recuperate but getting back to work;

11 that would probably explain some of the differences

12 you're seeing in the W-2's.

13 Q. Okay. And that prior accident was -- was that a

14 Workers' Compensation claim?

15 A. It was October of 2013.

16 Q. Okay.

17 Commissioner Wilkerson: And it was a

18 Workers' Comp claim?

19 Witness: It was a -- a -- I was in a

20 company truck --

21 Commissioner Wilkerson: Okay. That's

22 what I thought.

23 Witness: -- yes. So, yes.

24 Q. Oh, it was a Workers' Comp claim?

25 A. (Nodded head in an up-and-down motion).

1 Q. Were you out of work from October of 2013, all the
2 way through the end of the year?

3 A. Probably. I can't recollect.

4 Q. Okay. Did you get paid temporary total disability
5 benefits for that time?

6 A. I'm sorry, Tim, I have a hard time hearing you.

7 Q. I know. I'm sorry. I'm just trying to --

8 Mr. Callas: You have to scream like me.

9 Commissioner Wilkerson: You can come up
10 here if you want to. Just shout.

11 Mr. Killen: I'm not nearly as loud as
12 Mr. Callas.

13 Commissioner Wilkerson: You can come up
14 here; we're fine. We aren't --

15 Mr. Killen: Okay.

16 Commissioner Wilkerson: -- this is not
17 a mad group; we're in good shape. We have
18 mad groups that come in but this isn't one of
19 them.

20 Mr. Killen: All right.

21 Q. And at the time of your accident --

22 Mr. Killen: -- can you tell me what I
23 asked just before that?

24 Court Reporter: No. I'll have to look
25 back for it.

1 Commissioner Wilkerson: I think I know
2 but --

3 Mr. Callas: At the time of the accident
4 did he get temporary total benefits.

5 Mr. Killen: Oh, yes. Yes, yes.

6 Commissioner Wilkerson: That's fair.

7 Court Reporter: Yes, that's it. I
8 found it now. Thank you.

9 Commissioner Wilkerson: That's what I
10 say; we're all just trying to figure this
11 out.

12 Mr. Callas: That's right.

13 Q. And in October, November or December of 2013, did
14 you get weekly checks from Workers' Comp?

15 A. I think so, yes.

16 Q. And that was your Workers' Comp policy?

17 A. That is correct --

18 Q. Was that with Zurich?

19 A. -- Metro Construction. I don't remember.

20 Q. Okay. Now, where is Metro Construction's
21 headquarters located?

22 A. 2526 Caney Branch Road in Leesville, South
23 Carolina.

24 Q. Who owns that property?

25 A. I do.

1 Q. You personally own it, correct?

2 A. Correct.

3 Q. All right. Do you -- does Metro Construction pay
4 you rent?

5 A. Yes.

6 Q. Okay. How much does it pay you?

7 A. A thousand (\$1,000.00) a month.

8 Q. Okay. Now --

9 Commissioner Wilkerson: Let me ask a
10 question. Is that -- is that still being
11 paid today?

12 Witness: Yes.

13 Commissioner Wilkerson: Okay.

14 Witness: When affordable, yes.

15 Commissioner Wilkerson: And it's -- and
16 it's still paid for that period of time that
17 you were out and in the hospital in Augusta?

18 Witness: Yes, sir.

19 Commissioner Wilkerson: Okay. So,
20 approximately twelve thousand dollars
21 (\$12,000.00) a year you would get as an
22 individual from the corporation for income;
23 is that fair?

24 Witness: Yes.

25 Commissioner Wilkerson: Okay.

1 Witness: That is rent but that is not
2 reported on that W-2 --

3 Commissioner Wilkerson: It would not
4 be.

5 Witness: -- that is separate, yes.

6 Commissioner Wilkerson: It would be
7 separate -- oh, I understand, I -- I had
8 buildings and owned businesses; I know
9 exactly how we do that. Okay. You get a
10 partnership?

11 Witness: I'm sorry?

12 Commissioner Wilkerson: Do you get a K
13 -- do you get a K report from your -- is it a
14 K-1 or what do they call them now? K
15 something and you get a report as a
16 partnership or no?

17 Witness: You -- you start talking taxes
18 and that --

19 Commissioner Wilkerson: Okay. Never
20 mind. I --

21 Witness: -- that doesn't make sense to
22 me, Your Honor.

23 Commissioner Wilkerson: -- I've gotten
24 too advanced. I'm sorry. That's fair. But
25 you -- okay, that's fine. Okay. I'm sorry.

1 I'm sorry, Mr. Killen, I'm sorry. Go ahead.

2 Mr. Killen: Oh, that's quite all right,
3 Commissioner.

4 Q. Do -- does Metro Construction use items or
5 equipment that you personally own in -- as part of its
6 business?

7 A. Very few but, yes, some.

8 Q. Like -- like what?

9 A. A farm tractor, farm implements that we wouldn't
10 use a whole lot; instead of purchasing them I just let
11 them use my personal.

12 Q. Okay. And does Metro Construction pay you for the
13 cost of -- of the use or -- or maybe a fair rental
14 price for those.

15 A. No.

16 Q. Okay. At the -- on November 20 of 2014, your
17 company was in forfeit -- forfeiture, correct?

18 A. Forfeiture by us -- forfeiture?

19 Q. Yes.

20 A. I don't understand that question.

21 Q. Okay. Do you have any understanding of whether or
22 not you --

23 Mr. Callas: Your Honor, I want to place
24 an objection in the record.

25 Commissioner Wilkerson: As to?

1 Mr. Callas: He's going into an issue
2 that, again, had already been discussed, the
3 dissolution of the company and the
4 reinstatement. I mean, we -- that has been
5 discussed in our briefs and by the Commission
6 in the past. I'm placing an objection to any
7 questions about forfeiture and dissolution.

8 Mr. Killen: Commissioner, we're just
9 going into the -- the evidence here. We've
10 -- we --

11 Commissioner Wilkerson: He gets a
12 little --

13 Mr. Killen: -- we haven't explored this
14 --

15 Commissioner Wilkerson: -- I think he
16 gets a little leeway on that; I don't know
17 about --

18 Mr. Callas: All right.

19 Commissioner Wilkerson: -- I understand
20 using forfeiture or dissolution and this,
21 that and the other, I --

22 Mr. Callas: All right.

23 Commissioner Wilkerson: -- can -- Mr.
24 Killen, can we help with maybe potentially
25 layman's terms --

1 Mr. Killen: Yes.

2 Commissioner Wilkerson: -- would that
3 help in the process? I think we're going to
4 come to the same resolution but --

5 Mr. Killen: Okay.

6 Commissioner Wilkerson: -- thank you.

7 Q. Do you know whether or not your corporation --

8 Commissioner Wilkerson: That's fair.

9 Q. -- was in good standing --

10 Commissioner Wilkerson: That's fair.

11 Q. -- with the Secretary of State?

12 A. At one point it was not.

13 Q. Okay. And that was at the time of your accident,
14 correct?

15 A. Yes, that is correct.

16 Q. All right. Let me show you what's -- page 917 and
17 page 918 of the Fund's pre-hearing brief. Can you tell
18 me what that is, what those are?

19 A. The first looks like a payment for reinstatement
20 of Metro Construction.

21 Commissioner Wilkerson: I've got you.
22 I finally found your stuff.

23 Mr. Killen: Oh, okay.

24 A. I -- I'm reading it but I don't fully understand
25 it --

1 Q. Okay.

2 A. -- but it says, compliance agreement.

3 Q. It's a compliance agreement and it's signed by you
4 as an officer of Metro Construction, correct?

5 A. That is correct.

6 Q. All right. And this, page 917, that's a check to
7 the Workers' Compensation Commission from Metro
8 Construction, correct?

9 A. That is correct.

10 Q. But it was sent by your personal attorney; is that
11 correct?

12 A. Correct.

13 Q. Okay. So, your personal attorney in your workers'
14 Comp claim negotiated this fine with the Workers' Comp
15 -- Compensation Commission?

16 Mr. Callas: Objection, Your Honor.

17 Commissioner Wilkerson: He can't --
18 attorney/client --

19 Mr. Callas: What --

20 Commissioner Wilkerson: -- I think.

21 Mr. Callas: -- there -- there's no
22 negotiation; I -- I object to that line of
23 questioning about my role. There was no
24 question -- no evidence purported by rep that
25 I did it.

1 Mr. Killen: That's what I'm asking him
2 about. I haven't gotten through the question
3 yet.

4 Q. So, did your attorney negotiate that fine with the
5 -- your personal attorney in your workers' comp claim,
6 negotiate that fine with the workers' Compensation
7 Commission for your business not having workers'
8 Compensation insurance?

9 A. I -- now, that I don't understand.

10 Q. Okay.

11 A. I don't quite understand that.

12 Commissioner Wilkerson: And this is in
13 2015? I understand that's the letter dated
14 '15.

15 Mr. Killen: The letter is dated May
16 5th, 2015, and the check as well.

17 Commissioner Wilkerson: Hold on because
18 I've got a question. Was there ever an X
19 file set up here at the Commission?

20 Mr. Callas: Yes.

21 Ms. Hältiwanger: Yes.

22 Commissioner Wilkerson: We call them X
23 files, okay?

24 Mr. Callas: There was.

25 Commissioner Wilkerson: Okay. I never

1 -- okay. Was a hearing --

2 Mr. Callas: No.

3 Commissioner Wilkerson: -- a show cause
4 hearing ever held in reference to this?

5 Mr. Callas: No, Your Honor.

6 Commissioner Wilkerson: Okay. That's
7 -- okay, that's what I was going to try to
8 get to.

9 Mr. Cook: Your Honor, I -- and it is in
10 evidence that there was a compliance
11 agreement signed, which he just mentioned,
12 and a fine paid but there -- that was in lieu
13 of having a hearing, Your Honor.

14 Commissioner Wilkerson: Okay. That's
15 -- that's -- I was trying to get -- if
16 something bounces back-and-forth I need to
17 look at it. Okay. Thank you for clarifying
18 that. Mr. Killen, you agree with that, I'm
19 guessing, or not?

20 Mr. Killen: Yes, sir.

21 Commissioner Wilkerson: Okay. That's
22 fair. That's fair. Thank you.

23 Mr. Killen: That's all the questions I
24 have, Commissioner. Thank you.

25 Commissioner Wilkerson: Let me ask a

1 question also. I -- and I think the parties
2 would agree that that was a compliance
3 agreement since no show cause hearing was
4 determined, no hearing was held in reference
5 to that; I can still determine what that
6 process was as far as coverage now?

7 Mr. Killen: Yes, Your Honor.

8 Commissioner Wilkerson: I think I -- I
9 don't disagree; I just wanted --

10 Mr. Cook: The -- the language of the
11 compliance agreement, itself, includes --
12 preserves the employer's right to look at
13 other avenues.

14 Mr. Killen: And it wouldn't be binding
15 on the Fund, would be our position as well.

16 Commissioner Wilkerson: Right. And it
17 wouldn't be binding upon the Commission until
18 a full hearing is held in reference to that,
19 I think. I think that's the legal position.
20 Okay.

21 Mr. Killen: That's all I have.

22 Commissioner Wilkerson: Okay. I think
23 so.

24 Mr. Killen: Thank you, Commissioner.

25 Commissioner Wilkerson: And I don't

1 disagree with either party here. Ms.
2 Haltiwanger. I'm sorry. We'll get it all
3 straight in a minute. Thank you for being
4 here.

5 Ms. Haltiwanger: Okay. I'm going to
6 come on over here.

7 Commissioner Wilkerson: Perfect.

8 Witness: Thank you very much.

9 Ms. Haltiwanger: I know I have a loud
10 mouth --

11 Commissioner Wilkerson: No, it's just
12 better for everybody. I can --

13 Ms. Haltiwanger: -- we're just going to
14 avoid it.

15 Commissioner Wilkerson: -- I can hear
16 better here too, okay?

17 Ms. Haltiwanger: We're just going to
18 avoid the problem. All right. Let me dig
19 through for a second here.

20 Commissioner Wilkerson: Are these your
21 APA's? Help me with that too.

22 Ms. Haltiwanger: Well, it's going to be
23 a little mixed --

24 Commissioner Wilkerson: That's okay.

25 Ms. Haltiwanger: -- but I will point

1 you to the right one.

2 Commissioner Wilkerson: That's fine.
3 Just tell me where I can write my numbers
4 down and whose they are.

5 CROSS-EXAMINATION

6 By Ms. Haltiwanger:

7 Q. Mr. Long, do you also go by the name of Ricky
8 sometimes?

9 A. I'm sorry?

10 Q. Do you also go by the name of Ricky Long --

11 A. Ricky?

12 Q. -- sometimes?

13 A. No.

14 Q. Okay.

15 A. I have a brother named Ricky but --

16 Q. Okay. So, that's your brother?

17 A. -- yes.

18 Q. Okay. I just saw some mentions in here and I
19 wanted to make sure I clarified who that was. Who is
20 Salina?

21 A. She was a bookkeeper for Metro Construction for
22 some time.

23 Q. Okay. Was she the bookkeeper for Metro
24 Construction at the time of this accident?

25 A. Yes.

1 Q. Okay. And when did she leave Metro Construction;
2 do you recall?

3 A. I'm not sure of that date but it was after the
4 accident.

5 Q. Okay. So, it was sometime after the accident?

6 A. Yes.

7 Q. Okay. So, I think Mr. Callas, your attorney,
8 asked you about this letter previously.

9 Ms. Haltiwanger: And it's page 802 in
10 my APA's, Commissioner.

11 Q. But it's the cancellation notice and I just wanted
12 to clarify that -- show this to you again. You do
13 recall getting this cancellation notice; is that
14 correct? The one that talks about --

15 A. Yeah. Yeah.

16 Q. -- a cancellation?

17 A. Yes, I do.

18 Q. Okay. And it -- just to put this on the record,
19 the effective date of issue would have been July 4th,
20 2014, or at least that's what is shown here --

21 A. That's what's shown --

22 Q. -- on the policy?

23 A. -- on the letter, yes.

24 Q. And it's showing that the effective date of the
25 cancellation would be August 8th, 2014?

1 A. Correct.

2 Q. Okay. Thank you.

3 Ms. Haltiwanger: Now, I'm going to flip
4 over to some other APA's.

5 Commissioner Wilkerson: I understand.

6 Ms. Haltiwanger: And I'm going to Tim's
7 APA's now --

8 Commissioner Wilkerson: Tim's? Okay,
9 we'll go --

10 Ms. Haltiwanger: -- Mr. Killen's.

11 Commissioner Wilkerson: -- UEF Killen,
12 okay. Thank you for doing that; it'd be a
13 mess --

14 Ms. Haltiwanger: Yes.

15 Commissioner Wilkerson: -- with me
16 trying to figure this out this weekend --

17 Ms. Haltiwanger: Yes, sir.

18 Commissioner Wilkerson: -- tossing
19 stuff around and whose pages are what?

20 Ms. Haltiwanger: We would be going
21 later than it was.

22 Q. And -- okay. Well, we mentioned Salina a minute
23 ago; did she handle records -- you said she was a
24 bookkeeper, did she handle records of communication for
25 the company at some points?

1 A. Yes.

2 Q. Would she have been in communication with Adams,
3 Eddy, who I believe was your Insurance Agent?

4 A. Yes, she would.

5 Q. Okay. And -- well, actually, the first one I have
6 here is actually you.

7 Ms. Haltiwanger: So, I'm looking at
8 page 892 of Mr. Killen's APA's.

9 Q. And I've an email here for a -- it looks like it's
10 actually a note in here and I want to see if you can
11 recall a conversation that I believe would have been
12 with Ms. Rabon; this is out of the -- Ms. Rabon's -- do
13 you recall Ms. Rabon?

14 A. Uh-huh.

15 Q. Okay. And who is Mr. Rabon?

16 A. She works with Adams and Eddy, my insurance
17 carrier.

18 Q. Okay. This looks like a note that she made; if
19 you can take a look at that and tell me if you recall
20 this conversation.

21 A. Yes.

22 Q. Okay.

23 A. Yes, I do.

24 Q. And this conversation is talking about -- called
25 about the cancellation you received from Zurich; you

1 called and talked to Ms. Eddy, correct? Excuse me, Ms.
2 Rabon --

3 A. Bonita.

4 Commissioner Wilkerson: Ms. Rabon.

5 A. Bonita.

6 Q. -- with Adams, Eddy.

7 Commissioner Wilkerson: That's okay.

8 Ms. Haltiwanger: I'm getting the names
9 all mixed up.

10 Commissioner Wilkerson: I understand.
11 We're fine.

12 Q. And that you were trying to -- you had a whole
13 bunch of records but you were trying to get the
14 information together for the audit --

15 A. Correct.

16 Q. -- is that a fair --

17 A. Correct.

18 Q. -- fair summary of this?

19 A. Yes.

20 Q. Okay.

21 Commissioner Wilkerson: That's fair.

22 Q. And did you know that an audit was a requirement
23 that you were going to have to deal with with this
24 policy at all?

25 A. As always, I knew it was coming at the end of the

1 year.

2 Q. Okay.

3 A. I did not assume something within two (2) months

4 --

5 Q. Okay.

6 A. -- or three (3) months.

7 Q. Let me ask you this. You mentioned something to
8 Mr. Callas earlier. You said this was the first time
9 you'd ever had an Assigned Risk policy; is that
10 correct?

11 A. To my knowledge.

12 Q. Okay. Why -- was there some specific reason you
13 had to get an assigned risk policy this time --

14 A. I don't know.

15 Q. -- over a regular policy?

16 A. I don't know.

17 Q. Okay.

18 A. I don't understand that.

19 Q. Let's take a look and see what you've got here --
20 at your policy.

21 Ms. Haltiwanger: And now, I'm flipping
22 back to --

23 Commissioner Wilkerson: Are you still
24 in Mr. --

25 Ms. Haltiwanger: -- it's going to be in

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Commissioner Wilkerson: -- Killen's or

--

Ms. Haltiwanger: -- I think I can pull this out of Mr. Killen's because there's --

Commissioner Wilkerson: -- there's probably some duplicates in there, which you would think there would be with all of this but that's okay. I'd rather have more of this than not enough.

Q. -- this is from your policy and I'll show you the whole thing here just to prove to you that that's where it's coming from; it's out of the Insurance Agent's record.

Ms. Haltiwanger: And you'll just have to bear with me.

Commissioner Wilkerson: No, no. We're fine. It's a lot of paper.

Ms. Haltiwanger: There's a lot of paper here.

Q. And this is a copy of your policy --

Commissioner Wilkerson: Can you give me the number --

Q. -- and there's a lot of pages.

Commissioner Wilkerson: -- if you --

1 Ms. Haltiwanger: Yes, sir. It starts
2 on page 842 in Mr. Killen's --

3 Commissioner Wilkerson: -- I'm sorry.
4 okay.

5 Ms. Haltiwanger: -- documents but I'm
6 actually -- I want to show --

7 Commissioner Wilkerson: The whole
8 thing. Okay.

9 Ms. Haltiwanger: -- Mr. Long what I'm
10 referring to so he can see that it's the
11 policy.

12 Commissioner Wilkerson: Okay.
13 Absolutely.

14 Q. Does that look like your policy you would have
15 gotten from American Zurich for Metro Construction?

16 A. Yeah.

17 Q. And we did confirm earlier that this is the
18 correct address for --

19 A. That is correct.

20 Q. -- Metro? Okay. Now, I'm going to refer you just
21 to one (1) page, specifically, that I found here, page
22 860, and it talks about premium audit tips. Do you
23 recall ever seeing that policy in there?

24 A. I'm sure it was in the policy but I assure you
25 that I did not read every letter of that total policy.

1 Q. I know that's a lot.

2 Commissioner Wilkerson: Let me ask a
3 question.

4 Q. It's a lot of paperwork.

5 Commissioner Wilkerson: Let me ask a
6 question.

7 A. But I'd have to agree --

8 Commissioner Wilkerson: Did you ever --

9 A. -- it was probably in there.

10 Commissioner Wilkerson: -- did you ever
11 read your insurance policies? I'm smiling.
12 I did this for twenty-eight (28) years. They
13 said, I don't have a clue what's in this
14 policy, call my Agent. Did you ever read it?

15 Witness: I'm sure I proofed it but no

16 --

17 Commissioner Wilkerson: I understand.

18 Witness: -- I'm sure I didn't read --

19 Commissioner Wilkerson: I understand.

20 Witness: -- five hundred (500) pages of
21 it.

22 Commissioner Wilkerson: Okay.

23 Q. But you would agree with me that there is a
24 document in the -- what I just showed you with the
25 policy that talks about having to have premium audit

1 for your policy?

2 A. Well, the premium audit is a yearend audit, which
3 I'm used to.

4 Q. And that's what you're used to?

5 A. Yes.

6 Q. Okay.

7 Commissioner Wilkerson: That's fair.

8 Q. All right. I understand.

9 Ms. Haltiwanger: Now, let's talk about
10 some more of those documents we were talking
11 about a second ago. I'm going to dig through
12 some more papers so give me a second.

13 Q. Mr. Long, I'm going to ask you to identify this
14 one.

15 Ms. Haltiwanger: And, everyone, this is
16 page 896 in Mr. Killen's APA's.

17 Commissioner Wilkerson: Thank you.
18 Thank you for that.

19 Q. Can you identify that document for me --

20 A. I'm --

21 Q. -- have you gotten -- did get that document, first
22 of all?

23 A. -- I -- I'm sure I did. I don't remember every
24 document but this looks like -- August 21st -- I don't
25 remember.

1 Q. Okay.

2 A. I -- I'm assuming so but I --

3 Q. Okay. And what does this document tell you here?

4 A. -- it is saying that if lapsed -- this is a letter
5 from Adams and Eddy to Metro that the policy actually
6 lapsed on 8/8 of 2014.

7 Q. Okay. And then it also explains to you down here,
8 please be advised there is no coverage in force for you
9 -- and she says Adams, Eddy and Associates, she's
10 talking about the Insurance Agent -- but --

11 A. Uh-huh. Yes.

12 Q. -- she's explaining to you there's no coverage --

13 A. That --

14 Q. -- for Metro Construction?

15 A. -- that is what the letter says, yes.

16 Q. And the letter is dated August 21st, 2014?

17 A. Yep, it is.

18 Mr. Callas: Your Honor, I -- I want to
19 place an objection. Of course he can always
20 testify to his understanding but this letter
21 is from Ms. Rabon --

22 Commissioner Wilkerson: Yes.

23 Mr. Callas: -- and as to the actual
24 meaning of the letter --

25 Commissioner Wilkerson: I understand.

1 Mr. Callas: -- it can't come in --

2 Commissioner Wilkerson: Unless Ms.

3 Rabon is here to testify.

4 Mr. Callas: -- unless Ms. Rabon is here
5 to testify.

6 Commissioner Wilkerson: I understand.

7 Ms. Haltiwanger: Of course. Right.

8 Q. But this is a letter that you -- was sent to Metro
9 Construction?

10 A. It was sent to Metro, yes.

11 Q. Okay. And this is the correct address for Metro
12 Construction: 2526 Caney Branch Road.

13 A. That is correct.

14 Q. Okay. Now, also you testified earlier that you
15 had given the 941's to American Zurich and I believe
16 the date that you testified was August 20th of 2014; is
17 that correct?

18 A. Whatever was on the letter; I --

19 Q. Okay.

20 A. -- I wouldn't lie to you.

21 Q. All right. And so, this -- if we're going by that
22 date, of August 20th, and this letter is dated the day
23 after that, August 21st; is that correct?

24 A. Yes.

25 Q. Okay. Is there an address, an email address, for

1 Metro Construction?

2 A. Yes.

3 Q. And can you tell me what that is?

4 A. I don't know it exactly but it's
5 Metrocon@comporium.net.

6 Q. Okay. And so, I'm going to show you a couple of
7 documents and I just wanted to verify that that was the
8 correct email address --

9 A. Now, that is not my --

10 Q. -- because I do have an email address on here.

11 A. -- I'll go on the record --

12 Q. Okay.

13 A. -- that is not my email address; that is the
14 company email address and I don't even use it.

15 Q. Okay. So, who has access to that company address?

16 A. At this point the -- the -- my brother, Scott, who
17 is the Office Manager --

18 Q. Okay.

19 A. -- for Metro.

20 Q. Okay. So, that may change things.

21 Ms. Haltiwanger: Hold on a second.

22 Commissioner Wilkerson: Okay.

23 Q. And you've never had access to that --

24 A. I don't use it --

25 Q. -- email address?

1 A. -- no. That one is used for --

2 Q. Okay.

3 A. -- billing purposes, billings, receipts, payables;
4 bookkeeper type stuff.

5 Q. All right.

6 Ms. Haltiwanger: Let's see here.

7 Commissioner, bear with me just a second.

8 Commissioner Wilkerson: No, I'm fine.

9 I'm just reading some more of these
10 documents.

11 Q. Did Salina have access to that --

12 A. Yes.

13 Q. -- email address?

14 A. Yes. That is an address that she used for the
15 company, yes.

16 Q. Okay. And if she were getting emails from Bonita
17 Rabon concerning insurance information, would she have
18 been communicating that information to you as the --

19 A. She should have but --

20 Q. -- owner of the company?

21 A. -- yeah, she should have but --

22 Q. Okay.

23 A. -- I'm not sure.

24 Q. Then let me ask you a couple of questions about
25 things that came through that email address and see if

1 you were told about them; if you have any knowledge of
2 them. In October of 2014, are you aware of information
3 coming saying that the policy would have to be
4 rewritten because it had been cancelled?

5 A. Again, I -- I just don't recollect everything;
6 that's a while back. Do I -- did I -- maybe, maybe
7 not. I can't answer that --

8 Q. Okay.

9 A. -- truthfully.

10 Q. Okay. I understand.

11 A. Yes. And -- and my -- I've been blown up too, so

12 --

13 Q. Yes, absolutely.

14 A. -- so, I can't definitely say yes and I can't say
15 no to that.

16 Q. All right. And do you recall anything about them
17 telling -- Ms. Rabon possibly talking with --
18 discussing with Salina and then her talking with you
19 about the fact that the audit would have to be done
20 before it could be rewritten?

21 A. I do remember something in the beginning about the
22 audit because I pressured Salina, I said, be sure to
23 get this done.

24 Q. Okay.

25 A. So, I do remember some statements about the audit

1 --

2 Q. Okay.

3 A. -- and how important it happened to be to get that
4 done.

5 Q. Okay. Great.

6 Ms. Haltiwanger: Flipping through some
7 more pages here. Commissioner, I think
8 that's actually all the documents I need to
9 go through at this point. So, I believe
10 those are my questions for Mr. Long.

11 Witness: Thank you, ma'am.

12 Commissioner Wilkerson: Please.

13 Mr. Cook: Your Honor, may it please the
14 Commission.

15 Commissioner Wilkerson: Sure.

16 Mr. Cook: We're appearing on behalf of
17 the Employer, only, Metro Construction, Inc.

18 Commissioner Wilkerson: I understand.

19 CROSS-EXAMINATION

20 By Mr. Cook:

21 Q. Mr. Long, I -- I apologize; which ear is better
22 for you?

23 A. What?

24 Q. Which ear is better for you?

25 Commissioner Wilkerson: Right.

1 A. Right.

2 Commissioner Wilkerson: Yes. Just come
3 up -- that's fine.

4 Mr. Cook: All right.

5 Q. Mr. Long, the -- the question that I'm going to
6 ask you right now relates to what you understood your
7 coverage situation with American Zurich to be at the
8 time you were injured on November 20th of 2014, okay?
9 And it's this.

10 Commissioner Wilkerson: From the
11 Employer's perspective?

12 Mr. Cook: Well, the Employer eliciting
13 this information from the witness, Your
14 Honor.

15 Commissioner Wilkerson: I see.

16 Q. At the time of your injury is it correct that you
17 had already pre-paid the premium for the full year; is
18 that correct?

19 A. That is correct.

20 Q. At the time of your injury is it also correct that
21 the insurance company had given you a two thousand
22 (\$2,000.00), approximately, dollar refund?

23 A. That is correct.

24 Q. Okay. Is it also true that at the time of your
25 injury on that particular policy a claim had been made

1 by another employee named William Rogers?

2 A. That is correct.

3 Q. And it had been paid; is that correct?

4 A. Correct.

5 Q. All right. At the time of your injury, you had
6 been advised that the insurance company had requested
7 -- wanted additional information for an interim,
8 whatever how they phrased it, audit; is that correct?

9 A. That is correct.

10 Q. At the time of your injury you had already
11 provided that information by means of the 941 form
12 showing your quarterly income; is that correct?

13 A. That is correct.

14 Q. At the time of your injury in -- you had received
15 a letter dated October, which -- from the insurance
16 company -- which indicated that if you had complied
17 with what they wanted you could disregard the letter;
18 is that correct?

19 A. That is correct.

20 Q. All right. Based upon all of that, when you were
21 blown up, along with your son, on November 20th, 2014,
22 did you believe you had satisfied everything necessary
23 to have coverage with American Zurich?

24 A. One hundred percent (100%) so, yes.

25 Q. Okay. All right. Thank you. Now, I've known you

1 for a long time?

2 A. That is correct.

3 Q. We live very close to one another, don't we?

4 A. Yes.

5 Q. We go to the same church?

6 A. Correct.

7 Q. All right. Is it -- would it be a fair

8 characterization that the Long family of

9 Batesburg-Leesville, South Carolina, is phenomenally
10 unlucky?

11 A. I wouldn't think so, no.

12 Q. Let me ask it a different way. You may perceive
13 it different from how outsiders perceive it. Have --
14 have members of your family had their houses burned
15 down?

16 A. Yes.

17 Q. Lost everything?

18 A. Yes.

19 Q. Okay. Has your brother, Jeff, been struck in the
20 head by a rock and have brain damage?

21 A. I've heard that, yes.

22 Q. Okay. All right. And I understand that you,
23 prior to the incident we're here for today, were
24 involved in a DUI accident where a drunk driver struck
25 you; is that correct?

1 A. That is correct.

2 Q. And that you were significantly injured in that;
3 is that right?

4 A. That is correct.

5 Q. Okay. Then on November 20th, 2014, you and your
6 son, Giles?

7 A. Gilligan.

8 Q. Gilligan, I apologize -- I didn't have -- okay,
9 Gilligan, were -- I mean, you were blown up with
10 dynamite; is that accurate?

11 A. Yeah. Like -- yes.

12 Q. All right. I'll ask you the question again.
13 would you consider your family to be somewhat unlucky?

14 A. I can't call it unlucky --

15 Q. Okay.

16 A. -- I'm still alive.

17 Q. Fair enough. Okay. Now, the -- the record --
18 that's a good point, you know?

19 Commissioner Wilkerson: That's the
20 fifty (50) --

21 Mr. Cook: You never reach -- you
22 haven't reached bottom until --

23 Commissioner Wilkerson: -- that's the
24 fifty percent (50%) percent the glass is half
25 full --

1 Mr. Cook: -- yes, sir.

2 Witness: Yeah.

3 Commissioner Wilkerson: -- answer. I
4 understand.

5 Mr. Cook: I must be a --

6 Commissioner Wilkerson: Very positive.

7 Mr. Cook: -- natural born pessimist.

8 Commissioner Wilkerson: It's the
9 careers you all lead.

10 Q. The -- the documentation that has already been
11 introduced into evidence indicates that Metro
12 Construction, Incorporated was formed in 1999; is that
13 consistent with what you recall?

14 A. Yes.

15 Q. All right. And you were responsible for doing
16 that; is that right?

17 A. That is correct.

18 Q. Okay. Metro Construction, would you characterize
19 the work that's done as heavy construction?

20 A. Yes.

21 Q. You use bulldozers?

22 A. Correct.

23 Q. Backhoes?

24 A. Yes.

25 Q. Heavy trucks?

1 A. Yes.

2 Q. All right. Is that work dangerous?

3 A. Yes.

4 Q. Okay. All right. Now, the contracts that Metro
5 Construction engages in, are -- are they worth hundreds
6 of thousands of dollars?

7 A. Yes.

8 Q. Have you ever had a million dollar contract?

9 A. Yes.

10 Q. Okay. All right. You do a lot of utility work
11 through Metro Construction, don't you?

12 A. Yes, we do.

13 Q. All right. As I understand it there is sort of an
14 inherent risk when you're digging that you may dig up
15 somebody else's lines, bust up their water pipes, sewer
16 pipes, that type thing; is that right?

17 A. Yes; sir; it is.

18 Q. Okay. Is it fair to say that there is a
19 significant amount of risk involved in the work that
20 Metro Construction does?

21 A. Yes, it is.

22 Q. Okay. Risks that a contract might not be
23 fulfilled; is that correct?

24 A. Yeah, correct.

25 Q. You would be -- the -- the company would be on the

1 hook for a substantial contractual liability?

2 A. That is correct.

3 Q. Okay. A risk that damage might be done to someone
4 else's property and a claim made against Metro
5 Construction?

6 A. That is correct.

7 Q. Has that ever happened?

8 A. Yeah.

9 Q. Okay. All right. And a risk that somebody might
10 be injured; your -- one of your employees might injure
11 somebody?

12 A. And that's the biggest scare in the risk, yes.

13 Q. All right. Now, would the risk of that type part
14 of the reason why you decided to form a corporation?

15 A. Of course.

16 Q. Okay. What is it that you understand that you got
17 as a result of forming a corporation?

18 A. I -- a few benefits but mostly, talking with
19 attorneys and stuff, my understanding was it separates
20 you, personally, from an entity of a business in a
21 corporation --

22 Q. You --

23 A. -- that was one concern. And, of course, tax
24 purposes --

25 Q. -- right.

1 A. -- and so on.

2 Q. Vernon -- Vernon McElveen is your --

3 A. Accountant --

4 Q. -- Accountant?

5 A. -- yes, sir.

6 Q. All right. Has he indicated to you that there's
7 some Social Security tax benefits to having a
8 corporation formed?

9 A. That is correct.

10 Q. Okay. All right. From the period 1999 through
11 early 2014, had the corporate structure of Metro
12 Construction, Inc. remained intact?

13 A. At some point it was dissolved. What was the
14 word? I don't remember the technical --

15 Q. Forfeiture?

16 A. -- forfeiture.

17 Q. Okay. Let me rephrase that. How many times has
18 your company gone into forfeiture?

19 A. Only once.

20 Q. Okay. That's -- that's -- okay. So, the -- the
21 one time is -- is it, right?

22 A. Right.

23 Q. So -- and it -- the records that are already in
24 evidence indicate that that occurred in early 2014; is
25 that -- does that sound right to you?

1 A. I think so, yeah.

2 Q. Okay. Now, you had been involved in a DUI
3 accident towards the end of 2013?

4 A. October.

5 Q. Right. And you were not able to work; is that
6 right?

7 A. Correct.

8 Q. Were your injuries as a result of that wreck, does
9 that explain why your company went into forfeiture in
10 2014?

11 A. Thank you for bringing that up and yes, it does.

12 Q. Okay. All right. Were you willfully attempting
13 to evade your obligations to file taxes and reports and
14 all of that?

15 A. Absolutely, not.

16 Q. All right. Now, speaking of that, does Metro
17 Construction, Incorporated file corporate tax returns,
18 both State and Federal?

19 A. Yes.

20 Q. Do you always get them in on time?

21 A. No.

22 Q. Have they all been filed at this point?

23 A. Yes.

24 Q. Okay. All right. And you personally file taxes;
25 is that right?

1 A. Oh, of course.

2 Q. Are they joint with your wife or separate?

3 A. Joint.

4 Q. Okay. The income that you report as wages on your
5 personal tax, where are those wages from?

6 A. Metro Construction.

7 Q. All right. And that was -- is that based upon the
8 W-2 --

9 A. That is correct.

10 Q. -- that you were telling me about earlier?

11 A. (Nodded head in an up-and-down motion).

12 Q. Okay. All right. So, your -- and you understand
13 that you wear several hats in this situation, don't
14 you?

15 A. I do.

16 Q. You're an employee, you're a shareholder; you
17 understand that, right?

18 A. Yes.

19 Q. Okay. All right. Now -- and have you always
20 received a W-2 from Metro Construction since its been a
21 corporation?

22 A. Always.

23 Q. Okay. All right. The -- part of the work that
24 Metro Construction did at that time involved the
25 handling of explosive materials --

- 1 A. Some.
- 2 Q. -- is that correct?
- 3 A. Yes.
- 4 Q. All right. The State Fire Marshall has general
5 oversight of that; does it not?
- 6 A. Correct.
- 7 Q. Okay. As part of the submissions that -- that I
8 submitted on behalf of your company, there were permits
9 from the -- the State Fire Marshall for -- I think they
10 were called magazine permits; does that sound correct?
- 11 A. Correct.
- 12 Q. All right. And those permits are issued in the
13 name of the company; do I understand that correctly?
- 14 A. That is correct.
- 15 Q. All right. I also submitted on behalf of the
16 Corporation certain investigative reports from the
17 State Fire Marshall; are you familiar with those,
18 general speaking?
- 19 A. Yeah.
- 20 Q. You get inspected --
- 21 A. Yes.
- 22 Q. -- don't you?
- 23 A. Yes, sir.
- 24 Q. All right. And when they issue those reports,
25 those reports are issued as to Metro Construction, Inc.

1 --

2 A. Yeah.

3 Q. -- not Gregg Long; is that correct?

4 A. That is correct.

5 Q. Okay. So, is it fair to say that the activity
6 that you were engaged in on November 20 of 2014, was
7 being done under a permit issued to the Corporation and
8 subject to the Corporation being investigated for how
9 well it was connected?

10 A. That is correct.

11 Q. And on November 20 of 2014, the wages that you
12 earned for your work that day were paid from the
13 Corporation to you as an employee on a w-2; is that
14 correct?

15 A. That is correct.

16 Q. All right. Thank you.

17 Mr. Cook: That's all that I have, Your
18 Honor.

19 Commissioner Wilkerson: I wouldn't
20 think you'd have any questions from all of
21 that.

22 Mr. Callas: Nothing further.

23 Commissioner Wilkerson: I doubt you'd
24 have any. You might have one (1) or two (2).
25 We're getting into business law, let's keep

1 on going; I like this.

2 RECROSS-EXAMINATION

3 By Mr. Killen:

4 Q. Mr. Long, I'm going to show you what is page 916
5 of the Fund's APA submissions.

6 Commissioner Wilkerson: 916, okay.

7 Hold on.

8 Q. This is information from the South Carolina
9 Secretary of State's office.

10 A. Uh-huh.

11 Q. So, what -- what date does it show that the
12 company went into forfeiture?

13 A. 9 -- oh, that's a -- let's see, forfeiture date,
14 3/3 of 2014.

15 Q. That's March 3rd, 2014, correct?

16 A. Yes.

17 Q. Okay. And when was it reinstated?

18 A. Reinstatement is 12/14 of 2016.

19 Q. That's December 14th --

20 A. Yes, December 14th.

21 Q. -- of 2016?

22 A. '16.

23 Q. That was after I took your deposition in this
24 matter, correct?

25 A. Yeah. If you say so; I don't remember the

1 deposition date.

2 Q. All right.

3 Mr. Killen: That's all. Thank you.

4 Ms. Haltiwanger: Nothing -- nothing
5 further.

6 Mr. Callas: I have --

7 Commissioner Wilkerson: I wouldn't
8 think.

9 Mr. Callas: -- a couple.

10 Commissioner Wilkerson: Okay.

11 REDIRECT EXAMINATION

12 By Mr. Callas:

13 Q. Mr. Long, what is your understanding when you got
14 your company back in good standing as to the
15 dissolution of the company?

16 Mr. Killen: Objection, Commissioner,
17 that's a legal conclusion.

18 Commissioner Wilkerson: Well, he can
19 tell me what his --

20 Mr. Callas: Understanding.

21 Commissioner Wilkerson: --
22 understanding is. I don't disagree with that
23 but --

24 Mr. Killen: Okay.

25 Q. What is your understanding when you paid the --

1 Commissioner Wilkerson: -- because he's
2 a business owner.

3 A. It was --

4 Q. -- the back taxes, what was your understanding?

5 A. -- it was my understanding that it would be
6 reinstated as if it never was dissolved.

7 Mr. Callas: No further questions, Your
8 Honor.

9 Commissioner Wilkerson: I -- yes, it is
10 a legal. Okay. Anything else? Anything
11 else? Any other witnesses?

12 Mr. Callas: Not from the claimant.

13 Commissioner Wilkerson: Okay. I -- I
14 wouldn't think so. No.

15 Mr. Killen: I could call him again but
16 --

17 Commissioner Wilkerson: No. I wouldn't
18 think so.

19 Ms. Haltiwanger: No, because you --

20 Mr. Cook: No, sir.

21 Commissioner Wilkerson: Okay. This
22 concludes our hearing that started in -- on
23 February 28th, I think, and finished up today
24 on March the 13th. So, let me meet with the
25 attorneys. Thank you all. I appreciate it.

1 Thanks.

2 (THERE BEING NO FURTHER QUESTIONS, THE HEARING CONCLUDED AT
3 10:44 A.M.)
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STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Gregg Long, vs. Metro Construction, Incorporated;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 249 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 22nd Day of April, 2018.

Gloria G. Davis
Gloria G. Davis
Notary Public for South Carolina
My Commission Expires 12/21/21

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WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS ADAMS EADDY AND ASSOCIATES INSURANCE PO BOX 5595 COLUMBIA, SC 29250-5595		COMPANY:	
PRODUCER NAME: STEVE OCHOCINSKY		UNDERWRITER:	
CS REPRESENTATIVE: BONITA RABON		APPLICANT NAME: METRO CONSTRUCTION, INC & METRO UTILITIES, LLC	
OFFICE PHONE (A/C. No. Ext.): (803) 254-9404 Ext. 180		OFFICE PHONE: (803) 532-2795 MOBILE PHONE:	
MOBILE PHONE:		MAILING ADDRESS (Including Zip + 4): 2526 CANEY BRANCH RD LEESVILLE, SC 29070-8928	
FAX (A/C. NO.): (803) 758-1408		YRS IN BUS: 5	
EMAIL ADDRESS: SOCHOCINSKY@ADAMSEADDY.COM		SIC:	
CODE:		NAICS:	
SUB CODE:		Website Address:	
AGENCY CUSTOMER ID:		E-MAIL ADDRESS:	
SOLE PROPRIETOR ☒ CORPORATION ☐ LLC ☐ TRUST ☐ UNINCORPORATED ASSOCIATION ☐		PARTNERSHIP ☐ SUBCHAPTER 'S' CORP ☐ JOINT VENTURE ☐ OTHER ☐	
CREDIT BUREAU NAME:		ID NUMBER:	
FEDERAL EMPLOYER ID NUMBER: 57-1084423		NCCI RISK ID NUMBER: 390035446	
OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE:			

STATUS OF SUBMISSION**BILLING / AUDIT INFORMATION**

☐ QUOTE	☐ ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
☐ BOUND (Give date and/or attach copy)	☐ AGENCY BILL	☐ ANNUAL	☐ OTHER	☐ AT EXPIRATION
☒ ASSIGNED RISK (Attach ACORD 133)	☐ DIRECT BILL	☐ SEMI-ANNUAL	☐ QUARTERLY	☐ MONTHLY
		☐ QUARTERLY	☐ % DOWN:	☐ QUARTERLY

LOCATIONS

LOC #	Highest Floor	STREET, CITY, COUNTY, STATE, ZIP CODE
1		2526 CANEY BRANCH RD LEESVILLE, SC 29070-8928

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	☐ PARTICIPATING	RETRO PLAN
			☐ NON-PARTICIPATING	
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES (N/A in WI)	AMOUNT / % (N/A in WI)
SC	\$ 500,000 EACH ACCIDENT		☐ MEDICAL	☐ U.S.L. & H.
	\$ 500,000 DISEASE-POLICY LIMIT		☐ INDemnITY	☐ VOLUNTARY COMP
	\$ 500,000 DISEASE-EACH EMPLOYEE			☐ FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$18,025.00	TOTAL MINIMUM PREMIUM ALL STATES \$0.00	TOTAL DEPOSIT, PREMIUM ALL STATES \$9,012.00

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	GREG LONG	(803) 532-2795		
ACCTING RECORD	GREG LONG	(803) 532-2795		
CLAIMS INFO	GREG LONG	(803) 532-2795		

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.080 RSMo.

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/ PAYROLL
SC		LONG, GREG		PRES	100	MANAGEMENT	I	6217	0

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: South Carolina

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	6217		EXCAVATION DRIVERS	2				69000	12.01	8287
1	6306		SEWER CONSTRUCTION-ALL OPERATIONS DRIVERS	2				43700	14.64	6398
1	6319		GAS MAIN OR CONNECTION CONSTRUCTION DRIVERS	1				1150	8.66	100
1	8227		CONSTRUCTION OR ERECTION PERMANENT YARD	1				1150	8.34	96
	6217		LONG, GREG - PRES	1				0	12.01	4684

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N/A	\$0			\$0
INCREASED LIMITS		\$157.00	SCHEDULE RATING *		\$0
DEDUCTIBLE *	0	\$0	CCPAP		
			STANDARD PREMIUM		\$17,748.00
EXPERIENCE OR MERIT MODIFICATION	.9	\$0	PREMIUM DISCOUNT		\$0.00
		\$0	EXPENSE CONSTANT	N/A	\$230.00
ASSIGNED RISK SURCHARGE *	0	\$0.00	TAXES / ASSESSMENTS *	N/A	\$0.00
ARAP *	1.00	\$0.00			\$0

* N/A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$18,025.00	\$1,407.00	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NCCI APP# 32841580

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MCD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO: _____ POL #: _____						
	CO: _____ POL #: _____						
	CO: _____ POL #: _____						
	CO: _____ POL #: _____						
	CO: _____ POL #: _____						

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS, MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Grading Contractor

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) CURRENT COVERAGE CANCELLED FOR NON-PAY	Y
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? (If "YES", explain including entity name(s) and policy number(s))	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials: <u>XGL</u>)			
Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only. Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only. Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only. Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only. Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
<u>[Signature]</u>	<u>4/9/14</u>	<u>[Signature]</u>	<u>167963</u>



WORKERS COMPENSATION INSURANCE PLAN ASSIGNED RISK SECTION

DATE (MM/DD/YYYY)

THIS FORM ALONG WITH AN ACORD 130 WORKERS COMPENSATION APPLICATION CONSTITUTE AN APPLICATION FOR WORKERS COMPENSATION INSURANCE PLAN (ASSIGNED RISK) COVERAGE. THIS FORM MUST BE ATTACHED TO AN ACORD 130 FOR SUBMISSION. PLEASE REFER TO THE STATE SPECIFIC INSTRUCTIONS PAGE FOR SPECIFIC REQUIREMENTS.

APPLICANT NAME
METRO CONSTRUCTION, INC & METRO UTILITIES, LLC

PROPOSED EFF DATE
04/04/2014

SUPPLEMENTAL INFORMATION

PAYROLL OFFICE NAME, ADDRESS AND TELEPHONE NUMBER (A PO BOX ADDRESS ALONE IS NOT ACCEPTABLE. PLEASE PROVIDE DRIVING INSTRUCTIONS IF A ROUTE ADDRESS IS SHOWN.)

GREG LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

STATE DEVELOPING HIGHEST PAYROLL: SC

EXPLAIN ALL "YES" RESPONSES IN THE REMARKS SECTION

YES NO

1. HAS THERE BEEN PREVIOUS WORKERS COMPENSATION COVERAGE
IN THIS STATE?

☒ Y ☐ N

IN ANY OTHER STATE?

☐ Y ☒ N

-IF NO TO BOTH QUESTIONS, WAS THIS DUE TO: ☐ NEW BUSINESS ☐ SELF INSURED-INDEP ☐ SELF INSURED-GROUP ☒ # EMPLOYEES

2. IS THERE ANY UNPAID WORKERS COMPENSATION PREMIUM DUE OR IN DISPUTE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).

☐ Y ☒ N

3. YEAR APPLICANT'S BUSINESS BEGAN: 2009

4. HAS THERE BEEN A NAME CHANGE, CONSOLIDATION, MERGER ACQUISITION, SALE, PURCHASE OR TRANSFER OF ASSETS OR OWNERSHIP CHANGE DURING THE PAST FIVE (5) YEARS? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

☐ Y ☒ N

5. IS APPLICANT RELATED THROUGH COMMON MANAGEMENT OR OWNERSHIP TO ANY ENTITY NOT LISTED ON THE ACORD 130 FORM, WHETHER COVERAGE IS REQUIRED OR NOT? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

☐ Y ☒ N

6. DO YOU LEASE WORKERS FROM A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)? IF YES, REFER TO WCIP INSTRUCTIONS.

☐ Y ☒ N

NAME OF PROFESSIONAL EMPLOYER ORGANIZATION (PEO): _____

7. DO YOU LEASE WORKERS TO A CLIENT COMPANY? IF YES, REFER TO WCIP INSTRUCTIONS.

☐ Y ☒ N

8. ARE YOU SEEKING TO COVER THE LEASED WORKERS? IF YES, REFER TO WCIP INSTRUCTIONS.

☐ Y ☒ N

9. DO YOU PROVIDE TEMPORARY ARRANGEMENT SERVICES TO OTHER EMPLOYERS? IF YES, PROVIDE A TEMPORARY LABOR CONTRACTOR EMPLOYEE FORM.

☐ Y ☒ N

10. DO YOU HAVE A FRANCHISE OR LICENSING AGREEMENT? IF YES, PROVIDE A COPY OF THE AGREEMENT.

☐ Y ☒ N

11. IS COVERAGE REQUESTED FOR A SPORTS TEAM? IF YES, PROVIDE NAME OF SPORTS TEAM AND DOMICILED STATE.

NAME OF SPORTS TEAM: _____ DOMICILED STATE: _____

☐ Y ☒ N

12. DO TRUCKING CLASSIFICATIONS APPLY? IF YES, COMPLETE QUESTIONS 13 - 20.

☐ Y ☒ N

13. DO YOU OR YOUR EMPLOYEES REGULARLY OPERATE FROM A BASE TERMINAL(S) WHICH IS (ARE) USED TO LOAD, UNLOAD, STORE OR TRANSFER FREIGHT? IF YES, PLEASE PROVIDE A LIST OF TERMINAL ADDRESSES:

☐ Y ☐ N

#	STREET	CITY	COUNTY	ST	ZIP CODE
1					
2					
3					

14. CAN EACH DRIVER'S STATE OF MAJORITY DRIVING TIME BE ESTABLISHED THROUGH VERIFIABLE RECORDS OR LOGS?

☐ Y ☐ N

15. PLEASE PROVIDE A LIST OF ALL DRIVERS/HELPERS AND THEIR STATE OF RESIDENCE:

	DRIVER NAME	TERMINAL # (SEE ABOVE)	MAJORITY DRIVING STATE	RESIDENCE STATE
1				
2				
3				

16. WHAT TYPE(S) OF GOODS ARE BEING HAULED? (e.g., coal, dry goods, explosives, scaffolding, water / waste fluids from oil field sites, etc.)

17. DO YOU OWN THESE GOODS?

☐ Y ☐ N

18. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY RETAIL STORE(S)? IF YES, PROVIDE COPY OF CONTRACT(S).

☐ Y ☐ N

19. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY POSTAL SERVICE? IF YES, PROVIDE COPY OF CONTRACT(S).

☐ Y ☐ N

20. WITHIN WHAT MILE RADIUS IS HAULING DONE? # MILES: _____

☐ Y ☐ N

INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE					YES	NO
21. HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? (INCLUDE MULTI-LINE OR RETROSPECTIVE RATING PLAN, IF APPLICABLE) IF YES, PROVIDE FULL DETAILS INCLUDING PLAN TERMS IN THE REMARKS SECTION.					☐	☒ N
22. INDICATE THE NUMBER OF INSURANCE COMPANIES WHICH HAVE REFUSED THE APPLICANT COVERAGE IN THE LAST 60 DAYS (OR IN ACCORDANCE WITH STATE SPECIFIC GUIDELINES): 4						
LIST COMPANY NAMES, REPRESENTATIVE NAMES, TELEPHONE NUMBERS AND DATES OF REFUSALS. REFER TO WCIP TO VERIFY REQUIREMENTS.						
COMPANY NAME	REPRESENTATIVE NAME	TELEPHONE NUMBER	DATE OF REFUSAL	COMMENTS		
PREMIUM PAYMENT (Refer to WCIP instruction sheet for state requirements)					YES	NO
23. IS THE PREMIUM FINANCED THROUGH A THIRD PARTY PREMIUM FINANCE COMPANY? IF YES, A COPY OF THE AGREEMENT MUST BE PROVIDED.					☐	☒ N
24. IN APPLICABLE JURISDICTIONS ON QUALIFYING RISKS, IS THE LOSS SENSITIVE RATING PROGRAM (LSRP) CONTINGENCY DEPOSIT BEING PAID IN FULL AT THIS TIME?					☐	☒ N
25. INITIAL OR ESTIMATED ANNUAL DEPOSIT PREMIUM IS REQUIRED IN ORDER TO BIND COVERAGE. THE FOLLOWING PAYMENT METHODS MAY BE USED TO SUBMIT THE REQUIRED INITIAL OR DEPOSIT PREMIUM:						
1. Credit Card (for applications submitted ONLINE at ncci.com ONLY) 2. Electronic funds transfer (EFT) in the form of an Automated Clearing House (ACH) transaction Note: For 1 & 2 above, refer to instructions provided within NCCI's <i>RMAPS Online Application Service</i> payment screens. All payments by credit card and electronic funds transfer must accompany completed and signed ACORD 130 and 133 forms. 3. Check or Money Order (for MAILED applications ONLY) 1. ONLY the following types of payment, made payable to NCCI, Inc., are acceptable: a. Checks: Applicant's, Cashier's, Producer's, Finance Company(s) b. Money Order 2. All checks and money orders MUST be made payable to NCCI, Inc., and accompany completed and signed ACORD 130 and 133 forms.						
NO CREDIT CARD OR BANKING INFORMATION SHOULD BE ENTERED ON THE HARDCOPY ACORD 130 or 133 FORMS. A DELAY IN PROCESSING YOUR APPLICATION MAY OCCUR SHOULD THIS INFORMATION BE INCLUDED ON THE SUBMITTED FORMS.						
By submitting this assigned risk workers compensation insurance application, the Applicant authorizes NCCI to debit the account name/number that the undersigned Applicant, or the undersigned Producer on Applicant's behalf, has designated and provided to NCCI, for the amount of this transaction. The Applicant further understands and agrees that all premium transactions and/or premium-related transactions must be processed and accepted by NCCI and the account name/number that the undersigned Applicant, or the undersigned Producer on Applicant's behalf, has designated and provided to NCCI, to be considered received by the Plan Administrator.						

REMARKS (Attach additional sheets if more space is required)

NCCI APP# 32841580

APPLICANT'S STATEMENT

The undersigned Applicant hereby certifies that he/she has read and understands the questions and statements in this application, which is comprised of both the ACORD 130 and ACORD 133 forms. In consideration of coverage being afforded under the applicable Workers Compensation Insurance Plan developed or administered by NCCI (WCIP or Plan), by signing below, the Applicant also certifies that any and/or all responses provided in or to this application, which is comprised of both the ACORD 130 and ACORD 133 forms, are true and accurate and Applicant further understands and agrees that:

- Since he/she has been unable to secure workers compensation coverage in a regular manner through any other insurance carrier or provider, this coverage is being afforded under the applicable WCIP, and that the applicable rates and rating programs charged may be higher than those in the voluntary market.
- Coverage is NOT bound until the completed and signed application is received with the required initial or estimated annual deposit premium and eligibility is determined by the Plan Administrator.
- Provided that Applicant is determined to be eligible and in good faith entitled to WCIP insurance, based upon the information provided herein or otherwise available to the Plan Administrator, coverage will be bound in accordance with WCIP rules. See the WCIP for applicable binding rules.
- In approved jurisdictions, NCCI's Voluntary Coverage Assistance Program (VCAP® Service) applies to all employers seeking coverage under the Workers Compensation Insurance Plan, and:
 - Is integrated with and operates as a supplemental program to NCCI's WCIP; and
 - Operates in conjunction with NCCI's Residual Market Application Processing System (RMAPS® Online Application Service); and
 - Is designed as a depopulation tool to provide an additional source for producers and employers to secure workers compensation coverage in the voluntary market; and
 - All applications (electronic, phone-in, or mail-in) submitted to the Plan Administrator are reviewed to determine if they meet any of the preselected criteria specified by a participating voluntary carrier; and
 - If the Applicant meets the criteria of an authorized voluntary carrier (VCAP® User) and an offer of voluntary coverage is provided, the Applicant, its representative, and/or the producer, must accept a reasonable offer of voluntary coverage in accordance with the WCIP and VCAP® Service provisions, and further Applicant will be deemed ineligible for coverage under the WCIP if Applicant does not accept such reasonable offer of voluntary coverage; and
 - If an application does not meet any VCAP® User's criteria, the application will continue through NCCI's RMAPS® Online Application Service.

If deemed eligible under the WCIP and as further consideration of policy issuance under the WCIP, by signing below, the undersigned Applicant also agrees:

- To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address; and
- To comply substantially with all laws, orders, rules, and regulations in force and effect issued by the public authorities relating to the welfare, health, and safety of employees; and
- To comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees; and
- To take no action in any form to evade the application of an experience rating modification determined in accordance with the applicable experience rating rules, as determined by NCCI, Inc.; and
- To comply with all WCIP rules and procedures and policy terms and conditions, including without limitation, those relating to audits, inspections, loss prevention, and/or premium payments, to maintain WCIP eligibility and coverage.

OUTSTANDING BONA FIDE DISPUTE

The undersigned Applicant also certifies that he/she has no outstanding bona fide dispute as provided in NCCI's WCIP with any producer or company in regard to: (a) payroll records; (b) the amount of premium charged; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding employees; (e) the handling of any claim or accident report except the following:

LOSS SENSITIVE RATING PLAN (LSRP)

In applicable jurisdictions where the NCCI's Loss Sensitive Rating Plan (LSRP) has been approved for use, the undersigned applicant further understands and agrees that by signing below, I (applicant) acknowledge that the Loss Sensitive Rating Plan (LSRP) has been explained to me, and I agree to be bound by the terms of such plan if my standard premium meets or exceeds the premium eligibility requirement. If these conditions are met, an additional LSRP contingency deposit equal to 20% of standard premium will be required; and

- At the time of application, LSRP has been explained to applicant by the Producer submitting this application on behalf of the applicant; and
- The above referenced additional LSRP contingency deposit is in addition to the initial or deposit premium required in accordance with the WCIP.

APPLICANT COMMUNICATIONS

1. By selecting the "Yes" option adjacent to this #1 section, the undersigned Applicant consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by Applicant, or provided by the Producer on Applicant's behalf, to NCCI. ☐ Yes ☒ NO
2. If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent: _____
3. By selecting the "Yes" option adjacent to this #3 section, the undersigned Applicant consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically to the Applicant. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Applicant by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Applicant's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing. ☐ Yes ☒ NO

APPLICANT'S STATEMENT (Continued)

4. If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent:

The undersigned Applicant understands and agrees that by selecting the "Yes" option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by or on behalf of the Applicant in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Applicant releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Applicant's designated email address as provided to NCCI and/or the assigned carrier by or on behalf of the Applicant in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Applicant's email address.

The undersigned Applicant further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Applicant's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

NON-COMPLIANCE WITH AGREEMENTS OR CERTIFICATIONS

The undersigned Applicant further understands and agrees that violation of or non-compliance with any of the above agreements or certifications may result in cancellation of a policy of insurance issued under a Workers Compensation Insurance Plan and/or ineligibility for coverage under a Workers Compensation Insurance Plan.

APPLICANT'S NAME (PRINT OR TYPE) METRO CONSTRUCTION, INC & METRO UTILITIES, LLC

SIGNATURE (MUST BE OFFICER, OWNER OR PARTNER)

DATE (MM/DD/YYYY)

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER

PRODUCER COMMUNICATIONS

- By selecting the "Yes" option adjacent to this #1 section, the undersigned Producer consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by the Producer to NCCI. ☐ Yes ☒ NO
- If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent:
- By selecting the "Yes" option adjacent to this #3 section, the undersigned Producer consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Producer by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Producer's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing. ☐ Yes ☒ NO
- If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent:

The undersigned Producer understands and agrees that by selecting the "Yes" option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by the Producer in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Producer releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Producer's designated email address as provided to NCCI and/or the assigned carrier by the Producer in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Producer's email address.

The undersigned Producer further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Producer's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

PRODUCER'S CERTIFICATION

THE PRODUCER ALSO CERTIFIES THAT HE/SHE HAS BEEN AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE APPLICANT AND THAT ALL INFORMATION PROVIDED ON THE ACORD 130 AND 133 IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

AGENCY FEIN 57-0405583		AGENCY LICENSE NUMBER		AGENCY PHONE NUMBER (A/C, No, Ext) (803) 254-9404 Ext 180		AGENCY FAX NUMBER (A/C, No) (803) 758-1406		
PRODUCER RESIDENT LICENSE NUMBER 167963			STATE	EXPIRATION DATE	PRODUCER NON-RESIDENT LICENSE NUMBER			STATE
PRODUCER NAME (PRINT OR TYPE) STEVE OCHOCINSKY			PRODUCER SIGNATURE <i>B. P. Ochockinsky</i>			DATE (MM/DD/YYYY) 4/9/14		
E-MAIL ADDRESS: SOCHOCINSKY@ADAMSEADDOY.COM								

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER.


ZURICH
PREMIUM AUDIT
P.O. BOX 2927
HARTFORD, CT 06104-2927

ePHR Invitation Letter	
www.ephr.com	
User ID	4574X4185
PIN	90308818

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

Date of Notice: 09/19/2014
Policy Period: 04/04/2014 to 08/08/2014
Policy Numbers: UB-2E14299A

Customer Service: 800-842-4271

Dear Policyholder,

At Travelers, the success of your business is a top priority. That's why we periodically conduct premium audits; it's our way to ensure that your Workers Compensation policy accurately reflects your business exposures.

It's Time for Your Premium Audit

In accordance with the terms of your policy, it's now time for you to complete the annual premium audit for your business. For your ease and convenience, we invite you to use our Electronic Policy Holder Report (ePHR®). This online tool guides you through the audit process, allowing us to collect the information we need to analyze your business results from the past year and make adjustments to your policy premium, if necessary. By using ePHR, you can save or print a copy of your completed report and directly upload the required supporting documentation. The tool is available 24 hours a day, 7 days a week and allows you to save your work in progress.

Getting Started

To complete the ePHR, you will need:

- Payroll information (such as summaries or journals).
- The last four quarters of Federal Form 941 or state wage reports.
- Some businesses may be required to provide subcontractor information and/or certificates of insurance.

To access ePHR, go to www.ephr.com and select the "New User? Register Now >>" link. Use the temporary user ID and PIN found at the top of this letter for registration. On-screen instructions will assist you and allow you to delegate access if you prefer another employee, accountant or bookkeeper to provide the information.

We're Here to Help

Please complete your premium audit *within 15 days* of the "Date of Notice" which is indicated at the top of this letter. If you need assistance accessing or completing ePHR, please contact Customer Service at 800-842-4271.

We appreciate your cooperation with your premium audit. The information you provide is company confidential and is for internal use only.

We thank you in advance for your cooperation and assistance in this matter.

The Zurich Insurance Company has been assigned as the servicing carrier for your Assigned Risk Workers' Compensation Insurance policy. They have contracted with Travelers to service your policy.

SAFETY SERVICES

Notice to policy recipient: If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control department has the experience, resources and capabilities to provide a range of safety services, including site surveys, phone consultations, as well as provide access to numerous safety-related materials.

We have experience in a variety of industries, some of which include manufacturing, wholesale and retail businesses, service organizations, technology-related business, oil and gas-based business, and the public sector.

Following are some examples of available safety services:

Accident Prevention – Our staff can help you identify present and potential hazards in your operations, premises and equipment, and recommend measures for reducing or eliminating these hazards.

Analysis of Accident Causes – Although you investigate and keep records of accidents, we are available to assist if needed.

Safety Consultations – Our Consultants can help you with special problems such as ergonomics and human factors.

Industrial Hygiene/Health Services – We have the facilities and resources to answer your questions concerning job related industrial hygiene/health issues and to measure exposure to industrial hygiene hazards.

Safety Literature and Digital Media – We can provide you with top-notch safety-related literature, CDs, DVDs, and videos to assist in your loss control efforts. Also, we can direct you to several vendors who are able to provide additional safety materials, including brochures, pamphlets and digital media.

Safety Training – We offer face-to-face classroom courses, as well as distance learning programs that explore the risks our policyholders face and ways for them to control losses.

Return-To-Work Coordination – We can assist you with several aspects of the post injury management process.

Internet Website – Visit our Risk Control website for access to our safety newsletters and other safety literature at: <http://www.travelers.com/riskcontrol>

This website also has links to other safety-related Internet sites.

Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

SAFETY IS YOUR CONCERN

U.S. employers spend billions of dollars each year on the direct and indirect costs of work-related accidents. Dollar figures can't begin to reflect the pain and suffering of an injured worker and his or her family. But they do give some indication of the multiple consequences of a job-related accident... loss of time, interrupted production, damaged materials and equipment, the expense of retraining or replacing an injured worker, possible legal action from government regulatory agencies, and increased insurance costs.

It makes good sense for both employers and their employees to actively participate in a sound accident prevention program. The success of such a program depends to a large extent on your commitment to safety procedures and accident prevention techniques. Safety is a management concern. Maybe we can help.

You may want to consider the following "Safety Checkpoints" as you evaluate your organization's safety activities:

SELF-INSPECTION PROGRAM:

- Do you conduct periodic surveys of premises?... equipment?... operations?

SELF-INSPECTION PROGRAM (continued):

- Do you analyze each job to find inherent hazards?
- If you discover hazards, do you follow up with immediate corrective action?
- Do you monitor such action to make sure it is implemented and effective?

ACCIDENT INVESTIGATION:

- Do you investigate each accident?...determine the cause?
- Do you take immediate steps to prevent a recurrence?
- Do you keep records of accident investigations and follow-up measures?
- Do you complete accident statistics and analyze trends?

EDUCATION AND TRAINING:

- Do you take the time to train each of your employees to perform tasks safely?
- Do more-experienced employees receive training to correct bad habits that have developed over time?
- Do all employees understand that safety is an important part of their jobs?

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

ALABAMA
Birmingham
3000 Riverchase Galleria
Ste. 600
Birmingham, AL 35244
(678) 317-7708
Claims: 1-800-238-6214

CALIFORNIA
San Diego
9325 Sky Park Court, Ste. 220
San Diego, CA 92123
(714) 612-0682

HAWAII
Orange, CA
333 City Blvd. W
Suite 1100
Orange, CA 92868
(714) 620-0682

ALASKA
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

CALIFORNIA
Walnut Creek
225 Lennon Lane, Ste. 105
P.O. Box 8090
Walnut Creek, CA 94596-8090
Risk Control: (925) 945-4171
Claims: (800) 842-7354

IDAHO
Portland, OR
4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

ARIZONA
Phoenix
2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
(720) 200-8355

COLORADO
Denver
6060 S. Willow Dr. #300
Greenwood Village, CO 80111
(720) 200-8355
Claims: 720-200-8100

ILLINOIS
Chicago
200 North LaSalle Street
Suite 2200
Chicago, IL 60601
(630) 961-8074
Claims: 800-842-6172

ARKANSAS
Richardson, TX
1301 E. Collins Blvd
Richardson, TX 75081
(214) 570-6675

CONNECTICUT
Hartford
300 Windsor Street
Hartford, CT 06120
(860) 954-3741
Claims: (860) 954-5190

ILLINOIS
Naperville
215 Shuman Boulevard
P.O. Box 3208
Naperville, IL 60566
(630) 961-8074
Claims: 800-842-6172

CALIFORNIA
Diamond Bar
21688 Gateway Center Drive
P.O. Box 6512
Diamond Bar, CA 91765-8512
Risk Control: (714) 620-0682
Claims: (909) 612-3000

DELAWARE
Washington, DC
10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 1-800-368-3562

INDIANA
Indianapolis
Suite 300
6081 East 82nd Street
Indianapolis, IN 46250
(317) 845-1479
Claims: 800-238-6210

CALIFORNIA
Glendale
700 N. Central Avenue, 4th Floor
P.O. Box 1840
Glendale, CA 91209
Risk Control: (714) 620-0682
Claims: (909) 612-3000

DISTRICT OF COLUMBIA
Washington, DC
14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 1-800-368-3562

IOWA
Des Moines
7101 Vista Dr.
West Des Moines, IA 50266-9313
(651) 310-4422
Claims: 800-255-5072

CALIFORNIA
Los Angeles
888 South Figueroa St., Ste. 500
Los Angeles, CA 90017
(714) 620-0682
Risk Control: (714) 620-0682
Claims: (909) 612-3000

FLORIDA
Orlando
2420 Lakemont Dr
Orlando, FL 32814
(407) 388-3307
Claims: 407-388-2400

KANSAS
Kansas City
7465 West 132nd
Overland Park, KS 66213
(913) 685-5109

CALIFORNIA
Sacramento
11070 White Rock Road, Suite 130
Rancho Cordova, CA 95670
Risk Control: (916) 852-5245
Claims: (800) 727-3995

GEORGIA
Atlanta
1000 Windward Concourse
Alpharetta, GA 30005
(678) 317-7708
Claims: 800-238-6214

KENTUCKY
Louisville
Suite 150
303 N Hurstbourne Pkwy
Louisville, KY 40222
(502) 429-7390
Claims: 800-238-6210

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

LOUISIANA
New Orleans

3838 N. Causeway, Suite 2700
Metairie, LA 70002
P.O. Box 61479
New Orleans, LA 70161-1479
(504) 832-7562
Claims: 800-842-2556

MAINE

Portland, ME

207 Larrabee Road, Suite 3
Westbrook, ME 04092
(207) 857-2021

MARYLAND

Washington, DC

14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 1-800-368-3562

MASSACHUSETTS

Boston

100 Summer Street, Suite 201A
Boston, MA 02110
(781) 817-8370
Claims: 800-832-7839

MASSACHUSETTS

Hudson

1 Cabot Road
Suite 250
Hudson, MA 01749
(781) 817-8370
Claims: 800-832-7839

MASSACHUSETTS

Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims: 800-832-7839

MICHIGAN

Grand Rapids

3777 Sparks Ave. SE, Ste. 200
P.O. Box 3010
Grand Rapids, MI 49501-0323
(248) 312-7301
Claims: 800-238-6210

MICHIGAN

Troy

1301 W. Long Lake Rd., Ste. 300
Troy, MI 48098
(248) 312-7301
Claims: 800-238-6210

MINNESOTA

St. Paul

385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

MISSISSIPPI

Jackson

1080 River Oaks Dr
Ste B-200
Flowood, MS 39232
(601) 936-8212
Claims: 1-800-342-4064

MISSOURI

Maryland Heights

940 West Port Plaza, Suite 450
Maryland Heights, MO 63146
(913) 685-5109
Claims: 800-842-9621

Kansas City

7465 West 132nd
Overland Park, KS 66213
(913) 685-5109
Claims: 800-255-5072

Missouri Workers'

Compensation Plan (MWCP)

1000 Walnut Street
Kansas City, MO 64199
(816) 391-1123

MONTANA

Portland, OR

4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276

NEBRASKA

Omaha

11516 Miracle Hills Dr., Ste. 400
Omaha, NE 68154
(651) 310-4422
Claims: 800-255-5072

NEVADA

Las Vegas

1850 E Flamingo, Suite 202
Las Vegas, NV 89119
(702) 669-4746
Claims: 702-479-4200

NEW HAMPSHIRE

Portland, ME

207 Larrabee Road, Suite 3
Westbrook, ME 04092
(207) 857-2021

NEW JERSEY

Morristown

445 South Street
Morristown, NJ 07960
(973) 631-7015
Claims: 1-800-842-2475

NEW JERSEY

Marlton

Lake Center Exec Park Building 30
Suite 110
Marlton, NJ 08053
(856) 703-2323
Claims: 800-842-2475

NEW MEXICO

Phoenix

2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
(720) 200-8355
Claims: 602-861-8600

NEW YORK

Albany

900 Watervliet-Shaker Road
Albany, NY 12205
(315) 424-7231
Claims: 800-842-2475

NEW YORK

Buffalo

60 Lakefront Blvd.
P.O. Box 242
Buffalo, NY 14240-0242
(315) 424-7231
Claims: 800-842-2475

NEW YORK

Jericho-Long Island

Two Jericho Plaza
Jericho, NY 11753
(516) 933-3932
Claims: 800-842-2475

NEW YORK

New York

485 Lexington Ave.
New York, NY 10017-2630
(516) 933-3932
Claims: 1-800-842-2475

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

NEW YORK

Rochester

75 Town Centre Drive
P.O. Box 23235
Rochester, NY 14692-3235
(315) 424-7231
Claims: 1-800-842-2475

NEW YORK

Syracuse

440 South Warren Street
P.O. Box 4963
Syracuse, NY 13221-4963
(315) 424-7231
Claims: 800-842-2475

NORTH CAROLINA

Charlotte

11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: (704) 544-3500

NORTH CAROLINA

Raleigh

4504 Emperor Blvd.
Durham, NC 27703
(919) 474-4811
Claims: (704) 544-3500

NORTH DAKOTA

St. Paul, MN

385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

OHIO

Cincinnati

895 Central Ave., Ste. 800
Cincinnati, OH 45202
(317) 845-1479
Claims: 800-238-6210

OHIO

Cleveland

Skyline Office Tower
1660 W. 2nd St., Ste. 500
Cleveland, OH 44113-1454
(317) 845-1479
Claims: 800-238-6210

OKLAHOMA

Tulsa

9820 East 41st St., Suite 401
P.O. Box 3510
Tulsa, OK 74101
(918) 624-2730

OREGON

Portland

4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276
Claims: 800-698-6883

PENNSYLVANIA

Philadelphia

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 800-832-0606

PENNSYLVANIA

Pittsburgh

800 Two Chatham Center
Pittsburgh, PA 15219-2505
(412) 338-3082
Claims: (412) 338-3000

PENNSYLVANIA

Reading

1105 Berkshire Blvd.
P.O. Box 13426
Wyomissing, PA 19612-3426
(215) 274-1610
Claims: 800-832-0606

RHODE ISLAND

Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims: 800-832-7839

SOUTH CAROLINA

Charlotte

11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: 704-544-3500

SOUTH DAKOTA

St. Paul, MN

385 Washington St.
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

TENNESSEE

Franklin

6640 Carothers Pkwy, Suite 300
Franklin, TN 37067
(615) 660-6036
Claims: (615) 660-6000

TEXAS

Dallas

1301 E Collins Blvd., Suite 300
Richardson, TX 75081
(214) 570-6675
Claims: 214-570-6000

TEXAS

Houston

4650 Westway Park Blvd., Suite 350
Houston, TX 77041
(281) 606-8534
Claims: 800-235-3610

UTAH

Denver, CO

6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306
Claims: 800-453-3025

VERMONT

Hartford, CT

300 Windsor Street
Hartford, CT 06120
(860) 954-5190

VIRGINIA

Richmond

300 Arboretum Place
P.O. Box 26426
Richmond, VA 23260-6426
(804) 330-6063
Claims: (804) 330-6000

Washington, DC

14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 287-6232
Claims: 800-368-3562

WASHINGTON

Seattle

1501 4th Avenue, Suite 400
Seattle, WA 98101
(206) 464-3463

WEST VIRGINIA

Pittsburgh, PA

800 Two Chatham Center
Pittsburgh, PA 15219-2502
(412) 338-3082
Claims: (443) 353-1000

WISCONSIN

Milwaukee

13935 Bishops Drive, Suite 200
Brookfield, WI 53005
(262) 825-9203
Claims: 800-842-6172

WYOMING

Denver, CO

6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306

Report Claims Immediately by Calling*

1-800-832-7839

*Speak directly with a claim professional
24 hours a day, 365 days a year*

Unless Your Policy Requires **Written Notice or Reporting*

**WORKERS COMPENSATION AND
EMPLOYERS LIABILITY POLICY**

ZURICH-AMERICAN INSURANCE GROUP

*Insurance is provided by the company designated on the Declarations Page.
(A stock insurance company, herein called the Company).*





WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

NEW-14

INSURER: AMERICAN ZURICH INSURANCE COMPANY

NCCI CO CODE: 80012

1.

INSURED:

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

PRODUCER:

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 29250-5595

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 04-04-14 to 04-04-15 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

SC

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:	\$	500000 Each Accident
Bodily Injury by Disease:	\$	500000 Policy Limit
Bodily Injury by Disease:	\$	500000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

COVERAGE EXCLUDED - REFER TO RESIDUAL MARKET LIMITED OTHER STATES
INSURANCE ENDORSEMENT WC 00 03 26

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

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

DATE OF ISSUE: 05-08-14 AS

OFFICE: ZURICH-ORLAN 809

PRODUCER: ADAMS EADDY AND ASSOCIAT-1166-

ST ASSIGN: SC

22JPM

749



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 1794 NAICS: 238910

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	15652
PREMIUM DISCOUNT	NONE
0900-39 EXPENSE CONSTANT	230
TERRORISM	31
CAT (OTHER THAN CERT ACTS OF TERRORISM)	15
TOTAL ESTIMATED PREMIUM	15928
DEPOSIT AMOUNT DUE	15928

A/R (WCIP) #

Minimum Premium: \$ 1250

EMPLOYERS LIABILITY MINIMUM: \$ 75

ST ASSIGN: SC

DATE OF ISSUE: 05-08-14 AS
OFFICE: ZURICH-ORLAN 809
PRODUCER: ADAMS EADDY AND ASSOCIAT-1167-



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

INSURER: AMERICAN ZURICH INSURANCE COMPANY

80012-SC

INSURED'S NAME: METRO CONSTRUCTION, INC.

ANNIVERSARY RATING DATE: 10-01-14

RATE BUREAU ID: 390035446

EXP. MOD. EFFECTIVE DATE: 10-01-13

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 571084423 ENTITY CD 001				
METRO CONSTRUCTION, INC.				
2526 CANEY BRANCH RD				
LEESVILLE, SC 29070-8928				
SIC CODE: 1794 NAICS: 238910				
EXCAVATION & DRIVERS	6217	39000	12.01	4684
SEWER CONSTRUCTION-ALL OPERATIONS & DRIVERS	6306	43700	14.64	6398
GAS MAIN OR CONNECTION CONSTRUCTION & DRIVERS	6319	70150	8.66	6075



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D)				
CONSTRUCTION OR ERECTION PERMANENT YARD	8227	1150	8.34	96

.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	138
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		17391
EXPERIENCE MODIFICATION: .90 MODIFIED PREMIUM		15652
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		15652
EXPENSE CONSTANT(0900)		230
0.0200 TERRORISM (9740)		31
0.0100 CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		15
TOTAL ESTIMATED PREMIUM		15928
DEPOSIT AMOUNT DUE		15928



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 04 15 B - 001	ASSIGNED RISK ADJUSTMENT PROGRAM ENDT
WC 00 01 14 00 - 001	PENDING LAW CHANGE TO TERRORISM RISK INS
WC 00 03 26 A - 001	LIMITED OTHER STATES INSURANCE END
WC 00 04 02 00 - 001	ANNIVERSARY RATING DATE ENDORSEMENT
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 17 B - 001	ASSIGNED RISK LSRP NOTIFICATION END
WC 00 04 22 A - 001	TERRORISM-REAUTHORIZATION ACT DISCLOSURE
WC 00 04 21 C - 001	CATASTROPHE (O/T CERT. ACTS OF TERR) ENDT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT

AMERICAN ZURICH INSURANCE COMPANY

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 dis-

ease 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 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356a), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30

USC Sections 801-945), 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 USC Sections 51-60), 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.
11. Fines or penalties imposed for violation of federal or state law.
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) 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 judgement 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 judgement.

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

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

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

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

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

PART FOUR - YOUR DUTIES IF INJURY OCCURS

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

1. Provide for immediate medical and other services required by the workers compensation law.

2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.

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

PART FIVE - PREMIUM

A. Our Manuals

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

B. Classifications

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

C. Remuneration

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

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

D. Premium Payments

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

E. Final Premium

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

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

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

F. Records

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

G. Audit

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

PART SIX - CONDITIONS

A. Inspection

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

B. Long Term Policy

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

C. Transfer of Your Rights and Duties

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

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

D. Cancellation

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

E. Sole Representative

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

In witness whereof, the company has caused this policy to be signed by its President and Secretary at SCHAUMBURG, ILLINOIS, and countersigned on the Information page by a duly authorized agent of the company.

Wendy C. Shy

Secretary

W. H. Bolinder

President



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 15 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

ASSIGNED RISK ADJUSTMENT PROGRAM ENDORSEMENT

This endorsement is attached to your policy and incorporates the following additional provisions into Part Five (Premium) of your policy because one or more of the states shown in Item 3.A. of the Information Page have approved the Assigned Risk Adjustment Program (ARAP). ARAP adds a surcharge to the premium of assigned risk employers who meet the criteria of ARAP.

The application of ARAP is mandatory and shall apply to all assigned risk policies written in approved jurisdictions who meet the criteria of ARAP.

If your experience rating modification changes, the ARAP surcharge factor may also change.

A. Criteria

1. You will receive an ARAP surcharge factor calculated by the designated rating/advisory organization for your intrastate and/or interstate risk if you:
 - a. Are experience rated, and
 - b. Have an experience rating modification that includes data from at least one ARAP approved jurisdiction, and
 - c. Have a calculated experience rating modification factor greater than or equal to 1.01, and
 - d. Meet or exceed the weighted test ratio in accordance with the applicable rules in NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance* or other applicable state rules.
2. You will not receive an ARAP surcharge factor calculated by the designated rating/advisory organization in an ARAP approved jurisdiction if you:
 - a. Are not experience rated, or
 - b. Are an intrastate and/or interstate experience rated risk that does not have any ARAP approved jurisdictions' data included in your experience rating modification calculation, or
 - c. Have a calculated experience rating modification equal to or less than 1.00.

B. Surcharge Application

You must pay a surcharge based on a comparison of your actual and expected losses, as determined using values from your experience rating modification calculation. The ARAP surcharge factor is applied by multiplying your assigned risk total modified premium by the ARAP surcharge factor. The total modified premium of an assigned risk policy in ARAP approved jurisdictions is determined in accordance with the applicable state assigned risk premium algorithm, or any other applicable programs or statutory requirements. The ARAP surcharge factor is included in total standard premium.

C. Multi-state Operations

If you are an experience rated employer with multi-state operations, you shall be subject to the Assigned Risk Adjustment Program in states that have approved ARAP, and as applied by your insurance carrier in those states as shown in the Schedule below.

D. Cancellation

If your policy is cancelled, the ARAP surcharge factor is applied in accordance with Part Five (Premium), E. of your workers compensation and employers liability insurance policy.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 16 (B)**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

Schedule

State

Alabama
Illinois
North Carolina
Virginia

Arizona
Iowa
Oregon
West Virginia

Connecticut
Kansas
South Carolina

District of Columbia
New Hampshire
South Dakota

Idaho
Nevada
Vermont



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 01 14 (00)**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO
TERRORISM RISK INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2007**

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.

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
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

DATE OF ISSUE: 05-08-14

ST ASSIGN: SC

Page 1 of 1

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**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 26 (A)**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**RESIDUAL MARKET
LIMITED OTHER STATES INSURANCE ENDORSEMENT**

"Part Three—Other States Insurance" of the policy is replaced by the following:

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 02 (00)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule(s).

SCHEDULE

ANNIVERSARY RATING DATE	(MONTH)	(DAY)	(YEAR)
REFER TO INFORMATION PAGE SCHEDULE(S)			



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 14 (00)**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

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.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**ASSIGNED RISK LOSS SENSITIVE RATING PLAN NOTIFICATION
ENDORSEMENT**

A. LSRP Mandatory Assigned Risk Retrospective Rating Plan

This endorsement is to advise you that, during the term of this policy or upon renewal, you may become subject to the mandatory assigned risk Loss Sensitive Rating Plan (LSRP), which is a retrospective rating plan that may adjust the cost of your workers compensation and employers liability insurance policy. This endorsement must be attached to all assigned risk policies, including policies for professional employer organization (PEO) and temporary arrangements, regardless of LSRP standard premium size in states that have approved the LSRP. In the event that you meet or exceed the eligibility requirements of LSRP, an LSRP contingent deposit equal to 20% of LSRP standard premium is required.

B. Eligibility

1. Your insurance is written under a Workers Compensation Insurance Plan (WCIP) in a state that has approved LSRP.
2.
 - a. LSRP will apply to an individual assigned risk policy if the standard premium meets or exceeds the amount noted in the Schedule, in accordance with NCCI's *Basic Manual*.
 - b. It may not always be possible for a single carrier to provide coverage for all requested states; additional policies issued by more than one carrier may be necessary.
 - c. WCIP policies issued in non-LSRP-approved jurisdictions are not subject to LSRP and are not combinable with WCIP policies in LSRP-approved jurisdictions for eligibility purposes.
 - d. LSRP eligibility may be impacted by ownership or combinability status in accordance with NCCI's *Experience Rating Plan Manual*.
3. LSRP standard premium is defined in accordance with NCCI's *Basic Manual*.

C. Deposit/Initial Premium and LSRP Contingency Deposit

1. Deposit or initial premium is paid on all new and renewal WCIP policies, including LSRP policies, in accordance with NCCI's *Basic Manual*. It is paid to us in addition to the LSRP contingency deposit, which secures all new and renewal LSRP policies as detailed in the LSRP rules.
2. The LSRP contingency deposit paid to us serves as collateral for premium that may be due to us as a result of losses incurred during the policy term.
3. At policy inception, the LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. If WCIP policies are combined for LSRP purposes, the LSRP contingency deposit is calculated by multiplying the combined LSRP standard premium for all policies by 20%.

D. Impact of Changes in LSRP Standard Premium

1. For all policies except for professional employer organizations (PEOs) and temporary arrangements, LSRP may be applied to a policy, or an LSRP policy may be converted to a guaranteed cost policy:



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

- a. If the LSRP standard premium decreases during the first 120 days, and falls below the LSRP eligibility threshold, your policy will be converted to a guaranteed cost policy, retroactive to policy inception, and your LSRP contingency deposit will be returned.
 - b. If the LSRP standard premium increases during the first 120 days, and meets the LSRP eligibility threshold, LSRP will be applied retroactively to policy inception and the 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.
 - c. If the LSRP standard premium decreases after the first 120 days and falls below the LSRP eligibility threshold, the LSRP continues to be applied to your policy(ies).
 - d. If the LSRP standard premium increases after the first 120 days, and meets the LSRP eligibility threshold, your policy(ies) will remain a guaranteed cost policy(ies) and the LSRP is applied at renewal, subject to meeting the eligibility requirements on the renewal policy(ies).
2. For all PEO and temporary arrangement WCIP policies, if the LSRP standard premium meets or exceeds the eligibility threshold **at any time**, LSRP is applied retroactively to policy inception. The 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

E. Evasion of LSRP

1. If you take actions for the purpose of avoiding the application of LSRP, or for otherwise legitimate business reasons that nonetheless result in the improper calculation and/or application of LSRP, regardless of intent, any action that results in the miscalculation and/or misapplication of LSRP determined in accordance with the LSRP rules is prohibited. These actions include, but are not limited to:
 - Misrepresentation and/or miscalculation of payroll at application, audit, or renewal
 - Failure to report changes in ownership or ownership information according to the WCIP and NCCI's *Experience Rating Plan Manual*
 - Violation of any of the terms and conditions under the policy for which this insurance was issued
 - Failure to allow us and/or the Plan Administrator and/or rating organization reasonable access to your facilities or files and records for audit or inspection
 - Failure to disclose to us and/or the Plan Administrator and/or rating organization the full nature and scope of your exposure or business operations
2. In such circumstances, we and/or the Plan Administrator and/or rating organization may obtain any information that indicates evasion or improper calculation or application of LSRP due to actions including, but not limited to, those listed above. We and/or the Plan Administrator and/or rating organization will act to ensure the proper calculation and application of LSRP to inception of all current and preceding WCIP policies impacted by these actions.

This endorsement applies in the states listed in the Schedule below.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Schedule

State	Premium Eligibility
ALABAMA	\$250,000
ARIZONA	\$250,000
CONNECTICUT	\$250,000
DISTRICT OF COLUMBIA	\$250,000
GEORGIA	\$250,000
IDAHO	\$250,000
ILLINOIS	\$250,000
INDIANA	\$250,000
KANSAS	\$250,000
NEW HAMPSHIRE	\$250,000
NEVADA	\$250,000
NORTH CAROLINA	\$250,000
OREGON	\$250,000
SOUTH CAROLINA	\$250,000
SOUTH DAKOTA	\$250,000
VERMONT	\$250,000
WEST VIRGINIA	\$250,000



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**
ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**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 2007. 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 resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program 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.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 22 (A)**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% 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

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 05-08-14

ST ASSIGN: -1187-



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 04 21 (C)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)
PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (other than Certified Acts of Terrorism):** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

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

State	Schedule Rate	Premium

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 05-08-14

ST ASSIGN: -1188-

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**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 19 (00)**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

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.**

PREMIUM AUDIT TIPS

Please take a moment to read the following audit tips, which will help you prepare for your Workers Compensation premium audits. With proper preparation, you could save time and possibly premium dollars.

We are required to complete premium audits on your Assigned Risk Workers Compensation policy to determine your policy premium. **Your cooperation** in scheduling an appointment with our auditor, or completing and returning the Policyholder Report, is very important.

Remember! An accurate audit depends on having your records prepared for review, and making sure that a person with detailed knowledge of your business is available to answer the auditor's questions.

Become familiar with your state Workers Compensation requirements. Some of the following questions may apply to your state.

QUESTIONS COMMONLY ASKED BY CUSTOMERS	ANSWERS	PREMIUM AUDIT TIPS
What records will I need to provide for a premium audit?	We will look for payroll and disbursement journals, general ledger, cash receipt journal, and checkbooks.	Maintain your records up to date during the policy term.
Will I need to provide my tax records?	Yes, we will need to review your tax records, such as 941's, State Unemployment Wage reports, 1099's, 1040c (Schedule C), 1120, 1065, etc.	Keep copies of filed tax forms applicable during the policy term.
Are holiday, vacation, sick time wages, or housing allowances included in my Workers Comp premium calculation?	Holidays, Vacation, Sick Time wages and housing allowances must be included in your premium calculation.	Severance and third-party disability payments may be excluded. Maintain separate records for these payments.
Are tips included in my Workers Compensation premium calculation?	Tips are excluded, provided your records separate tips from regular wages.	For each employee earning tips, maintain records of tips and wages paid.
Are overtime payments included in my Workers Compensation premium calculation? Note: Not applicable in the state of Nevada.	Wages paid for overtime are included as payroll at the employee's regular pay rate, provided that overtime wages are recorded separately. Overtime wages that are recorded separately <u>are</u> included at two-thirds (2/3) of the total amount paid. (Contact your producer for your state specific guidelines.)	For each employee paid overtime, maintain record of regular wages and overtime payments.
When can an employee's payroll be split among more than one classification code?	Employee payroll is assigned to the basic classification that best describes the business of the employer. It is the overall business that is classified, not each employee or duty. However, the payroll for an employee can be split if the classification can be applied to your business (based on the Classification Rules), <u>and</u> you maintain a payroll breakdown for the employee by job classification. Certain job classifications cannot be split for one employee (examples: 8810, 8742, 8871, 8748).	If the conditions are met, maintain records that reflect the employee's actual time working within each job classification. Remember! Estimated or percentage allocation of payroll is not permitted. If records don't show the entire payroll applicable to each classification, the entire payroll of the individual employee must be assigned to the highest rated classification that represents any part of his/her work.

Can corporate officers be excluded from coverage?	Some states' Workers Compensation laws may permit officers to elect exclusion from Workers Comp coverage. (Contact your producer for your state specific guidelines.)	Send us any required exclusion forms immediately, and advise us of any new officers during the policy term.
What happens if I'm a partnership and I incorporate during the policy term? (Change in legal entity or ownership).	Changing your legal entity status during the policy term may impact your coverage and/or premium under your state's Workers Compensation Law.	Advise us immediately if you change your legal entity status, or if the ownership of your business changes.
Who is an Independent Contractor?	Generally speaking, an Independent Contractor is one who makes a business of providing a specific service for a pre-determined price, to several different customers, under his/her own terms. *	Maintain copies of contracts and invoices showing breakdown of labor and material, business cards, and certificates of Workers Compensation insurance.
Will I be charged for Independent/Sub-contracted work?	You may be liable for employees of uninsured independent contractors/subcontractors. We therefore may charge premium for independent/subcontracted work without valid certificates of Workers Compensation Insurance.*	Obtain and maintain valid certificates of insurance showing Workers Compensation coverage for all independent/subcontracted work.
What is a valid certificate of Workers Compensation insurance?	A valid certificate of insurance identifies a Workers Compensation policy which is effective during your policy period, lists the Workers Compensation carrier, policy number, and policy term, shows the independent contractor/subcontractor as "Insured", and your company as "Certificate Holder".	Make sure the independent contractor's or subcontractor's Workers Compensation policy term is effective during the time the work was performed and paid for. Obtain proof of Workers Compensation coverage for the previous or subsequent term as needed.

* Definitions and requirements may vary by state. Additional tests of independent status may apply.

The best time to prepare for your premium audit is now! Keeping proper records and documentation throughout the year may save you time and money.

If you have any questions about your Workers Compensation policy, please contact your Account Manager Underwriter.

Información para auditar la prima de su póliza

Por favor tome un momento para leer la siguiente información de como auditoriamos pólizas. De esta manera usted podrá prepararse para el ajuste del seguro de Compensación para los Trabajadores. Con la preparación apropiada, usted podría ahorrar tiempo y posiblemente dinero de la prima.

Anualmente, se nos requiere procesar ajustes a las pólizas de Compensación para los Trabajadores para determinar el costo de la póliza. Es muy importante su **cooperación** en hacer y mantener una cita con nuestro auditor, o completar y devolver el reporte llamado Policy Holder Report.

¡Recuerde! El ajuste exacto a su póliza depende de que sus registros estén preparados para ser revisados, y de asegurarse que una persona con conocimiento detallado de su negocio está disponible para contestar a las preguntas del auditor.

Debe familiarizarse con los requisitos estatales sobre el reajuste a su póliza de Compensación para los Trabajadores. Algunas de las siguientes preguntas pueden aplicar en su estado.

PREGUNTAS COMÚNMENTE DE CLIENTES	RESPUESTAS	SUGERENCIA PARA LA AUDITORIA DE SU PÓLIZA
¿Qué registros voy a necesitar para cooperar con el auditor?	Debe presentar la nomina de pagos en efectivo y del jornal, el diario del los recibos de materiales pagados en efectivo, y los libros de sus chequeras.	Mantenga y presente todos sus registros durante el término de su póliza.
¿Necesito mi planilla de impuesto?	Sí, necesitaremos revisar sus registros de impuestos, tales como 941's, informes del salario del desempleo del estado, 1099's, 1040c (sección C), 1120, 1065, etc.	Guarde y presente las copias de su planilla de impuesto durante el término de la póliza.
¿Son incluidos días feriados, vacaciones, salarios pagados para empleados enfermos, o gastos para provisión de vivienda en mi cálculo del reajuste a mi póliza?	Días feriados, vacaciones, salarios pagados para empleados enfermos, o gastos para provisión de vivienda deben ser incluidos en el reajuste a su póliza.	La separación y los pagos de tercera persona por inhabilidad pueden ser excluidos. Mantenga sus registros separados para estos pagos.
¿Son incluidas propinas en mi cálculo del reajuste a mi póliza?	Se excluyen las propinas, si están separadas de su nomina salarial regular.	Para cada empleado que gana propinas, mantenga registros de las propinas y el salario pagado.
¿Son incluidos horas extras (sobre tiempo) en el ajuste a mi póliza? Nota: Esto no aplica en el estado de Nevada.	Horas extras o sobre tiempo se incluyen en la tarifa regular de la paga del empleado, siempre y cuando los salarios de las horas extras se reporten separado. Horas extras que sean registradas separadas serán incluidas en dos tercios (2/3) de la cantidad total pagada. (Contacte a su agente de seguro para las pautas específicas del estado.)	Para cada empleado que se le paguen horas extras o sobre tiempo, mantenga un registro de su salario y de las horas extras que se le han pagado.

¿Cuándo puede el pago del empleado ser separado entre más de un código de clasificación?	El pago del empleado se asigna a la clasificación básica que describe el negocio del patron lo mejor posible. Es el negocio total que se clasifica, no cada empleado, deber o labor. Sin embargo, el pago para un empleado puede ser separado si la clasificación le aplica a su negocio (basado en las reglas de clasificación), y si usted mantiene un registro específico de la paga para el empleado por la clasificación de trabajo. Ciertas clasificaciones de trabajo no se pueden separar para un empleado (ejemplos: 8810, 8742, 8871, 8748).	Si las condiciones están de acuerdo con las expectativas, mantenga los registros de cada empleado que reflejan el tiempo que ha trabajado dentro de cada clasificación. ¡Recuerde! No se permite la asignación estimada o del porcentaje de la nómina de pago. Los estimados o porcentaje no demuestran la nómina de pago entera aplicable a cada clasificación, por lo tanto la nómina de pago entera del empleado individual se debe asignar a la clasificación más alta que representa cualquier parte de su trabajo.
¿Pueden los oficiales corporativos excluirse de cobertura?	En algunos estados los oficiales pueden elegir la exclusión de la cobertura del seguro de Compensación para los Trabajadores. (Contacte a su agente para sus pautas específicas del estado.)	Envíenos cualquier formulario requerido por su estado para la exclusión, y notifiquenos de cualquier nuevo oficial durante el término de póliza.
¿Qué sucede si yo tengo un socio o estoy incorporado durante el término de la póliza? (Cambio de entidad legal o propietarios).	Cambiar el estado legal de la entidad durante el término de póliza puede afectar su cobertura y/o prima bajo la ley estatal de La Compensación para los Trabajadores.	Notifiquenos inmediatamente si usted cambia el estado legal de su entidad, o si los propietarios de su negocio cambian.
¿Quién es un Contratista independiente?	Generalmente hablando, un contratista independiente es uno quien hace un negocio de proveer un servicio específico por un precio predeterminado, a varios clientes diversos, bajo sus propios términos.*	Mantenga copias de contratos y facturas que demuestran específicamente el pago del trabajo y materiales, tarjetas de negocio, y certificados del seguro de La Compensación para los Trabajadores.
¿Me cobrarán por el trabajo completado por contratistas independiente o sub-contratistas?	Usted puede ser responsable por los empleados o ayudantes de sus contratistas o subcontratistas independientes sin seguro. Por lo tanto podemos cobrar por estos contratistas independiente o subcontratistas sin certificados válidos del seguro de La Compensación para los Trabajadores.*	Obtenga y mantenga los certificados de seguro que demuestran la cobertura de sus contratistas independiente o subcontratistas bajo el seguro de Compensación para los Trabajadores durante el periodo contratado.

¿Que es un certificado válido del seguro de Compensación para los Trabajadores?	Un certificado de seguro de La Compensación para los Trabajadores identifica la fecha durante su período de la póliza, enumera el portador de La Compensación de Trabajadores, número de la póliza, y tiempo que la póliza corrio, muestra el contratista como el "asegurado" (insured), y su compañía como el "sostenedor del certificado" (certificate holder).	Asegurese que el término de póliza de Compensación para los Trabajadores del contratista sea durante el tiempo que el trabajo fue realizado y pagado. Obtenga la prueba de la cobertura de La Compensación para los Trabajadores para el término anterior o subsecuente según sea necesario.

*Las definiciones y los requisitos pueden variar en cada estado. Pruebas adicionales del estado para contratista independiente pueden aplicarse.

¡La mejor época para prepararse para ajustar su póliza de La Compensación para los Trabajadores es ahora! Guardar la documentación apropiada y sus registros a través del año puede ahorrarle tiempo y dinero.

Si usted tiene preguntas sobre su póliza de La Compensación para los Trabajadores, contacte a su agente de seguro.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE FOR
SOUTH CAROLINA WORKERS' COMPENSATION BENEFITS**

South Carolina Policyholders:

South Carolina law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for medical and indemnity benefits and applies separately to each bodily injury by accident or disease during the policy term, regardless of the number of employees who sustain injury in the accident. The deductible amount is subject to a minimum of \$100 and a maximum of \$2,500 for each accident, with intermediate increments shown in the table below.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Three copies of this form are provided: (1) Retain a copy for your records; (2) Send a copy to your producer to keep him/her informed of your intention; and (3) Complete and return a copy to the carrier at the service address noted above within sixty (60) days after the effective date of your policy. An endorsement, WC 00 06 03 (00) will then be attached to your policy to reflect the change.

The applicable premium reduction percentage is that percentage corresponding to the appropriate hazard group indicated below. (Item #1)

If you decide that you do not want the deductible to apply, you may disregard this form. Your policy will continue in force as issued.

For a complete explanation of how this program operates or the savings available by choosing this option, please contact your producer.

Item #1: HAZARD GROUP: _____

Item #2:

**PERCENTAGE PREMIUM REDUCTION
HAZARD GROUPS**

<u>DEDUCTIBLE PER ACCIDENT</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
\$ 100	0.5%	0.4%	0.3%	0.3%	0.2%	0.1%	0.1%
\$ 200	1.0%	0.8%	0.6%	0.5%	0.4%	0.3%	0.2%
\$ 300	1.5%	1.1%	0.9%	0.8%	0.6%	0.4%	0.3%
\$ 400	1.9%	1.4%	1.2%	1.0%	0.8%	0.5%	0.4%
\$ 500	2.2%	1.7%	1.4%	1.2%	1.0%	0.7%	0.5%
\$1,000	3.5%	2.8%	2.3%	1.9%	1.6%	1.1%	0.9%
\$1,500	4.5%	3.5%	3.0%	2.5%	2.1%	1.5%	1.2%
\$2,000	5.2%	4.1%	3.6%	3.0%	2.5%	1.8%	1.4%
\$2,500	5.9%	4.7%	4.0%	3.4%	2.9%	2.1%	1.6%

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Yes, I want a deductible of \$_____ applied to my medical and indemnity benefits under the South Carolina Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

I understand that in accordance with the South Carolina statutes, I have the option of modifying the above deductible program choice at the time of renewal of my Workers Compensation policy with the insurance company named below.

Date: _____

Employer: _____

Name: _____

Title: _____

Signature: _____

Insurance Company: _____

Producer's Name: _____

Policy Number: _____

If Your Employee Is Injured At Work

Prompt reporting of work-related injuries and illnesses and the use of Travelers national Medical Network Providers can achieve better outcomes and lower your overall workers compensation claim costs!

Whenever an Employee suffers a work-related injury or illness, the Employer should:

1. Seek appropriate medical care for the Employee.
2. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
3. If the injury or illness is not acute, the Employer may suggest that the Employee seek treatment from the nearest Medical Network Provider. Medical Network Providers understand work-related illnesses and injuries, are credentialed to help assure quality care, and cooperate to achieve a medically appropriate return to work for the Employee. Medical Network Providers (hospitals, initial care clinics, specialists, testing, therapy, etc.) are available in all 50 States and the District of Columbia. Even before an illness or injury occurs, it may be helpful for the Employer to build a relationship with a convenient Medical Network Clinic or Hospital that will provide initial treatment for ill or injured Employees.
4. The Employee's Supervisor should gather pertinent facts about the work-related illness or injury and may use the Worksheet For Workers' Compensation Telephone Reporting provided by Travelers as a guide.
5. As soon as possible, the Employer should report all work-related illnesses or injuries to Travelers by,
 - using Travelers business insurance online reporting web site at travelers.com
 - dialing our toll free number, 1-800-832-7839. If needed at that time, Travelers Customer Service Representative can provide the name of a convenient Medical Network Provider. Prompt reporting of work-related illnesses and injuries is key in helping to reduce total claim costs. At the conclusion of the phone call, the Travelers Customer Service Representative will provide a claim number that should be retained for the Employer's reference and also provided to the ill or injured Employee.

The card below contains information that may be helpful in reporting work-related illnesses and injuries to Travelers and should be kept in a convenient location for use by the Employer when needed.

 ZURICH	WC Claim Reporting
• Promptly report your work-related injuries to Travelers: • Travelers.com • 800-832-7839 • Learn about Travelers unique Claim Services and find a convenient medical network provider by logging on to www.travelers.com then Select: • Claim • Workers Compensation claim resources • Find a network Medical Provider	

WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:

Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

ACCOUNT/ACCIDENT INFORMATION			
CALLER'S PHONE NUMBER/EXTENSION ()	CALLER'S TITLE	CALLER'S NAME	REPORTING STATE
SUBSIDIARY NAME	SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP)	SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) ☐ SAME	
DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS? ☐ YES ☐ NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED			
PARENT COMPANY/INSURED'S NAME			
LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS	
DATE OF INJURY		TIME OF INJURY	
ACCIDENT DESCRIPTION			
EMPLOYEE INFORMATION			
INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (FIRST, MI, LAST)		GENDER ☐ MALE ☐ FEMALE
DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS		
EMPLOYEE'S HOME PHONE NUMBER ()	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)		
EMPLOYEE JOB INFORMATION			
EMPLOYMENT STATUS CODE ☐ FULL-TIME ☐ PART-TIME ☐ OTHER	INJURED WORKER TYPE	REGULAR OCCUPATION	
OCCUPATION WHEN INJURED			
EMPLOYEE'S WORK SCHEDULE			
REGULAR WORK HOURS	HOURS/DAY	DAYS/WEEK	
EMPLOYEE'S WAGE INFORMATION			
\$ /HOUR OR \$ /ANNUAL OR \$ /WEEKLY		OVERTIME: \$	ADDITIONAL BENEFITS: \$
DATE OF HIRE OR LENGTH OF EMPLOYMENT			
SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER: ()	BEST HOURS TO CONTACT	
ACCIDENT INFORMATION			
DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK? ☐ YES ☐ NO	IS THE EMPLOYEE BACK AT WORK? ☐ YES ☐ NO IF YES, DATE RETURNED TO WORK?	
RETURN TO WORK STATUS ☐ LIGHT ☐ MODIFIED ☐ REGULAR	DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH ☐ YES ☐ NO	
CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)			
EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED			
DO YOU QUESTION THE VALIDITY OF THE CLAIM? ☐ YES ☐ NO			
WITNESS INFORMATION/OTHERS INVOLVED - NAME (FIRST, MI, LAST)		ADDRESS	PHONE NUMBER

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INJURY INFORMATION

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

☐ YES ☐ NO

TREATMENT ("X" ALL THAT APPLY)

☐ FIRST AID — TREATMENT AND DATE OF 1st TREATMENT

TREATMENT AND DATE OF 1ST TREATMENT

☐ HOSPITAL/ CLINIC --	NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1 st TREATMENT, LENGTH OF STAY AMBULANCE USED?

NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1ST TREATMENT, LENGTH OF STAY AMBULANCE USED?

☐ YES ☐ NO

☐ YES ☐ NO

1

☐ PHYSICIAN —

SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.

CUSTOMER SPECIFIC INFORMATION

ADDITIONAL COMMENTS & INFORMATION

WORKERS' COMPENSATION – FIRST REPORT OF INJURY – STATE SPECIFIC QUESTIONS**Alabama**

Employee's County:
Return to work (Y/N):
At what Occupation:
At what Wage \$:
Return to work wage is per (Day, Week or Month):
Employer's ID (U.C. Account) Number:
What Specific Product(s) does the business produce:

Alaska - No Additional State Questions**Arizona**

Last Day of Work after injury:
Number of Days per Week Company usually Works:
Department Number:
If Validity of Claim is Doubted, state Reason:
Has injured been employed for more than 12 months (Y/N):
Was employee on overtime when injured (Y/N):

Arkansas - No Additional State Questions**California**

State Unemployment Insurance Account Number:
Date employee was provided Employee Claim Form:
Has your employee pre-designated a primary treating physician (Y/N):
If Yes, Primary Treating Physician's
First Name: Last Name: Street Address:
City: State: Zip: Phone:
If No, did your employee require medical treatment (Y/N):
If Yes, Treating Physicians
First Name: Last Name: Phone:

If No, and employee requires medical treatment in the future, you can go to our website WWW.MYWCOMPINFO.COM to find a provider in the Medical Provider Network.

Colorado

Employer Federal ID Number
Does Employer have a salary continuation program (Y/N)
If "Yes" is this program registered with the state (Y/N)

Connecticut - No Additional State Questions**Delaware**

Employer's UC Reporting Number:
Employees County:
Returned to work (Y/N): If Yes, at same wage (Y/N):

District of Columbia

Employer ID Number:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
At what Wage \$: Per (Day, Week or Month):

Was injured hired in DC (Y/N):
Was employee in his/her regular occupation when injured (Y/N):
Was injured given Form #7 DCWC (Y/N):
Piece or Time Worker (piece, time or blank):

Florida - No Additional State Questions**Georgia**

Wage Rate at time of Injury \$: Per:
First Date employee failed to work a full day:
Did employee work the next day (Y/N):
Return to work Wage \$:
Return to work wage is per (Day, Week or Month):

Hawaii

Was employee furnished meals or lodging (Y/N):

Idaho - No Additional State Questions**Illinois**

Has the injured worker signed a medical authorization (Y/N):
If yes, inform them to please fax the signed medical authorization to the med auth customer service specialist at 1-877-786-5567.

Indiana - No Additional State Questions**Iowa - No Additional State Questions****Kansas**

SIC Code:
Was worker admitted to hospital (Y/N):
If Yes, Date of Admission:
Was worker treated in emergency room only (Y/N):
Returned to work (Y/N):
If employee has returned to work, was return to light duty (Y/N):
Is further medical aid needed (Y/N):
Is compensation now being paid (Y/N):
If Yes, Date of first Initial Payment:
Fatal (Y/N):
If Yes, Name and Address of Dependents:

Kentucky - No Additional State Questions**Louisiana**

Employer's Federal ID Number:
Employer's Unemployment Insurance Reporting Number:
Returned to work (Y/N):
If Yes, at same wage (Y/N):
Last Full Day Paid:
If occupational disease, Date of Initial Diagnosis:
Parish (county) where injury occurred:

Maine

Employer's State Unemployment Insurance Account Number (UIAN):
Federal Employer Insurance Number (FEIN):

Maryland - No Additional State Questions**Massachusetts**

Federal ID Number:
Returned to work (Y/N):
Did employee return to his/her regular occupation (Y/N):
Describe nature of business or article manufactured (S=Service, W=Wholesale, R=Retail, M=Manufacturing):
Date Reported as work related:

Michigan

Federal ID Number:

Minnesota

Date employer notified of lost time:
NAICS Code Number:

Mississippi - No Additional State Questions**Missouri - No Additional State Questions****Montana - No Additional State Questions****Nebraska - No Additional State Questions****Nevada**

How long employed by you in Nevada Years: Months:
If Validity of Claim is Doubted, state Reason:

New Hampshire

Federal I.D. Number:
Was the employee injured in his/her regular occupation (Y/N):
Was injured hired in New Hampshire (Y/N):
Number of Full-Time Employees:
Number of Part-Time Employees:
If leased or temporary worker, provide the Client's Business Name:
Was accident caused by injured's failure to use safeguards or follow regulations (Y/N):
Probable Length of Disability:
Returned to work (Y/N):
At what Occupation:
Returned at Full Duty:
Returned at Alternative/Light Duty:
Initial treatment ("X" all that apply)
No medical treatment: Care provided by employer only (on-site): Emergency Care: Hospitalized: Outpatient:
Clinic:
Office Visit: Other-explain:
Is there a managed care program (Y/N):

WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS

If Yes, Name of Provider:
Is there a written safety program in force (Y/N):
Is there an active safety committee (Y/N):
Employee's Legal First Name (please validate):

New Jersey - No Additional State Questions

New Mexico - No Additional State Questions

New York
Did you provide medical care (Y/N):
If Yes, When:
Returned to work (Y/N):
If Yes, at what Weekly Wage \$:
Injured workers Work Week (indicate days regularly worked):
Fatal (Y/N):
If Yes, Name and Address of nearest relative:
Relationship:

North Carolina
Regular Wages per Day \$:
Average Weekly Wages with Overtime \$:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
If Yes, what Date:
Return to work at what Wage \$: Per (Day, Week or Month):
Return to work at what Occupation:

North Dakota - No Additional State Questions

Ohio
Time Accident Reported to employer: AM/PM:
Has employee ever filed a previous application for this injury (Y/N):
Has employee filed any other claims with the Bureau or Industrial Commission (Y/N):
If Yes, specify Claim Number and Body Parts:
Employee's County:
Current Employer's Risk Number:

Oklahoma
Was employment agreement made in Oklahoma (Y/N):
SIC Number:
Type of Ownership (P=Private, S=State Government, C=County Government, L=Local Government):

Oregon
Hospitalized overnight as inpatient (if emergency room only, answer N) (Y/N):
Was accident caused by failure of machinery or product (Y/N):
Did someone (not worker) cause accident (Y/N):
Time worker left work: AM/PM:

Pennsylvania
Employee's County:
Bureau Code:
NAICS Code:
Employer's County:
Are you aware of a 'Panel of Physicians' for your Employer? (Y/N)

Rhode Island
Federal ID Number:
First Full Day Lost from work:
Unemployment Insurance Number:
State of Hire:
Was this injury previously an "Incident Only" with no medical treatment and no lost time (Y/N):
If Yes, Date Employer first Notified of medical treatment or lost time:
Category of Injury or Illness ("X" all that apply):
Injury: Illness: Occupational Disease: Repetitive Trauma:
Occupational Hearing Loss: Unknown:

South Carolina - No Additional State Questions

South Dakota
Federal ID Number:
Number of employees:
Body Part Injured Code (2 digits):
Cause of Injury Code (2 digits):
Nature of Injury Code (2 digits):
Was employee hired for temporary employment (Y/N):
Carrier Code:

Tennessee - No Additional State Questions

Texas - No Additional State Questions

Utah - No Additional State Questions

Vermont
Federal ID Number:
Was employee hired in Vermont (Y/N):
Does the employer regularly employ 10 or more employees (Y/N):
Returned to work (Y/N): If Yes, at what Weekly Wage \$:
Was injured paid in full for the date disability began (Y/N):
Was employee injured at his/her regular occupation (Y/N):
Fatal (Y/N):
If Yes, Name, Address and Relationship of Nearest Relative:
Last Date Paid in Full:

Virginia
Returned to work (Y/N): If Yes, at what Wage \$:
Federal Tax ID Number:

Washington - No Additional State Questions

West Virginia
Has the employee been given "The Employees and Physicians Report of Injury Form" (Y/N)

Wisconsin - No Additional State Questions

Wyoming - No Additional State Questions

U.S. Longshoreman (USDOL) - No Additional State Questions



WORKERS COMPENSATION TELEPHONE REPORTING

Dear Employer,

We are pleased to offer you a toll-free telephone reporting service to report employee injuries. This service has been designed to save you time, reduce paperwork, and reduce the cost of worker's compensation insurance.

The rising cost of workers compensation insurance is of concern to you and other employers in your state, as it is to Travelers. Travelers has made this service available so that we can better control claim costs and reduce the ever growing costs of the workers compensation system.

The number is 1-800-832-7839

Studies have shown that injured workers reassured that their medical and lost time costs will be covered are less likely to seek assistance from outside of the system. This reduces costs while helping return Workers Compensation to its original purpose as a direct delivery system for injured workers. Additionally, employer involvement and concern for their injured employee has accelerated the employee's return to work, reducing costs even further.

We have taken this step with our customers serviced by the Travelers in your state to demonstrate our continued commitment to provide the highest level of service to all of our customers.

Please review the enclosed material. You will find that it is easy to follow and use. Your producer has also received a copy of this information and may wish to advise you further about this service and how it can have a positive effect on the cost of workers compensation insurance.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Sincerely,

The Travelers

WORKERS' COMPENSATION TELEPHONE REPORTING 1-800-832-7839

TO REPORT A WORKERS' COMPENSATION CLAIM

When an employee is injured, the most important thing is to secure appropriate medical treatment. Once this has been done, the claim should be called into The Travelers.

Suggested Steps:

1. Gather the facts.

Use the GUIDE FOR REPORTING WORKERS' COMPENSATION CLAIMS as a reference. It is not necessary to write answers to questions you know, it is a tool to help reduce the amount of time you are on the telephone.

Remember, the objective is to report the claim quickly. We need the employee's name, social security number and a description of the accident. Try to gather as much information as possible, but don't worry if you do not have the answers to each and every question.

2. Call the Customer Service Unit.

We have a single telephone number and the call will automatically be routed to the proper regional Customer Service Unit. You will be greeted on the telephone by a Customer Service Representative, who will complete the state specific notice of injury on the system by asking you the necessary questions. The order of the questions will be the same every time you call.

The questions are grouped into three sections:

- General Questions

This section contains questions specific to you, your employee and the accident. Once you have reported a claim, the system will prefill your employer specific information, such as your policy number on all future claims.

- State Specific Questions

If the jurisdiction requires data not covered in the general section, it will be covered here.

- Additional Comments and Information

If you would like to provide additional information not covered elsewhere, the Customer Service Representative will be able to record this in a free form area.

3. Let Your Employee Know.

Before you hang up, the Customer Service Representative will give you a claim number.

Referencing the claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence, such as wage statements or medical bills. Please be sure to give this number to your employee.

ATTENTION

NOTICE TO POLICYHOLDERS

**IF YOU HAVE EMPLOYEES WHO TRAVEL OR WORK
OUT OF STATE, YOU MAY NEED ADDITIONAL
WORKERS' COMPENSATION INSURANCE.
CONSULT YOUR INSURANCE ADVISOR OR CARRIER
PRIOR TO COMMENCEMENT OF OPERATIONS IN
ANY STATE NOT LISTED ON YOUR POLICY.**

APPLICATION FOR DRUG AND ALCOHOL FREE WORKPLACE PREMIUM CREDIT PROGRAM

METRO CONSTRUCTION, INC.

Name of Employer: _____

Date Program Implemented: _____

This form must be completed by you and returned to your carrier with a copy of applicable documentation as proof of compliance before the premium credit of five percent (5%) can be established and processed. A program must be certified during each year the employer receives credit. Failure to do so will remove you from eligibility for this credit.

The following are the four (4) minimum requirements necessary for a qualified employer workplace program. Please check the items below that apply.

- ☐ 1) **Substance Abuse Policy Statement:**
Any policy must be designed to help employees who need substance abuse assistance while, at the same time, sending a clear message that the abuse of drugs and alcohol is not compatible with employment in that employer's workplace. The policy statement must evidence both the employer's respect for its employees and the employer's need to maintain a safe, productive, substance-abuse-free environment.
- ☐ 2) **Employee Notification:**
In order to protect the individual rights of each employee and to begin the employee education process necessary for a well-defined, well-managed workplace drug and alcohol abuse prevention program, each existing employee and each new employee hired after program implementation must be given a clear, concise, readable notice of the program, the program's requirements, the policy statement, and the employer's expectations under the program. Notification should be and should remain, posted in employee common areas. In addition, each existing employee and each new employee must be given, by mail or by in-person delivery, a copy of the notice. Delivery may be accomplished by inclusion of the notice within the employee's paycheck package or any similarly important-to-the employee correspondence or benefits delivery.
- ☐ 3) **Testing Program:**
The testing procedure must include a provision for random sampling of all persons who receive wages and compensation in any form from the employer and must provide for a second test to be administered within thirty minutes of the administration of the first test. Positive test results must be provided in writing to the employee within twenty-four hours of the time the employer receives the test results. Each employer must keep records of each test for up to one year.
- ☐ 4) **Test Results Confidentiality Protocols:**
Test results information, interviews, reports, statements, and memorandums received by the employer must be considered confidential and may not be used, received, or discovered in civil, criminal, or administrative proceedings. The burden to protect against unauthorized release is placed not only upon the employer and any laboratory, medical review officer, or rehabilitation program or their agents, but also upon the underwriting insurer. Employers, laboratories, medical review officers, insurers, drug or alcohol rehabilitation programs, and employer drug prevention programs, and their agents who receive or have access to information concerning test results shall keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or his designee unless the release is completed through disclosure by an agency of the State in a civil or administrative proceeding, order of a court of competent jurisdiction, or determination of a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain at a minimum:
- (1) the name of the person who is authorized to obtain the information;
 - (2) the purpose of the disclosure;
 - (3) the precise information to be disclosed;
 - (4) the duration of the consent; and
 - (5) the signature of a person authorizing release of the information.

Information on test results shall not be released for or used or admissible in any criminal proceeding against the employee.

I certify that the above information is accurate and that I may be subject to an additional premium charge if it is determined that there is any misrepresentation of the established drug and alcohol free workplace program criteria. This is a true and factual depiction of my current program.

_____ Employer Name	_____ Date	_____ Officer/Owner Signature*
*Application must be signed by an officer or owner		
		_____ Title
_____ Notary Public's Signature	_____ Date	_____ Exp. of Commission

Yes, I want a deductible of \$_____ applied to my medical and indemnity benefits under the South Carolina Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

I understand that in accordance with the South Carolina statutes, I have the option of modifying the above deductible program choice at the time of renewal of my Workers Compensation policy with the insurance company named below.

Date: _____

Employer: _____

Name: _____

Title: _____

Signature: _____

Insurance Company: _____

Producer's Name: _____

Policy Number: _____

EMPLOYER - Name: METRO CONSTRUCTION, INC.

CARRIER - Name: ZURICH-AMERICAN INSURANCE GROUP
Address: 200 CENTER POINT CIRCLE SUITE 340
COLUMBIA, SC 29210

Telephone No. (800) 238-6225

POLICY NUMBER: 2E14299A

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

EMPLOYER - Name:

CARRIER - Name:
Address:

Telephone No.

POLICY NUMBER:

Adams &
Eaddy &
Associates
I N S U R A N C E

Gregg Long
Metro Const.

5

January 15, 2016

Ms. Michelle M. Adams
Wilson Jones Carter & Baxley, P.A.
421 Wando Park Blvd, Suite 100
Mount Pleasant, SC 29464

RE: Workers Compensation
6ZZUB-2E14299-A-14

Dear Ms. Admas,

Enclosed please find all correspondence on the above
Referenced policy. Please let me know should you
Need anything further.

Sincerely,
Adams Eaddy & Associates



Bonita M Rabon
Account Manager

P.O. Box 5595
2230 Devine Street
Columbia, SC 29250-5595
Phone (803) 254-9404
FAX (803) 254-7548

-1208-

525 North Tryon Street
Suite 1600
Charlotte, NC 28202
Phone (704) 331-3980
FAX (704) 331-3981

821



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS ADAMS EADDY AND ASSOCIATES INSURANCE PO BOX 5595 COLUMBIA, SC 29250-5595		COMPANY: UNDERWRITER: APPLICANT NAME: METRO CONSTRUCTION, INC & METRO UTILITIES, LLC OFFICE PHONE: (803) 532-2795 MOBILE PHONE: MAILING ADDRESS (including Zip + 4) 2526 CANEY BRANCH RD LEESVILLE, SC 29070-8828		YRS IN BUS: 5 SIC: NAICS: Website Address:	
PRODUCER NAME: STEVE OCHOCINSKY CS REPRESENTATIVE BONITA RABON NAME OFFICE PHONE: (803) 254-9404 Ext. 180 (A/C, No, Ext): MOBILE PHONE: FAX (A/C, NO): (803) 758-1406 EMAIL ADDRESS: SOCHOCINSKY@ADAMSEADDY.COM CODE: SUB CODE:		E-MAIL ADDRESS: SOLE PROPRIETOR ☒ CORPORATION ☐ LLC ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐ JOINT VENTURE ☐ TRUST ☐ UNINCORPORATED ASSOCIATION ☐ OTHER ☐ CREDIT BUREAU NAME: FEDERAL EMPLOYER ID NUMBER: 57-1084423 NCCI RISK ID NUMBER: 390035446		ID NUMBER: OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE	
AGENCY CUSTOMER ID:					

STATUS OF SUBMISSION

BILLING / AUDIT INFORMATION

☐ QUOTE ☐ BOUND (Give date and/or attach copy) ☒ ASSIGNED RISK (Attach ACORD 133)	☐ ISSUE POLICY ☐ AGENCY BILL ☐ DIRECT BILL	☐ BILLING PLAN ☐ PAYMENT PLAN ANNUAL ☐ OTHER: ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ % DOWN: ☐	AUDIT ☐ AT EXPIRATION ☐ MONTHLY ☐ SEMI-ANNUAL ☐ ☐ QUARTERLY ☐

LOCATIONS

LOC #	Highest Floor	STREET, CITY, COUNTY, STATE, ZIP CODE
1		2526 CANEY BRANCH RD LEESVILLE, SC 29070-8828

POLICY INFORMATION

PROPOSED EFF DATE		PROPOSED EXP DATE		NORMAL ANNIVERSARY RATING DATE		PARTICIPATING NON-PARTICIPATING		RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States) SC		PART 2 - EMPLOYER'S LIABILITY \$ 500,000 EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS		DEDUCTIBLES (N / A in WI) ☐ MEDICAL ☐ INDEMNITY		AMOUNT / % (N / A in WI) ☐ U.S.L. & H. ☐ VOLUNTARY COMP ☐ FOREIGN COV	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION							
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$18,025.00	TOTAL MINIMUM PREMIUM ALL STATES \$0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$9,012.00

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	GREG LONG	(803) 532-2795		
ACTING RECORD	GREG LONG	(803) 532-2795		
CLAIMS INFO	GREG LONG	(803) 532-2795		

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)
Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC #	NAME	DATE OF BIRTH	TITLE / RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION / PAYROLL
SC		LONG, GREG		PRES	100	MANAGEMENT	I	6217	0

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

[illegible]

PREMIUM					
STATE	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N/A	\$0			\$0
INCREASED LIMITS		\$157.00	SCHEDULE RATING *		\$0
DEDUCTIBLE *	0	\$0	CCPAP		
			STANDARD PREMIUM		\$17,748.00
EXPERIENCE OR MERIT MODIFICATION	.9	\$0	PREMIUM DISCOUNT		\$0.00
		\$0	EXPENSE CONSTANT	N/A	\$230.00
ASSIGNED RISK SURCHARGE *	.0	\$0.00	TAXES / ASSESSMENTS *	N/A	\$0.00
	1.00	\$0.00			\$0

* N / A In Wisconsin		
TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$18,025.00	\$1,407.00	

NCCI APP# 32841580

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Grading Contractor

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) CURRENT COVERAGE CANCELLED FOR NON-PAY	Y
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? (If "YES", explain including entity name(s) and policy number(s))	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials) XGL			
Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only. Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only. Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only. Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only. Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
<i>[Signature]</i>	4/9/14	<i>[Signature]</i>	167963



WORKERS COMPENSATION INSURANCE PLAN ASSIGNED RISK SECTION

DATE (MM/DD/YYYY)

THIS FORM ALONG WITH AN ACORD 130 WORKERS COMPENSATION APPLICATION CONSTITUTE AN APPLICATION FOR WORKERS COMPENSATION INSURANCE PLAN (ASSIGNED RISK) COVERAGE. THIS FORM MUST BE ATTACHED TO AN ACORD 130 FOR SUBMISSION. PLEASE REFER TO THE STATE SPECIFIC INSTRUCTIONS PAGE FOR SPECIFIC REQUIREMENTS.

APPLICANT NAME
METRO CONSTRUCTION, INC & METRO UTILITIES, LLC

PROPOSED EFF DATE
04/04/2014

SUPPLEMENTAL INFORMATION

PAYROLL OFFICE NAME, ADDRESS AND TELEPHONE NUMBER (A PO BOX ADDRESS ALONE IS NOT ACCEPTABLE. PLEASE PROVIDE DRIVING INSTRUCTIONS IF A ROUTE ADDRESS IS SHOWN.)

GREG LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

STATE DEVELOPING HIGHEST PAYROLL: SC

EXPLAIN ALL "YES" RESPONSES IN THE REMARKS SECTION

1. HAS THERE BEEN PREVIOUS WORKERS COMPENSATION COVERAGE:

IN THIS STATE?

IN ANY OTHER STATE?

-IF NO TO BOTH QUESTIONS, WAS THIS DUE TO: ☐ NEW BUSINESS ☐ SELF INSURED-INDEP ☐ SELF INSURED-GROUP ☒ # EMPLOYEES

2. IS THERE ANY UNPAID WORKERS COMPENSATION PREMIUM DUE OR IN DISPUTE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).

3. YEAR APPLICANT'S BUSINESS BEGAN: 2009

4. HAS THERE BEEN A NAME CHANGE, CONSOLIDATION, MERGER ACQUISITION, SALE, PURCHASE OR TRANSFER OF ASSETS OR OWNERSHIP CHANGE DURING THE PAST FIVE (5) YEARS? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

5. IS APPLICANT RELATED THROUGH COMMON MANAGEMENT OR OWNERSHIP TO ANY ENTITY NOT LISTED ON THE ACORD 130 FORM, WHETHER COVERAGE IS REQUIRED OR NOT? IF YES, PROVIDE A COMPLETED ERM-14 FORM.

6. DO YOU LEASE WORKERS FROM A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)? IF YES, REFER TO WCIP INSTRUCTIONS.
NAME OF PROFESSIONAL EMPLOYER ORGANIZATION (PEO): _____

7. DO YOU LEASE WORKERS TO A CLIENT COMPANY? IF YES, REFER TO WCIP INSTRUCTIONS.

8. ARE YOU SEEKING TO COVER THE LEASED WORKERS? IF YES, REFER TO WCIP INSTRUCTIONS.

9. DO YOU PROVIDE TEMPORARY ARRANGEMENT SERVICES TO OTHER EMPLOYERS? IF YES, PROVIDE A TEMPORARY LABOR CONTRACTOR EMPLOYEE FORM.

10. DO YOU HAVE A FRANCHISE OR LICENSING AGREEMENT? IF YES, PROVIDE A COPY OF THE AGREEMENT.

11. IS COVERAGE REQUESTED FOR A SPORTS TEAM? IF YES, PROVIDE NAME OF SPORTS TEAM AND DOMICILED STATE.
NAME OF SPORTS TEAM: _____ DOMICILED STATE: _____

12. DO TRUCKING CLASSIFICATIONS APPLY? IF YES, COMPLETE QUESTIONS 13 - 20.

13. DO YOU OR YOUR EMPLOYEES REGULARLY OPERATE FROM A BASE TERMINAL(S) WHICH IS (ARE) USED TO LOAD, UNLOAD, STORE OR TRANSFER FREIGHT? IF YES, PLEASE PROVIDE A LIST OF TERMINAL ADDRESSES.

#	STREET	CITY	COUNTY	ST	ZIP CODE
1					
2					
3					

14. CAN EACH DRIVER'S STATE OF MAJORITY DRIVING TIME BE ESTABLISHED THROUGH VERIFIABLE RECORDS OR LOGS?

15. PLEASE PROVIDE A LIST OF ALL DRIVERS/HELPERS AND THEIR STATE OF RESIDENCE:

	DRIVER NAME	TERMINAL # (SEE ABOVE)	MAJORITY DRIVING STATE	RESIDENCE STATE
1.				
2				
3				

16. WHAT TYPE(S) OF GOODS ARE BEING HAULED? (e.g., coal, dry goods, explosives, scaffolding, water / waste fluids from oil field sites, etc.)

17. DO YOU OWN THESE GOODS?

18. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY RETAIL STORE(S)? IF YES, PROVIDE COPY OF CONTRACT(S).

19. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY POSTAL SERVICE? IF YES, PROVIDE COPY OF CONTRACT(S).

20. WITHIN WHAT MILE RADIUS IS HAULING DONE? # MILES: _____

INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE					YES	NO
21. HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? (INCLUDE MULTI-LINE OR RETROSPECTIVE RATING PLAN, IF APPLICABLE) IF YES, PROVIDE FULL DETAILS INCLUDING PLAN TERMS IN THE REMARKS SECTION.					☐	☒ N
22. INDICATE THE NUMBER OF INSURANCE COMPANIES WHICH HAVE REFUSED THE APPLICANT COVERAGE IN THE LAST 60 DAYS (OR IN ACCORDANCE WITH STATE SPECIFIC GUIDELINES): 4						
LIST COMPANY NAMES, REPRESENTATIVE NAMES, TELEPHONE NUMBERS AND DATES OF REFUSALS. REFER TO WCIP TO VERIFY REQUIREMENTS.						
COMPANY NAME	REPRESENTATIVE NAME	TELEPHONE NUMBER	DATE OF REFUSAL	COMMENTS		
PREMIUM PAYMENT (Refer to WCIP instruction sheet for state requirements)					YES	NO
23. IS THE PREMIUM FINANCED THROUGH A THIRD PARTY PREMIUM FINANCE COMPANY? IF YES, A COPY OF THE AGREEMENT MUST BE PROVIDED.					☐	☒ N
24. IN APPLICABLE JURISDICTIONS ON QUALIFYING RISKS, IS THE LOSS SENSITIVE RATING PROGRAM (LSRP) CONTINGENCY DEPOSIT BEING PAID IN FULL AT THIS TIME?					☐	☒ N
25. INITIAL OR ESTIMATED ANNUAL DEPOSIT PREMIUM IS REQUIRED IN ORDER TO BIND COVERAGE. THE FOLLOWING PAYMENT METHODS MAY BE USED TO SUBMIT THE REQUIRED INITIAL OR DEPOSIT PREMIUM:						
1. Credit Card (for applications submitted ONLINE at ncci.com ONLY) 2. Electronic funds transfer (EFT) in the form of an Automated Clearing House (ACH) transaction Note: For 1 & 2 above, refer to instructions provided within NCCI's RMAPS Online Application Service payment screens. All payments by credit card and electronic funds transfer must accompany completed and signed ACORD 130 and 133 forms. 3. Check or Money Order (for MAILED applications ONLY) 1. ONLY the following types of payment, made payable to NCCI, Inc., are acceptable: a. Checks: Applicant's, Cashier's, Producer's, Finance Company(s) b. Money Order 2. All checks and money orders MUST be made payable to NCCI, Inc., and accompany completed and signed ACORD 130 and 133 forms.						
NO CREDIT CARD OR BANKING INFORMATION SHOULD BE ENTERED ON THE HARDCOPY ACORD 130 or 133 FORMS. A DELAY IN PROCESSING YOUR APPLICATION MAY OCCUR SHOULD THIS INFORMATION BE INCLUDED ON THE SUBMITTED FORMS. By submitting this assigned risk workers compensation insurance application, the Applicant authorizes NCCI to debit the account name/number that the undersigned Applicant, or the undersigned Producer on Applicant's behalf, has designated and provided to NCCI, for the amount of this transaction. The Applicant further understands and agrees that all premium transactions and/or premium-related transactions must be processed and accepted by NCCI and the account name/number that the undersigned Applicant, or the undersigned Producer on Applicant's behalf, has designated and provided to NCCI, to be considered received by the Plan Administrator.						

REMARKS (Attach additional sheets if more space is required)

NCCI-APP# 32841580

APPLICANT'S STATEMENT

The undersigned Applicant hereby certifies that he/she has read and understands the questions and statements in this application, which is comprised of both the ACORD 130 and ACORD 133 forms. In consideration of coverage being afforded under the applicable Workers Compensation Insurance Plan developed or administered by NCCI (WCIP or Plan), by signing below, the Applicant also certifies that any and/or all responses provided in or to this application, which is comprised of both the ACORD 130 and ACORD 133 forms, are true and accurate and Applicant further understands and agrees that

- Since he/she has been unable to secure workers compensation coverage in a regular manner through any other insurance carrier or provider, this coverage is being afforded under the applicable WCIP, and that the applicable rates and rating programs charged may be higher than those in the voluntary market.
- Coverage is NOT bound until the completed and signed application is received with the required initial or estimated annual deposit premium and eligibility is determined by the Plan Administrator.
- Provided that Applicant is determined to be eligible and in good faith entitled to WCIP insurance, based upon the information provided herein or otherwise available to the Plan Administrator, coverage will be bound in accordance with WCIP rules. See the WCIP for applicable binding rules.
- In approved jurisdictions, NCCI's Voluntary Coverage Assistance Program (VCAP® Service) applies to all employers seeking coverage under the Workers Compensation Insurance Plan, and:
 - Is integrated with and operates as a supplemental program to NCCI's WCIP; and
 - Operates in conjunction with NCCI's Residual Market Application Processing System (RMAPS® Online Application Service); and
 - Is designed as a depopulation tool to provide an additional source for producers and employers to secure workers compensation coverage in the voluntary market; and
 - All applications (electronic, phone-in, or mail-in) submitted to the Plan Administrator are reviewed to determine if they meet any of the preselected criteria specified by a participating voluntary carrier; and
 - If the Applicant meets the criteria of an authorized voluntary carrier (VCAP® User) and an offer of voluntary coverage is provided, the Applicant, its representative, and/or the producer, must accept a reasonable offer of voluntary coverage in accordance with the WCIP and VCAP® Service provisions, and further Applicant will be deemed ineligible for coverage under the WCIP if Applicant does not accept such reasonable offer of voluntary coverage; and
 - If an application does not meet any VCAP® User's criteria, the application will continue through NCCI's RMAPS® Online Application Service.

If deemed eligible under the WCIP and as further consideration of policy issuance under the WCIP, by signing below, the undersigned Applicant also agrees:

- To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address; and
- To comply substantially with all laws, orders, rules, and regulations in force and effect issued by the public authorities relating to the welfare, health, and safety of employees; and
- To comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees; and
- To take no action in any form to evade the application of an experience rating modification determined in accordance with the applicable experience rating rules, as determined by NCCI, Inc.; and
- To comply with all WCIP rules and procedures and policy terms and conditions, including without limitation, those relating to audits, inspections, loss prevention, and/or premium payments, to maintain WCIP eligibility and coverage.

OUTSTANDING BONA FIDE DISPUTE

The undersigned Applicant also certifies that he/she has no outstanding bona fide dispute as provided in NCCI's WCIP with any producer or company in regard to: (a) payroll records; (b) the amount of premium charged; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding employees; (e) the handling of any claim or accident report except the following:

LOSS SENSITIVE RATING PLAN (LSRP)

In applicable jurisdictions where the NCCI's Loss Sensitive Rating Plan (LSRP) has been approved for use, the undersigned applicant further understands and agrees that by signing below, I (applicant) acknowledge that the Loss Sensitive Rating Plan (LSRP) has been explained to me, and I agree to be bound by the terms of such plan if my standard premium meets or exceeds the premium eligibility requirement. If these conditions are met, an additional LSRP contingency deposit equal to 20% of standard premium will be required, and

- At the time of application, LSRP has been explained to applicant by the Producer submitting this application on behalf of the applicant; and
- The above referenced additional LSRP contingency deposit is in addition to the initial or deposit premium required in accordance with the WCIP.

APPLICANT COMMUNICATIONS

1. By selecting the "Yes" option adjacent to this #1 section, the undersigned Applicant consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by Applicant, or provided by the Producer on Applicant's behalf, to NCCI. ☐ Yes ☒ NO
2. If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent:
3. By selecting the "Yes" option adjacent to this #3 section, the undersigned Applicant consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically to the Applicant. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Applicant by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Applicant's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing. ☐ Yes ☒ NO

APPLICANT'S STATEMENT (Continued)

4. If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent

The undersigned Applicant understands and agrees that by selecting the "Yes" option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by or on behalf of the Applicant in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Applicant releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Applicant's designated email address as provided to NCCI and/or the assigned carrier by or on behalf of the Applicant in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Applicant's email address.

The undersigned Applicant further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Applicant's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

NON-COMPLIANCE WITH AGREEMENTS OR CERTIFICATIONS

The undersigned Applicant further understands and agrees that violation of or non-compliance with any of the above agreements or certifications may result in cancellation of a policy of insurance issued under a Workers Compensation Insurance Plan and/or ineligibility for coverage under a Workers Compensation Insurance Plan.

APPLICANT'S NAME (PRINT OR TYPE) METRO CONSTRUCTION, INC & METRO UTILITIES, LLC

SIGNATURE (MUST BE OFFICER, OWNER OR PARTNER)

DATE (MM/DD/YYYY)

4/9/14

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER

PRODUCER COMMUNICATIONS

- By selecting the "Yes" option adjacent to this #1 section, the undersigned Producer consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by the Producer to NCCI. ☐ Yes ☒ NO
- If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent
- By selecting the "Yes" option adjacent to this #3 section, the undersigned Producer consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Producer by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Producer's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing. ☐ Yes ☒ NO
- If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent

The undersigned Producer understands and agrees that by selecting the "Yes" option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by the Producer in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Producer releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Producer's designated email address as provided to NCCI and/or the assigned carrier by the Producer in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Producer's email address.

The undersigned Producer further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Producer's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

PRODUCER'S CERTIFICATION

THE PRODUCER ALSO CERTIFIES THAT HE/SHE HAS BEEN AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE APPLICANT AND THAT ALL INFORMATION PROVIDED ON THE ACORD 130 AND 133 IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

AGENCY FEIN 57-0405583	AGENCY LICENSE NUMBER	AGENCY PHONE NUMBER (A/C, No, Ext) (803) 254-9404 Ex. 180	AGENCY FAX NUMBER (A/C, No) (803) 758-1406
PRODUCER RESIDENT LICENSE NUMBER 167983	STATE	EXPIRATION DATE	PRODUCER NON-RESIDENT LICENSE NUMBER
PRODUCER NAME (PRINT OR TYPE) STEVE OCHOCINSKY	PRODUCER SIGNATURE <i>B. R. Ochockinsky</i>		DATE (MM/DD/YYYY) 4/9/14
E-MAIL ADDRESS: SOCHOCINSKY@ADAMSEADY.COM			

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER.



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
04/09/2014

AGENCY NAME AND ADDRESS ADAMS EADDY AND ASSOCIATES INSURANCE PO BOX 5595 COLUMBIA, SC 29250-5595		COMPANY: UNDERWRITER: APPLICANT NAME: METRO CONSTRUCTION, INC. OFFICE PHONE: (803) 532-2795 MOBILE PHONE: MAILING ADDRESS (including Zip + 4) 2526 CANEY BRANCH RD LEESVILLE, SC 29070-8928	
PRODUCER NAME: STEVE OCHOJCINSKY CS REPRESENTATIVE BONITA RABON NAME: OFFICE PHONE (803) 254-9404 Ext. 180 IAC, No. Ext: MOBILE PHONE: FAX (803) 758-1408 IAC, No: EMAIL: SOCHOJCINSKY@ADAMSEADDY.COM ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:		E-MAIL ADDRESS: SOLE PROPRIETOR ☒ CORPORATION ☐ LLC ☐ TRUST ☐ UNINCORPORATED ASSOCIATION ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐ JOINT VENTURE ☐ OTHER ☐ CREDIT BUREAU NAME: FEDERAL EMPLOYER ID NUMBER: 57-1084423 NCCI RISK ID NUMBER: 390035446 ID NUMBER: OTHER RATING BUREAU ID EMPLOYER REGISTRATION NUMBER OR STATE:	

STATUS OF SUBMISSION

BILLING / AUDIT INFORMATION

☐ QUOTE ☐ ISSUE POLICY ☐ BOUND (Give date and/or attach copy) ☒ ASSIGNED RISK (Attach ACORD 133)	☐ BILLING PLAN ☐ AGENCY BILL ☐ DIRECT BILL	☐ PAYMENT PLAN ☐ ANNUAL ☐ OTHER: ☐ SEMI-ANNUAL ☐ QUARTERLY % DOWN:	☐ AUDIT ☐ AT EXPIRATION ☐ MONTHLY ☐ SEMI-ANNUAL ☐ ☐ QUARTERLY

LOCATIONS

LOC #	Highest Floor	STREET, CITY, COUNTY, STATE, ZIP CODE
1		2526 CANEY BRANCH RD LEESVILLE, SC 29070-8928

POLICY INFORMATION

PROPOSED EFF DATE 4/1/2014	PROPOSED EXP DATE 4/1/2015	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) SC	PART 2 - EMPLOYER'S LIABILITY \$ 500,000 EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE	PART 3 - OTHER STATES INS	DEDUCTIBLES (N/A in WI) ☐ MEDICAL ☐ INDEMNITY	AMOUNT / % (N/A in WI) OTHER COVERAGES ☐ U.S. & H. ☐ VOLUNTARY COMP ☐ FOREIGN COV ☐ MANAGED CARE
DIVIDEND PLANS/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$15,928.00	TOTAL MINIMUM PREMIUM ALL STATES \$0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$7,964.00

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	GREG LONG	(803) 532-2795		
ACCTING RECORD	GREG LONG	(803) 532-2795		
CLAIMS INFO	GREG LONG	(803) 532-2795		

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 207.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/ PAYROLL
SC		LONG, GREG		PRES	100	MANAGEMENT	I	5217	0

RATING INFORMATION - STATE: South Carolina

831

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Grading Contractor

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) CURRENT COVERAGE CANCELLED FOR NON-PAY	Y
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? (If "YES", explain including entity name(s) and policy number(s))	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____			
Applicable in AL, AR, DC, LA, MD, NH, RI and WV: Any person who knowingly (or willfully) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.			
Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.			
Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree). *Applies in FL Only.			
Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.			
Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in NY Only.			
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may) include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.			
Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.			
Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.			
Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.			
Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER



WORKERS COMPENSATION INSURANCE PLAN ASSIGNED RISK SECTION

 DATE (MM/DD/YYYY)
04/09/2014

THIS FORM ALONG WITH AN ACORD 130 WORKERS COMPENSATION APPLICATION CONSTITUTE AN APPLICATION FOR WORKERS COMPENSATION INSURANCE PLAN (ASSIGNED RISK) COVERAGE. THIS FORM MUST BE ATTACHED TO AN ACORD 130 FOR SUBMISSION. PLEASE REFER TO THE STATE SPECIFIC INSTRUCTIONS PAGE FOR SPECIFIC REQUIREMENTS.

 APPLICANT NAME
METRO CONSTRUCTION, INC.

 PROPOSED EFF DATE
04/04/2014

SUPPLEMENTAL INFORMATION

PAYROLL OFFICE NAME, ADDRESS AND TELEPHONE NUMBER (A PO BOX ADDRESS ALONE IS NOT ACCEPTABLE, PLEASE PROVIDE DRIVING INSTRUCTIONS IF A ROUTE ADDRESS IS SHOWN.)

GREG LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

STATE DEVELOPING HIGHEST PAYROLL: SC

EXPLAIN ALL "YES" RESPONSES IN THE REMARKS SECTION

1. HAS THERE BEEN PREVIOUS WORKERS COMPENSATION COVERAGE:
IN THIS STATE? ☐ YES ☒ NO

 IN ANY OTHER STATE? ☐ YES ☒ NO

IF NO TO BOTH QUESTIONS, WAS THIS DUE TO: ☐ NEW BUSINESS ☐ SELF INSURED-INDEP ☐ SELF INSURED-GROUP ☒ # EMPLOYEES

2. IS THERE ANY UNPAID WORKERS COMPENSATION PREMIUM DUE OR IN DISPUTE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S). ☐ YES ☒ NO

3. YEAR APPLICANT'S BUSINESS BEGAN: 2009

4. HAS THERE BEEN A NAME CHANGE, CONSOLIDATION, MERGER ACQUISITION, SALE, PURCHASE OR TRANSFER OF ASSETS OR OWNERSHIP CHANGE DURING THE PAST FIVE (5) YEARS? IF YES, PROVIDE A COMPLETED ERM-14 FORM. ☐ YES ☒ NO

5. IS APPLICANT RELATED THROUGH COMMON MANAGEMENT OR OWNERSHIP TO ANY ENTITY NOT LISTED ON THE ACORD 130 FORM, WHETHER COVERAGE IS REQUIRED OR NOT? IF YES, PROVIDE A COMPLETED ERM-14 FORM. ☐ YES ☒ NO

6. DO YOU LEASE WORKERS FROM A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)? IF YES, REFER TO WCIP INSTRUCTIONS. NAME OF PROFESSIONAL EMPLOYER ORGANIZATION (PEO): ☐ YES ☒ NO

7. DO YOU LEASE WORKERS TO A CLIENT COMPANY? IF YES, REFER TO WCIP INSTRUCTIONS. ☐ YES ☒ NO

8. ARE YOU SEEKING TO COVER THE LEASED WORKERS? IF YES, REFER TO WCIP INSTRUCTIONS. ☐ YES ☒ NO

9. DO YOU PROVIDE TEMPORARY ARRANGEMENT SERVICES TO OTHER EMPLOYERS? IF YES, PROVIDE A TEMPORARY LABOR CONTRACTOR EMPLOYEE FORM. ☐ YES ☒ NO

10. DO YOU HAVE A FRANCHISE OR LICENSING AGREEMENT? IF YES, PROVIDE A COPY OF THE AGREEMENT. ☐ YES ☒ NO

11. IS COVERAGE REQUESTED FOR A SPORTS TEAM? IF YES, PROVIDE NAME OF SPORTS TEAM AND DOMICILED STATE. NAME OF SPORTS TEAM: _____ DOMICILED STATE: _____ ☐ YES ☒ NO

12. DO TRUCKING CLASSIFICATIONS APPLY? IF YES, COMPLETE QUESTIONS 13 - 20. ☐ YES ☒ NO

13. DO YOU OR YOUR EMPLOYEES REGULARLY OPERATE FROM A BASE TERMINAL(S) WHICH IS (ARE) USED TO LOAD, UNLOAD, STORE, OR TRANSFER FREIGHT? IF YES, PLEASE PROVIDE A LIST OF TERMINAL ADDRESSES:

#	STREET	CITY	COUNTY	ST	ZIP CODE
1					
2					
3					

14. CAN EACH DRIVER'S STATE OF MAJORITY DRIVING TIME BE ESTABLISHED THROUGH VERIFIABLE RECORDS OR LOGS? ☐ YES ☒ NO

15. PLEASE PROVIDE A LIST OF ALL DRIVERS/HELPERS AND THEIR STATE OF RESIDENCE:

	DRIVER NAME	TERMINAL # (SEE ABOVE)	MAJORITY DRIVING STATE	RESIDENCE STATE
1				
2				
3				

16. WHAT TYPE(S) OF GOODS ARE BEING HAULED? (e.g., coal, dry goods, explosives, scaffolding, water / waste fluids from oil field sites, etc.)

17. DO YOU OWN THESE GOODS? ☐ YES ☒ NO

18. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY RETAIL STORE(S)? IF YES, PROVIDE COPY OF CONTRACT(S). ☐ YES ☒ NO

19. IS APPLICANT UNDER EXCLUSIVE CONTRACT WITH ANY POSTAL SERVICE? IF YES, PROVIDE COPY OF CONTRACT(S). ☐ YES ☒ NO

20. WITHIN WHAT MILE RADIUS IS HAULING DONE? # MILES: _____ ☐ YES ☒ NO

INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE					YES	NO
21. HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? (INCLUDE MULTI-LINE OR RETROSPECTIVE RATING PLAN, IF APPLICABLE) IF YES, PROVIDE FULL DETAILS INCLUDING PLAN TERMS IN THE REMARKS SECTION.					☐	☒ N
22. INDICATE THE NUMBER OF INSURANCE COMPANIES WHICH HAVE REFUSED THE APPLICANT COVERAGE IN THE LAST 60 DAYS (OR IN ACCORDANCE WITH STATE SPECIFIC GUIDELINES): 4						
LIST COMPANY NAMES, REPRESENTATIVE NAMES, TELEPHONE NUMBERS AND DATES OF REFUSALS. REFER TO WCIP TO VERIFY REQUIREMENTS.						
COMPANY NAME	REPRESENTATIVE NAME	TELEPHONE NUMBER	DATE OF REFUSAL	COMMENTS		
PREMIUM PAYMENT (Refer to WCIP instruction sheet for state requirements)					YES	NO
23. IS THE PREMIUM FINANCED THROUGH A THIRD PARTY PREMIUM FINANCE COMPANY? IF YES, A COPY OF THE AGREEMENT MUST BE PROVIDED.					☐	☒ N
24. IN APPLICABLE JURISDICTIONS ON QUALIFYING RISKS, IS THE LOSS SENSITIVE RATING PROGRAM (LSRP) CONTINGENCY DEPOSIT BEING PAID IN FULL AT THIS TIME?					☐	☒ N
25. INITIAL OR ESTIMATED ANNUAL DEPOSIT PREMIUM IS REQUIRED IN ORDER TO BIND COVERAGE. THE FOLLOWING PAYMENT METHODS MAY BE USED TO SUBMIT THE REQUIRED INITIAL OR DEPOSIT PREMIUM:						
1. Credit Card (for applications submitted ONLINE at ncci.com ONLY) 2. Electronic funds transfer (EFT) in the form of an Automated Clearing House (ACH) transaction Note: For 1 & 2 above, refer to instructions provided within NCCI's RMAPS Online Application Service payment screens. All payments by credit card and electronic funds transfer must accompany completed and signed ACORD 130 and 133 forms. 3. Check or Money Order (for MAILED applications ONLY) 1. ONLY the following types of payment, made payable to NCCI, Inc., are acceptable: a. Checks: Applicant's, Cashier's, Producer's, Finance Company(s) b. Money Order 2. All checks and money orders MUST be made payable to NCCI, Inc., and accompany completed and signed ACORD 130 and 133 forms. NO CREDIT CARD OR BANKING INFORMATION SHOULD BE ENTERED ON THE HARDCOPY ACORD 130 or 133 FORMS. A DELAY IN PROCESSING YOUR APPLICATION MAY OCCUR SHOULD THIS INFORMATION BE INCLUDED ON THE SUBMITTED FORMS. By submitting this assigned risk workers compensation insurance application, the Applicant authorizes NCCI to debit the account name/number that the undersigned Applicant, or the undersigned Producer on Applicant's behalf, has designated and provided to NCCI, for the amount of this transaction. The Applicant further understands and agrees that all premium transactions and/or premium-related transactions must be processed and accepted by NCCI and the account name/number that the undersigned Applicant, or the undersigned Producer on Applicant's behalf, has designated and provided to NCCI, to be considered received by the Plan Administrator.						

REMARKS (Attach additional sheets if more space is required)

NCCLAPP# 32841580.

APPLICANT'S STATEMENT

The undersigned Applicant hereby certifies that he/she has read and understands the questions and statements in this application, which is comprised of both the ACORD 130 and ACORD 133 forms. In consideration of coverage being afforded under the applicable Workers Compensation Insurance Plan developed or administered by NCCI (WCIP or Plan), by signing below, the Applicant also certifies that any and/or all responses provided in or to this application, which is comprised of both the ACORD 130 and ACORD 133 forms, are true and accurate and Applicant further understands and agrees that:

- Since he/she has been unable to secure workers compensation coverage in a regular manner through any other insurance carrier or provider, this coverage is being afforded under the applicable WCIP, and that the applicable rates and rating programs charged may be higher than those in the voluntary market.
- Coverage is NOT bound until the completed and signed application is received with the required initial or estimated annual deposit premium and eligibility is determined by the Plan Administrator.
- Provided that Applicant is determined to be eligible and in good faith entitled to WCIP Insurance, based upon the information provided herein or otherwise available to the Plan Administrator, coverage will be bound in accordance with WCIP rules. See the WCIP for applicable binding rules.
- In approved jurisdictions, NCCI's Voluntary Coverage Assistance Program (VCAP® Service) applies to all employers seeking coverage under the Workers Compensation Insurance Plan, and:
 - Is integrated with and operates as a supplemental program to NCCI's WCIP; and
 - Operates in conjunction with NCCI's Residual Market Application Processing System (RMAPS® Online Application Service); and
 - Is designed as a depopulation tool to provide an additional source for producers and employers to secure workers compensation coverage in the voluntary market; and
 - All applications (electronic, phone-in, or mail-in) submitted to the Plan Administrator are reviewed to determine if they meet any of the preselected criteria specified by a participating voluntary carrier; and
 - If the Applicant meets the criteria of an authorized voluntary carrier (VCAP® User) and an offer of voluntary coverage is provided, the Applicant, its representative, and/or the producer, must accept a reasonable offer of voluntary coverage in accordance with the WCIP and VCAP® Service provisions, and further Applicant will be deemed ineligible for coverage under the WCIP if Applicant does not accept such reasonable offer of voluntary coverage; and
 - If an application does not meet any VCAP® User's criteria, the application will continue through NCCI's RMAPS® Online Application Service.

If deemed eligible under the WCIP and as further consideration of policy issuance under the WCIP, by signing below, the undersigned Applicant also agrees:

- To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address; and
- To comply substantially with all laws, orders, rules, and regulations in force and effect issued by the public authorities relating to the welfare, health, and safety of employees; and
- To comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees; and
- To take no action in any form to evade the application of an experience rating modification determined in accordance with the applicable experience rating rules, as determined by NCCI, Inc.; and
- To comply with all WCIP rules and procedures and policy terms and conditions, including without limitation, those relating to audits, inspections, loss prevention, and/or premium payments, to maintain WCIP eligibility and coverage.

OUTSTANDING BONA FIDE DISPUTE

The undersigned Applicant also certifies that he/she has no outstanding bona fide dispute as provided in NCCI's WCIP with any producer or company in regard to: (a) payroll records; (b) the amount of premium charged; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding employees; (e) the handling of any claim or accident report except the following:

LOSS SENSITIVE RATING PLAN (LSRP)

In applicable jurisdictions where the NCCI's Loss Sensitive Rating Plan (LSRP) has been approved for use, the undersigned applicant further understands and agrees that by signing below, I (applicant) acknowledge that the Loss Sensitive Rating Plan (LSRP) has been explained to me, and I agree to be bound by the terms of such plan if my standard premium meets or exceeds the premium eligibility requirement. If these conditions are met, an additional LSRP contingency deposit equal to 20% of standard premium will be required; and

- At the time of application, LSRP has been explained to applicant by the Producer submitting this application on behalf of the applicant; and
- The above referenced additional LSRP contingency deposit is in addition to the initial or deposit premium required in accordance with the WCIP.

APPLICANT COMMUNICATIONS

- By selecting the "Yes" option adjacent to this #1 section, the undersigned Applicant consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by Applicant, or provided by the Producer on Applicant's behalf, to NCCI. ☐ Yes ☒ NO
- If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent: _____
- By selecting the "Yes" option adjacent to this #3 section, the undersigned Applicant consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically to the Applicant. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Applicant by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Applicant's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing. ☐ Yes ☒ NO

APPLICANT'S STATEMENT (Continued)

4. If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent:

The undersigned Applicant understands and agrees that by selecting the "Yes" option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by or on behalf of the Applicant in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Applicant releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Applicant's designated email address as provided to NCCI and/or the assigned carrier by or on behalf of the Applicant in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Applicant's email address.

The undersigned Applicant further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Applicant's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

NON-COMPLIANCE WITH AGREEMENTS OR CERTIFICATIONS

The undersigned Applicant further understands and agrees that violation of or non-compliance with any of the above agreements or certifications may result in cancellation of a policy of insurance issued under a Workers Compensation Insurance Plan and/or ineligibility for coverage under a Workers Compensation Insurance Plan.

APPLICANT'S NAME (PRINT OR TYPE) METRO CONSTRUCTION, INC.

SIGNATURE (MUST BE OFFICER, OWNER OR PARTNER)

DATE (MM/DD/YYYY)

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER

PRODUCER COMMUNICATIONS

1. By selecting the "Yes" option adjacent to this #1 section, the undersigned Producer consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by the Producer to NCCI. ☐ Yes ☒ NO
2. If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent:
3. By selecting the "Yes" option adjacent to this #3 section, the undersigned Producer consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Producer by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Producer's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing. ☐ Yes ☒ NO
4. If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent:

The undersigned Producer understands and agrees that by selecting the "Yes" option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by the Producer in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Producer releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Producer's designated email address as provided to NCCI and/or the assigned carrier by the Producer in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Producer's email address.

The undersigned Producer further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Producer's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

PRODUCER'S CERTIFICATION

THE PRODUCER ALSO CERTIFIES THAT HE/SHE HAS BEEN AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE APPLICANT AND THAT ALL INFORMATION PROVIDED ON THE ACORD 130 AND 133 IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

AGENCY FEIN 57-0405583	AGENCY LICENSE NUMBER	AGENCY PHONE NUMBER (A/C, No, Ext) (803) 254-9404 Ext. 180	AGENCY FAX NUMBER (A/C, No) (803) 758-1405
PRODUCER RESIDENT LICENSE NUMBER 167953	STATE	EXPIRATION DATE	PRODUCER NON-RESIDENT LICENSE NUMBER
PRODUCER NAME (PRINT OR TYPE) STEVE DCHOCINSKY	PRODUCER SIGNATURE		DATE (MM/DD/YYYY)
E-MAIL ADDRESS: SOCHOCINSKY@ADAMSEADY.COM			

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND DESIGNATED PRODUCER

Bonita M. Rabon

From: NCCI_RMAPS_ADMINISTRATOR <NCCI_RMAPS_ADMINISTRATOR@ncci.com>
Sent: Monday, April 14, 2014 11:01 AM
To: Bonita M. Rabon
Subject: RMAPS Application ID 32841580 - METRO CONSTRUCTION, INC.

From NCCI Assigned Risk Department

Applicant Name: METRO CONSTRUCTION, INC.
Application ID: 32841580

Assigned Risk Workers Compensation Coverage has been bound in the Residual Market on the above-referenced application. You may now access and print this binder from your Work List on the RMAPS® Online Application Service for a period of two weeks.

This automated email will not accept a response. If you need assistance, our Customer Service Center is available Monday-Friday, 8:00 a.m.-8:00p.m. EST at 800-NCCI-123 (800-622-4123). Thank you.

Sincerely,
The Assigned Risk Department

The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



SERVICE CENTER
901 Peninsula Corporate Circle
Boca Raton, FL 33487
(800) 622-4123

April 14, 2014

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

EFFECTIVE DATE: 04/04/2014
BINDER NUMBER: 39-80004-14104-114494
FED ID NUMBER: 57-1084423
APPLICATION ID: 32841580

RE: WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY BINDER

This is to acknowledge receipt of an initial or deposit premium payment and your application for coverage through the Workers Compensation Insurance Plan for the State of SOUTH CAROLINA.

Coverage is provided under this binder, beginning at 12:01 A.M. on the effective date shown above, and with the insurance company named below, and shall remain in effect until canceled or a policy has been issued. Coverage is provided under the Workers Compensation Law of SOUTH CAROLINA and of such additional jurisdictions as may be requested, in accordance with the Plan rules. Employers liability coverage is also provided, subject to the standard limits prescribed in the Basic Manual, unless higher limits have been requested in accordance with the Plan rules.

Please retain this binder as evidence of the coverage until you receive your policy.

INSURANCE COMPANY:
AMERICAN ZURICH INS CO
C/O TRAVELERS INDEMNITY CO.
2420 LAKEMONT AVENUE
ORLANDO, FL 32814

AGENCY NAME:
ADAMS EADDY AND ASSOCIATES INSURANCE
PO BOX 5595
COLUMBIA, SC 29250-5595

METRO CONSTRUCTION, INC.

NOTICE

COVERAGE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH THE ASSIGNED RISK PLAN. AS THE PLAN IS THE MARKET OF LAST RESORT, COVERAGE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN THE ASSIGNED RISK PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under the Workers Compensation Insurance Plan, is canceled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further coverage under the Plan.

NOTICE

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

FOR THE STATE(S) OF SOUTH CAROLINA

Your policy provides coverage for certain losses caused by acts of domestic and foreign terrorism. You should know that, effective November 26, 2002 and extended through December 2014, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. If the insurance company providing the coverage has met its statutorily established deductible, the insurance company is not liable for any portion of the amount of insured losses that exceeds \$100,000,000.000. Further, the United States Government will not make any payment under the federal law for any portion of insured losses that exceeds \$100,000,000.000. The insurance company will pay only a pro rata share of such losses as determined by the Secretary of Treasury. The portion of your total estimated annual premium that currently is attributable to coverage for certain losses caused by certified acts of terrorism is: \$30.80.

NOTICE

CERTIFICATES OF INSURANCE

Effective upon receipt of the enclosed binder, the producer may issue certificates of insurance only under the following conditions: 1) that the certificate is issued only on the standard ACORD form; 2) that the ~~certificate is issued only for operations in the states listed in 3.A. of the Information Page;~~ 3) that the policy terms are unchanged; 4) that the certificate holder is not extended any greater rights than those extended to the insured; and 5) that the assigned carrier is provided with a copy of each certificate.

APPLICATION NOTES:

Producer/Employers: Please be advised that Assigned Risk Carriers are required to conduct interim audits, loss prevention surveys and final audits on Assigned Risk policies. Therefore, Failure to comply with an Assigned Risk Carrier request may result in cancellation of this policy in accordance with the applicable state laws.

Coverage is being bound subject to your signed statement on the application acknowledging and agreeing to the terms of the Loss Sensitive Rating Plan (LSRP). In the event that you meet the eligibility requirements of the LSRP, a LSRP contingent deposit premium equal to 20% of standard premium will be required.

Increased Limits of Liability have been requested.

Please forward the Agency License Number to the carrier named on the binder. If this information is not forwarded to the carrier, the agency and/or producer may not be paid producer fees in accordance with state specific statutes, rules, and/or regulations.

METRO CONSTRUCTION, INC.

NOTICE

COVERAGE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH THE ASSIGNED RISK PLAN. AS THE PLAN IS THE MARKET OF LAST RESORT, COVERAGE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN THE ASSIGNED RISK PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under the Workers Compensation Insurance Plan, is canceled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further coverage under the Plan.

CARRIER: Coverage has been requested for the following states: SC.

Corporate Officers have not elected to be excluded from coverage.

Application was processed by producer using the NCCI RMAPS(R) Online Application Service.

PRODUCER / EMPLOYER / CARRIER: Premium was calculated using the rates and programs effective on the Anniversary Rate Date / Effective Date of 10/01/2013.

Carrier: Current experience rating worksheet attached.

Please forward form 941 (or its equivalent) to the carrier as named on the binder or forward a written statement explaining why tax documentation cannot be provided.

The premium reflected on the Premium Calculation Worksheet is the Total Estimated Annual Premium. The Assigned Carrier may apply additional state surcharges, taxes, assessments, or programs as required by the state.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

NEW-14

INSURER: AMERICAN ZURICH INSURANCE COMPANY

NCCI CO CODE: 80012

1.

INSURED:

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

PRODUCER:

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 29250-5595

Insured Is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 04-04-14 to 04-04-15 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

SC

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: \$	500000 Each Accident
Bodily Injury by Disease: \$	500000 Policy Limit
Bodily Injury by Disease: \$	500000 Each Employee

~~C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:~~

COVERAGE EXCLUDED - REFER TO RESIDUAL MARKET LIMITED OTHER STATES
INSURANCE ENDORSEMENT WC 00 03 26

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

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

DATE OF ISSUE: 05-08-14 AS

OFFICE: ZURICH-ORLAN

PRODUCER: ADAMS EADDY AND ASSOCIAT

809

-1229-

ST ASSIGN: SC

22JPM



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

INSURER: AMERICAN ZURICH INSURANCE COMPANY

80012-SC

INSURED'S NAME: METRO CONSTRUCTION, INC.
ANNIVERSARY RATING DATE: 10-01-14
EXP. MOD. EFFECTIVE DATE: 10-01-13

RATE BUREAU ID: 390035446

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 571084423 ENTITY CD 001				
METRO CONSTRUCTION, INC.				
2526 CANEY BRANCH RD LEESVILLE, SC 29070-8928 / SIC CODE: 1794 NAICS: 238910				
EXCAVATION & DRIVERS	6217	39000	12.01	4684
SEWER CONSTRUCTION-ALL OPERATIONS & DRIVERS	6306	43700	14.64	6398
GAS MAIN OR CONNECTION CONSTRUCTION & DRIVERS	6319	70150	8.66	6075

DATE OF ISSUE: 05-08-14 AS

ST A-1230- SC

SCHEDULE NO: 1 OF MORE



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 1794 NAICS: 238910

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$	15652
PREMIUM DISCOUNT		NONE
0900-39 EXPENSE CONSTANT		230
TERRORISM		31
CAT (OTHER THAN CERT ACTS OF TERRORISM)		15
TOTAL ESTIMATED PREMIUM		15928
DEPOSIT AMOUNT DUE		15928

A/R (WCIP) #

Minimum Premium: \$1250

EMPLOYERS LIABILITY MINIMUM: \$ 75

ST ASSIGN: SC

DATE OF ISSUE: 05-08-14 AS

OFFICE: ZURICH-ORLAN

809

PRODUCER: ADAMS EADDY AND ASSOCIAT 22:IPM

-1231-

2
ZURICH

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D)				
CONSTRUCTION OR ERECTION PERMANENT YARD	8227	1150	8.34	96

.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	138
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		17391
EXPERIENCE MODIFICATION: .90 MODIFIED PREMIUM		15652
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		15652
EXPENSE CONSTANT(0900)		230
0.0200 TERRORISM (9740)		31
0.0100 CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		15
TOTAL ESTIMATED PREMIUM		15928
DEPOSIT AMOUNT DUE		15928

DATE OF ISSUE: 05-08-14 AS

ST ASSOCIATION
-1232-

SCHEDULE NO: 2 OF LAST



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 00 01 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 04 15 B - 001	ASSIGNED RISK ADJUSTMENT PROGRAM ENDT
WC 00 01 14 00 - 001	PENDING LAW CHANGE TO TERRORISM RISK INS
WC 00 03 26 A - 001	LIMITED OTHER STATES INSURANCE END
WC 00 04 02 00 - 001	ANNIVERSARY RATING DATE ENDORSEMENT
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 17 B - 001	ASSIGNED RISK LSRP NOTIFICATION END
WC 00 04 22 A - 001	TERRORISM-REAUTHORIZATION ACT DISCLOSURE
WC 00 04 21 C - 001	CATASTROPHE (O/T CERT. ACTS OF TERR)ENDT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT





WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 15 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

ASSIGNED RISK ADJUSTMENT PROGRAM ENDORSEMENT

This endorsement is attached to your policy and incorporates the following additional provisions into Part Five (Premium) of your policy because one or more of the states shown in Item 3.A. of the Information Page have approved the Assigned Risk Adjustment Program (ARAP). ARAP adds a surcharge to the premium of assigned risk employers who meet the criteria of ARAP.

The application of ARAP is mandatory and shall apply to all assigned risk policies written in approved jurisdictions who meet the criteria of ARAP.

If your experience rating modification changes, the ARAP surcharge factor may also change.

A. Criteria

1. You will receive an ARAP surcharge factor calculated by the designated rating/advisory organization for your intrastate and/or interstate risk if you:
 - a. Are experience rated, and
 - b. Have an experience rating modification that includes data from at least one ARAP approved jurisdiction, and
 - c. Have a calculated experience rating modification factor greater than or equal to 1.01, and
 - d. Meet or exceed the weighted test ratio in accordance with the applicable rules in NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance* or other applicable state rules.
2. You will not receive an ARAP surcharge factor calculated by the designated rating/advisory organization in an ARAP approved jurisdiction if you:
 - a. Are not experience rated, or
 - b. Are an intrastate and/or interstate experience rated risk that does not have any ARAP approved jurisdictions' data included in your experience rating modification calculation, or
 - c. Have a calculated experience rating modification equal to or less than 1.00.

B. Surcharge Application

You must pay a surcharge based on a comparison of your actual and expected losses, as determined using values from your experience rating modification calculation. The ARAP surcharge factor is applied by multiplying your assigned risk total modified premium by the ARAP surcharge factor. The total modified premium of an assigned risk policy in ARAP approved jurisdictions is determined in accordance with the applicable state assigned risk premium algorithm, or any other applicable programs or statutory requirements. The ARAP surcharge factor is included in total standard premium.

C. Multi-state Operations

If you are an experience rated employer with multi-state operations, you shall be subject to the Assigned Risk Adjustment Program in states that have approved ARAP, and as applied by your insurance carrier in those states as shown in the Schedule below.

D. Cancellation

If your policy is cancelled, the ARAP surcharge factor is applied in accordance with Part Five (Premium), E. of your workers compensation and employers liability insurance policy.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 15 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

Schedule

State

Alabama
Illinois
North Carolina
Virginia

Arizona
Iowa
Oregon
West Virginia

Connecticut
Kansas
South Carolina

District of Columbia
New Hampshire
South Dakota

Idaho
Nevada
Vermont



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 01 14 (00)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO
TERRORISM RISK INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2007

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.

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
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

DATE OF ISSUE: 05-08-14

ST ASSIGN: SC

Page 1 of 1

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-1236-

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**RESIDUAL MARKET
LIMITED OTHER STATES INSURANCE ENDORSEMENT**

"Part Three—Other States Insurance" of the policy is replaced by the following:

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
 2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
 3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.
-

IMPORTANT NOTICE

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 02 (00)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule(s).

SCHEDULE

ANNIVERSARY RATING DATE	(MONTH)	(DAY)	(YEAR)
REFER TO INFORMATION PAGE SCHEDULE(S)			





WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 14 (00)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

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.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

ASSIGNED RISK LOSS SENSITIVE RATING PLAN NOTIFICATION
ENDORSEMENT

A. LSRP Mandatory Assigned Risk Retrospective Rating Plan

This endorsement is to advise you that, during the term of this policy or upon renewal, you may become subject to the mandatory assigned risk Loss Sensitive Rating Plan (LSRP), which is a retrospective rating plan that may adjust the cost of your workers compensation and employers liability insurance policy. This endorsement must be attached to all assigned risk policies, including policies for professional employer organization (PEO) and temporary arrangements, regardless of LSRP standard premium size in states that have approved the LSRP. In the event that you meet or exceed the eligibility requirements of LSRP, an LSRP contingent deposit equal to 20% of LSRP standard premium is required.

B. Eligibility

1. Your insurance is written under a Workers Compensation Insurance Plan (WCIP) in a state that has approved LSRP.
2. a. LSRP will apply to an individual assigned risk policy if the standard premium meets or exceeds the amount noted in the Schedule, in accordance with NCCI's *Basic Manual*.
b. It may not always be possible for a single carrier to provide coverage for all requested states; additional policies issued by more than one carrier may be necessary.
c. WCIP policies issued in non-LSRP-approved jurisdictions are not subject to LSRP and are not combinable with WCIP policies in LSRP-approved jurisdictions for eligibility purposes.
d. LSRP eligibility may be impacted by ownership or combinability status in accordance with NCCI's *Experience Rating Plan Manual*.
3. LSRP standard premium is defined in accordance with NCCI's *Basic Manual*.

~~C. Deposit Initial Premium and LSRP Contingency Deposit~~

1. Deposit or initial premium is paid on all new and renewal WCIP policies, including LSRP policies, in accordance with NCCI's *Basic Manual*. It is paid to us in addition to the LSRP contingency deposit, which secures all new and renewal LSRP policies as detailed in the LSRP rules.
2. The LSRP contingency deposit paid to us serves as collateral for premium that may be due to us as a result of losses incurred during the policy term.
3. At policy inception, the LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. If WCIP policies are combined for LSRP purposes, the LSRP contingency deposit is calculated by multiplying the combined LSRP standard premium for all policies by 20%.

D. Impact of Changes in LSRP Standard Premium

1. For all policies except for professional employer organizations (PEOs) and temporary arrangements, LSRP may be applied to a policy, or an LSRP policy may be converted to a guaranteed cost policy.

POLICY NUMBER: (6ZZUB-2E14299-A-14)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

- a. If the LSRP standard premium decreases during the first 120 days, and falls below the LSRP eligibility threshold, your policy will be converted to a guaranteed cost policy, retroactive to policy inception, and your LSRP contingency deposit will be returned.
 - b. If the LSRP standard premium increases during the first 120 days, and meets the LSRP eligibility threshold, LSRP will be applied retroactively to policy inception and the 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.
 - c. If the LSRP standard premium decreases after the first 120 days and falls below the LSRP eligibility threshold, the LSRP continues to be applied to your policy(ies).
 - d. If the LSRP standard premium increases after the first 120 days, and meets the LSRP eligibility threshold, your policy(ies) will remain a guaranteed cost policy(ies) and the LSRP is applied at renewal, subject to meeting the eligibility requirements on the renewal policy(ies).
2. For all PEO and temporary arrangement WCIP policies, if the LSRP standard premium meets or exceeds the eligibility threshold at any time, LSRP is applied retroactively to policy inception. The 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

E. Evasion of LSRP

1. If you take actions for the purpose of avoiding the application of LSRP, or for otherwise legitimate business reasons that nonetheless result in the improper calculation and/or application of LSRP, regardless of intent, any action that results in the miscalculation and/or misapplication of LSRP determined in accordance with the LSRP rules is prohibited. These actions include, but are not limited to:
 - Misrepresentation and/or miscalculation of payroll at application, audit, or renewal
 - Failure to report changes in ownership or ownership information according to the WCIP and NCCI's *Experience Rating Plan Manual*
 - Violation of any of the terms and conditions under the policy for which this insurance was issued
 - Failure to allow us and/or the Plan Administrator and/or rating organization reasonable access to your facilities or files and records for audit or inspection
 - Failure to disclose to us and/or the Plan Administrator and/or rating organization the full nature and scope of your exposure or business operations
2. In such circumstances, we and/or the Plan Administrator and/or rating organization may obtain any information that indicates evasion or improper calculation or application of LSRP due to actions including, but not limited to, those listed above. We and/or the Plan Administrator and/or rating organization will act to ensure the proper calculation and application of LSRP to inception of all current and preceding WCIP policies impacted by these actions.

This endorsement applies in the states listed in the Schedule below.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (B)

POLICY NUMBER: (6ZZUB-2E1 4299-A-1 4)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Schedule

State	Premium Eligibility
ALABAMA	\$250,000
ARIZONA	\$250,000
CONNECTICUT	\$250,000
DISTRICT OF COLUMBIA	\$250,000
GEORGIA	\$250,000
IDAHO	\$250,000
ILLINOIS	\$250,000
INDIANA	\$250,000
KANSAS	\$250,000
NEW HAMPSHIRE	\$250,000
NEVADA	\$250,000
NORTH CAROLINA	\$250,000
OREGON	\$250,000
SOUTH CAROLINA	\$250,000
SOUTH DAKOTA	\$250,000
VERMONT	\$250,000
WEST VIRGINIA	\$250,000





WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

**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 2007. 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 resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program 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.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 22 (A)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% 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

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 05-08-14

ST ASSIGN: -1244-

Page 2 of 2



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 21 (C)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)
PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

~~Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.~~

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

State	Schedule Rate	Premium

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 05-08-14

ST ASSIGN:

-1245-

Page 1 of 1



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 19 (00)

POLICY NUMBER: (6ZZUB-2E14299-A-14)

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.



PREMIUM AUDIT TIPS

Please take a moment to read the following audit tips, which will help you prepare for your Workers Compensation premium audits. With proper preparation, you could save time and possibly premium dollars.

We are required to complete premium audits on your Assigned Risk Workers Compensation policy to determine your policy premium. Your cooperation in scheduling an appointment with our auditor, or completing and returning the Policyholder Report, is very important.

Remember! An accurate audit depends on having your records prepared for review, and making sure that a person with detailed knowledge of your business is available to answer the auditor's questions.

Become familiar with your state Workers Compensation requirements. Some of the following questions may apply to your state.

QUESTIONS COMMONLY ASKED BY CUSTOMERS	ANSWERS	PREMIUM AUDIT TIPS
What records will I need to provide for a premium audit?	We will look for payroll and disbursement journals, general ledger, cash receipt journal, and checkbooks.	Maintain your records up to date during the policy term.
Will I need to provide my tax records?	Yes, we will need to review your tax records, such as 941's, State Unemployment Wage reports, 1099's, 1040c (Schedule C), 1120, 1065, etc.	Keep copies of filed tax forms applicable during the policy term.
Are holiday, vacation, sick time wages, or housing allowances included in my Workers Comp premium calculation?	Holidays, Vacation, Sick Time wages and housing allowances must be included in your premium calculation.	Severance and third-party disability payments may be excluded. Maintain separate records for these payments.
Are tips included in my Workers Compensation premium calculation?	Tips are excluded, provided your records separate tips from regular wages.	For each employee earning tips, maintain records of tips and wages paid.
Are overtime payments included in my Workers Compensation premium calculation? Note: Not applicable in the state of Nevada.	Wages paid for overtime are included as payroll at the employee's regular pay rate, provided that overtime wages are recorded separately. Overtime wages that are recorded separately <u>are</u> included at two-thirds (2/3) of the total amount paid. (Contact your producer for your state specific guidelines.)	For each employee paid overtime, maintain record of regular wages and overtime payments.
When can an employee's payroll be split among more than one classification code?	Employee payroll is assigned to the basic classification that best describes the business of the employer. It is the overall business that is classified, not each employee or duty. However, the payroll for an employee can be split if the classification can be applied to your business (based on the Classification Rules), <u>and</u> you maintain a payroll breakdown for the employee by job classification. Certain job classifications cannot be split for one employee (examples: 8810, 8742, 8871, 8748).	If the conditions are met, maintain records that reflect the employee's actual time working within each job classification. Remember! Estimated or percentage allocation of payroll is not permitted. If records don't show the entire payroll applicable to each classification, the entire payroll of the individual employee must be assigned to the highest rated classification that represents any part of his/her work.

Can corporate officers be excluded from coverage?	Some states' Workers Compensation laws may permit officers to elect exclusion from Workers Comp coverage. (Contact your producer for your state specific guidelines.)	Send us any required exclusion forms immediately, and advise us of any new officers during the policy term.
What happens if I'm a partnership and I incorporate during the policy term? (Change in legal entity or ownership).	Changing your legal entity status during the policy term may impact your coverage and/or premium under your state's Workers Compensation Law.	Advise us immediately if you change your legal entity status, or if the ownership of your business changes.
Who is an Independent Contractor?	Generally speaking, an Independent Contractor is one who makes a business of providing a specific service for a pre-determined price, to several different customers, under his/her own terms. *	Maintain copies of contracts and invoices showing breakdown of labor and material, business cards, and certificates of Workers Compensation insurance.
Will I be charged for Independent/Sub-contracted work?	You may be liable for employees of uninsured independent contractors/subcontractors. We therefore may charge premium for independent/subcontracted work without valid certificates of Workers Compensation Insurance. *	Obtain and maintain valid certificates of insurance showing Workers Compensation coverage for all independent/subcontracted work.
What is a valid certificate of Workers Compensation insurance?	A valid certificate of insurance identifies a Workers Compensation policy which is effective during your policy period, lists the Workers Compensation carrier, policy number, and policy term, shows the independent contractor/subcontractor as "Insured", and your company as "Certificate Holder".	Make sure the independent contractor's or subcontractor's Workers Compensation policy term is effective during the time the work was performed and paid for. Obtain proof of Workers Compensation coverage for the previous or subsequent term as needed.

* Definitions and requirements may vary by state. Additional tests of independent status may apply.

The best time to prepare for your premium audit is now! Keeping proper records and documentation throughout the year may save you time and money.

~~-----If you have any questions about your Workers Compensation policy, please contact your Account Manager Underwriter.~~

Información para auditar la prima de su póliza

Por favor tome un momento para leer la siguiente información de como auditoriamos pólizas. De esta manera usted podrá prepararse para el ajuste del seguro de Compensación para los Trabajadores. Con la preparación apropiada, usted podría ahorrar tiempo y posiblemente dinero de la prima.

Anualmente, se nos requiere procesar ajustes a las pólizas de Compensación para los Trabajadores para determinar el costo de la póliza. Es muy importante su cooperación en hacer y mantener una cita con nuestro auditor, o completar y devolver el reporte llamado Policy Holder Report.

¡Recuerde! El ajuste exacto a su póliza depende de que sus registros estén preparados para ser revisados, y de asegurarse que una persona con conocimiento detallado de su negocio está disponible para contestar a las preguntas del auditor.

Debe familiarizarse con los requisitos estatales sobre el reajuste a su póliza de Compensación para los Trabajadores. Algunas de las siguientes preguntas pueden aplicar en su estado.

PREGUNTAS COMÚNMENTE DE CLIENTES	RESPUESTAS	SUGERENCIA PARA LA AUDITORÍA DE SU PÓLIZA
¿Qué registros voy a necesitar para cooperar con el auditor?	Debe presentar la nomina de pagos en efectivo y del jornal, el diario del los recibos de materiales pagados en efectivo, y los libros de sus chequeras.	Mantenga y presente todos sus registros durante el término de su póliza.
¿Necesito mi planilla de impuesto?	Sí, necesitaremos revisar sus registros de impuestos, tales como 941's, informes del salario del desempleo del estado, 1099's, 1040c (sección C), 1120, 1065, etc.	Guarde y presente las copias de su planilla de impuesto durante el término de la póliza.
¿Son incluidos días feriados, vacaciones, salarios pagados para empleados enfermos, o gastos para provisión de vivienda en mi cálculo del reajuste a mi póliza?	Días feriados, vacaciones, salarios pagados para empleados enfermos, o gastos para provisión de vivienda deben ser incluidos en el reajuste a su póliza.	La separación y los pagos de tercera persona por inhabilidad pueden ser excluidos. Mantenga sus registros separados para estos pagos.
¿Son incluidas propinas en mi cálculo del reajuste a mi póliza?	Se excluyen las propinas, si estan separadas de su nomina salarial regular.	Para cada empleado que gana propinas, mantenga registros de las propinas y el salario pagado.
¿Son incluidos horas extras (sobre tiempo) en el ajuste a mi póliza? Nota: Esto no aplica en el estado de Nevada.	Horas extras o sobre tiempo se incluyen en la tarifa regular de la paga del empleado, siempre y cuando los salarios de las horas extras se reporten separado. Horas extras que sean registradas separadas seran incluidas en dos tercios (2/3) de la cantidad total pagada. (Contacte a su agente de seguro para las pautas específicas del estado.)	Para cada empleado que se le pagan horas extras or sobre tiempo, mantenga un registro de su salario y de las horas extras que se le han pagado.

¿Cuándo puede el pago del empleado ser separado entre más de un código de clasificación?	El pago del empleado se asigna a la clasificación básica que describe el negocio del patron lo mejor posible. Es el negocio total que se clasifica, no cada empleado, deber o labor. Sin embargo, el pago para un empleado puede ser separado si la clasificación le aplica a su negocio (basado en las reglas de clasificación), y si usted mantiene un registro específico de la paga para el empleado por la clasificación de trabajo. Ciertas clasificaciones de trabajo no se pueden separar para un empleado (ejemplos: 8810, 8742, 8871, 8748).	Si las condiciones estan de acuerdo con las expectativas, mantenga los registros de cada empleado que reflejan el tiempo que ha trabajado dentro de cada clasificación. ¡Recuerde! No se permite la asignación estimada o del porcentaje de la nómina de pago. Los estimados o porcentaje no demuestran la nómina de pago entera aplicable a cada clasificación, por lo tanto la nómina de pago entera del empleado individual se debe asignar a la clasificación más alta que representa cualquier parte de su trabajo.
¿Pueden los oficiales corporativos excluirse de cobertura?	En algunos estados los oficiales pueden elegir la exclusión de la cobertura del seguro de Compensación para los Trabajadores. (Contacte a su agente para sus pautas específicas del estado.)	Envíenos cualquier formulario requerido por su estado para la exclusión, y notifiquenos de cualquier nuevo oficial durante el término de póliza.
¿Qué sucede si yo tengo un socio o estoy incorporado durante el término de la póliza? (Cambio de entidad legal o propietarios).	Cambiar el estado legal de la entidad durante el término de póliza puede afectar su cobertura y/o prima bajo la ley estatal de La Compensación para los Trabajadores.	Notifiquenos inmediatamente si usted cambia el estado legal de su entidad, o si los propietarios de su negocio cambian.
¿Quién es un Contratista independiente?	Generalmente hablando, un contratista independiente es uno quién hace un negocio de proveer un servicio específico por un precio predeterminado, a varios clientes diversos, bajo su propios términos.*	Mantenga copias de contratos y facturas que demuestran específicamente el pago del trabajo y materiales, tarjetas de negocio, y certificados del seguro de La Compensación para los Trabajadores.
¿Vie cobran por el trabajo completado por contratistas independiente o sub-contratistas?	Usted puede ser responsable por los empleados or ayudantes de su contratistas o subcontratista independientes sin seguro. Por lo tanto podemos cobrar por estos contratistas independiente o subcontratistas sin certificados válidos del seguro de La Compensación para los Trabajadores.*	Obtenga y mantenga los certificados de seguro que demuestran la cobertura de sus contratistas independiente o subcontratistas bajo el seguro de Compensación para los Trabajadores durante el periodo contratado.

If Your Employee Is Injured At Work

Prompt reporting of work-related injuries and illnesses and the use of Travelers national Medical Network Providers can achieve better outcomes and lower your overall workers compensation claim costs!

Whenever an Employee suffers a work-related injury or illness, the Employer should:

1. Seek appropriate medical care for the Employee.
2. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
3. If the injury or illness is not acute, the Employer may suggest that the Employee seek treatment from the nearest Medical Network Provider. Medical Network Providers understand work-related illnesses and injuries, are credentialed to help assure quality care, and cooperate to achieve a medically appropriate return to work for the Employee. Medical Network Providers (hospitals, initial care clinics, specialists, testing, therapy, etc.) are available in all 50 States and the District of Columbia. Even before an illness or injury occurs, it may be helpful for the Employer to build a relationship with a convenient Medical Network Clinic or Hospital that will provide initial treatment for ill or injured Employees.
4. The Employee's Supervisor should gather pertinent facts about the work-related illness or injury and may use the Worksheet For Workers' Compensation Telephone Reporting provided by Travelers as a guide.
5. As soon as possible, the Employer should report all work-related illnesses or injuries to Travelers by,
 - using Travelers business insurance online reporting web site at travelers.com
 - dialing our toll free number, 1-800-832-7839. If needed at that time, Travelers Customer Service Representative can provide the name of a convenient Medical Network Provider. Prompt reporting of work-related illnesses and injuries is key in helping to reduce total claim costs. At the conclusion of the phone call, the Travelers Customer Service Representative will provide a claim number that should be retained for the Employer's reference and also provided to the ill or injured Employee.

The card below contains information that may be helpful in reporting work-related illnesses and injuries to Travelers and should be kept in a convenient location for use by the Employer when needed.

	
ZURICH	WC Claim Reporting
• Promptly report your work-related injuries to Travelers: Travelers.com..... 1-800-832-7839..... • Learn about Travelers unique Claim Services and find a convenient medical network provider by logging on to www.travelers.com then Select: • Claim • Workers Compensation claim resources • Find a network Medical Provider	

¿Que es un certificado válido del seguro de Compensación para los Trabajadores?	Un certificado de seguro de La Compensación para los Trabajadores identifica la fecha durante su período de la póliza, enumera el portador de La Compensación de Trabajadores, número de la póliza, y tiempo que la póliza cubre, muestra el contratista como el "asegurado" (insured), y su compañía como el "sostenedor del certificado" (certificate holder).	Asegurese que el término de póliza de Compensación para los Trabajadores del contratista sea durante el tiempo que el trabajo fue realizado y pagado. Obtenga la prueba de la cobertura de La Compensación para los Trabajadores para el término anterior o subsecuente según sea necesario.

*Las definiciones y los requisitos pueden variar en cada estado. Pruebas adicionales del estado para contratista independiente pueden aplicarse.

¡La mejor época para prepararse para ajustar su póliza de La Compensación para los Trabajadores es ahora! Guardar la documentación apropiada y sus registros a través del año puede ahorrarle tiempo y dinero.

Si usted tiene preguntas sobre su póliza de La Compensación para los Trabajadores, contacte a su agente de seguro.



WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:

Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

ACCOUNT/ACCIDENT INFORMATION			
CALLER'S PHONE NUMBER/EXTENSION ()	CALLER'S TITLE	CALLER'S NAME	REPORTING STATE
SUBSIDIARY NAME	SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP)	SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) ☐ SAME	
DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS? ☐ YES ☐ NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED			
PARENT COMPANY/INSURED'S NAME			
LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS	
DATE OF INJURY		TIME OF INJURY	
ACCIDENT DESCRIPTION			
EMPLOYEE INFORMATION			
INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (FIRST, MI, LAST)		GENDER ☐ MALE ☐ FEMALE
DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS		
EMPLOYEE'S HOME PHONE NUMBER ()	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)		
EMPLOYEE JOB INFORMATION			
EMPLOYMENT STATUS CODE ☐ FULL-TIME ☐ PART-TIME ☐ OTHER	INJURED WORKER TYPE	REGULAR OCCUPATION	
OCCUPATION WHEN INJURED			
EMPLOYEE'S WORK SCHEDULE			
REGULAR WORK HOURS	HOURS/DAY	DAYS/WEEK	
EMPLOYEE'S WAGE INFORMATION			
\$ /HOUR OR \$ /ANNUAL OR \$ /WEEKLY	OVERTIME: \$	ADDITIONAL BENEFITS: \$	
DATE OF HIRE OR LENGTH OF EMPLOYMENT			
SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER: ()	BEST HOURS TO CONTACT	
ACCIDENT INFORMATION			
DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK? ☐ YES ☐ NO	IS THE EMPLOYEE BACK AT WORK? ☐ YES ☐ NO IF YES, DATE RETURNED TO WORK?	
RETURN TO WORK STATUS ☐ LIGHT ☐ MODIFIED ☐ REGULAR	DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH ☐ YES ☐ NO	
CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)			
EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED			
DO YOU QUESTION THE VALIDITY OF THE CLAIM? ☐ YES ☐ NO			
WITNESS INFORMATION/OTHERS INVOLVED NAME (FIRST, MI, LAST)	ADDRESS	PHONE NUMBER	

CONTINUED ON REVERSE SIDE

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INJURY INFORMATION

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

☐ YES ☐ NO

TREATMENT ("X" ALL THAT APPLY)

☐ FIRST AID —

TREATMENT AND DATE OF 1ST TREATMENT

☐ HOSPITAL/CLINIC —

NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1ST TREATMENT, LENGTH OF STAY AMBULANCE USED?

WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM?

☐ YES ☐ NO

WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATENT?

☐ YES ☐ NO

☐ PHYSICIAN —

SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.

CUSTOMER SPECIFIC INFORMATION

ADDITIONAL COMMENTS & INFORMATION

WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS

Alabama

Employee's County:
Return to work (Y/N):
At what Occupation:
At what Wage \$:
Return to work wage is per (Day, Week or Month):
Employer's ID (U.C. Account) Number:
What Specific Product(s) does the business produce:

Alaska - No Additional State Questions

Arizona

Last Day of Work after injury:
Number of Days per Week Company usually Works:
Department Number:
If Validity of Claim is Doubled, state Reason:
Has injured been employed for more than 12 months (Y/N):
Was employee on overtime when injured (Y/N):

Arkansas - No Additional State Questions

California

State Unemployment Insurance Account Number:
Date employee was provided Employee Claim Form:
Has your employee pre-designated a primary treating physician (Y/N):
If Yes, Primary Treating Physician's
First Name: Last Name: Street Address:
City: State: Zip: Phone:
If No, did your employee require medical treatment (Y/N):
If Yes, Treating Physicians:
First Name: Last Name: Phone:
If No, and employee requires medical treatment in the future, you can go to our website WWW.MYWCOMPINFO.COM to find a provider in the Medical Provider Network.

Colorado

Employer Federal ID Number
Does Employer have a salary continuation program (Y/N)
If "Yes" is this program registered with the state (Y/N)

Connecticut - No Additional State Questions

Delaware

Employer's UC Reporting Number:
Employees County:
Returned to work (Y/N): If Yes, at same wage (Y/N):

District of Columbia

Employer ID Number:
Returned to work (Y/N):
If Yes, at what Time: AM/PM
At what Wage \$: Per (Day, Week or Month):
Was injured hired in DC (Y/N):

Was employee in his/her regular occupation when injured (Y/N):
Was injured given Form #7 DCWC (Y/N):
Piece or Time Worker (piece, time or blank):

Florida - No Additional State Questions

Georgia

Wage Rate at time of injury \$: Per:
First Date employee failed to work a full day:
Did employee work the next day (Y/N):
Return to work Wage \$:
Return to work wage is per (Day, Week or Month):

Hawaii

Was employee furnished meals or lodging (Y/N):

Idaho - No Additional State Questions

Illinois

Has the injured worker signed a medical authorization (Y/N):
If yes, inform them to please fax the signed medical authorization to the med auth customer service specialist at 1-877-786-5567.

Indiana - No Additional State Questions

Iowa - No Additional State Questions

Kansas

SIC Code:
Was worker admitted to hospital (Y/N):
If Yes, Date of Admission:
Was worker treated in emergency room only (Y/N):
Returned to work (Y/N):
If employee has returned to work, was return to light duty (Y/N):
Is further medical aid needed (Y/N):
Is compensation now being paid (Y/N):
If Yes, Date of first Initial Payment:
Fatal (Y/N):
If Yes, Name and Address of Dependents:

Kentucky - No Additional State Questions

Louisiana

Employer's Federal ID Number:
Employer's Unemployment Insurance Reporting Number:
Returned to work (Y/N):
If Yes, at same wage (Y/N):
Last Full Day Paid:
If occupational disease, Date of Initial Diagnosis:
Parish (county) where injury occurred:

Maine

Employer's State Unemployment Insurance Account Number (UIAN):
Federal Employer Insurance Number (FEIN):

Maryland - No Additional State Questions

Massachusetts

Federal ID Number:
Returned to work (Y/N):
Did employee return to his/her regular occupation (Y/N):
Describe nature of business or article manufactured (S=Service, W=Wholesale, R=Retail, M=Manufacturing):
Date Reported as work related:

Michigan

Federal ID Number:

Minnesota

Date employer notified of lost time:
NAICS Code Number:

Mississippi - No Additional State Questions

Missouri - No Additional State Questions

Montana - No Additional State Questions

Nebraska - No Additional State Questions

Nevada

How long employed by you in Nevada Years: Months:
If Validity of Claim is Doubled, state Reason:

New Hampshire

Federal I.D. Number:
Was the employee injured in his/her regular occupation (Y/N):
Was injured hired in New Hampshire (Y/N):
Number of Full-Time Employees:
Number of Part-Time Employees:
If leased or temporary worker, provide the Client's Business Name:
Was accident caused by injured's failure to use safeguards or follow regulations (Y/N):
Probable Length of Disability:
Returned to work (Y/N):
At what Occupation:
Returned at Full Duty:
Returned at Alternative/Light Duty:
Initial treatment ("X" all that apply)
No medical treatment: Care provided by employer only (on-site): Emergency Care: Hospitalized: Outpatient:
Clinic:
Office Visit: Other-explain:
Is there a managed care program (Y/N):

WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS

If Yes, Name of Provider:
Is there a written safety program in force (Y/N):
Is there an active safety committee (Y/N):
Employee's Legal First Name (please validate):

New Jersey - No Additional State Questions

New Mexico - No Additional State Questions

New York

Did you provide medical care (Y/N):

If Yes, When:

Returned to work (Y/N):

If Yes, at what Weekly Wage \$:

Injured workers Work Week (indicate days regularly worked):

Fatal (Y/N):

If Yes, Name and Address of nearest relative:

Relationship:

North Carolina

Regular Wages per Day \$:

Average Weekly Wages with Overtime \$:

Returned to work (Y/N):

If Yes, at what Time: AM/PM

If Yes, what Date:

Return to work at what Wage \$: Per (Day, Week or Month):

Return to work at what Occupation:

North Dakota - No Additional State Questions

Ohio

Time Accident Reported to employer: AM/PM:

Has employee ever filed a previous application for this injury (Y/N):

Has employee filed any other claims with the Bureau or Industrial Commission (Y/N):

If Yes, specify Claim Number and Body Parts:

Employee's County:

Current Employer's Risk Number:

Oklahoma

Was employment agreement made in Oklahoma (Y/N):

SIC Number:

Type of Ownership (P=Private, S=State Government, C=County Government, L=Local Government):

Oregon

Hospitalized overnight as inpatient (If emergency room only, answer N) (Y/N):

Was accident caused by failure of machinery or product (Y/N):

Did someone (not worker) cause accident (Y/N):

Time worker left work: AM/PM:

Pennsylvania

Employee's County:

Bureau Code:

NAICS Code:

Employer's County:

Are you aware of a 'Panel of Physicians' for your Employer? (Y/N)

Rhode Island

Federal ID Number:

First Full Day Lost from work:

Unemployment Insurance Number:

State of Hire:

Was this injury previously an "Incident Only" with no medical treatment and no lost time (Y/N):

If Yes, Date Employer first Notified of medical treatment or lost time:

Category of Injury or Illness ("X" all that apply):

Injury: Illness: Occupational Disease: Repetitive Trauma:

Occupational Hearing Loss: Unknown:

South Carolina - No Additional State Questions

South Dakota

Federal ID Number:

Number of employees:

Body Part Injured Code (2 digits):

Cause of Injury Code (2 digits):

Nature of Injury Code (2 digits):

Was employee hired for temporary employment (Y/N):

Carrier Code:

Tennessee - No Additional State Questions

Texas - No Additional State Questions

Utah - No Additional State Questions

Vermont

Federal ID Number:

Was employee hired in Vermont (Y/N):

Does the employer regularly employ 10 or more employees (Y/N):

Returned to work (Y/N): If Yes, at what Weekly Wage \$:

Was injured paid in full for the date disability began (Y/N):

Was employee injured at his/her regular occupation (Y/N):

Fatal (Y/N):

If Yes, Name, Address and Relationship of Nearest Relative:

Last Date Paid in Full:

Virginia

Returned to work (Y/N): If Yes, at what Wage \$:

Federal Tax ID Number:

Washington - No Additional State Questions

West Virginia

Has the employee been given "The Employees and Physicians Report of Injury Form" (Y/N)

Wisconsin - No Additional State Questions

Wyoming - No Additional State Questions

U.S. Longshoreman (USDOL) - No Additional State Questions



WORKERS COMPENSATION TELEPHONE REPORTING

Dear Employer,

We are pleased to offer you a toll-free telephone reporting service to report employee injuries. This service has been designed to save you time, reduce paperwork, and reduce the cost of worker's compensation insurance.

The rising cost of workers compensation insurance is of concern to you and other employers in your state, as it is to Travelers. Travelers has made this service available so that we can better control claim costs and reduce the ever growing costs of the workers compensation system.

The number is 1-800-832-7839

Studies have shown that injured workers reassured that their medical and lost time costs will be covered are less likely to seek assistance from outside of the system. This reduces costs while helping return Workers Compensation to its original purpose as a direct delivery system for injured workers. Additionally, employer involvement and concern for their injured employee has accelerated the employee's return to work, reducing costs even further.

We have taken this step with our customers serviced by the Travelers in your state to demonstrate our continued commitment to provide the highest level of service to all of our customers.

Please review the enclosed material. You will find that it is easy to follow and use. Your producer has also received a copy of this information and may wish to advise you further about this service and how it can have a positive effect on the cost of workers compensation insurance.

~~If you would like more information about this program or any other services available from The Travelers please contact our Service Center.~~

Sincerely,

The Travelers

WORKERS' COMPENSATION TELEPHONE REPORTING

1-800-832-7839

TO REPORT A WORKERS' COMPENSATION CLAIM

When an employee is injured, the most important thing is to secure appropriate medical treatment. Once this has been done, the claim should be called into The Travelers.

Suggested Steps:

1. Gather the facts.

Use the GUIDE FOR REPORTING WORKERS' COMPENSATION CLAIMS as a reference. It is not necessary to write answers to questions you know, it is a tool to help reduce the amount of time you are on the telephone.

Remember, the objective is to report the claim quickly. We need the employee's name, social security number and a description of the accident. Try to gather as much information as possible, but don't worry if you do not have the answers to each and every question.

2. Call the Customer Service Unit.

We have a single telephone number and the call will automatically be routed to the proper regional Customer Service Unit. You will be greeted on the telephone by a Customer Service Representative, who will complete the state specific notice of Injury on the system by asking you the necessary questions. The order of the questions will be the same every time you call.

The questions are grouped into three sections:

- General Questions

This section contains questions specific to you, your employee and the accident. Once you have reported a claim, the system will prefill your employer specific information, such as your policy number on all future claims.

- State Specific Questions

If the jurisdiction requires data not covered in the general section, it will be covered here.

- Additional Comments and Information

If you would like to provide additional information not covered elsewhere, the Customer Service Representative will be able to record this in a free form area.

3. Let Your Employee Know.

Before you hang up, the Customer Service Representative will give you a claim number.

Referencing the claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence, such as wage statements or medical bills. Please be sure to give this number to your employee.

ATTENTION

NOTICE TO POLICYHOLDERS

IF YOU HAVE EMPLOYEES WHO TRAVEL OR WORK
OUT OF STATE, YOU MAY NEED ADDITIONAL
WORKERS' COMPENSATION INSURANCE.
CONSULT YOUR INSURANCE ADVISOR OR CARRIER
PRIOR TO COMMENCEMENT OF OPERATIONS IN
ANY STATE NOT LISTED ON YOUR POLICY.



APPLICATION FOR DRUG AND ALCOHOL FREE WORKPLACE PREMIUM CREDIT PROGRAM

METRO CONSTRUCTION, INC.

Name of Employer: _____

Date Program Implemented: _____

This form must be completed by you and returned to your carrier with a copy of applicable documentation as proof of compliance before the premium credit of five percent (5%) can be established and processed. A program must be certified during each year the employer receives credit. Failure to do so will remove you from eligibility for this credit.

The following are the four (4) minimum requirements necessary for a qualified employer workplace program. Please check the items below that apply.

- ☐ 1) **Substance Abuse Policy Statement:**
Any policy must be designed to help employees who need substance abuse assistance while, at the same time, sending a clear message that the abuse of drugs and alcohol is not compatible with employment in that employer's workplace. The policy statement must evidence both the employer's respect for its employees and the employer's need to maintain a safe, productive, substance-abuse-free environment.

- ☐ 2) **Employee Notification:**
In order to protect the individual rights of each employee and to begin the employee education process necessary for a well-defined, well-managed workplace drug and alcohol abuse prevention program, each existing employee and each new employee hired after program implementation must be given a clear, concise, readable notice of the program, the program's requirements, the policy statement, and the employer's expectations under the program. Notification should be and should remain, posted in employee common areas. In addition, each existing employee and each new employee must be given, by mail or by in-person delivery, a copy of the notice. Delivery may be accomplished by inclusion of the notice within the employee's paycheck package or any similarly important-to-the employee correspondence or benefits delivery.

- ☐ 3) **Testing Program:**
The testing procedure must include a provision for random sampling of all persons who receive wages and compensation in any form from the employer and must provide for a second test to be administered within thirty minutes of the administration of the first test. Positive test results must be provided in writing to the employee within twenty-four hours of the time the employer receives the test results. Each employer must keep records of each test for up to one year.

- ☐ 4) **Test Results Confidentiality Protocols:**
Test results information, interviews, reports, statements, and memorandums received by the employer must be considered confidential and may not be used, received, or discovered in civil, criminal, or administrative proceedings. The burden to protect against unauthorized release is placed not only upon the employer and any laboratory, medical review officer, or rehabilitation program or their agents, but also upon the underwriting insurer. Employers, laboratories, medical review officers, insurers, drug or alcohol rehabilitation programs, and their agents who receive or have access to information concerning test results shall keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or his designee unless the release is completed through disclosure by an agency of the State in a civil or administrative proceeding, order of a court of competent jurisdiction, or determination of a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain at a minimum:

- (1) the name of the person who is authorized to obtain the information;
- (2) the purpose of the disclosure;
- (3) the precise information to be disclosed;
- (4) the duration of the consent; and
- (5) the signature of a person authorizing release of the information.

Information on test results shall not be released for or used or admissible in any criminal proceeding against the employee.

I certify that the above information is accurate and that I may be subject to an additional premium charge if it is determined that there is any misrepresentation of the established drug and alcohol free workplace program criteria. This is a true and factual depiction of my current program.

Employer Name _____

Date _____

Officer/Owner Signature _____

*Application must be signed by an officer or owner

Title _____

Notary Public's Signature _____

Date _____

Exp. of Commission _____

STATE WCIP COMMISSION SCALES

The Residual Market Workers Compensation Insurance Plans (WCIP) allow licensed producers to receive a producer fee for services provided to the employer. The producer fee is calculated using a graduated producer fee schedule that is filed by the Plan Administrator with the state regulatory authorities. The payment of producer fees varies by state. Producer fees are typically based on the state standard premium charged and collected or total premium charged and collected.

<u>State</u>	<u>Residual Market Commission Scale</u>
Alabama	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Alaska *	First \$1,000 @ 8%, Next \$9,000 @ 5%, Next \$90,000 @ 3%, Over \$100,000 @ 1.5%
Arizona	Flat 5%
Arkansas	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Connecticut	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Delaware	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
District of Columbia	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Florida (FWCJUA)	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Georgia *	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Idaho	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Illinois *	First \$1,000 @ 8%, Next \$4,000 @ 4%, Next \$95,000 @ 2%, Over \$100,000 @ 1%
Indiana	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Iowa	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Kansas	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Massachusetts	First \$1,000 @ 9%, Next \$4,000 @ 5%, Next \$95,000 @ 4%, Over \$100,000 @ 3%
Michigan	First \$5,000 @ 5%, Next \$95,000 @ 4%, Next \$400,000 @ 3%, Over \$500,000 @ 2%
Missouri	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Nebraska	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Nevada	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
New Hampshire	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
New Jersey	First \$1,000 @ 8%, Next \$4,000 @ 6%, Next \$95,000 @ 4%, Over \$100,000 @ 2%
North Carolina *	Flat 5%
Oregon	First \$1,000 @ 5%, Next \$4,000 @ 3%, Next \$95,000 @ 2%, Over \$100,000 @ 1%
South Carolina	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
South Dakota	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Tennessee *	Flat 5%
Vermont	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Virginia	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
West Virginia	First \$1,000 @ 8%, Next \$4,000 @ 5%, Next \$95,000 @ 3%, Over \$100,000 @ 2%
Wisconsin *	First \$10,000 @ 4%, Over \$10,000 @ 1%

* Total Premium Charged and Collected

NOTE: All commissions are calculated and paid based on state standard premium except where indicated. State Standard Premium generally excludes the impact of Premium Discount, Expense Constant, Terrorism, Catastrophe (other than certified acts of terrorism), and taxes and assessments in the calculation.

Total Premium Charged and Collected generally includes the impact of Premium Discount, Expense Constant, Terrorism, and Catastrophe (other than certified acts of terrorism) in the calculation.

Refer to the individual state Workers' Compensation Insurance Plan and the state's algorithm for exact definitions.



Disclosure Statement

It is our pleasure to present the enclosed policy to you for presentation to your customer.

INSTRUCTION TO AGENT OR BROKER:

WE REQUIRE THAT YOU TRANSMIT THE ATTACHED/ENCLOSED DISCLOSURE STATEMENT TO THE CUSTOMER WITH THE POLICY.

Once again, thank you for your interest, and we look forward to meeting your needs and those of your customers.





IMPORTANT NOTICE

Dear Producer,

Travelers has a toll-free telephone reporting system for workers compensation claims.

The number is 1-800-832-7839.

Telephone reporting is a valuable aid benefiting all parties. It reduces paper-work and claims handling time. Most importantly, it allows Travelers to immediately take charge of the claim with our managed care program. Early involvement by the employer and a Travelers claims case manager, will serve to speed an injured worker's return to work and lower overall claim costs.

Your assistance in advising your insured about the value of this service in reducing claim costs will help Travelers form the essential coalition of employer, producer and servicing company.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Travelers is committed to providing the highest quality of service to their customers and appreciates your cooperation in these efforts.

Sincerely,

The Travelers

IMPORTANT NOTICE FOR RESIDUAL MARKET PRODUCERS

Dear Producer,

Upon receipt of this and all future policies, you will no longer be receiving a separate policyholder copy of the policy paper. Instead, all policy paper is now being direct mailed to the policyholders. This change will result in reduced mailing expenses and more timely and efficient distribution of policy documents.

Thank you!

WLATBB10

SAFETY SERVICES

Notice to policy recipient: If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control department has the experience, resources and capabilities to provide a range of safety services, including site surveys, phone consultations, as well as provide access to numerous safety-related materials.

We have experience in a variety of industries, some of which include manufacturing, wholesale and retail businesses, service organizations, technology-related business, oil and gas-based business, and the public sector.

Following are some examples of available safety services:

Accident Prevention - Our staff can help you identify present and potential hazards in your operations, premises and equipment, and recommend measures for reducing or eliminating these hazards.

Analysis of Accident Causes - Although you investigate and keep records of accidents, we are available to assist if needed.

Safety Consultations - Our Consultants can help you with special problems such as ergonomics and human factors.

Industrial Hygiene/Health Services - We have the facilities and resources to answer your questions concerning job related industrial hygiene/health issues and to measure exposure to industrial hygiene hazards.

Safety Literature and Digital Media - We can provide you with top-notch safety-related literature, CDs, DVDs, and videos to assist in your loss control efforts. Also, we can direct you to several vendors who are able to provide additional safety materials, including brochures, pamphlets and digital media.

Safety Training - We offer face-to-face classroom courses, as well as distance learning programs that explore the risks our policyholders face and ways for them to control losses.

Return-To-Work Coordination - We can assist you with several aspects of the post injury management process.

Internet Website - Visit our Risk Control website for access to our safety newsletters and other safety literature at: <http://www.travelers.com/riskcontrol>

This website also has links to other safety-related Internet sites.

Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

SAFETY IS YOUR CONCERN

U.S. employers spend billions of dollars each year on the direct and indirect costs of work-related accidents. Dollar figures can't begin to reflect the pain and suffering of an injured worker and his or her family. But they do give some indication of the multiple consequences of a job-related accident... loss of time, interrupted production, damaged materials and equipment, the expense of retraining or replacing an injured worker, possible legal action from government regulatory agencies, and increased insurance costs.

It makes good sense for both employers and their employees to actively participate in a sound accident prevention program. The success of such a program depends to a large extent on your commitment to safety procedures and accident prevention techniques. Safety is a management concern. Maybe we can help.

You may want to consider the following "Safety Checkpoints" as you evaluate your organization's safety activities:

SELF-INSPECTION PROGRAM:

- Do you conduct periodic surveys of premises... equipment?... operations?

SELF-INSPECTION PROGRAM (continued):

- Do you analyze each job to find inherent hazards?
- If you discover hazards, do you follow up with immediate corrective action?
- Do you monitor such action to make sure it is implemented and effective?

ACCIDENT INVESTIGATION:

- Do you investigate each accident?...determine the cause?
- Do you take immediate steps to prevent a recurrence?
- Do you keep records of accident investigations and follow-up measures?
- Do you complete accident statistics and analyze trends?

EDUCATION AND TRAINING:

- Do you take the time to train each of your employees to perform tasks safely?
- Do more-experienced employees receive training to correct bad habits that have developed over time?
- Do all employees understand that safety is an important part of their jobs?

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

ALABAMA
 Birmingham
 3000 Riverchase Galleria
 Ste. 600
 Birmingham, AL 35244
 (678) 317-7708
 Claims: 1-800-238-6214

CALIFORNIA
 San Diego
 9325 Sky Park Court, Ste. 220
 San Diego, CA 92123
 (714) 612-0682

HAWAII
 Orange, CA
 333 City Blvd. W
 Suite 1100
 Orange, CA 92668
 (714) 620-0682

ALASKA
 Portland, OR
 4000 SW Kruse Place, Suite 100
 Lake Oswego, OR 97035
 (503) 534-4276

CALIFORNIA
 Walnut Creek
 225 Lennon Lane, Ste. 105
 P.O. Box 8090
 Walnut Creek, CA 94596-8090
 Risk Control: (925) 945-4171
 Claims: (800) 842-7354

IDAHO
 Portland, OR
 4000 SW Kruse Place, Suite 100
 Lake Oswego, OR 97035
 (503) 534-4276

ARIZONA
 Phoenix
 2401 W Peoria Ave., Suite 130
 Phoenix, AZ 85029
 (720) 200-8355

COLORADO
 Denver
 6060 S. Willow Dr. #300
 Greenwood Village, CO 80111
 (720) 200-8355
 Claims: 720-200-8100

ILLINOIS
 Chicago
 200 North LaSalle Street
 Suite 2200
 Chicago, IL 60601
 (630) 951-8074
 Claims: 800-842-6172

ARKANSAS
 Richardson, TX
 1301 E. Collins Blvd
 Richardson, TX 75081
 (214) 570-6676

CONNECTICUT
 Hartford
 300 Windsor Street
 Hartford, CT 06120
 (860) 954-3741
 Claims: (860) 954-5190

ILLINOIS
 Naperville
 215 Shuman Boulevard
 P.O. Box 3208
 Naperville, IL 60566
 (630) 951-8074
 Claims: 800-842-6172

CALIFORNIA
 Diamond Bar
 21688 Gateway Center Drive
 P.O. Box 6512
 Diamond Bar, CA 91765-8512
 Risk Control: (714) 620-0682
 Claims: (909) 612-3000

DELAWARE
 Washington, DC
 10 Sentry Parkway, Suite 300
 Blue Bell, PA 19422
 (215) 274-1610
 Claims: 1-800-368-3562

INDIANA
 Indianapolis
 Suite 300
 6081 East 82nd Street
 Indianapolis, IN 46250
 (317) 845-1479
 Claims: 800-238-6210

CALIFORNIA
 Glendale
 700 N. Central Avenue, 4th Floor
 P.O. Box 1840
 Glendale, CA 91209
 Risk Control: (714) 620-0682
 Claims: (909) 612-3000

DISTRICT OF COLUMBIA
 Washington, DC
 14200 Park Meadow Dr.
 Chantilly, VA 20151
 (571) 287-6232
 Claims: 1-800-368-3562

IOWA
 Des Moines
 7101 Vista Dr.
 West Des Moines, IA 50266-9313
 (515) 310-4422
 Claims: 800-238-6210

CALIFORNIA
 Los Angeles
 888 South Figueroa St., Ste. 500
 Los Angeles, CA 90017
 (714) 620-0682
 Risk Control: (714) 620-0682
 Claims: (909) 612-3000

FLORIDA
 Orlando
 2420 Lakemont Dr
 Orlando, FL 32814
 (407) 388-3307
 Claims: 407-388-2400

KANSAS
 Kansas City
 7465 West 132nd
 Overland Park, KS 66213
 (913) 685-5109

CALIFORNIA
 Sacramento
 11070 White Rock Road, Suite 130
 Rancho Cordova, CA 95670
 Risk Control: (916) 852-5245
 Claims: (800) 727-3985

GEORGIA
 Atlanta
 1000 Windward Concourse
 Alpharetta, GA 30005
 (678) 317-7708
 Claims: 800-238-6214

KENTUCKY
 Louisville
 Suite 150
 303 N Hurstbourne Pkwy
 Louisville, KY 40222
 (502) 429-7390
 Claims: 800-238-6210

Please call these numbers
FOR SAFETY SERVICES ONLY
For all other inquiries please contact your agent, underwriter or claim representative

LOUISIANA

New Orleans
 3838 N. Causeway, Suite 2700
 Metairie, LA 70002
 P.O. Box 61479
 New Orleans, LA 70161-1479
 (504) 832-7562
 Claims: 800-842-2556

MAINE

Portland, ME
 207 Larrabee Road, Suite 3
 Westbrook, ME 04092
 (207) 857-2021

MARYLAND

Washington, DC
 14200 Park Meadow Dr.
 Chantilly, VA 20151
 (571) 267-6232
 Claims: 1-800-368-3562

MASSACHUSETTS

Boston
 100 Summer Street, Suite 201A
 Boston, MA 02110
 (781) 817-8370
 Claims: 800-832-7839

MASSACHUSETTS

Hudson
 1 Cabot Road
 Suite 250
 Hudson, MA 01749
 (781) 817-8370
 Claims: 800-832-7839

MASSACHUSETTS

Braintree
 350 Granite Street
 Suite 1201
 Braintree, MA 02184
 (781) 817-8370
 Claims: 800-832-7839

MICHIGAN

Grand Rapids
 3777 Sparks Ave. SE, Ste. 200
 P.O. Box 3010
 Grand Rapids, MI 49501-0323
 (248) 312-7301
 Claims: 800-238-6210

MICHIGAN

Troy
 1301 W. Long Lake Rd., Ste. 300
 Troy, MI 48098
 (248) 312-7301
 Claims: 800-238-6210

MINNESOTA

St. Paul
 385 Washington St., MC 104P
 St. Paul, MN 55102
 (651) 310-4422
 Claims: 800-842-3073

MISSISSIPPI

Jackson
 1080 River Oaks Dr.
 Ste B-200
 Flowood, MS 39232
 (601) 936-6212
 Claims: 1-800-342-4064

MISSOURI

Maryland Heights
 940 West Port Plaza, Suite 450
 Maryland Heights, MO 63146
 (913) 685-5109
 Claims: 800-842-9621

Kansas City

7465 West 132nd
 Overland Park, KS 66213
 (913) 685-5109
 Claims: 800-255-5072

Missouri Workers'

Compensation Plan (MWCP)
 1000 Walnut Street
 Kansas City, MO 64199
 (816) 391-1123

MONTANA

Portland, OR
 4000 SW Kruse Place, Suite 100
 Lake Oswego, OR 97035
 (503) 534-4276

NEBRASKA

Omaha
 11516 Miracle Hills Dr., Sl. 400
 Omaha, NE 68154
 (651) 310-4422
 Claims: 800-255-5072

NEVADA

Las Vegas
 1850 E Flamingo, Suite 202
 Las Vegas, NV 89119
 (702) 689-4746
 Claims: 702-479-4200

NEW HAMPSHIRE

Portland, ME
 207 Larrabee Road, Suite 3
 Westbrook, ME 04092
 (207) 857-2021

NEW JERSEY

Morristown
 445 South Street
 Morristown, NJ 07960
 (973) 631-7015
 Claims: 1-800-842-2475

NEW JERSEY

Marlton
 Lake Center Exec Park Building 30
 Suite 110
 Marlton, NJ 08053
 (856) 703-2323
 Claims: 800-842-2475

NEW MEXICO

Phoenix
 2401 W Peoria Ave., Suite 130
 Phoenix, AZ 85029
 (720) 200-8355
 Claims: 602-861-8600

NEW YORK

Albany
 900 Watervliet-Shaker Road
 Albany, NY 12205
 (315) 424-7231
 Claims: 800-842-2475

NEW YORK

Buffalo
 60 Lakefront Blvd.
 P.O. Box 242
 Buffalo, NY 14240-0242
 (315) 424-7231
 Claims: 800-842-2475

NEW YORK

Jericho-Long Island
 Two Jericho Plaza
 Jericho, NY 11753
 (516) 933-3932
 Claims: 800-842-2475

NEW YORK

New York
 485 Lexington Ave.
 New York, NY 10017-2530
 (516) 933-3932
 Claims: 1-800-842-2475

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

NEW YORK
Rochester

75 Town Centre Drive
P.O. Box 23235
Rochester, NY 14692-3235
(315) 424-7231
Claims: 1-800-842-2475

NEW YORK
Syracuse

440 South Warren Street
P.O. Box 4963
Syracuse, NY 13221-4963
(315) 424-7231
Claims: 800-842-2475

NORTH CAROLINA
Charlotte

11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: (704) 544-3500

NORTH CAROLINA
Raleigh

4504 Emperor Blvd.
Durham, NC 27703
(919) 474-4811
Claims: (704) 544-3500

NORTH DAKOTA
St. Paul, MN

385 Washington St., MC 104P
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

OHIO
Cincinnati

895 Central Ave., Ste. 800
Cincinnati, OH 45202
(317) 845-1479
Claims: 800-238-6210

OHIO
Cleveland

Skyline Office Tower
1660 W. 2nd St., Ste. 500
Cleveland, OH 44113-1454
(317) 845-1479
Claims: 800-238-6210

OKLAHOMA
Tulsa

9820 East 41st St., Suite 401
P.O. Box 3510
Tulsa, OK 74101
(918) 624-2730

OREGON
Portland

4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
(503) 534-4276
Claims: 800-698-6883

PENNSYLVANIA
Philadelphia

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
(215) 274-1610
Claims: 800-832-0606

PENNSYLVANIA
Pittsburgh

800 Two Chatham Center
Pittsburgh, PA 15219-2505
(412) 338-3082
Claims: (412) 338-3000

PENNSYLVANIA
Reading

1105 Berkshire Blvd.
P.O. Box 13426
Wyomissing, PA 19612-3426
(215) 274-1610
Claims: 800-832-0606

RHODE ISLAND
Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
(781) 817-8370
Claims: 800-832-7839

SOUTH CAROLINA
Charlotte

11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
(704) 540-3438
Claims: 704-544-3500

SOUTH DAKOTA
St. Paul, MN

385 Washington St.
St. Paul, MN 55102
(651) 310-4422
Claims: 800-842-3073

TENNESSEE
Franklin

6640 Carothers Pkwy., Suite 300
Franklin, TN 37067
(615) 660-6036
Claims: (615) 660-6000

TEXAS
Dallas

1301 E Collins Blvd., Suite 300
Richardson, TX 75081
(214) 570-6675
Claims: 214-570-6000

TEXAS
Houston

4850 Westway Park Blvd., Suite 350
Houston, TX 77041
(281) 606-8534
Claims: 800-235-3610

UTAH

Denver, CO
6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306
Claims: 800-453-3025

VERMONT
Hartford, CT

300 Windsor Street
Hartford, CT 06120
(860) 954-5190

VIRGINIA
Richmond

300 Arboretum Place
P.O. Box 26426
Richmond, VA 23260-6426
(804) 330-6063
Claims: (804) 330-6000

WASHINGTON

14200 Park Meadow Dr.
Chantilly, VA 20151
(571) 257-6232
Claims: 800-368-3562

WASHINGTON
Seattle

1501 4th Avenue, Suite 400
Seattle, WA 98101
(206) 464-3453

WEST VIRGINIA
Pittsburgh, PA

800 Two Chatham Center
Pittsburgh, PA 15219-2502
(412) 338-3082
Claims: (412) 353-1000

WISCONSIN
Milwaukee

13935 Bishops Drive, Suite 200
Brookfield, WI 53005
(262) 825-9203
Claims: 800-842-6172

WYOMING
Denver, CO

6060 S. Willow Drive #300
Greenwood Village, CO 80111
(720) 200-8306

Bonita M. Rabon

From: metrocon@comporium.net
Sent: Monday, April 28, 2014 8:55 AM
To: Bonita M. Rabon
Subject: Re: Workers Compensation

MRS. RABON
SORRY FOR THE DELAY

NO GAS MAINS,
METRO DOES NOT DO GAS MAINS AT THIS TIME,
SO SEWER WOULD BE THE ONE,

THANKS
GREGORY

— Original message —

>Date: Fri, 11 Apr 2014 08:43:24 -0400
>From: "Bonita M. Rabon" <brabon@adamseaddy.com>
>Subject: Workers Compensation
>To: <metrocon@comporium.net>

> Morning Gregory,

> I just received a call from NCCI and they have a
> question

> We have a payroll of \$69,000 for Excavation &
> Drivers.

> ~~They said we cannot have code 6217 on the policy as~~

> It is included in 6306 & 6309. She said we have 2
> employees for

> This code and needs to know if one of them does
> Sewer and the

> Other gas mains?

Sincerely,

>
>
>
>
> Bonita Rabon
>
> Commercial Lines Account Manager
>
> Adams Eaddy & Associates
>
> PO Box 5595
>
> Columbia, SC 29250-5595
>
> (803) 254-9404 - Phone
>
> (803) 758-1406 - Fax
>
> brabon@adamseaddy.com
>
>
>
>

CHECK REQUEST

DATE PAID: _____ CHECK NUMBER: _____

DATE REQUESTED: May 20, 2014 CHECK AMOUNT: \$ 2,097.00

DATE DUE: May 20, 2014

PAYABLE TO: Metro Construction Inc.

POLICY #: 6ZZUB-2E14299-A-14

CHARGE TO: 00127416

FUNDS IN THE AMOUNT OF: \$ 2,097 HAVE BEEN RECEIVED IN THE FORM
OF check

DESCRIPTIONS:

REQUESTED BY: Bonita M Rabon

APPROVED BY: _____

Bonita M. Rabon

From: Becky J. Williams
Sent: Tuesday, May 20, 2014 11:16 AM
To: Bonita M. Rabon
Subject: RE: Metro Construction

2097.00

From: Bonita M. Rabon
Sent: Tuesday, May 20, 2014 11:15 AM
To: Becky J. Williams
Subject: RE: Metro Construction

I don't remember the exact amount?

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

From: Becky J. Williams
Sent: Tuesday, May 20, 2014 11:14 AM
To: Bonita M. Rabon
Subject: RE: Metro Construction

Yeah - just send check request

Thanks

Becky

From: Bonita M. Rabon
Sent: Tuesday, May 20, 2014 11:11 AM
To: bwilliams@adamseaddy.com
Subject: Metro Consturction

3,

Can I get that replacement check on the Workers Compensation for the one NCCI sent to us?
Insured other policies have cancelled and he needs it to help pay the premiums.

Thanks!

Bonita Rabon

5/30/2014 - 7:30 -M/O Agency CK#030874 - \$2,097 to insured for Credit on account - from deleting a class on WC Policy

Bonita M. Rabon

From: Bonita M. Rabon
Sent: Tuesday, June 03, 2014 9:33 AM
To: 'metrocon@comporium.net'
Subject: RE: METRO CONSTRUCTION

Hi Gregory,

You will need to call Travelers @ 1-800-832-7839 to report the claim.
Your policy number is 6ZZUB-2E14299-A-14. I just returned your call and left you a Voice mail message.

Thanks!

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

—Original Message—

From: metrocon@comporium.net [<mailto:metrocon@comporium.net>]
Sent: Tuesday, June 03, 2014 9:35 AM
To: Bonita M. Rabon
Subject: METRO CONSTRUCTION

MRS. BONITA

GREGORY HERE,

I HAD LEFT A VM FOR YOU EARLIER, IN REF TO :

INCIDENT/ACCIDENT (METRO CONST- EMPLOYEE)

WILLIAM T RODGERS

I HAVE ALSO ATTACHED THE REQUESTED INFORMATION FORM, THAT WAS PROVIDED BY
LEXINGTON ORTHO.

I WAS WONDERING IF YOU COULD SEND ME THE FORMS FOR FIRST REPORT OF INJURY ETC,
OR STEER ME IN THE DIRECTION NEEDED.

AS ALWAYS,

THANK YOU

CATEGORY

7-2-2014 - 10:25 - IN- Travelers called to say that they need my help in obtainig auidt information from insured.

7-2-2014 10:29- OUT- Spoke to Mr. Long and he said that he would call them. He said the he is not sure how much he can have ready in 2 weeks. Selena has only been with him 1 month. Greg (son) did not keep any record and has left.

7-14-14 - 1:51

IN- Mr. Long called about the Cancellation on WC he received from Zurich. He does not have the information needed yet. His son Greg was handling everything since the accident the beginning of October. He said every time he asked Greg if everything was ok and if he was keeping record he said yes -he has quit and they have no records. He has a box full of stuff to go through but he is missing checks etc. He will do the audit when he can.

7-14-14 - 1:59

OUT - I called the audit department & left a message that Mr. Long wants to cooperate and do the audit unfortunately his son Greg that stepped in after the accident did not keep any records. Mr. Long has a big box of stuff to go through and can't have it ready by tomorrow.

7/14/2014 2:35 phone converastaion with Mr. Long

Rec'd Intent to cancel from Zurich to be effective 8/8/2014 since insured will not do audit. Per Mr. Long he does not the information needed in order to do the audit. He has spoken to the auditor twice. He will get the information requested as quickly as possible.



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

July 05, 2014

Insurer: American Zurich Insurance Company

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: Insured
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

National Council on Compensation Insurance
via Electronic notification

RECEIVED

JUL 15 2014

Adams Eaddy & Assoc.

Adams
Eaddy &
Associates
I N S U R A N C E

August 21, 2014

Metro Construction Inc. & Metro Utilities, LLC
2526 Caney Branch Road
Leesville, SC 29070-8928

Re: Workers Compensation Policy
Policy #6ZZUB-2E14299-A-14

Dear Mr. Long:

You recently received notice from Zurich American advising you had to comply with audit and if you did not the policy would be cancelled. Therefore, your coverage has lapsed on 8/8/2014.

We value your business and want to continue to be your agent if possible. Please contact our office as soon as possible if you want us to look into this for you.

Please be advised there is no coverage in force for you with Adams Eaddy & Associates. Thank you for your time and attention to this important matter.

Sincerely,
Adams Eaddy & Associates



Bonita M Rabon
Account Manager

P.O. Box 5595
2230 Devine Street
Columbia, SC 29250-5595
Phone (803) 254-9404
FAX (803) 254-7548

www.adamseaddy.com

-1283-
E-mail: aea@adamseaddy.com

525 North Tryon Street
Suite 1600
Charlotte, NC 28202
Phone (704) 331-3980
FAX (704) 331-3981

896

Bonita M. Rabon

From: metrocon@comporium.net
Sent: Monday, October 20, 2014 2:42 PM
To: Bonita M. Rabon
Subject: RE: Workers comp and general liability

I have called them and left messages for them to contact us to have the audit done.

— Original message —

>Date: Mon, 20 Oct 2014 14:14:26 -0400
>From: "Bonita M. Rabon" <brabon@adamseaddy.com>
>Subject RE: Workers comp and general liability
>To: <metrocon@comporium.net>
>
>The Carrier is probably have to re-write the Workers Compensation coverage since it has been cancelled since 8/8/2014.
>The audit will have to be done before the policy can be re-written.
>
>Sincerely,
>
>Bonita Rabon
>Commercial Lines Account Manager
>Adams Eaddy & Associates
>PO Box 5595
>Columbia, SC 29250-5595
>(803) 254-9404 - Phone
>(803) 758-1406 - Fax
>brabon@adamseaddy.com

>— Original Message —

>From: metrocon@comporium.net [<mailto:metrocon@comporium.net>]
>Sent Monday, October 20, 2014 1:51 PM
>To: Bonita M. Rabon
>Subject RE: Workers comp and general liability

>
>Baker & Baker Real Estate Developers, LLC.
>P.O. Box 12397
>Columbia, SC 29211-2397
>

>I have called them 2-3 times and left messages that we need to have the audit done.

— Original message —

>Date: Mon, 20 Oct 2014 13:32:57 -0400
>From: "Bonita M. Rabon" <brabon@adamseaddy.com>
>Subject RE: Workers comp and general liability
>To: <metrocon@comporium.net>
>

>> Hi Selena,
>>
>> I need a mailing address and did you ever do the audit so the Workers Compensation policy could be reinstated?
>>
>> Regards,
>>
>> Bonita Rabon
>> Commercial Lines Account Manager
>> Adams Eaddy & Associates
>> PO Box 5595
>> Columbia, SC 29250-5595
>> (803) 254-9404 - Phone
>> (803) 758-1406 - Fax
>> brabon@adamseaddy.com
>>
>>
>>
>> —Original Message—
>> From: metrocon@comporium.net [<mailto:metrocon@comporium.net>]
>> Sent Monday, October 20, 2014 11:15 AM
>> To: Bonita M. Rabon
>> Subject: Workers comp and general liability
>>
>> Good Morning Bonita!
>>
>> Can you please send a copy of our workman's comp and general liability to michaela@bakerred.com. This is a
>> company we did work for and they are holding our check till they receive this.
>>
>> Thanks,
>>
>> Selena
>>
>>
>
>



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

October 23, 2014

Insurer: American Zurich Insurance Company

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: Insured
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

National Council on Compensation Insurance
via Electronic notification

RECEIVED

OCT 31 2014

Adams Eaddy & Assoc.

Producer Copy

11/18/2014 - 9:41 - OUT - Spoke to Jason Jones (underwriter) they processed an Estimated Audit because when the auditor spoke to Selena on 10/27/2014 she told them that she did not have 941's for July, August & September of this year. Once they receive the 941's the estimated audit can be corrected to an actual audit. They will not be reinstating the policy since the insured never complied with the audit. The estimated audit will have to be paid before the insured can go back through assigned risk.

11/18/2014 - 9:43 - OUT- Spoke to Selena and she said she did tell them she didn't have the 941's for last three quarters but she may have them now. I explained to her they are not going to reinstate the policy. The estimated audit has to be paid before they can go back through the assigned risk. She will try to get the 941's to the auditor.

From: metrocon@comporium.net
Sent: Tuesday, November 18, 2014 10:50 AM
To: Bonita M. Rabon
Subject: Re: Audit
Attachments: Scan0055.pdf, Scan0054.pdf, Scan0053.pdf
Importance: High

— Original message —

>Date: Tue, 18 Nov 2014 10:21:42 -0500

>From: "Bonita M. Rabon" <brabon@adamseaddy.com>
>Subject: Audit

>Subject Audit

>To: <metrocon@comporium.net>

 $\succ$

> I am on hold but they are saying someone contacted
> you on 10/27/2014 and you told them you were not
> sure you had 941's to do audit.

 γ

> Did someone contact you? I am on hold with them.

✓

 γ γ $\triangleright$

△

➤

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> The information contained in this message is
> proprietary and/or confidential. If you are not the
> intended recipient, please: (i) delete the message
> and all copies; (ii) do not disclose, distribute or
> use the message in any manner; and (iii) notify the
> sender immediately. In addition, please be aware
> that any message addressed to our domain is subject
> to archiving and review by persons other than the
> intended recipient. Thank you
>
>

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors
(Rev. January 2014)

960311

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)

57-1084423

Name (not your trade name)

Giles G Long Metro Construction

Calendar year

2014

(Also check quarter)

Report for this Quarter:
(Check one)

- ☐ 1: January, February, March
☐ 2: April, May, June
☒ 3: July, August, September
☐ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1	2085.86	9		17		25	
2		10		18	265.17	26	
3		11		19		27	
4		12		20		28	
5		13		21	2192.17	29	
6		14	2114.62	22		30	1820.09
7	1616.83	15		23		31	
8		16		24			

Tax liability for Month 1

10094.74

Month 2

1		9		17		25	
2		10		18	1829.76	26	
3		11	2022.14	19		27	
4	2108.56	12		20		28	
5		13		21		29	2028.54
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

7989.00

Month 3

1		9		17	1511.10	25	
2		10	1461.10	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	1521.00
6		14		22		30	
7		15		23	1481.91	31	
8	1732.31	16		24			

Tax liability for Month 3

7707.43

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶
Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter

25791.17

For Paperwork Reduction Act Notice, see separate instructions.

IRS.gov/form941

Cat. No. 11957Q

Schedule B (Form 941) (Rev. 1-2014)

Name (not your trade name)

GILES G LONG METRO CONSTRUCTION CO

Employer identification number (EIN)

950214

Part 2:

Tell us about your deposit schedule and tax liability for this quarter.

57-1084423

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Check one: ☐

Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below. If you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

☒

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3:

Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages

enter the final date you paid wages

/ /

☐ Check here, and

16 If you are a seasonal employer and you do not have to file a return for every quarter of the year

☐ Check here.

Part 4:

May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☒

Yes. Designee's name and phone number

NADINE RHODEN

803-582-9161

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

7 8 7 9 A

☐ No.

Part 5:

Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

GILES G LONG

Print your title here

OWNER

Date

10 / 30 / 2014

Best daytime phone

803-920-0922

Paid Preparer Use Only

Preparer's name

Preparer's signature

Firm's name (or yours if self-employed)

Address

City

State

Check if you are self-employed ☐

PTIN

Date

EIN

Phone

ZIP code

3rd qtr
Copies

Form **941 for 2014**: Employer's **QUARTERLY** Federal Tax Return
 (Rev. January 2014) Department of the Treasury — Internal Revenue Service

950114

OMB No. 1545-0028

Employer identification number (EIN) **57-1084423**

Name (not your trade name) **GILES G LONG**

Trade name (if any) **METRO CONSTRUCTION CO**

Address **2526 CANEY BRANCH ROAD**
 Number Street Suite or room number

LEESVILLE **SC** **29070**
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2014
 (Check one)

☐ 1: January, February, March

☐ 2: April, May, June

☒ 3: July, August, September

☐ 4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1 Answer these questions for this quarter.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) **15**
- 2 Wages, tips, and other compensation **110102 . 55**
- 3 Federal income tax withheld from wages, tips, and other compensation **8945 . 58**
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	110102 . 55	$\times .124 =$	13652 . 71
5b Taxable social security tips	.	$\times .124 =$	.
5c Taxable Medicare wages & tips	110102 . 55	$\times .029 =$	3192 . 97
5d Taxable wages & tips subject to Additional Medicare Tax withholding	.	$\times .009 =$	.

- 5e Add Column 2 from lines 5a, 5b, 5c, and 5d **25791 . 26**
- 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) **.**
- 6 Total taxes before adjustments. Add lines 3, 5e, and 5f **25791 . 26**

7 Current quarter's adjustment for fractions of cents **- . 09**

8 Current quarter's adjustment for sick pay **.**

9 Current quarter's adjustments for tips and group-term life insurance **.**

10 Total taxes after adjustments. Combine lines 6 through 9 **25791 . 17**

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter **11565 . 80**

12 Balance due. If line 10 is more than line 11, enter the difference and see instructions **14225 . 37**

13 Overpayment. If line 11 is more than line 10, enter the difference **.** Check one: ☐ Apply to next return ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.
 For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Oct. No. 170012

Form 941 (Rev. 1-2014)

Bonita M. Rabon

From: Bonita M. Rabon
Sent: Tuesday, November 18, 2014 10:49 AM
To: 'PCOOK2@travelers.com'
Subject: FW: Audit
Attachments: Scan0055.pdf, Scan0054.pdf, Scan0053.pdf
Importance: High

Attached please find 941's that I just received from insured for July, August and September. Please change the audit from an estimated to an actual Policy number I s2E14299A UB 00. Please let me know should you need anything further.

Sincerely,

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

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—Original Message—

From: metrocon@comporium.net [mailto:metrocon@comporium.net]
Sent: Tuesday, November 18, 2014 10:50 AM

To: Bonita M. Rabon

Subject Re: Audit

Importance: High

941

Bonita M. Rabon

From: Bonita M. Rabon
Sent: Monday, November 24, 2014 9:33 AM
To: 'metrocon@comporium.net'
Subject: Workers Compensation

Hi Selena,

I just spoke to Taylor @ Zurich and she said they did process a payment of \$128.00 on 11/20/2014 but the Workers Compensation policy is cancelled.

Sincerely,

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

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Bonita M. Rabon

From: Assigned Risk Workers Compensation <ARWC@travelers.com>
Sent: Tuesday, November 25, 2014 1:42 PM
To: Bonita M. Rabon
Subject: RE: 6ZZUB-2E14299-A-14 - Metro Construction

Your e-mail correspondence has been received by the Assigned Risk Workers Compensation Unit and will be processed shortly.

Sincerely,
Travelers
Assigned Risk Workers' Compensation Department

From: Bonita M. Rabon [mailto:brabon@adamseaddy.com]
Sent: Tuesday, November 25, 2014 8:58 AM
To: Assigned Risk Workers Compensation
Subject: 6ZZUB-2E14299-A-14 - Metro Construction

Please email or fax in the loss runs from 4/4/2014 to 8/8/2014.

Sincerely,

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

The information contained in this message is proprietary and/or confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. In addition, please be aware that any message addressed to our domain is subject to archiving and review by persons other than the intended recipient. Thank you.

This communication, including attachments, is confidential, may be subject to legal privileges, and is intended for the sole use of the addressee. Any use, duplication, disclosure or dissemination of this communication, other than by the addressee, is prohibited. If you have received this communication in error, please notify the sender immediately and delete or destroy this communication and all copies.

11/26/14 - 9:11 - to Ed @ Zurich, he conf that audit had been paid but they still had to compl audit in order to have cov rewritten.

11/26/2014 - 9:16 - to Ricky Long, let him know that he still needs to complete the audit paperwork, gave him 800-842-4271 so he can call for that info. he wants some sort of info to show what was paid & when canceled

Bonita M. Rabon

From: Bonita M. Rabon
Sent: Monday, December 01, 2014 8:38 AM
To: arwc@travelers.com
Subject: FW: Audit
Attachments: Scan0055.pdf, Scan0054.pdf, Scan0053.pdf

Importance: High

Please see attached the was emailed on 11/18/2014 to have the audit processed.
Please let me know should you need anything further.. Please confirm receipt of This email

Sincerely,

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

The information contained in this message is proprietary and/or confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. In addition, please be aware that any message addressed to our domain is subject to archiving and review by persons other than the intended recipient. Thank you.

-----Original Message-----

From: Bonita M. Rabon
Sent: Tuesday, November 18, 2014 10:49 AM
To: 'PCOOK2@travelers.com'

Subject: FW: Audit

Importance: High

Attached please find 941's that I just received from insured for July, August and September. Please change the audit from an estimated to an actual.
Policy number I s2E14299A UB 00. Please let me know should you need anything further.

Sincerely,

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax

brabon@adamseaddy.com

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—Original Message—

From: metrocon@comporium.net [<mailto:metrocon@comporium.net>]

Sent Tuesday, November 18, 2014 10:50 AM

To: Bonita M. Rabon

Subject Re: Audit

Importance: High

941

12/2/2014 - 12:58 Spoke to Antoinette and they did receive the 941's and sent them over to be processed yesterday. I told her that I need them processed ASAP so that I can re-write the Workers Compensation policy. She said as of right now - It has to be noted saying the insured complied with the audit and is in compliance.

OFFICIAL CHECK

127416

M16779 13331525

5006555863

ISSUING BRANCH 2045211-BB&T IRMO MAIN

DATE APRIL 09, 2014

68-236/514

PAY TO THE ORDER OF ADAMS EADDY

\$ ** \$18,025.00 **

BB&T 18,025.00 DOLLARS

DOLLARS

BB&T

AUTHORIZED SIGNATURE

[Signature]

MEMO/PURCHASE INSURANCE

5006555863 05140236910001019010097





SERVICE CENTER
901 Peninsula Corporate Circle
Boca Raton, FL 33487
(800) 622-4123

April 14, 2014

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

EFFECTIVE DATE: 04/04/2014
BINDER NUMBER: 39-80004-14104-114494
FED ID NUMBER: 57-1084423
APPLICATION ID: 32841580

RE: WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY BINDER

This is to acknowledge receipt of an initial or deposit premium payment and your application for coverage through the Workers Compensation Insurance Plan for the State of SOUTH CAROLINA.

Coverage is provided under this binder, beginning at 12:01 A.M. on the effective date shown above, and with the insurance company named below, and shall remain in effect until canceled or a policy has been issued. Coverage is provided under the Workers Compensation Law of SOUTH CAROLINA and of such additional jurisdictions as may be requested, in accordance with the Plan rules. Employers liability coverage is also provided, subject to the standard limits prescribed in the Basic Manual, unless higher limits have been requested in accordance with the Plan rules.

Please retain this binder as evidence of the coverage until you receive your policy.

INSURANCE COMPANY:
AMERICAN ZURICH INS CO
C/O TRAVELERS INDEMNITY CO.
2420 LAKEMONT AVENUE
ORLANDO, FL 32814

AGENCY NAME:
ADAMS EADDY AND ASSOCIATES INSURANCE
PO BOX 5595
COLUMBIA, SC 29250-5595

METRO CONSTRUCTION, INC.

NOTICE

COVERAGE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH THE ASSIGNED RISK PLAN. AS THE PLAN IS THE MARKET OF LAST RESORT, COVERAGE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN THE ASSIGNED RISK PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under the Workers Compensation Insurance Plan, is canceled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further coverage under the Plan.

NOTICE

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE****FOR THE STATE(S) OF SOUTH CAROLINA**

Your policy provides coverage for certain losses caused by acts of domestic and foreign terrorism. You should know that, effective November 26, 2002 and extended through December 2014, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. If the insurance company providing the coverage has met its statutorily established deductible, the insurance company is not liable for any portion of the amount of insured losses that exceeds \$100,000,000.000. Further, the United States Government will not make any payment under the federal law for any portion of insured losses that exceeds \$100,000,000.000. The insurance company will pay only a pro rata share of such losses as determined by the Secretary of Treasury. The portion of your total estimated annual premium that currently is attributable to coverage for certain losses caused by certified acts of terrorism is: \$30.80.

NOTICE

CERTIFICATES OF INSURANCE

Effective upon receipt of the enclosed binder, the producer may issue certificates of insurance only under the following conditions: 1) that the certificate is issued only on the standard ACORD form; 2) that the certificate is issued only for operations in the states listed in 3.A. of the Information Page; 3) that the policy terms are unchanged; 4) that the certificate holder is not extended any greater rights than those extended to the insured; and 5) that the assigned carrier is provided with a copy of each certificate.

APPLICATION NOTES:

Producer/Employers: Please be advised that Assigned Risk Carriers are required to conduct interim audits, loss prevention surveys and final audits on Assigned Risk policies. Therefore, Failure to comply with an Assigned Risk Carrier request may result in cancellation of this policy in accordance with the applicable state laws.

Coverage is being bound subject to your signed statement on the application acknowledging and agreeing to the terms of the Loss Sensitive Rating Plan (LSRP). In the event that you meet the eligibility requirements of the LSRP, a LSRP contingent deposit premium equal to 20% of standard premium will be required.

Increased Limits of Liability have been requested.

Please forward the Agency License Number to the carrier named on the binder. If this information is not forwarded to the carrier, the agency and/or producer may not be paid producer fees in accordance with state specific statutes, rules, and/or regulations.

METRO CONSTRUCTION, INC.

NOTICE

COVERAGE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH THE ASSIGNED RISK PLAN. AS THE PLAN IS THE MARKET OF LAST RESORT, COVERAGE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN THE ASSIGNED RISK PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under the Workers Compensation Insurance Plan, is canceled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further coverage under the Plan.

CARRIER: Coverage has been requested for the following states: SC.

Corporate Officers have not elected to be excluded from coverage.

Application was processed by producer using the NCCI RMAPS(R) Online Application Service.

PRODUCER / EMPLOYER / CARRIER: Premium was calculated using the rates and programs effective on the Anniversary Rate Date / Effective Date of 10/01/2013.

Carrier: Current experience rating worksheet attached.

Please forward form 941 (or its equivalent) to the carrier as named on the binder or forward a written statement explaining why tax documentation cannot be provided.

The premium reflected on the Premium Calculation Worksheet is the Total Estimated Annual Premium. The Assigned Carrier may apply additional state surcharges, taxes, assessments, or programs as required by the state.



ZURICH
2420 LAKEMONT AVE STE 200
ORLANDO FL 32814

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CANCELLATION

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

CANCEL NOTICE - FAILURE TO AUDIT PAYROLL OR PERMIT AN AUDIT

1I-Failure to Audit or permit an audit

THIS NOTICE IS TO:

EFFECTIVE DATE OF CANCELLATION: 08-08-14

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

AMOUNT DUE: \$ NONE

POLICY NUMBER: (6ZZUB-2E14299-A-14)

We wish to inform you that your policy designated herein is cancelled in accordance with its terms as of the effective date of cancellation indicated herein, and at the hour on which the policy became effective. Any premium adjustment required by the policy will be made.

THIS DOCUMENT IS ISSUED ONLY BY THE COMPANY OR COMPANIES THAT ISSUED THIS POLICY. FOR ANY INFORMATION CONCERNING THIS CANCELLATION, PLEASE CONTACT YOUR PRODUCER.

INSURER: AMERICAN ZURICH INSURANCE COMPANY

DATE OF ISSUE: 07-04-14 GM

POL. EFF. DATE: 04-04-14

POL. EXP. DATE: 04-04-15

ST ASSIGN: SC

OFFICE: ZURICH-ORLAN

809

PRODUCER: ADAMS EADDY AND ASSOCIAT

22JPM

WUNT2D00



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

July 05, 2014

Insurer: American Zurich Insurance Company

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: *Producer*

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

*National Council on Compensation Insurance
via Electronic notification*

Insured Copy

803



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

July 05, 2014

Insurer: American Zurich Insurance Company

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: *Insured*
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

*National Council on Compensation Insurance
via Electronic notification*

Producer Copy



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Policy Number 6ZZU82E14299A14

Policy Effective Date 04/04/14

Carrier Code/Name 80012/AMERICAN ZURICH INS CO (THE

TRAVELERS)

Primary Name of Insured METRO CONSTRUCTION INC

FEIN 571084423

Policy Edit View

Add Renewal

Add Annual ReRate

Submit

Header/Summary Info

Names and Addresses

States and Exposures

Endorsements

Canc/Reinst/NonRenew

Noncompliance

Transaction History

Add New C/R/N

Most Recent

C/R/N ID	C/R/N EFF Dt	Canc Mailed /Insrld Dt	NCCI Revld Dt	Canc Type	Rein Type	Reason for C/R/N	C/R/N DG
Cancellation	08/08/14	07/06/14	07/07/14	02	00	16	3

FAILURE TO COMPLY WITH THE TERMS & CONDITIONS OR AUDIT FAILURE



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ZURICH
PREMIUM AUDIT
P.O BOX 2927
HARTFORD, CT 06104-2927

Date of Notice: 09/19/2014
Policy Period: 04/04/2014 to 08/08/2014
Policy Number: UB-2E14299A
Customer Service: 800-842-4271

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

Dear Policyholder,

At Travelers, the success of your business is a top priority. That's why we periodically conduct premium audits; it's our way to ensure that your Workers Compensation policy accurately reflects your business exposures.

It's Time for Your Premium Audit

In accordance with the terms of your policy, it's now time for you to complete the annual premium audit for your business. Attached is your Policyholder Report; please use this to provide the information we need to analyze your business results from the past year and make adjustments to your policy premium, if necessary.

We're Here to Help

Please complete your premium audit within 15 days of the "Date of Notice" which is indicated at the top of this letter. If you need assistance completing your Policyholder Report, please contact Customer Service at 800-842-4271.

You may return the enclosed Policyholder Audit Report and the required supporting documentation indicated on the report via our fax number (800) 879-0892.

We appreciate your cooperation with your premium audit. The information you provide is company confidential and is for internal use only.

We thank you in advance for your cooperation and assistance in this matter.

The Zurich Insurance Company has been assigned as the servicing carrier for your Assigned Risk Workers' Compensation Insurance policy. They have contracted with Travelers to service your policy.



Insuring Company:
AMERICAN ZURICH INSURANCE COMPANY

POLICYHOLDER AUDIT REPORT

PREMIUM AUDIT
P.O BOX 2927
HARTFORD, CT 06104-2927

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

AUD ID 713

Date of Notice: 09/19/14

Policy Number 6ZZ UB 2E14299A
Audit Term 04/04/14 to 08/08/14
Audit Type CN

PLEASE RETURN BY: 10/04/14

FAX (800) 879-0892
Customer Service (800) 842-4271

1. TELL US ABOUT YOUR BUSINESS

Please provide a detailed description of your business operations (e.g. work performed; product manufactured; services provided) including any new operations added during this term.

2. TELL US ABOUT YOUR COMPANY STRUCTURE

(Circle One) Individual Partnership Corporation Limited Liability Co.

List Sole Proprietor, Partner(s), or Corporate Officer(s) along with their duties, number of weeks employed during the policy term, and their earnings/draws/profits. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Please give more detail than simply "administrative" or "managerial" duties.

Title	Name	Specific Duties	# of Weeks Employed	Actual Earnings	Company Use Only

Insured Name: METRO CONSTRUCTION, INC.

Policy Number: 6ZZ UB 2E14299A

Gross Payroll means the total amount paid during the policy term for all full time and part time employees, including personnel no longer employed, prior to any deductions.

3. TELL US ABOUT YOUR EMPLOYEES - DO NOT INCLUDE INDIVIDUALS LISTED IN SECTION 2.

Please complete the worksheet below. If you have more than fifteen (15) employees you may copy this page and include it with the completed form or attach copies of the Quarterly State Wage Unemployment Reports for the period covered with a notation next to each individual to identify the work performed by each individual.

Employee Name	Description of Work Performed	Gross Wages (Incl. Overtime)	Overtime		Company Use Only
			Time & One Half	Double Time	
Example: Mary Johnson	Receptionist, filing, phones	\$24,250			
Example: Mark Brown	Plumber installation	\$34,219	\$2,180		

Insured Name: METRO CONSTRUCTION, INC.

Policy Number: 6ZZ UB 2E14299A

4. TELL US ABOUT YOUR NON-EMPLOYEE LABOR

Did you use anyone other than an employee to perform work, or a portion of a job, on your behalf? If you check "No", no additional information is required to complete this section.

Yes ☐ No ☐

ATTACH COPIES OF ALL CERTIFICATES OF INSURANCE PROVIDED BY YOUR CONTRACTORS COVERING THE DATES WORKED.

If the amounts paid to the contractor included the cost of materials provided by the contractor - please attach copies of the invoices.

If yes, please complete the worksheet below.

[illegible]

-1313-

Insured Name: METRO CONSTRUCTION, INC.

Policy Number: 6ZZ UB 2E14299A

5. SEND US YOUR SUPPORTING DOCUMENTATION

In order to complete this report we need the following forms pertaining to the policy period:

- the last four (4) Federal Employer's Quarterly Tax Return (Form 941) or State Unemployment Wage Reports for all states covered on this policy.
- If you are sending Form 1120 or 1065, please also include Form 1125-A.

If you do not file the forms listed above, please attach:

- for Sole Proprietor, Profit or Loss From Business (Form 1040) Schedule C pages 1 and 2
- for Partnership, U.S. Partnership Return of Income (Form 1065) pages 1 and 2
- for Corporation, U.S. Corporation Income Tax Return (Form 1120) pages 1 and 2

6. PLEASE SIGN YOUR REPORT

Thank you for taking the time to complete this report. Please fill in the information below and return your report to the office listed on Page 1.

Authorized Representative (Please Sign)

Title

Date

Authorized Representative (Please Print)

()

Area Code and Phone Number

Email Address (Please Print)

()

Fax - Area Code and Phone Number

FAX (800) 879-0892

Customer Service (800) 842-4271



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

October 23, 2014

Insurer: American Zurich Insurance Company

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: *Producer*
ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

*National Council on Compensation Insurance
via Electronic notification*

Insured Copy



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

October 23, 2014

Insurer: American Zurich Insurance Company

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: *Insured*
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

*National Council on Compensation Insurance
via Electronic notification*

Producer Copy

812



PREMIUM ADJUSTMENT NOTICE

PREMIUM AUDIT
P.O BOX 3556
ORLANDO, FL 32802

POLICYNO: 6ZZUB 2E14299A

ISSUE OFFICE:809

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

DATE OF THIS NOTICE: 11/03/14
SAI#: 4574X4185

POLICY PERIOD: 04/04/14 TO 04/04/15
CANCELATION AUDIT 04/04/14 TO 08/08/14
ESTIMATED

22JPM
ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA, SC 29250-5595

AUDITED RESULTS : \$ 16,056

CUSTOMER SERVICE: (800) 842-4271

*** THIS IS NOT A BILL. SEE MESSAGE
LEGEND ATTACHED. ***

*(THIS IS NOT A BILL)
CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium

SOUTH CAROLINA
LOCATION 001

METRO CONSTRUCTION, INC.

EXCAVATION & DRIVERS	6217	1	12.0100	1
SEWER CONSTRUCTION-ALL OPERATIONS & DRIVERS	6306	1	14.6400	1
GAS MAIN OR CONNECTION CONSTRUCTION & DRIVERS	6319	202,565	8.6600	17,542
CONSTRUCTION OR ERECTION PERMANENT YARD	8227	1	8.3400	1
EMPL. LIAB. INCREASED LIMITS		17,545	.0080	140
EXPERIENCE MOD (.9000)				-1,769
EXPENSE CONSTANT				79
TERRORISM		202,568	.0200	41
CAT-OTHER THAN CERT TERR 9741		202,568	.0100	20

Insuring Company:
AMERICAN ZURICH INSURANCE COMPANY

Thank You For Insuring With Our Company



PREMIUM ADJUSTMENT NOTICE

INSURED:
METRO CONSTRUCTION, INC.

POLICY NO: 6ZZUB 2E14299A
POLICY PERIOD: 04/04/14 TO 04/04/15

CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium

SOUTH CAROLINA
LOCATION 001

(CONT.)

TOTAL PREMIUM LOCATION 001
STANDARD PREMIUM

\$16,056

TOTAL EARNED PREMIUM

\$16,056

EXPOSURE COMPARISON

INSURED:
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

POLICY NO: 6ZZUB 2E14299A
POLICY PERIOD: 04/04/14 TO 04/04/15

DATE OF THIS NOTICE: 11/03/14

The following is a comparison of the estimated exposures on your policy and the actual exposures found at audit.

Classifications	Your Payroll Estimates	Audited Payroll Result	Difference

SOUTH CAROLINA
LOCATION 001 01

METRO CONSTRUCTION, INC.

EXCAVATION & DRIVERS	6217	39000	1	-38999
SEWER CONSTRUCTION-ALL OPERATIONS & DRIVERS	6306	43700	1	-43699
GAS MAIN OR CONNECTION CONSTRUCTION & DRIVERS	6319	70150	202565	132415
CONSTRUCTION OR ERECTION PERMANENT YARD	8227	1150	1	-1149
TOTAL PAYROLL SOUTH CAROLINA	\$	154,000	202,568	48,568

MESSAGE LEGEND

MESSAGE LEGEND

THIS IS NOT A BILL. A SEPARATE STATEMENT WILL FOLLOW BASED ON PREMIUMS YOU HAVE PAID

This notice is to advise you of your policy's final premium for the indicated period. If this amount is greater than what you have paid to date, you will be receiving a separate bill for the difference shortly. If you have already paid more than the final premium, you will soon receive a refund of any overpayment.

Questions regarding your policy billing or service can be directed to:

Orlando, Florida 1-800-453-9843

We have made several attempts to obtain payroll and classification information from you in order to prepare the final audit for this workers compensation policy, but you have failed to provide access to those records.

Therefore, we have estimated the final policy premium and are billing you based on the information shown in this Premium Adjustment Notice.

The Audit Provision of your policy contract, requires that you allow us, when requested, to examine and audit records of information needed to compute premium. Please contact us if you misunderstood this requirement and would like to provide those records.

We reserve the right to bill you in the future for any additional premium that might be due under the policy when the necessary payroll and classification information is provided to us.

Should you have any questions, or wish to provide access to the necessary records, please contact us at the telephone number listed on page 1 of this Notice.

ZURICH
2420 LAKEMONT AVENUE
P.O. BOX 3556
ORLANDO, FL 32802-3556

EARNED PREMIUM

Account No. 4574X4185
Policy No. 2E14299A UB 00
Pol. Eff. Date: 04/04/14-04/04/15
Issue Date: 11/05/14

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

DIRECT INQUIRIES TO:
ZURICH-AMERICAN
P.O. BOX 3556
ORLANDO FL 32802-3556
(800) 453-9843

Insuring Company: AMERICAN ZURICH INSURANCE COMPANY

This bill includes an additional amount as a result of recent audit activity for policy number 2E14299A UB effective 04/04/14 - 04/04/15. This amount is due and payable upon receipt of this notice.

If you have questions concerning this statement please contact your account manager at the phone number provided on this statement.

This statement provides billing information about this specific policy and DOES NOT replace your most recent bill.

If you dispute any of the amount due on this bill, you must do the following by the due date in order to avoid cancellation procedures from being initiated.

- 1) Provide to us written documentation outlining and explaining the specific areas of dispute as well as your estimate of the undisputed amount due and your method of calculation. You must pay the undisputed amount by the "due date".
- 2) Make a written request to the plan administrator for a hearing on the dispute. You may contact us in writing for the name of the plan administrator in your state.

If you are paying with a check from a Personal Checking Account, you authorize us to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check. If you are paying with a check from a Business Checking account, we will process the payment as a check.

TO ENSURE PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.
ASSIGNED RISK WORKERS COMPENSATION INSURANCE

Payment Coupon *Make checks payable to: Zurich*

ADAMS EDDY AND ASSOCIAT
METRO CONSTRUCTION, INC.

4574X4185

Zurich
Dept. 96754
PO Box 660347
Dallas, TX 75266-0347

Include Account Number on the check.

☐ Change of Address?
Place an "X" here.
Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY
NOVEMBER 20, 2014

TOTAL BALANCE	\$128.00
MINIMUM DUE	\$128.00
AMOUNT ENCLOSED	

|||||

E

23320531343239390120777772014112000001280000000000000009675400000000047

VIEWING AND PAYING YOUR RESIDUAL MARKET BILL IS NOW EASIER.

We understand that paying bills should not be a burden. Our new-look bill includes the following enhancements to make managing your bills easy:

- If you have more than one policy actively billing at the same time, a total balance for all Residual Market Workers Compensation policies is displayed on your bill.
- The "Transactions Since Last Statement" list in the new "Transaction Detail" section provides you with up-to-date details on any premium-bearing changes to your account.
- The change of address box allows you to communicate changes to us without having to pick up the phone.

Paying your bill is even easier.

Our new Voice Response Unit (VRU) allows you to:

- Instantly pay your bill over the phone at no additional cost to you.
- Obtain account information such as minimum due, balance due, and the date your last payment was received.
- Request additional account information.

VRU contact information is provided on your bill.



PREMIUM ADJUSTMENT NOTICE

PREMIUM AUDIT
P.O BOX 3556
ORLANDO, FL 32802

POLICYNO: 6ZZUB 2E14299A

ISSUE OFFICE:809

DATE OF THIS NOTICE: 01/05/15

SAI#: 4574X4185

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

POLICY PERIOD: 04/04/14 TO 04/04/15
REVISED CANCEL 04/04/14 TO 08/08/14
POLICYHOLDER REPORT

22JPM
ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA, SC 29250-5595

AUDITED RESULTS : \$ 18,151

CUSTOMER SERVICE: (800) 842-4271

*** THIS IS NOT A BILL. SEE MESSAGE
LEGEND ATTACHED. ***

*(THIS IS NOT A BILL)
CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium
SOUTH CAROLINA LOCATION 001				
METRO CONSTRUCTION, INC.				
SEWER CONSTRUCTION-ALL OPERATIONS & DRIVERS	6306	135,339	14.6400	19,814
CLERICAL OFFICE EMPLOYEES NOC.	8810	8,909	.6600	59
EMPL. LIAB. INCREASED LIMITS		19,873	.0080	159
EXPERIENCE MOD (.9000)				-2,003
EXPENSE CONSTANT				79
TERRORISM		144,248	.0200	29
CAT-OTHER THAN CERT TERR 9741		144,248	.0100	14
TOTAL PREMIUM LOCATION 001 STANDARD PREMIUM				\$18,151

Insuring Company:
AMERICAN ZURICH INSURANCE COMPANY

Thank You For Insuring With Our Company



PREMIUM ADJUSTMENT NOTICE

INSURED:
METRO CONSTRUCTION, INC.

POLICY NO: 6ZZUB 2E14299A
POLICY PERIOD: 04/04/14 TO 04/04/15

CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium

TOTAL EARNED PREMIUM

\$18,151



EXPOSURE COMPARISON

INSURED:
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

POLICY NO: 6ZZUB 2E14299A
POLICY PERIOD: 04/04/14 TO 04/04/15

DATE OF THIS NOTICE: 01/05/15

The following is a comparison of the estimated exposures on your policy and the actual exposures found at audit.

Classifications		Your Payroll Estimates	Audited Payroll Result	Difference
SOUTH CAROLINA LOCATION 001 01				
METRO CONSTRUCTION, INC.				
EXCAVATION & DRIVERS	6217	39000	0	-39000
SEWER CONSTRUCTION-ALL OPERATIONS & DRIVERS	6306	43700	135339	91639
GAS MAIN OR CONNECTION CONSTRUCTION & DRIVERS	6319	70150	0	-70150
CONSTRUCTION OR ERECTION PERMANENT YARD	8227	1150	0	-1150
CLERICAL OFFICE EMPLOYEES NOC.	8810	0	8909	8909
TOTAL PAYROLL SOUTH CAROLINA	\$	154,000	144,248	-9,752

MESSAGE LEGEND

MESSAGE LEGEND

THIS IS NOT A BILL. A SEPARATE STATEMENT WILL FOLLOW BASED ON PREMIUMS YOU HAVE PAID

This notice is to advise you of your policy's final premium for the indicated period. If this amount is greater than what you have paid to date, you will be receiving a separate bill for the difference shortly. If you have already paid more than the final premium, you will soon receive a refund of any overpayment.

We are sending a new Premium Adjustment Notice because of a revised payroll.

Questions regarding your policy billing or service can be directed to:

Orlando, Florida

1-800-453-9843

Z
ZURICH
2420 LAKEMONT AVENUE
P.O. BOX 3556
ORLANDO, FL 32802-3556

EARNED PREMIUM

Account No. 4574X4185
Policy No. 2E14299A UB 00
Pol. Eff. Date: 04/04/14-04/04/14
Issue Date: 01/07/15

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

DIRECT INQUIRIES TO:
ZURICH-AMERICAN
P.O. BOX 3556
ORLANDO FL 32802-3556
(800) 453-9843

Insuring Company: AMERICAN ZURICH INSURANCE COMPANY

This bill includes an additional amount as a result of recent audit activity for policy number 2E14299A UB effective 04/04/14 - 04/04/14. This amount is due and payable upon receipt of this notice.

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ASSIGNED RISK WORKERS COMPENSATION INSURANCE

648842I 2015007 8289 809 022JPM

Payment Coupon Make checks payable to: Zurich

ADAMS EADDY AND ASSOCIAT
METRO CONSTRUCTION, INC.

4574X4185

Zurich
Dept. 96754
PO Box 660347
Dallas, TX 75266-0347

Include Account Number on the check.



Change of Address?
Place an "X" here.
Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY
JANUARY 22, 2015

TOTAL BALANCE
\$2,095.00
MINIMUM DUE
\$2,095.00
AMOUNT ENCLOSED



E

23320531343239390120777772015012200020950000000000000009675400000000069



ZURICH

2420 LAKEMONT AVENUE
P.O. BOX 3556

ORLANDO, FL 32802-3556

EARNED PREMIUM

Account No. 4574X4185
Policy No. 2E14299A UB 00
Pol. Eff. Date: 04/04/14-04/04/14
Issue Date: 01/26/15

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

DIRECT INQUIRIES TO:
ZURICH-AMERICAN
P.O. BOX 3556
ORLANDO FL 32802-3556
(800) 453-9843

Insuring Company: AMERICAN ZURICH INSURANCE COMPANY

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ASSIGNED RISK WORKERS COMPENSATION INSURANCE

648842I 2015026 8302 809 022JPM

Payment Coupon Make checks payable to: Zurich

ADAMS EADDY AND ASSOCIAT
METRO CONSTRUCTION, INC.

4574X4185

Zurich
Dept. 96754
PO Box 660347
Dallas, TX 75266-0347

Include Account Number on the check.



Change of Address?
Place an "X" here.
Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY
FEBRUARY 22, 2015

TOTAL BALANCE
\$2,095.00
MINIMUM DUE
\$2,095.00
AMOUNT ENCLOSED



E

233205313432393901207777720150222000209500000000000000096754000000000080

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2014) Department of the Treasury — Internal Revenue Service

950114
OMB No. 1545-0029

Employer identification number (EIN) **57-1084423**

Name (not your trade name) **METRO CONSTRUCTION CO., INC**

Trade name (if any) _____

Address **2526 CANEY BRANCH ROAD**
Number Street Suite or room number

LEESVILLE **SC** **29070**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2014
(Check one.)

- ☐ 1: January, February, March
☒ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Instructions and prior year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	0
2	Wages, tips, and other compensation	2	92968 . 41
3	Federal income tax withheld from wages, tips, and other compensation	3	8216 . 14
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	☐ Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	92968 . 41 x .124 =	11528 . 08
5b	Taxable social security tips	x .124 =	
5c	Taxable Medicare wages & tips	92968 . 41 x .029 =	2696 . 08
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	x .009 =	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	14224 . 16
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	22440 . 30
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	22440 . 30
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	11	21346 . 15
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	1094 . 15
13	Overpayment. If line 11 is more than line 10, enter the difference	13	

Check one: ☐ Apply to next return ☐ Send a refund

You MUST complete both pages of Form 941 and SIGN it.

Next

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 1-2014)

Name (not your trade name)

METRO CONSTRUCTION CO, INC

Employer identification number (EIN)

57-1084423

950214

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Check one: ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below. If you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages

enter the final date you paid wages

/ /

☐ Check here, and

16 If you are a seasonal employer and you do not have to file a return for every quarter of the year

☐ Check here.**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

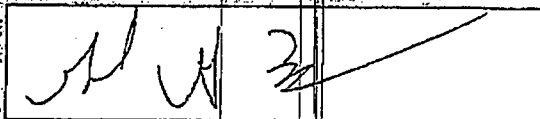
☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☐ No.**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here



Print your name here

GREGG LONG

Print your title here

OWNER

Date

08/30/14

Best daytime phone

803 532-2795

Paid Preparer Use OnlyCheck if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2014)

Department of the Treasury — Internal Revenue Service

960311

DMS No. 1545-0029

Employer identification number (EIN)

5 7 - 1 0 8 4 4 2 3

Name (not your trade name)

Calendar year

2 0 1 4

(Also check quarter)

Report for this Quarter...

(Check one.)

- ☐ 1: January, February, March
☒ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter. DO NOT use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1		9		17		25	1635 . 34
2		10		18	1467 . 27	26	
3		11	1691 . 73	19		27	
4	1551 . 05	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

6345 . 39

Month 2

1		9	1844 . 09	17		25	
2	1790 . 07	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1910 . 38
7		15		23	1690 . 35	31	
8		16	1659 . 38	24			

Tax liability for Month 2

8894 . 27

Month 3

1		9	1440 . 13	17		25	
2	1440 . 13	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1440 . 12
7		15		23	1440 . 13	31	
8		16	1440 . 13	24			

Tax liability for Month 3

7200.64 .

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter

22440 . 30

2:39 PM

08/26/14

Metro Construction, Inc.
Workers Compensation Summary
 May 26 through August 26, 2014

May 26 - Aug 26, 14								
	Gross Wages	OT Premium	WC Wages	Hours	WC Rate	WC Premium	Exp. Mod.	Adj. WC Premium
Clerical-8810 - Clerical	12,418.50	285.75	12,132.75	856.25	0.66	80.07	100.0%	80.07
Grading-6217 - Grading	43,136.00	3,404.50	39,731.50	3,598	12.01	4,771.75	100.0%	4,771.75
Perm Yar-8227 - Permanent Yard	19,936.75	1,868.25	18,068.50	1,336.5	8.34	1,506.91	100.0%	1,506.91
Sewer-6306 - Sewer	3,080.00	67.50	3,012.50	305	14.64	441.01	100.0%	441.01
Super-5606 - Executive Supervisor	27,485.91	1,188.66	26,297.25	1,168.5	3.20	841.52	100.0%	841.52
Water-6319 - Water	521.50		521.50	55.5	8.66	45.17	100.0%	45.17
No WC Code	75.00	0.00	75.00	5		0.00	100.0%	0.00
TOTAL	106,653.86	6,814.66	99,839.00	7,324.75		7,686.43		7,686.43

-1332-

Bonita M. Rabon

From: Bonita M. Rabon
Sent: Monday, November 24, 2014 9:33 AM
To: 'metrocon@comporium.net'
Subject: Workers Compensation

Hi Selena,

I just spoke to Taylor @ Zurich and she said they did process a payment of \$128.00 on 11/20/2014 but the Workers Compensation policy is cancelled.

Sincerely,

Bonita Rabon
Commercial Lines Account Manager
Adams Eaddy & Associates
PO Box 5595
Columbia, SC 29250-5595
(803) 254-9404 - Phone
(803) 758-1406 - Fax
brabon@adamseaddy.com

The information contained in this message is proprietary and/or confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. In addition, please be aware that any message addressed to our domain is subject to archiving and review by persons other than the intended recipient. Thank you.

Z
ZURICH
2420 LAKEMONT AVENUE
P.O. BOX 3556
ORLANDO, FL 32802-3556

PRODUCER COPY
EARNED PREMIUM

RECEIVED

JAN 12 2015

Adams Eaddy & Assoc.

Account No. 4574X4185
Policy No. 2E14299A UB 00
Pol. Eff. Date: 04/04/14-04/04/14
Issue Date: 01/07/15

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

DIRECT INQUIRIES TO:
ZURICH-AMERICAN
P.O. BOX 3556
ORLANDO FL 32802-3556
(800) 453-9843

Insuring Company: AMERICAN ZURICH INSURANCE COMPANY

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648842J 2015007 8289 809 022JPM

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ADAMS EADDY AND ASSOCIAT
METRO CONSTRUCTION, INC.

4574X4185

Zurich
Dept. 96754
PO Box 660347
Dallas, TX 75266-0347

Include Account Number on the check.



Change of Address?
Place an "X" here.
Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY
JANUARY 22, 2015

TOTAL BALANCE	\$2,095.00
MINIMUM DUE	\$2,095.00
AMOUNT ENCLOSED	



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233205313432373901207777720150122000209500000000000000009675400000000069

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

DEC. 14 2016

APPLICATION FOR REINSTATEMENT OF
A CORPORATION DISSOLVED
BY ADMINISTRATIVE ACTION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-14-220 of the 1976 South Carolina Code of Laws, as amended, the undersigned hereby applies to the Secretary of State for reinstatement of a corporation dissolved by administrative action and for that purpose, submits the following information:

1. The name of the corporation is Metro Construction
Date of incorporation 9/14/99 Date of dissolution 3/3/14
2. Complete either "a" or "b", whichever is applicable.
 - a. ☐ Grounds for administrative dissolution did not exist.
 - b. ☒ The grounds for administrative dissolution, which were: failure to file
tax returns with the South Carolina
Department of Revenue
have now been eliminated.
3. The corporation's name satisfies the requirements of Section 33-4-101 of the 1976 South Carolina Code of Laws, as amended.

Date 11/21/16

Metro Construction
Name of Corporation

[Signature]
Signature

Giles G. Long President
Type or Print Name and Office

FILING INSTRUCTIONS

1. Two copies of this form, one of which can be either a duplicate original or a conformed copy must be filed.
2. Filing fee (Payable to the Secretary of State at the time of filing this application) - \$25.00.
3. THIS APPLICATION CAN BE FILED ANYTIME AFTER THE EFFECTIVE DATE OF THE CORPORATION'S DISSOLUTION BY ADMINISTRATIVE ACTION AND MUST BE ACCOMPANIED BY A CERTIFICATE FROM THE SOUTH CAROLINA DEPARTMENT OF REVENUE RECITING THAT ALL STATE TAXES, PENALTIES AND INTEREST OWED BY THE CORPORATION HAVE BEEN PAID.

Return to: Secretary of State
1205 Pendleton Street, Suite 525
Columbia, SC 29201

DOM-APP FOR REINSTATEMENT OF CORP DISSOLVED.doc

161214-0252

FILED: 12/14/2016

METRO CONSTRUCTION, INC.

Filing Fee: \$25.00 ORIG



Mark Hammond

South Carolina Secretary of State



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

300A Outlet Pointe Blvd., Columbia, South Carolina 29210
P.O. Box 125, Columbia, South Carolina 29214

November 14, 2016

Giles G. Long, Sr.
2526 Caney Branch Rd.
Leesville SC 29070

Re: Federal Identification Number: xx-xxx4423

Certificate of Tax Compliance

Pursuant to South Carolina Code of Laws §12-6-5510, this certifies that **METRO CONSTRUCTION, INC.** has filed all returns required to be filed with the South Carolina Department of Revenue (SCDOR) for the tax types and periods listed below. All returns and taxes required to be filed and payable to the South Carolina Department of Revenue are current.

This letter does not include taxes that may become due if the taxpayer is issued a proposed assessment, selected for audit, currently under audit, in appeals or litigation with the South Carolina Department of Revenue, or tax liens that may not be collected by levy or proceedings in court. The South Carolina Department of Revenue provides this Certificate of Compliance only for returns required to be filed and only for payments made directly to SCDOR.

<u>Taxes</u>	<u>File Number</u>	<u>Period Covered</u>
Corporate	20234320-4	09/30/2015
Property	53237568-8	2016
Withholding	25394461-0	09/30/2016
Motor Carrier	31101109-9	2015

This certificate is valid for thirty (30) days with the Secretary of State following the above date. A new request must be submitted once the time has expired.

****If this certificate is required due to an administrative dissolution, a copy of this certificate and an "Application for Reinstatement of a Corporation Dissolved by Administrative Action" (for domestic corporations) or "Application for Reinstatement of a Corporation When Certificate of Authority Has Been Revoked" (for foreign corporations) must be mailed within 30 days of the date of this letter to the Secretary of State's Office. This application can be obtained from the Secretary of State's website at www.scsos.com.**

Sincerely,

Shakila Reid

Shakila Reid

Government Services/Tax Compliance
(803) 898-5381
coorequests@dor.sc.gov

VERIFY
AS TAKEN FROM
ORIGINAL AND CORRECT COPY
COMPARED WITH THE
ORIGINAL IN THIS OFFICE

SEP 23 2014

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF INCORPORATION

Jana Miles SECRETARY OF STATE FILED SEP 14 1999 AM											
7	8	9	10	11	12	1	2	3	4	5	6

SECRETARY OF STATE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Metro Construction, Inc.
2. The initial registered office of the corporation is 2526 Caney Branch Road
Street Address
Leesville Lexington South Carolina 29070
City County State Zip Code
and the initial registered agent at such address is Giles Gregory Long
Print Name

I hereby consent to the appointment as registered agent of the corporation:

[Signature]
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
 - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000.
 - b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) not applicable
5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
6. The name, address, and signature of each incorporator is as follows (only one is required):

- a. Giles Gregory Long [Signature]
Name
2526 Caney Branch Road Leesville, SC 29070
Address
[Signature]
Signature

NAME OF CORPORATION

b.

Name

Address

Signature

c.

Name

Address

Signature

7. I, James Lca Ruff, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date August 30, 1999

Signature

James Lca Ruff

Type or Print Name

2526 Casey Stanch Road

Address

Lexsville, SC 29070

(803) 532-5493

Telephone Number

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Enclose the fee of \$125.00 payable to the Secretary of State.
4. THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT TO CORPORATIONS (SEE SECTION 12-19-20 OF THE 1976 SOUTH CAROLINA CODE OF LAWS, AS AMENDED).

Return to:

Secretary of State
PO Box 11359
Columbia, SC 29211

SPECIAL NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-2511.

FOR ARTICLES OF INCORPORATION

FORM PREPARED BY SOUTH CAROLINA
SECRETARY OF STATE, MAY 1999

285484283 FILED, RECORDED, INDEXED
 03/12/2004 14:28:38
 Rec Fee: \$18.66 St Fee: \$5.00 EXEMPT
 Co Fee: \$8.82 Pages: 1
 Lexington County RDB Debra K. Gunter
 DEEP RecPg 5457/51

STATE OF SOUTH CAROLINA,)
 COUNTY OF LEXINGTON)

TITLE TO REAL ESTATE
 NO TITLE INVESTIGATION -jir

KNOW ALL MEN BY THESE PRESENTS, that We, Jeffrey P. Long and Ricky H. Long

in the State aforesaid, for and in consideration the sum of
\$5.00 CASH TO BROTHER

paid to me by Giles Greg Long

in the State aforesaid have granted, bargained, sold and released unto the said GILES GREG LONG, HIS HEIRS AND ASSIGNS FOREVER, ALL OUR RIGHT, TITLE AND INTEREST IN AND TO, the following described property:

All that certain piece, parcel, and tract of land, with improvements thereon, lying and being in the County of Lexington, State of South Carolina, located about 2.5 miles Northeast of Batesburg-Leesville, containing 42.05 acres, more or less, and shown and designated as Parcel No. 1 on a plat prepared for Giles Greg Long, et al., by Arthur J. Weed, P.L.S., dated November 21, 2003, said plat being specifically incorporated herein by reference, and being bounded generally on the North by a foot access easement as shown on said plat; easement by Home Road; South and Southeast by property of Giles Greg Long, Clyde W. Oswald and William R. Carson, Jr.; and West by Parcel No. 2 as shown on said plat; the shape, dimensions and boundaries being shown more clearly by reference to the above plat.

Also see slide 778 pg 9 For plat see Record Book 9487 pg 60

Derivation: This is a portion of property conveyed to Gerald W. Long, Jr., et al., by deed of Herbert E. Long, et al., recorded December 27, 1995, in Record Book 3580, page 211.

Tax Map No.: 006000-04 (delete from 006; add to 026).

Grantee's Address 2526 CANY BRAMA ROAD, LEEVILLE, S.C. 29070

TOGETHER with all and singular, the rights, members, hereditaments and appurtenances to the said premises belonging or in anywise incident or appertaining

TO HAVE AND TO HOLD all and singular the premises before mentioned unto the said GILES GREG LONG, HIS HEIRS AND ASSIGNS FOREVER.

And we hereby binds ourselves and our heirs and assigns, to warrant and forever defend all and singular the said premises unto the said GILES GREG LONG, HIS HEIRS AND ASSIGNS forever against us and our heirs and against every person whomsoever lawfully claiming or to claim, the same or any part thereof

WITNESS my hands and seals this 17th day of December in the year of our Lord two thousand-three (2003).

SIGNED, SEALED AND DELIVERED
 IN THE PRESENCE OF

Kim B. Walters
Gina Hatchell

Jeffrey P. Long (SEAL)
Ricky H. Long (SEAL)
 Ricky H. Long

STATE OF LEXINGTON)
 LEXINGTON COUNTY)

Personally appeared before me Kim B. Walters and made oath that s/he saw the within-named Jeffrey P. Long and Ricky H. Long sign, seal and as their act and deed, deliver the within-written Deed for the uses and purposes therein mentioned, and that s/he, with James H. Hatchell, witnessed the execution thereof.

SWORN to before me this 17th day of December, 2003.

[Signature] (L.S.)
 Notary Public for South Carolina
 My Commission Expires: 4/17/2005

-1339-

Witness

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

METRO CONSTRUCTION, INC.

Corporate Information

Entity Type: Corporation

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 09/14/1999

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: GILES G LONG

Address: 2526 CANEY BRANCH RD
LEESVILLE, South Carolina 29070

Official Documents On File

Filing Type	Filing Date
Reinstatement	12/14/2016
Forfeiture	03/03/2014
Incorporation	09/14/1999

For filing questions please contact us at 803-734-2158

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Nicholas G. Callas
J. Scott Shirley
Vanesa Crittenden Overbay
Jennifer Randolph Purdy
Also admitted in Georgia
Also admitted in North Carolina



1430 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.9874
www.pcsawyer.com

May 5, 2015

Bryan T. Berthelette
Compliance Investigator
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

Re: Giles Gregory Long v. Metro Construction, Inc.
WCC File No.: 1313815

Dear Mr. Berthelette:

Enclosed herewith please find the compliance agreement and check in the amount of \$1,000.00 as payment in full of the penalty established under S.C. Code Section 42-3-105. I appreciate your willingness to waive the additional fine of \$1,500.00.

Please let me know if you require any additional information.

Sincerely,

282485/31252/10/5-5-15

METRO CONSTRUCTION INC.
2525 CANEY BRANCH ROAD
COLUMBIA, SC 29207
PH 803-532-2785

BRANCH BANKING AND TRUST COMPANY
300 BANK ST
COLUMBIA, SC 29201
67-163532

5/5/2015

2074

PAY TO THE ORDER OF South Carolina Workers Comp. Commission

One thousand and 00/100

\$ 1,000.00

South Carolina Workers Comp. Commission

DOLLARS

MEMO

File # 160284

100207 1053 20150700005220843571

Printed on Recycled Paper

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

South Carolina Workers'
Compensation Commission,

WCC File Number: X150284

Petitioner,

v.

Compliance Agreement

METRO CONSTRUCTION, INC

Respondent

I, the undersigned, have full authority to execute this agreement on behalf of the Respondent. I acknowledge that for the period from August 8, 2014 until December 16, 2014, the Respondent was operating without workers' compensation insurance and in violation of SC Code Ann. § 42-5-10 and § 42-5-20 (1985). An employer required to be insured that refuses or neglects to do so shall be punished by a fine of \$100 for each employee, but not less than \$70 or more than \$100 for each day of refusal or neglect. SC Code Ann. § 42-5-40 and a penalty of up to \$1,000 a year of noncompliance, SC Code Ann. § 42-3-105.

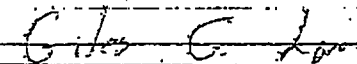
Pursuant to SC Code Ann. § 42-5-40, the fine assessed is \$1,300; and pursuant to SC Code Ann. § 42-3-105, the penalty assessed is \$1,000. Payment of the fine and penalty assessments in the amount of \$2,300 must be received by May 14, 2015. Failure to pay this fine and penalty may result in a maximum fine of \$100 for each day of noncompliance and a penalty of up to \$1,000 a year of noncompliance.

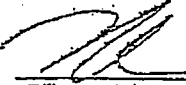
The Respondent agrees to comply with the requirements of the South Carolina Workers' Compensation Act within 30 days and remain in compliance as required by SC Code of Laws.

By executing this agreement, the Respondent is responsible for any claim found to be compensable, which occurs during the period of violation. Further, the Respondent agrees to make prompt payment of any claim found to be compensable.

Executing the agreement does not satisfy any defenses the employer may have for any claim, to include a defense that an injury was not the result of an accident arising out of employment. Also, the Respondent does not waive any claims or causes of action the Respondent may have against any third party, insurance company, agent or broker.


Respondent Agent (signature)


Respondent Agent's Name (printed)


Witness (signature)

57-1084423
Respondent FEIN

SCWCC

MAY 05 2015

INSURANCE &
MEDICAL SERVICES

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20		See separate instructions.
Your first name and initial GILES G		Last name LONG, SR
If a joint return, spouse's first name and initial Jan S		Last name Long
Home address (number and street). If you have a P.O. box, see instructions. 2526 CANEY BRANCH ROAD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Leesville SC 29070		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name 	Foreign province/state/country 	Foreign postal code

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(f) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
				☐
				☐
				☐
				☐

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶ **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **6,000.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10** **465.**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** Taxable amount **15b**

16a Pensions and annuities **16a** **16b** Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **20b** Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **6,465.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **6,465.**

	38	Amount from line 37 (adjusted gross income)		6,465.	
Tax and Credits	39a	Check ☐ You were born before January 2, 1951, ☐ Blind. ☐ Spouse was born before January 2, 1951, ☐ Blind. Total boxes checked 3 39a	39		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.	
	41	Subtract line 40 from line 38	41	-6,135.	
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000.	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.	
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0.	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
	47	Add lines 44, 45, and 46	47	0.	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54		
	55	Add lines 48 through 54. These are your total credits	55		
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.	
	Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
58		Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58		
59		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a		Household employment taxes from Schedule H	60a		
b		First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61		Health care: individual responsibility (see instructions) Full-year coverage ☒	61		
62		Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62		
63		Add lines 56 through 62. This is your total tax	63	0.	
Payments		64	Federal income tax withheld from Forms W-2 and 1099	64	720.
		65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	461.	
	b	Non-taxable combat pay election ☐ 66b	66b		
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,181.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,181.	
	76a	Amount of line 75 you want refunded to you. If Form 8886 is attached, check here ☐	76a	1,181.	
	b	Routing number 053201607			
	d	Account number 0005124482161			
	c	Type: ☒ Checking ☐ Savings			
	77	Amount of line 75 you want applied to your 2016 estimated tax	77		
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78		
	79	Estimated tax penalty (see instructions)	79		
	Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No			
		Designee's name		Phone no.	
Personal identification number (PIN)					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date			
Your occupation		Daytime phone number			
construction		(803) 920-0922			
Spouse's signature. If a joint return, both must sign.		Date			
Spouse's occupation		housewife			
If the IRS sent you an Identity Protection PIN, enter it here (see inst.)					
Sign Here	Print/Type preparer's name		Preparer's signature		
	Date		Date		
	Firm's name		Self-Prepared		
	Firm's address				
	Firm's EIN				
	Phone no.				
	Check ☐ if self-employed		PTIN		
	Paid				
	Preparer Use Only				

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

Last name

Giles G

Long, sr

Your social security number

247-21-9249

If a joint return, spouse's first name and initial

Last name

Jan S

Long

Spouse's social security number

249-29-7386

Home address (number and street). If you have a P.O. box, see instructions.

2526 CANEY BRANCH RD

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

LEESVILLE SC 29070-8928

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

Check only one box.

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☒ Spouse

Boxes checked on 6a and 6b

2

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
				☐
				☐
				☐
				☐

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Add numbers on lines above ▶

2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

10,820.

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

2,687.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

13,507.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8803

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

13,507.

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See instructions. Keep a copy for your records.

Paid

Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	13,507.
39a	Check ☐ You were born before January 2, 1950, ☐ Blind. ☐ Spouse was born before January 2, 1950, ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	14,122.
41	Subtract line 40 from line 38	41	-615.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8901 c ☐	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.
64	Federal income tax withheld from Forms W-2 and 1099	64	1,251.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	496.
b	Nonrefundable combat pay election ☐ 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	648.
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ 8880 c ☐ 8881 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	-2,395.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	-2,395.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐	76a	2,395.
b	Routing number 053201607 c Type: ☒ Checking ☐ Savings		
d	Account number 000000005124482161		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____ Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

housewife _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed ☐ FTIN _____

Firm's name _____ Self-Prepared _____ Firm's EIN _____

Firm's address _____ Phone no. _____

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 See separate instructions.

Your first name and initial **Giles G** Last name **Long, sr** Your social security number **247-21-9249**

If a joint return, spouse's first name and initial **Jan S** Last name **Long** Spouse's social security number **249-29-7386**

Home address (number and street). If you have a P.O. box, see instructions. **2526 CANEY BRANCH RD** Apt. no. **A** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **LEESVILLE SC 29070-8928** Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2** ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **1** Check only one box.

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **2** b ☒ Spouse No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions) d Total number of exemptions claimed **2** Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **43,000.** 8a Taxable interest. Attach Schedule B if required **8a** b Tax-exempt interest. Do not include on line 8a **8b** 9a Ordinary dividends. Attach Schedule B if required **9a** b Qualified dividends **9b** 10 Taxable refunds, credits, or offsets of state and local income taxes **10** **0.** 11 Alimony received **11** 12 Business income or (loss). Attach Schedule C or C-EZ **12** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13** 14 Other gains or (losses). Attach Form 4797 **14** 15a IRA distributions **15a** b Taxable amount **15b** 16a Pensions and annuities **16a** b Taxable amount **16b** 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b** 21 Other income. List type and amount **Personal Property Rents from box 1 of 1099-Misc** **21** **4,800.** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** **47,800.**

Adjusted Gross Income 23 Educator expenses **23** 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** 25 Health savings account deduction. Attach Form 8889 **25** 26 Moving expenses. Attach Form 3903 **26** 27 Deductible part of self-employment tax. Attach Schedule SE **27** 28 Self-employed SEP, SIMPLE, and qualified plans **28** 29 Self-employed health insurance deduction **29** 30 Penalty on early withdrawal of savings **30** 31a Alimony paid b Recipient's SSN **31a** 32 IRA deduction **32** 33 Student loan interest deduction **33** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8903 **35** 36 Add lines 23 through 35 **-1347-** **36** 37 Subtract line 36 from line 22. This is your adjusted gross income **37** **47,800.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	47,800.
Credits	39a	Check ☐ You were born before January 2, 1949, ☐ Blind. Total boxes if: ☐ Spouse was born before January 2, 1949, ☐ Blind. checked ☐ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b			
Standard Deduction for — • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	37,428.
	41	Subtract line 40 from line 38		41	10,372.
	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions		42	7,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	2,572.
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44	256.
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Add lines 44 and 45		46	256.
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Education credits from Form 8863, line 19	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit. Attach Schedule 8812, if required	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53		
	54	Add lines 47 through 53. These are your total credits		54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	256.	
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
	59a	Household employment taxes from Schedule H		59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
	60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)		60	
61	Add lines 55 through 60. This is your total tax		61	256.	
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62	4,584.	
	63	2013 estimated tax payments and amount applied from 2012 return	63		
	64a	Earned income credit (EIC)	64a		
	b	Nontaxable combat pay election ☐ 64b			
	65	Additional child tax credit. Attach Schedule 8812	65		
	66	American opportunity credit from Form 8863, line 8	66		
	67	Reserved	67		
	68	Amount paid with request for extension to file	68		
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a ☐ 2439 b ☐ Rival c ☐ 8885 d ☐	71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	4,684.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		73	4,428.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐		74a	4,428.
	b	Routing number 053201607 c Type: ☒ Checking ☐ Savings			
	d	Account number 00000005124482161			
75	Amount of line 73 you want applied to your 2014 estimated tax	75			
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		76		
77	Estimated tax penalty (see instructions)	77			
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No					
Designee's name		Phone no.		Personal identification number (PIN)	
Sign here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation	Daytime phone number	
			construction	(803) 532-2793	
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
			housewife		
Print/Type preparer's name		Preparer's signature		Date	Check ☐ if self-employed PTIN
Firm's name		Self-Prepared		Firm's EIN	
Firm's address		-1348-		Phone no.	

2014

A Check if: 1a Consolidated return (attach Form 851) ☐ b Life/nonlife consolidated return ☐ 2 Personal holding co. (attach Sch. PH) ☐ 3 Personal service corp. (see instructions) ☐ 4 Schedule M-3 attached ☐	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">NAME</td> <td>METRO CONSTRUCTION INC</td> </tr> <tr> <td>TYPE</td> <td>Number, street, and room or suite no. If a P.O. box, see instructions.</td> </tr> <tr> <td>OR</td> <td></td> </tr> <tr> <td>PRINT</td> <td>2526 CANEY BRANCH ROAD</td> </tr> <tr> <td></td> <td>City or town, state, or province, country and ZIP or foreign postal code</td> </tr> <tr> <td></td> <td>LEESVILLE SC 29070</td> </tr> </table>	NAME	METRO CONSTRUCTION INC	TYPE	Number, street, and room or suite no. If a P.O. box, see instructions.	OR		PRINT	2526 CANEY BRANCH ROAD		City or town, state, or province, country and ZIP or foreign postal code		LEESVILLE SC 29070	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>B Employer identification number</td> <td>57-1084423</td> </tr> <tr> <td>C Date incorporated</td> <td>09-14-1999</td> </tr> <tr> <td>D Total assets (see instructions)</td> <td>\$ 784,533</td> </tr> </table>	B Employer identification number	57-1084423	C Date incorporated	09-14-1999	D Total assets (see instructions)	\$ 784,533
NAME	METRO CONSTRUCTION INC																			
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	LEESVILLE SC 29070																			
B Employer identification number	57-1084423																			
C Date incorporated	09-14-1999																			
D Total assets (see instructions)	\$ 784,533																			
E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change																				

Income	1a Gross receipts or sales	1a	1,042,011	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c	1,042,011	
	2 Cost of goods sold (attach Form 1125-A)	2	792,715	
	3 Gross profit. Subtract line 2 from line 1c	3	249,296	
	4 Dividends (Schedule C, line 19)	4		
	5 Interest	5		
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions - attach statement)	10			
11 Total income. Add lines 3 through 10	11	249,296		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13	47,004	
	14 Repairs and maintenance	14	229	
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes and licenses	17	15,339	
	18 Interest	18	729	
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	31,188	
	21 Depletion	21		
	22 Advertising	22	208	
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24		
	25 Domestic production activities deduction (attach Form 8903)	25		
	26 Other deductions (attach statement)	26	50,112	
	27 Total deductions. Add lines 12 through 26	27	144,809	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	104,487	
29a Net operating loss deduction (see instructions)	29a	104,487		
b Special deductions (Schedule C, line 20)	29b			
c Add lines 29a and 29b	29c	104,487		
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	0	
	31 Total tax (Schedule J, Part I, line 11)	31	0	
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32		
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	33		
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34		
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
	36 Enter amount from line 35 you want. Credited to 2015 estimated tax ☐ Refunded ☐	36		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here 12-30-2015 PRESIDENT
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Vernon McElveen CPA		12-30-2015		P01283186
	Firm's name	Firm's EIN		Phone no.	
	Vernon M McElveen CPA	57-0689210		(803) 532-8101	
	Firm's address				
	443 West Railroad Avenue				
	Batesburg SC 29006				

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	☐	
2	Income tax. Check if a qualified personal service corporation (see instructions)	☐	2 0
3	Alternative minimum tax (attach Form 4626)		3 0
4	Add lines 2 and 3		4 0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8 0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11 0

Part II - Payments and Refundable Credits

12	2013 overpayment credited to 2014		12
13	2014 estimated tax payments		13
14	2014 refund applied for on Form 4466		14 ()
15	Combine lines 12, 13, and 14		15
16	Tax deposited with Form 7004		16
17	Withholding (see instructions)		17
18	Total payments. Add lines 15, 16, and 17		18
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d		20
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21

Schedule K Other Information (see instructions)

1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ☐ 237100		
b	Business activity ☐ CONSTRUCTION		
c	Product or service ☐ UTILITY CONST.		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ☐		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions
- If "Yes," complete (i) through (iv) below.

Yes	No
	X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions
- If "Yes," complete (i) through (iv) below.

	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)
- If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

	X

- 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?
- For rules of attribution, see section 318. If "Yes," enter:

	X

(i) Percentage owned > _____ and (ii) Owner's country > _____

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached > 0

- 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount
- If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) > 1

- 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here
- If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) > \$ 851,719

- 13 Are the corporation's total receipts (page 1, line 12, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

	X

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year > \$ _____

- 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

	X

15a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?

X	

b If "Yes," did or will the corporation file required Forms 1099?

- 16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

	X

- 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

	X

- 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

	X

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			19,888		34,830
2a Trade notes and accounts receivable		328,300		545,283	
b Less allowance for bad debts			328,300		545,283
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach statement)	Statement #8		12,358		83,268
7 Loans to shareholders					
8 Mortgage and real estate loans					
9 Other investments (attach statement)					
10a Buildings and other depreciable assets		1,670,888		1,695,609	
b Less accumulated depreciation		(1,491,689)	179,199	(1,574,457)	121,152
11a Depletable assets					
b Less accumulated depletion					
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization					
14 Other assets (attach statement)					
15 Total assets			539,745		784,533
Liabilities and Shareholders' Equity					
16 Accounts payable			61,948		164,232
17 Mortgages, notes, bonds payable in less than 1 year			43,067		174,061
18 Other current liabilities (attach statement)	Statement #11		268,197		225,919
19 Loans from shareholders			64,563		42,715
20 Mortgages, notes, bonds payable in 1 year or more			164,386		
21 Other liabilities (attach statement)					
22 Capital stock: a Preferred stock		1,000			
b Common stock			1,000	1,000	1,000
23 Additional paid-in capital			316,637		316,637
24 Retained earnings-Appropriated (attach statement)					
25 Retained earnings-Unappropriated			(380,053)		(140,031)
26 Adjustments to shareholders' equity (attach statement)					
27 Less cost of treasury stock					
28 Total liabilities and shareholders' equity			539,745		784,533

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-240,022	7 Income recorded on books this year	
2 Federal income tax per books		not included on this return (itemize):	
3 Excess of capital losses over capital gains		Tax-exempt interest \$	
4 Income subject to tax not recorded on books this year (itemize):		Statement #17	219,908
Statement #15	7,469		219,908
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
a Depreciation \$	51,580	a Depreciation \$	
b Charitable contributions \$		b Charitable contributions \$	
c Travel and entertainment \$	114	Statement #18	79,329
Statement #16	104,539		79,329
6 Add lines 1 through 5	403,724	9 Add lines 7 and 8	299,237
		10 Income (page 1, line 28)-line 6 less line 9	104,487

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	(380,053)	5 Distributions: a Cash	
2 Net income (loss) per books	240,022	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		-1353-1 lines 5 and 6	
4 Add lines 1, 2, and 3	(140,031)	8 Balance at end of year (line 4 less line 7)	(140,031)

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2014

CORPORATION NAME

METRO CONSTRUCTION INC

SN

57-1084423

Form 1120, line 17

Form 1120-C, line 15

Form 1120-H, line 12

Taxes and Licenses

1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Real estate taxes	5	
6	Local property taxes	6	6,307
7	Intangible property taxes	7	
8	Payroll taxes	8	7,974
9	Less: credit from Form 8846	9	
10	Foreign taxes paid	10	
11	Occupancy taxes	11	
12	Other miscellaneous taxes	12	
13	Licenses	13	1,058
14	Total to Form 1120, Page 1, Line 17	14	15,339

FORM 1120, LINE 29a, NOL DEDUCTION
FORM 1120-C, SCH G, LINE 9a, COL (a), PATRONAGE NOL DEDUCTION

2014
ATT_NOL

Name METRO CONSTRUCTION INC

EIN 57-1084423

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2014	Unraised Loss	Unraised Sec 170(d)(2)(B)
				Expiring this year	Expiring this year
1994					
1995					
1996					
1997					
1998					
1999					
2000					
2001					
2002	53,687		53,687		
2003	5,165		5,165		
2004	156,516		45,635	110,881	
2005					
2006	73,777			73,777	
2007	17,803			17,803	
2008	250,395			250,395	
2009	104,182			104,182	
2010					
2011	129,670			129,670	
2012	13,984			13,984	
2013	46,540			46,540	
	Current year NOL		Applied to Prior Years	Remaining 2014 NOL carryover	
2014					
	Future years NOL		Applied to 2014		
Future Years					
TOTALS	851,719		104,487	747,232	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contributions carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

Alternative Minimum Tax - Corporations

OMB No. 1545-0123

Form 4626

2014

Department of the Treasury
Internal Revenue Service▶ Attach to the corporation's tax return.
Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

Name

Employer identification number

METRO CONSTRUCTION INC

57-1084423

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	104,487
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	7,461
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section-833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	111,948
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	111,948
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	0
e	ACE adjustment	4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	111,948
6	Alternative tax net operating loss deduction (see instructions)	6	100,753
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	11,195
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0
b	Multiply line 8a by 25% (.25)	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	0
10	Multiply line 9 by 20% (.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's 1356-X return	14	0

For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2014)

FORM 4626, LINE 6, AMT NOL DEDUCTION			2014 AMT NOL
Name METRO CONSTRUCTION INC			Employer ID Number 57-1084423
Year	Loss Carried Over (Carryback)	Loss Applied to 2014	Unused Loss Expiring this year
1994			
1995			
1996			
1997			
1998			
1999			
2000			
2001			
2002	48,318	48,318	
2003	4,649	4,649	
2004	140,864	47,786	93,078
2005			
2006	66,399		66,399
2007	16,023		16,023
2008	225,356		225,356
2009	93,764		93,764
2010			
2011	116,703		116,703
2012	12,586		12,586
2013	41,886		41,886
	Current year NOL	Applied to Prior Years	Remaining 2014 NOL carryover
2014			
	Future years NOL	Applied to 2014	
Future Years			
TOTALS	766,548	100,753	665,795

(Rev. December 2012)

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.

Department of the Treasury
Internal Revenue Service▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

Employer identification number

METRO CONSTRUCTION INC

57-1084423

1	Inventory at beginning of year	1	
2	Purchases	2	318,939
3	Cost of labor	3	147,000
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	326,776
6	Total. Add lines 1 through 5	6	792,715
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	792,715

9a Check all methods used for valuing closing inventory:

☒ Cost☐ Lower of cost or market☐ Other. (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods.

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?

☐ Yes☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation

☐ Yes☒ No

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

1125-A Line 5

Statement #7

DESCRIPTION
OVERHEADAMOUNT326,776

TOTAL:

326,776

Adjusted Current Earnings (ACE) Worksheet

2014

▶ See ACE Worksheet Instructions (which begin on page 8).

Name		Identifying Number
METRO CONSTRUCTION INC		57-1084423
1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	111,948
2	ACE depreciation adjustment	
a	AMT depreciation	2a
b	ACE depreciation:	
(1)	Post-1993 property	2b(1)
(2)	Post-1989, pre-1994 property	2b(2)
(3)	Pre-1990 MACRS property	2b(3)
(4)	Pre-1990 original ACRS property	2b(4)
(5)	Property described in sections 168(f)(1) through (4)	2b(5)
(6)	Other property	2b(6)
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c
3	Inclusion in ACE of items included in earnings and profits (E&P):	
a	Tax-exempt interest income	3a
b	Death benefits from life insurance contracts	3b
c	All other distributions from life insurance contracts (including surrenders)	3c
d	Inside buildup of undistributed income in life insurance contracts	3d
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f
4	Disallowance of items not deductible from E&P:	
a	Certain dividends received	4a
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f
5	Other adjustments based on rules for figuring E&P:	
a	Intangible drilling costs	5a
b	Circulation expenditures	5b
c	Organizational expenditures	5c
d	LIFO inventory adjustments	5d
e	Installment sales	5e
f	Total other E&P adjustments. Combine lines 5a through 5e	5f
6	Disallowance of loss on exchange of debt pools	6
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7
8	Depletion	8
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	111,948

Name _____

▶ See instructions.

OMB No. 1545-0123

Employer identification number (EIN)

57-1084423

[illegible][illegible]

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-2225

Name _____

Employer identification number

METRO CONSTRUCTION INC

57-1084423

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

2 Total compensation of officers

3

3 Compensation of officers claimed on Form 1125-A or elsewhere on return

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return

4

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 12-2013)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2014

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

METRO CONSTRUCTION INC

FORM 1120

57-1084423

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	26,244
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		24,721	5	HY	200 DB	4,944
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		SL	
h Residential rental property			27.5 yrs.	MM	SL	
i Nonresidential real property			39 yrs.	MM	SL	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 40-year			40 yrs.	MM	SL	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	31,188
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Bonus Depreciation Statement

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO
BONUS DEPRECIATION FOR THE 2014 TAX YEAR.

I ELECT OUT OF ALL BONUS DEPRECIATION FOR ALL CLASSES OF PROPERTY.

Depreciation Detail Listing

FORM 1120

For your records only

2014

PAGE 1

an was disposed
uring current year.

e(s) as shown on return

Social security number/EIN

57-1084423

METRO CONSTRUCTION INC

Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
TRENCH BOX 8 X 12	09031999	3,212		100.00		3,212	7		0		3,212			
LASER TOPCON PIPE	11151999	8,000		100.00		8,000	5		0		8,000			
CHAIN SAW	12021999	757		100.00		757	5		0		757			
3 INCH CHE WITH HONDA	03012000	1,281		100.00		1,281	7		0		1,281			
KOMATSU 1	03082000	134,300		100.00		134,300	5		0		134,300			
HOBART CHAMPION WELDE	05012000	20,985		100.00		20,985	7		0		20,985			
K700 ACTIVE 11 PIPE S	05082000	925		100.00		925	7		0		925			
KOMATSU 2	05232000	113,300		100.00		113,300	5		0		113,300			
SWEEPSTAR BROOM	06132000	3,400		100.00		3,400	5		0		3,400			
0 K700 ACTIVE 14" PIPE	06292000	925		100.00		925	5		0		925			
1 DYNAMITE BOX	07172000	2,377		100.00		2,377	5		0		2,377			
2 JOY 4018 RED STEEL CH	12012000	750		100.00		750	7		0		750			
3 BOX BLADE	12122000	500		100.00		500	5		0		500			
14 GRAVEL BOX	12312000	5,172		100.00		5,172	5		0		5,172			
15 KOMATSU 3	12312000	177,300		100.00		177,300	5		0		177,300			
16 D -1 IITE TRAILER	03012001	3,500		100.00		3,500	7		0		3,500			
17 3 1365 I&E 4HP HONDA GX1	04252001	1,444		100.00		1,444	7		0		1,444			
18 3 - DIESEL CENT. PUM	04272001	10,999		100.00		10,999	7		0		10,999			
19 CRAWLER DRILL	04302001	74,676		100.00		74,676	7		0		74,676			
20 KOMATSU WB140-2 LOADE	08312001	56,239		100.00		56,239	7		0		56,239			
21 TOOL TRAILER	12162001	3,387		100.00		3,387	5		0		3,387		PY	1,016
22 DITCH BOX 8 X 20	12162001	8,655		100.00		8,655	5		0		8,655		PY	2,596
23 REYNOLDS SCRAPER	02112002	13,215		100.00		13,215	3		0		13,215		PY	3,964
24 TAG ALONG TRAILER	03132002	7,125		100.00		7,125	5		0		7,125		PY	2,138
25 BORING TOOLS	07172002	31,560		100.00		31,560	5		0		31,560		PY	9,468
26 JOHN DEERE 770CH GRAD	01012004	58,000		100.00		58,000	5		0		58,000		PY	29,000
27 INGERSOL RAND SOIL RO	05012004	57,065		100.00		57,065	5		0		57,065		PY	28,533
28 KOMATSU DOZIER D41E-6	09012005	112,583		100.00		112,583	5		0		112,583			
29 CATEPILLAR EXCAVATOR	07132005	239,047		100.00		239,047	5		0		239,047			
30 REMOTE CONTROL SOIL R	09132005	4,001		100.00		4,001	5		0		4,001			

For your records only

ing(s) as shown on return

Social security number/EIN

METRO CONSTRUCTION INC

57-1084423

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
31	HVAC UNIT	02072005	1,103		100.00		1,103	5		0		1,103			
32	PC 50 MINI EXCAVATOR	01312006	50,906		100.00		50,906	5		0		50,906			
33	COMPUTER EQUIPMENT	10202005	10,282		100.00		10,282	5		0		10,282			
34	GAS TANKS	11162005	11,569		100.00		11,569	5		0		11,569			
35	INGERSOL SOIL COMPACT	04012006	99,100		100.00		99,100	5		0		99,100			
36	KAMATSU 5L WHEEL LOAD	04012006	120,862		100.00	25,050	95,812	5		0		120,862	25,050		
37	685 LEEBOY MOTOR GRAD	04012006	57,790		100.00		57,790	5		0		57,790			
38	HAWKE TRAILER	01202007	6,152		100.00		6,152	5		0		6,152			
39	MINI EXCAVATOR	06072007	36,000		100.00		36,000	5		0		36,000			
40	WATER TRAILER	08152007	19,258		100.00		19,258	5		0		19,258			
41	TRENCH ROLLER	04172007	28,980		100.00		28,980	5		0		28,980			
42	SCOTTSMAN ICE MACHINE	06142007	4,066		100.00		4,066	5		0		4,066			
43	AIR COMPRESSOR	03212013	1,712		100.00		1,712	5	200 DB HY	19.2	329	1,219			306
44	MEDICAL CHAIR	10082013	728		100.00		728	5	200 DB MA	26	189	444			161
45	SKID STEER	07102014	67,700		100.00		67,700	5	200 DB MA	38	25,726	29,111			19,552
46	ENGINE IN EXCAVATOR	11202014	24,721		100.00		24,721	5	200 DB HY	20	4,944	4,944			3,700
-1366-															
Total			1,695,609			25,050	1,670,559				31,188	1,636,466	25,050		23,727

Land Amount
Net Depreciable Cost

1,695,609

ST ADJ:

Federal Supporting Statements

2014 PG 1

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

FORM 1120 PAGE 1

Statement #5

DESCRIPTIONAMOUNT

Bank charges	877
Legal and professional	23,162
Meals and entertainment 50% limit	114
Office expense	7,986
Outside services and independent contractors	1,000
Supplies	432
Telephone	2,850
Utilities	13,691

TOTAL

50,112

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Form 1120, Schedule L, Line 5

Statement #8

DescriptionBeg Of Year End Of Year

PREPAID INSURANCE

12,358

80,343

COST & EST EARNINGS

2,925

Total

12,358

83,268

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Form 1120, Schedule L, Line 18

Statement #11

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
PAYROLL TAXES PAYABL	255,550	217,147
ACCRUED JOB COST	12,647	1,303
BILLINGS IN EXCESS		7,469
Total	<u>268,197</u>	<u>225,919</u>

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Schedule M-1 Line 4

Statement #15

DESCRIPTIONAMOUNT

INCREASE IN BILLINGS IN EXCESS OF COST

7,469

TOTAL:

7,469

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Schedule M-1 Line 5C

Statement #16

DESCRIPTIONAMOUNT

PENALTIES

750

LIFE INSURANCE

1,505

INCREASE IN ACCOUNTS PAYABLE

102,284

TOTAL:

104,539

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Schedule M-1 Line 7

Statement #17

DESCRIPTIONAMOUNT

INCREASE IN ACCOUNTS RECEIVABLE

216,983

INCREASE IN COST AND ESTIMATED EARNINGS

2,925

TOTAL:

219,908

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Schedule M-1 Line 8B

Statement #18

DESCRIPTIONAMOUNT

DECREASE IN ACCRUED JOB COST

11,344

INCREASE IN PREPAID INSURANCE

67,985

TOTAL:

79,329

1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICATION FOR AUTOMATIC EXTENSION
OF TIME TO FILE CORPORATION TAX RETURN

SC1120-T
(Rev. 10/15/14)
3096

Name(s) as shown on return

METRO CONSTRUCTION INC

EIN/SSN

57-1084423

Date to file by: 12-30-2015

Payment: \$333.00

Payment Methods: Check/Money Order: Please make your check or money payable to "SC Department of Revenue." Electronic: VISA/MC or EFT (Electronic Funds Transfer) on www.sctax.org. Include Business Name, FEIN and SC File Number on check or money order.

Address to file: SC Department of Revenue
Corporation
Columbia, SC 29214-0006

Taxpayer Records

Amount Paid:

USE BLACK INK ONLY
PLEASE DO NOT CUT, SUBMIT ENTIRE PAGE

1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICATION FOR AUTOMATIC EXTENSION
OF TIME TO FILE CORPORATION TAX RETURN

SC1120-T
(Rev. 10/15/14)
3096

SC CORPORATE FILE #

INCOME ACCT PERIOD END (MM-YY)

20234320-4

09-15

57-1084423

FEIN

Corporate Name and Address

METRO CONSTRUCTION INC

2526 CANEY BRANCH ROAD
LEESVILLE SC 29070

PLACE AN 'X' IN THE BOX IF:

☐
☐
☐
☐
☐

First-time filer who has not filed a CL-1
S Corporation
Consolidated Return
Bank or Savings & Loan
Utility or Electric Cooperative

1. Tentative Tax Due. .00

(Do not enter less
than zero) 14-0804

2. Total Capital and Paid in Surplus

317,637 x .001 plus

\$15.00 but not less
that \$25.00 Tentative
License Fee
(Do not enter less
than zero) 14-0401

333.00

3. Balance Due

Remitted
(line 1 plus line 2)

333.00

-1374-

30961049 202343204 571084423 0915 000000000000 00000033300 0

1024

STATE OF SOUTH CAROLINA
CORPORATION
INCOME TAX RETURNReturn is due on or before the 15th day of the 3rd month
following the close of the taxable year.IC-78
(Rev. 9/12/13)
3383

SC FILE # 20234320-4

INCOME TAX PERIOD ENDING 09-30-2015

LICENSE FEE PERIOD ENDING 09-30-2016

FED ID # 57-1084423

NAME METRO CONSTRUCTION INC

MAILING ADDRESS

2526 CANEY BRANCH ROAD

CITY LEESVILLE STATE SC ZIP CODE 29070

Add to the front of your return.
You must include this page for
your return to be complete.

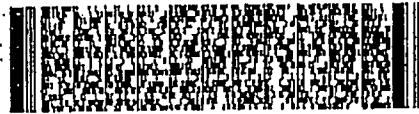
If a refund or zero return, mail to:

SCDOR, Corporate 2D Refund, Columbia SC 29214-0029

If a balance due return, mail to:

SCDOR, Corporate 2D Taxable, Columbia SC 29214-0031

SC1120/SC1120S barcode



SC1120-IC barcode

ATTACH COMPLETE RETURN.

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File
Number.Go to www.sctax.org and look for the DOR ePay logo for other payment options.

-1375-

33831025

Staple check or money order here.

1024

STATE OF SOUTH CAROLINA
'C' CORPORATION INCOME TAX RETURN

SC1120

(Rev. 7/24/14)

3091

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC FILE # 20234320-4

County or Counties in SC Where Property is Located:

LEXINGTON

INCOME TAX PERIOD ENDING 09-30-2015

LICENSE FEE PERIOD ENDING 09-30-2016

FEIN 57-1084423

NAME METRO CONSTRUCTION INC

MAILING ADDRESS 2526 CANEY BRANCH ROAD

CITY LEESVILLE STATE SC ZIP CODE 29070

City Audit Location State

LEESVILLE SC

Audit Contact Telephone Number
GILES G LONG 803-532-2793Check if ☐ Initial Return ☐ Consolidated Return (Complete Schedule M)☐ Amended Rtn. ☐ Includes Disregarded LLC(s) (Complete Sch. L)

Total Gross Receipts

Total cost of depreciable personal property in SC

1,042,011

1,695,609

Change of ☐ Address ☐ Accounting Period☐ Officers

Attach complete copy of Federal Return

☒ Check here if you filed a federal or state extension

If Filing a Final Return, see General Instructions, page 6. You MUST close your account with the SECRETARY OF STATE and complete I-349.

☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

1. Federal Taxable Income per federal tax return	1.	0
2. Net Adjustment from line 12, Schedule A and B	2.	104,487
3. Total Net Income as Reconciled (line 1 plus or minus line 2)	3.	104,487
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3.	4.	104,487
5. LESS: South Carolina net operating loss carryover, if applicable	5.	834,937
6. South Carolina Net Income subject to tax (line 4 less line 5)	6.	(730,450)
7. TAX: Multiply amount on line 6 by 5% (.05)	7.	0
8. Less tax deferred on income from foreign trade receipts (see instructions)	8.	0
9. Balance (line 7 less line 8)	9.	0
10. Credit Carryover (line 7, Schedule C) ☐ 0 Non-refundable credits (line 5, Schedule C)	10.	< 0 >
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero	11.	0
12. Interest on DISC-deferred tax liability 0; or Foreign Trade Deferred Tax Liability 0	12.	0
13. Total tax and/or interest (add lines 11 and 12)	13.	0
14. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) 0		
(b) Paid by Declaration 0 (c) Paid with Tentative Return 0		
(d) Credit from Line 29b 0		
Refundable Credits: (e) Ammonia Additive 0 (f) Milk Credit 0		
15. Total Payments and Refundable Credits (add lines 14a through 14f)	15.	0
16. Balance of Tax and/or Interest Due (line 13 less line 15)	16.	0
17. Interest Due ☐ Penalty Due ☐ (See penalty and interest instructions.) Enter Total	17.	0
18. TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17)	18.	0
19. OVERPAYMENT (line 15 less line 13) 0 To be applied as follows:		
(a) Estimated Tax 0 (b) License Fee 0 (c) REFUNDED 0		
20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	20.	317,637
21. FEE DUE - Line 20 x .001, plus \$15.00 (Fee cannot be less than \$25.00 per taxpayer)	21.	333
22. Credit Carryover 0 Credit taken this year from SC1120TC, Part II, Column C	22.	< 0 >
23. Balance (line 21 less line 22)	23.	333
24. Payments: (24a) Paid with Tentative Return 333 (24b) Credit from line 19b 0		
25. Total Payments (add line 24a and 24b)	25.	333
26. Balance of Fee Due (line 23 less line 25)	26.	0
27. Interest Due ☐ Penalty Due ☐ (See penalty and interest instructions.) Enter Total	27.	0
28. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27)	28.	0
29. OVERPAYMENT (line 25 less line 23) 0 To be applied as follows:		
(a) Estimated Tax 0 (b) Income Tax 0 (c) REFUNDED 0		
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) EFT ☐	30.	0

For Office Use Only

SC1120

SCHEDULE A AND B**ADDITIONS TO FEDERAL TAXABLE INCOME**

1. Taxes on or Measured By Income	1.	0
2. Federal Net Operating Loss	2.	104,487
3.	3.	
4.	4.	
5. Other Additions (attach schedule)	5.	
6. Total Additions (add lines 1 through 5)	6.	104,487

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7.	0
8.	8.	
9.	9.	
10. Other Deductions (attach schedule)	10.	
11. Total Deductions (add lines 7 through 10)	11.	0
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120.	12.	104,487

SCHEDULE C**SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)**

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.	0
2. Enter Total Credits from SC1120-TC, Column B, line 16. SC1120-TC must be attached to return	2.	0
3. Total Credits (add lines 1 and 2)	3.	0
4. Tax (line 9, Part 1, SC1120)	4.	0
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.	0
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.	0
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.	0

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here	Signature of officer	PRESIDENT	Officer's title	Email
	12-30-2015	803-532-2795	Date	Telephone Number
Officer's printed name		Preparer's Printed Name		
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Yes ☒ No ☐	Vernon McElveen CP	
Paid	Preparer's signature	Date	Check if self-employed ☒	Preparer's Telephone Number
	12-30-2015	57-0689210		803-532-8101
Preparer's	Firm's name (or yours if self-employed)	PTIN or FEIN	ZIP Code	
Use Only	443 West Railroad Avenue Batesbu	29006		

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature _____ Date _____

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.dor.sc.gov and look for the DOR ePay logo for other payment options.

SC1120

Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name METRO CONSTRUCTION INC
2. Incorporated under the laws of the State of SC
3. Location of the Registered Office of the Corporation in the State of South Carolina is 2526 CANEY BRANCH ROAD
In the City of LEESVILLE Registered Agent at such address is GILES G LONG
4. Location of principal office (street address) 2526 CANEY BRANCH ROAD
Nature of principal business in SC CONSTRUCTION
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
NUMBER OF SHARES: 1000 CLASS: COMMON SERIES: \$10

6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
NUMBER OF SHARES: 10 CLASS: COMMON SERIES: \$10

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:

(If additional space is necessary, attach separate schedule.)

NAME	TITLE	BUSINESS ADDRESS
GILES G LONG	President	2526 CANEY BR RD; LEESVILLE, SC 29070

8. Date incorporated 09-14-1999 Date commenced business in the State of South Carolina was 09-14-1999
9. Date of this report 12-30-2015 FEIN 57-1084423
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of % COMPANY OFFICE
Located at (street address) 2526 CANEY BRANCH ROAD; LEESVILLE, SC 29070
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:

A. Total paid in Capital Stock (cannot be a negative amount)	\$	1,000
B. Total paid in Capital Surplus (cannot be a negative amount)	\$	316,637
C. Total amount of stated Capital (cannot be a negative amount)	\$	317,637

ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total Capital and Paid-in-Surplus at end of Year \$ 0
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate) . Also enter on line 20, Part II . . . \$ 0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible pers. prop.				
6. Investment income directly allocated				
7. TOTAL INCOME DIRECTLY ALLOCATED				
8. INCOME DIRECTLY ALLOCATED TO SC				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1 1. _____
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 2. _____
3. Total net income subject to apportionment (line 1 less line 2) 3. _____
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here 4. _____
5. Add: Income subject to direct allocation to SC from Schedule F, line 8 5. _____
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 6. _____

SCHEDULE H - 1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total Sales Within South Carolina (see instructions)		
2. Total Sales Everywhere (see instructions)		
3. Sales Ratio (line 1 ÷ line 2)		%

Note: If there are no sales anywhere: Enter 100% on Line 3, if South Carolina is the principal place of business OR
Enter 0% on Line 3, if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina Gross Receipts		
2. Amounts Allocated to South Carolina on Schedule F	< >	
3. South Carolina Adjusted Gross Receipts (line 1 - line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 - line 5)		
7. Gross Receipts Ratio (line 3 ÷ line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total Within South Carolina (see instructions)		
2. Total Everywhere		
3. Taxable Ratio (line 1 ÷ line 2)		%

SCHEDULE N

PROPERTY INFORMATION

Property Within South Carolina

	(a) Beginning Period	(b) Ending Period
1. Land		
2. Buildings	1,670,888	1,695,609
3. Machinery and Equipment		
4. Construction in Progress		
5. Other Property*		
TOTAL	1,670,888	1,695,609

*Please provide an explanation or listing of property from line 5 above.

Description of Property	(a) Beginning Period	(b) Ending period
TOTAL		

Schedule M-1 or Schedule M-3 Book-to-tax Adjustment

2014

For your records only

(e) as shown on return

EIN

METRO CONSTRUCTION INC

57-1084423

Depreciation**Book Depreciation**

1. End of year book depreciation (Schedule L, line 10b, column c) 1,574,457
2. Beginning of year book depreciation (Schedule L, line 10b, column a) 1,491,689
3. Book depreciation (subtract line 2 from line 1) 82,768

Tax Depreciation

4. Form 4562, line 22 (current year depreciation and Section 179 expense) 31,188
5. Cost of Goods Sold, depreciation (Screen A, line 5, depreciation override field)
6. Subtotal of tax depreciation (combine lines 4 and 5) 31,188
7. Depreciation allowed or allowable (Form 4797, line 2, column e; line 10, column e; line 22)
8. Tax depreciation (subtract line 7 from line 6) 31,188
9. Difference between book and tax depreciation (subtract line 8 from line 3) 51,580

If line 9 is positive flow to:

- Schedule M-1, line 5a (Additions to Income)
- Schedule M-3, Part III, line 31 as a negative amount and Form 9916-A, line 21, as a negative amount for assets selected on the 4562 detail screen for COGS.

If line 9 is negative flow to:

- Schedule M-1, line 8a (Subtractions to Income)
- Schedule M-3, Part III, line 31 as a positive amount and Form 9916-A, line 21, as a positive amount for assets selected on the 4562 detail screen for COGS.

Amortization**Book Amortization**

1. End of year book amortization (Schedule L, line 13b, column c)
2. Beginning of year book amortization (Schedule L, line 13b, column a)
3. Book amortization (subtract line 2 from line 1)

Tax Amortization

4. Form 4562, line 44 (current year amortization)
5. Cost of Goods Sold, amortization (Form 1126-A, line 5)
6. Subtotal of tax amortization (combine lines 4 and 5)
7. Amortization allowed or allowable (Form 4797, line 2, column e; line 10, column e; line 22)
8. Tax amortization (subtract line 7 from line 6)
9. Difference between book and tax amortization (subtract line 8 from line 3)

If line 9 is positive flow to:

- Schedule M-1, line 5c (Additions to Income)
- Schedule M-3, Part III, line 28 as a negative amount and Form 9916-A, line 21, as a negative amount for assets selected on the 4562 detail screen for COGS.

If line 9 is negative flow to:

- Schedule M-1, line 8b (Subtractions to Income)
- Schedule M-3, Part III, line 28 as a positive amount and Form 9916-A, line 21, as a positive amount for assets selected on the 4562 detail screen for COGS.

All adjustments should be reviewed for accuracy. To override the calculations for Schedule M1, go to the M1 screen and enter the amount on the appropriate lines. To override the calculation for the Schedule M3, go to the M3 screen and enter the amounts on the appropriate lines and columns.

Next Year's Depreciation

2014

Name						FEIN	
METRO CONSTRUCTION INC						57-1084423	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	TRENCH BOX 8 X 12	09031999	3,212	M	7	
1120	1	LASER TOPCON PIPE	11151999	8,000	M	5	
1120	1	CHAIN SAW	12021999	757	M	5	
1120	1	3 INCH CHE WITH HONDA	03012000	1,281	M	7	
1120	1	KOMATSU 1	03082000	134,300	M	5	
1120	1	HOBART CHAMPION WELDER	05012000	20,985	M	7	
1120	1	K700 ACTIVE II PIPE SAW	05082000	925	M	7	
1120	1	KOMATSU 2	05232000	113,300	M	5	
1120	1	SWEEPSTAR BROOM	06132000	3,400	M	5	
1120	1	K700 ACTIVE 14" PIPE SAW	06292000	925	M	5	
1120	1	DYNAMITE BOX	07172000	2,377	M	5	
1120	1	JOY 401B RED STEEL CHUCK	12012000	750	M	7	
1120	1	BOX BLADE	12122000	500	M	5	
1120	1	GRAVEL BOX	12312000	5,172	M	5	
1120	1	KOMATSU 3	12312000	177,300	M	5	
1120	1	DYNAMITE TRAILER	03012001	3,500	M	7	
1120	1	3" CH&E 4HP HONDA GX120	04252001	1,444	M	7	
1120	1	35HP DIESEL CENT. PUMP	04272001	10,999	M	7	
1120	1	CRAWLER DRILL	04302001	74,676	M	7	
1120	1	KOMATSU WB140-2 LOADER	08312001	56,239	M	7	
1120	1	TOOL TRAILER	12162001	3,387	M	5	
1120	1	DITCH BOX 8 X 20	12162001	8,655	M	5	
1120	1	REYNOLDS SCRAPER	02112002	13,215	M	3	
1120	1	TAG ALONG TRAILER	03132002	7,125	M	5	
1120	1	BORING TOOLS	07172002	31,560	M	5	
1120	1	JOHN DEERE 770CH GRADER	01012004	58,000	M	5	
1120	1	INGERSOL RAND SOIL ROLLER	05012004	57,065	M	5	
1120	1	KOMATSU DOZIER D41E-6C	09012005	112,583	M	5	
1120	1	CATEPILLAR EXCAVATOR	07132005	239,047	M	5	
1120	1	REMOTE CONTROL SOIL ROLL	09132005	4,001	M	5	
1120	1	HVAC UNIT	02072005	1,103	M	5	
1120	1	PC 50 MINI EXCAVATOR	01312006	50,906	M	5	
1120	1	COMPUTER EQUIPMENT	10202005	10,282	M	5	
1120	1	GAS TANKS	11162005	11,569	M	5	
1120	1	INGERSOL SOIL COMPACTOR	04012006	99,100	M	5	
1120	1	KAMATSU 5L WHEEL LOADER	04012006	95,812	M	5	
1120	1	685 LEEBOY MOTOR GRADER	04012006	57,790	M	5	
1120	1	HAWKE TRAILER	01202007	6,152	M	5	
1120	1	MINI EXCAVATOR	06072007	36,000	M	5	
1120	1	WATER TRAILER	08152007	19,258	M	5	
1120	1	TRENCH ROLLER	04172007	28,980	M	5	
1120	1	SCOTTSMAN ICE MACHINE	06142007	4,066	M	5	
1120	1	AIR COMPRESSOR	03212013	1,712	M	5	197
1120	1	MEDICAL CHAIR	10082013	728	M	5	114
1120	1	SKID STEER	07102014	67,700	M	5	15,436
1120	1	ENGINE IN EXCAVATOR	11202014	24,721	M	5	7,911
TOTAL							23,658

(Keep for your records)

CORPORATION NAME

EIN

METRO CONSTRUCTION INC

57-1084423

	To Next Year
Form 1120	
Contributions carryover	
Net Operating Loss Carryover	747,232
AMT Net Operating Loss Carryover	665,795
Schedule D (Form 1120)	
Unused capital loss carryover	
Reserved for future use	
Carryover expiring next year due to a 5 year limitation	
Capital loss carryover to next year	
Form 2220	
Tax	
Form 3800	
General business credit carryforward	
Form 4562	
Section 179 Carryover	
Form 4797	
Nonrecaptured net Section 1231 losses - 2010	
Nonrecaptured net Section 1231 losses - 2011	
Nonrecaptured net Section 1231 losses - 2012	
Nonrecaptured net Section 1231 losses - 2013	
Nonrecaptured net Section 1231 losses - 2014	
Total nonrecaptured net Section 1231 loss carryforwards	
Reserved	
Reserved for future use	
Form 8827	
Current year Alternative Minimum Tax from Form 4626	0
Minimum tax credit carryforward	

1120

Corporation
Diagnostic Summary

2014

Name

METRO CONSTRUCTION INC

Employer Identification #

57-1084423

Demographics

Mailing Address:

Phone: (803) 532-2793

2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

Resident State: SC

Diagnostics

Preparer: Vernon McElveen C

Invoice:

Date: 12-30-2015

Return Information

Item on Return	2014 Federal	2013 Federal (if available)
Total Assets	784,533	539,745
Gross Receipts/Sales	1,042,011	1,612,362
Total Income	249,296	189,349
Total Deductions	144,809	235,889
Taxable Income		(46,540)
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	177,606	(62,416)

State/City InformationState/City
Gross
Income
Taxable
Income
Income TaxOther Tax
Refund/
(Balance Due)

SC1120

(730,450)

1024

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**BUSINESS PERSONAL PROPERTY
RETURN**

PT-100
(Rev. 6/14/12)
7002

IMPORTANT - A separate return must be filed for each location on forms approved by the Department of Revenue. This is a scannable form, which must be completed with black ink only.

Tax Year 2016

(See instructions on page 2)

Owner Name and Mailing Address:

Business Name and Location:

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

- ☐ New Account ☐ Amended ☐ Final; Closing Acct. ☐ Return Due to Change in Accounting Closing Period
☐ Individual ☒ Corporation ☐ Partnership * ☐ LLC/LLP ☐ Leasing Company
* (A listing of partners and social security number is required)

Property File No. 53237568-8 Accounting Closing Period (mo/da/yr) 09-30-15Sales Tax No. _____ Date Business Open (mo/da/yr) 09-14-99*Federal EIN/SS No. 571084423 Telephone No. 803 532-2793County LEXINGTON NAICS Code 236220

Tax Dist _____ Date Business Closed _____

*If you have a new account, your FEI/SSN must be provided in the space above. **If you have a retail license and are making changes, please contact (803) 896-1350.

****CHANGES ONLY**

Owner Name

Business Name

Mailing Address

Business Location

City/State-Mail

Zip

City/State/Zip

1. Total Acquisition Cost 1. 1,694,506.00
(Excluding Licensed Vehicles
and Leasehold Improvements)

Lines 1, 2, and 3 must be completed. The
preprinted zeros will not be considered as
a completed return.

2. Less: Income Tax Depreciation
(Accumulated Depreciation Not To
Exceed 90% For Each Item) 2. 1,475,398.00

Office Use Only

3. Net Depreciated Value
(The Net Depreciated Value Must
Include At Least 10% Of Each Item) ... 3. 219,108.00

I declare that this return has been examined by me, and to the best of my knowledge and belief, is a true and complete return, made in good faith, pursuant to the provisions, of the Code of Laws, 1976 and amendments.

Taxpayers Signature _____ Title PRESIDENT Date 12-30-2015Accountant Signature _____ Date 12-30-2015

Mail to SC Department of Revenue, Property Division, Columbia, SC 29214-0301 or contact by phone (803) 898-5222.

This return cannot be processed without taxpayer signature.

-1385-

70021035 532375688 2016

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Form 1120

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2013 or tax year beginning 10-01, 2013, ending 09-30, 2014

OMB No. 1545-0123

2013

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if:		Name	B Employer identification number
1a Consolidated return (attach Form 951) ☐	TYPE OR PRINT	METRO CONSTRUCTION INC	57-1084423
b Life/nonlife consolidated return ☐		Number, street, and room or suite no. If a P.O. box, see instructions.	C Date incorporated
2 Personal holding co. (attach Sch. PH) ☐		2526 CANEY BRANCH ROAD	09-14-1999
3 Personal service corp. (see instructions) ☐		City or town, state, or province, country and ZIP or foreign postal code	D Total assets (see instructions)
4 Schedule M-3 attached ☐		LEESVILLE SC 29070	\$ 539,745
E Check if:		(1) ☐ Initial return	(2) ☐ Final return
		(3) ☐ Name change	(4) ☐ Address change

Income	1a Gross receipts or sales	1a	1,612,362
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	1,612,362
	2 Cost of goods sold (attach Form 1125-A)	2	1,423,013
	3 Gross profit. Subtract line 2 from line 1c	3	189,349
	4 Dividends (Schedule C, line 19)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (see instructions - attach statement)	10		
11 Total income. Add lines 3 through 10	11	189,349	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	39,396
	14 Repairs and maintenance	14	5,502
	15 Bad debts	15	
	16 Rents	16	6,109
	17 Taxes and licenses	17	29,693
	18 Interest	18	
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	4,188
	21 Depletion	21	
	22 Advertising	22	8,688
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach statement)	26	142,313
	27 Total deductions. Add lines 12 through 26	27	235,889
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	(46,540)
	29a Net operating loss deduction (see instructions)	29a	
b Special deductions (Schedule C, line 20)	29b		
c Add lines 29a and 29b	29c		
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	(46,540)
	31 Total tax (Schedule J, Part I, line 11)	31	0
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
	36 Enter amount from line 35 you want. Credited to 2014 estimated tax ☐ Refunded ☐	36	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **GILES G LONG** 01-27-2016 **PRESIDENT**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name **Vernon M McElveen CP** Preparer's signature **01-27-2016** Check ☒ if self-employed PTIN **P01283186**

Firm's name **Vernon M McElveen CPA** Firm's EIN **57-0689210**

Firm's address **443 West Railroad Avenue** Phone no. **(803) 532-8101**

Batesburg SC 29006

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule M Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	☐	
2	Income tax. Check if a qualified personal service corporation (see instructions)	☐	0
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II - Payments and Refundable Credits

12	2012 overpayment credited to 2013	12	
13	2013 estimated tax payments	13	
14	2013 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule M Other Information (see instructions)

1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <u>237100</u>		
b	Business activity <u>CONSTRUCTION</u>		
c	Product or service <u>UTILITY CONST.</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions

If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions

If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

- 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned and (ii) Owner's country
 (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached 0

- 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐
 If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9 Enter the amount of tax-exempt interest received or accrued during the tax year \$

- 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) 1

- 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☒

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

- 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$ 805,179

- 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$

- 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

If "Yes," complete and attach Schedule UTP.

- 15a Did the corporation make any payments in 2013 that would require it to file Form(s) 1099?

- b If "Yes," did or will the corporation file required Forms 1099?

- 16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

- 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

- 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Schedule L Balance Sheets per Books

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		53,462		19,888
2a Trade notes and accounts receivable	280,479		328,300	
b Less allowance for bad debts	()	280,479	()	328,300
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		29,851		12,358
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	1,602,460		1,670,888	
b Less accumulated depreciation	(1,407,595)	194,865	(1,491,689)	179,199
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (attach statement)				
15 Total assets		558,657		539,745
Liabilities and Shareholders' Equity				
16 Accounts payable		147,129		61,948
17 Mortgages, notes, bonds payable in less than 1 year		18,045		43,067
18 Other current liabilities (attach statement)		210,116		268,197
19 Loans from shareholders		71,696		64,563
20 Mortgages, notes, bonds payable in 1 year or more		143,844		164,386
21 Other liabilities (attach statement)				
22 Capital stock a Preferred stock	1,000		1,000	
b Common stock		1,000		1,000
23 Additional paid-in capital		316,637		316,637
24 Retained earnings-Appropriated (attach statement)				
25 Retained earnings-Unappropriated		(349,810)		(380,053)
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock				()
28 Total liabilities and shareholders' equity		558,657		539,745

Schedule M-3 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books	(30,243)	7 Income recorded on books this year	
2 Federal income tax per books		not included on this return (itemize):	
3 Excess of capital losses over capital gains		Tax-exempt interest \$	
4 Income subject to tax not recorded on books this year (itemize):		Statement #17 47,821	47,821
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
a Depreciation \$ 79,906		a Depreciation \$	
b Charitable contributions \$		b Charitable contributions \$	
c Travel and entertainment \$ 924		Statement #18 85,872	85,872
Statement #16 36,566	117,396	9 Add lines 7 and 8	133,693
6 Add lines 1 through 5	87,153	10 Income (page 1, line 28)-line 6 less line 9	(46,540)

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	(349,810)	5 Distributions: a Cash	
2 Net income (loss) per books	(30,243)	b Stock	
3 Other increases (itemize):		c Property	
		Other decreases (itemize):	
		d lines 5 and 6	
4 Add lines 1, 2, and 3	(380,053)	8 Balance at end of year (line 4 less line 7)	(380,053)

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

Employer identification number

METRO CONSTRUCTION INC

57-1084423

1	Inventory at beginning of year	1	
2	Purchases	2	1,423,013
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	1,423,013
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	1,423,013

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RJC, or 1120S.

Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-2225

Name _____

Employer identification number

METRO CONSTRUCTION INC

57-1084423

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

2 Total compensation of officers

五

3 Compensation of officers claimed on Form 1125-A or elsewhere on return

12

4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return

2

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service
Name _____

- ▶ Attach to Form 1120.
- ▶ See instructions.

OMB No. 1545-0123

Name _____

Employer identification number (EIN)

METRO CONSTRUCTION INC

57-1084423

Part III Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

Part III **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

METRO CONSTRUCTION INC

FORM 1120

57-1084423

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	548
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property Statement						3,640
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,188
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	1394

Bonus Depreciation Statement

2013 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO
BONUS DEPRECIATION FOR THE 2013 TAX YEAR.

I ELECT OUT OF ALL BONUS DEPRECIATION FOR ALL CLASSES OF PROPERTY.

Depreciation Detail Listing

FORM 1120

2013

PAGE 1

For your records only

am was dispensed
during current year.

ne(s) as shown on return

Social security number/EIN

METRO CONSTRUCTION INC

57-1084423

Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
TRENCH BOX 8 X 12	19990903	3,212		100.00		3,212	7		0		3,212			
LASER TOPCON PIPE	19991115	8,000		100.00		8,000	5		0		8,000			
CHAIN SAW	19991202	757		100.00		757	5		0		757			
3 INCH CHE WITH HONDA	20000301	1,281		100.00		1,281	7		0		1,281			
KOMATSU 1	20000308	134,300		100.00		134,300	5		0		134,300			
HOBART CHAMPION WELDE	20000501	20,985		100.00		20,985	7		0		20,985			
K700 ACTIVE II PIPE S	20000508	925		100.00		925	7		0		925			
KOMATSU 2	20000523	113,300		100.00		113,300	5		0		113,300			
SWEEPSTAR BROOM	20000613	3,400		100.00		3,400	5		0		3,400			
K700 ACTIVE 14" PIPE	20000629	925		100.00		925	5		0		925			
DYNAMITE BOX	20000717	2,377		100.00		2,377	5		0		2,377			
JOY 401B RED STEEL CH	20001201	750		100.00		750	7		0		750			
BOX BLADE	20001212	500		100.00		500	5		0		500			
GRAVEL BOX	20001231	5,172		100.00		5,172	5		0		5,172			
KOMATSU 3	20001231	177,300		100.00		177,300	5		0		177,300			
WHITE TRAILER	20010301	3,500		100.00		3,500	7		0		3,500			
3 4HP HONDA GX1	20010425	1,444		100.00		1,444	7		0		1,444			
DIESEL CENT. PUM	20010427	10,999		100.00		10,999	7		0		10,999			
CRAWLER DRILL	20010430	74,676		100.00		74,676	7		0		74,676			
KOMATSU WB140-2 LOADE	20010831	56,239		100.00		56,239	7		0		56,239			
TOOL TRAILER	20011216	3,387		100.00		3,387	5		0		3,387		PY 1,016	
DITCH BOX 8 X 20	20011216	8,655		100.00		8,655	5		0		8,655		PY 2,596	
REYNOLDS SCRAPER	20020211	13,215		100.00		13,215	3		0		13,215		PY 3,964	
TAG ALONG TRAILER	20020313	7,125		100.00		7,125	5		0		7,125		PY 2,138	
BORING TOOLS	20020717	31,560		100.00		31,560	5		0		31,560		PY 9,460	
JOHN DEERE 770CH GRAD	20040101	58,000		100.00		58,000	5		0		58,000		PY 29,000	
INGERSOL RAND SOIL RO	20040501	57,065		100.00		57,065	5		0		57,065		PY 28,533	
KOMATSU DOZIER D4IS-6	20050901	112,583		100.00		112,583	5		0		112,583			
CATERPILLAR EXCAVATOR	20050713	239,047		100.00		239,047	5		0		239,047			
REMOTE CONTROL SOIL R	20050913	4,001		100.00		4,001	5		0		4,001			

Item was disposed
during current year.

Depreciation Detail Listing

FORM 1120

2013

PAGE 2

For your records only

Name(s) as shown on return

Social security number/EIN

METRO CONSTRUCTION INC

57-1084423

	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
31	HVAC UNIT	20050207	1,103		100.00		1,103	5		0		1,103			
32	PC 50 MINI EXCAVATOR	20060131	50,906		100.00		50,906	5		0		50,906			
33	COMPUTER EQUIPMENT	20051020	10,282		100.00		10,282	5		0		10,282			
34	GAS TANKS	20051116	11,569		100.00		11,569	5		0		11,569			
35	INGERSOL SOIL COMPACT	20060401	99,100		100.00		99,100	5		0		99,100			
36	KAMATSU 5L WHEEL LOAD	20060401	120,862		100.00	25,050	95,812	5		0		120,862	25,050		
37	685 LEEBOY MOTOR GRAD	20060401	57,790		100.00		57,790	5		0		57,790			
38	HAWKE TRAILER	20070120	6,152		100.00		6,152	5		0		6,152			
39	MINI EXCAVATOR	20070607	36,000		100.00		36,000	5		0		36,000			
40	WATER TRAILER	20070815	19,258		100.00		19,258	5		0		19,258			
41	TRENCH ROLLER	20070417	28,980		100.00		28,980	5		0		28,980			
42	SCOTTSMAN ICE MACHINE	20070614	4,066		100.00		4,066	5		0		4,066			
43	AIR COMPRESSOR	20130321	1,712		100.00		1,712	5	200 DB HY	32	548	890			437
44	MEDICAL CHAIR	20131008	728		100.00		728	5	200 DB MQ	35	255	255			191
45	SKID STEER	20140710	67,700		100.00		67,700	5	200 DB MQ	5	3,385	3,305			2,539
-1397-															
Totals			1,670,888			25,050	1,645,838				4,188	1,606,278	25,050		3,167

Land Amount
Net Depreciable Cost

1,670,888

ST ADJ:

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Form 1120, Schedule L, Line 6

Statement #8

Description	Beg Of Year	End Of Year
PREPAID INSURANCE	29,851	12,358
Total	29,851	12,358

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Form 1120, Schedule L, Line 18

Statement #11

Description	Beg Of Year	End Of Year
PAYROLL TAXES PAYABL	210,116	255,550
ACCRUED JOB COST		12,647
Total	<u>210,116</u>	<u>268,197</u>

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

Employer Identification Number

57-1084423

METRO CONSTRUCTION INC

Schedule M-1 Line 5C

Statement #16

DESCRIPTION

AMOUNT

DECREASE IN PREPAID INSURANCE

17,493

INCREASE IN ACCRUED JOB COSTS

12,647

LIFE INSURANCE

6,426

TOTAL:

36,566

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Schedule M-1 Line 7

Statement #17

DESCRIPTION

AMOUNT

INCREASE IN ACCOUNTS RECEIVABLE

47,821

TOTAL:

47,821

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

Schedule M-1 Line 8B

Statement #18

DESCRIPTION

AMOUNT

DECREASE IN ACCOUNTS PAYABLE

85,872

TOTAL:

85,872

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2013

CORPORATION NAME

METRO CONSTRUCTION INC

EIN

57-1084423

Form 1120, line 17

Form 1120-C, line 15

Form 1120-H, line 12

Taxes and Licenses

- 1 State income taxes
- 2 State franchise taxes
- 3 City income taxes
- 4 City franchise taxes
- 5 Real estate taxes
- 6 Local property taxes
- 7 Intangible property taxes
- 8 Payroll taxes
- 9 Less: credit from Form 8846
- 10 Foreign taxes paid
- 11 Occupancy taxes
- 12 Other miscellaneous taxes
- 13 Licenses
- 14 Total to Form 1120, Page 1, Line 17

1	
2	
3	
4	
5	
6	
7	
8	29,085
9	
10	
11	
12	608
13	
14	29,693

FORM 1120, LINE 29a, NOL DEDUCTION
FORM 1120-C, SCH G, LINE 9a, COL (a), PATRONAGE NOL DEDUCTION

2013

ATT_NOL

Name METRO CONSTRUCTION INC

EIN 57-1084423

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Charitable Reduction	Loss Applied to 2013	Unused Loss Expiring this year	Unused Sec 170(d)(2)(B) Expiring this year
1993					
1994					
1995					
1996					
1997					
1998					
1999					
2000					
2001					
2002	53,687			53,687	
2003	5,165			5,165	
2004	156,516			156,516	
2005					
2006	73,777			73,777	
2007	17,803			17,803	
2008	250,395			250,395	
2009	104,182			104,182	
2010					
2011	129,670			129,670	
2012	13,984			13,984	
	Current year NOL		Applied to Prior Years	Remaining 2013 NOL carryover	
2013	46,540			46,540	
	Future years NOL		Applied to 2013		
Future Years					
TOTALS	851,719		0	851,719	0

* A corporation having a net operating loss (NOL) carryover from any taxable year 1404- apply the special rule of § 170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce the NOL carryover. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent of the NOL carryover.

Federal Supporting Statements

2013 PG 1

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

FORM 1120 PAGE 1

Statement #5

DESCRIPTION	AMOUNT
Bank charges	4,758
Legal and professional	3,801
Meals and entertainment 50% limit	925
Office expense	9,823
Outside services and independent contractors	96,813
Supplies	1,422
Telephone	9,390
Utilities	8,681
EMPLOYEE BENEFITS	6,700
TOTAL	142,313

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

Employer Identification Number

METRO CONSTRUCTION INC

57-1084423

FORM 4562 - LINE 19B

Statement #50

BASIS	RP	CV	METHOD	DEDUCTION
728	5	MQ	200 DB	255
67,700	5	MQ	200 DB	3,385
TOTAL				<u>3,640</u>

ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total, Capital and Paid-in-Surplus at end of Year \$ 0
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate) . Also enter on line 20, Part II .. \$ 0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Interest not connected with business				
2. Dividends received				
3. Rents				
4. Gains/losses on real property				
5. Gains/losses on intangible pers. prop.				
6. Investment income directly allocated				
7. TOTAL INCOME DIRECTLY ALLOCATED				
8. INCOME DIRECTLY ALLOCATED TO SC				

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1 1.
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 2.
3. Total net income subject to apportionment (line 1 less line 2) 3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here 4.
5. Add: Income subject to direct allocation to SC from Schedule F, line 8 5.
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 6.

SCHEDULE H - 1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total Sales Within South Carolina (see instructions)		
2. Total Sales Everywhere (see instructions)		
3. Sales Ratio (line 1 ÷ line 2)		%

Note: If there are no sales anywhere: Enter 100% on Line 3, if South Carolina is the principal place of business OR
Enter 0% on Line 3, if principal place of business is outside South Carolina.

SCHEDULE H - 2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina Gross Receipts		
2. Amounts Allocated to South Carolina on Schedule F	< >	
3. South Carolina Adjusted Gross Receipts (line 1 - line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 - line 5)		
7. Gross Receipts Ratio (line 3 ÷ line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total Within South Carolina (see instructions)		
2. Total Everywhere		
3. Taxable Ratio (line 1 ÷ line 2)		%

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STATE OF SOUTH CAROLINA
CORPORATION
INCOME TAX RETURNReturn is due on or before the 15th day of the 3rd month
following the close of the taxable year.IC-78
(Rev. 9/12/13)
3383SC FILE # 20234320-4INCOME TAX PERIOD-ENDING 09-30-2014LICENSE FEE PERIOD ENDING 09-30-2015FED EI # 57-1084423NAME METRO CONSTRUCTION INC

MAILING ADDRESS

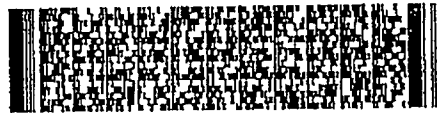
2526 CANEY BRANCH ROADCITY LEESVILLE STATE SC ZIP CODE 29070Add to the front of your return.
You must include this page for
your return to be complete.

If a refund or zero return, mail to:

SCDOR, Corporate 2D Refund, Columbia SC 29214-0029

If a balance due return, mail to:

SCDOR, Corporate 2D Taxable, Columbia SC 29214-0031



SC1120/SC1120S barcode

Staple check or money order here.

SC1120-TC barcode

ATTACH COMPLETE RETURN.

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File
Number.Go to www.sctax.org and look for the DOR ePay logo for other payment options.

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**STATE OF SOUTH CAROLINA
'C' CORPORATION INCOME TAX RETURN**

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC1120

(Rev. 5/17/13)

3091

SC FILE # 20234320-4INCOME TAX PERIOD ENDING 09-30-2014LICENSE FEE PERIOD ENDING 09-30-2015FEBN 57-1084423NAME METRO CONSTRUCTION INCMAILING ADDRESS 2526 CANEY BRANCH ROADCITY LEESVILLE STATE SC ZIP CODE 29070

Change of ☐ Address ☐ Accounting Period
☐ Officers

Attach complete copy of Federal Return

☒ Check here if you filed a federal or state extension

County or Counties in SC Where Property is Located:

LEXINGTONCity LEESVILLE

Audit Location

State

SC

Audit Contact

Telephone Number

GILES G LONG803-532-2793Check if ☐ Initial Return☐ Consolidated Return

(Complete Schedule M)

☐ Amended Rtn.☐ Includes Disregarded LLC(s)

(Complete Sch. L)

Total Gross Receipts

Total cost of depreciable personal property in SC.

1,612,3621,670,888

If Filing a Final Return, see General Instructions, page 6. You MUST close your account with the SECRETARY OF STATE and complete I-349.

☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I
COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return	1.	(46,540)
2. Net Adjustment from line 12, Schedule A and B	2.	0
3. Total Net Income as Reconciled (line 1 plus or minus line 2)	3.	(46,540)
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3.	4.	(46,540)
5. LESS: South Carolina net operating loss carryover, if applicable	5.	0
6. South Carolina Net Income subject to tax (line 4 less line 5)	6.	(46,540)
7. TAX: Multiply amount on line 6 by 5% (.05)	7.	0
8. Less tax deferred on income from foreign trade receipts (see instructions)	8.	0
9. Balance (line 7 less line 8)	9.	0
10. Credit Carryover (line 7, Schedule C) <u>0</u> Non-refundable credits (line 5, Schedule C)	10.	< 0 >
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero	11.	0
12. Interest on DISC-deferred tax liability <u>0</u> ; or Foreign Trade Deferred Tax Liability <u>0</u>	12.	0
13. Total tax and/or interest (add lines 11 and 12)	13.	0
14. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) <u>0</u>		
(b) Paid by Declaration <u>0</u> (c) Paid with Tentative Return <u>0</u>		
(d) Credit from Line 29b <u>0</u>		
Refundable Credits: (e) Ammonia Additive <u>0</u> (f) Milk Credit <u>0</u>		
15. Total Payments and Refundable Credits (add lines 14a through 14f)	15.	0
16. Balance of Tax and/or Interest Due (line 13 less line 15)	16.	0
17. Interest Due <u>0</u> Penalty Due <u>0</u> (See penalty and interest instructions.) Enter Total	17.	0
18. TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17) BALANCE DUE	18.	0
19. OVERPAYMENT (line 15 less line 13) <u>0</u> To be applied as follows:		
(a) Estimated Tax <u>0</u> (b) License Fee <u>0</u> (c) REFUNDED <u>0</u>		

PART II
COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	20.	317,637
21. FEE DUE - Line 20 x .001, plus \$15.00 (Fee cannot be less than \$25.00 per taxpayer)	21.	333
22. Credit Carryover <u>0</u> Credit taken this year from SC1120TC, Part II, Column C	22.	< 0 >
23. Balance (line 21 less line 22)	23.	333
24. Payments: (24a) Paid with Tentative Return <u>333</u> (24b) Credit from line 19b <u>0</u>		
25. Total Payments (add line 24a and 24b)	25.	333
26. Balance of Fee Due (line 23 less line 25)	26.	0
27. Interest Due <u>0</u> Penalty Due <u>0</u> (See penalty and interest instructions.) Enter Total	27.	0
28. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) BALANCE DUE	28.	0
29. OVERPAYMENT (line 25 less line 23) <u>0</u> To be applied as follows:		
(a) Estimated Tax <u>0</u> (b) Income Tax <u>0</u> (c) REFUNDED <u>0</u>		
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) EFT ☐	30.	0

For Office Use Only

SC1120

Page 2

SCHEDULE A AND B**ADDITIONS TO FEDERAL TAXABLE INCOME**

1. Taxes on or Measured By Income	1.	0
2. Federal Net Operating Loss	2.	0
3.	3.	
4.	4.	
5. Other Additions (attach schedule)	5.	
6. Total Additions (add lines 1 through 5)	6.	0

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7.	0
8.	8.	
9.	9.	
10. Other Deductions (attach schedule)	10.	
11. Total Deductions (add lines 7 through 10)	11.	0
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120	12.	0

SCHEDULE C**SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)**

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.	0
2. Enter Total Credits from SC1120-TC, Column B, line 16. SC1120-TC must be attached to return	2.	0
3. Total Credits (add lines 1 and 2)	3.	0
4. Tax (line 9, Part 1, SC1120)	4.	0
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.	0
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.	0
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.	0

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here

Signature of officer

GILES G LONG

Officer's printed name

PRESIDENT

Officer's title

01-27-2016

Date

803-532-2795

Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.

Yes ☒ No ☐

Preparer's Printed Name

Vernon M McElveen

Preparer's

Date

Check if

Preparer's Telephone Number

Paid signature

01-27-2016

Self-employed ☒

803-532-8101

Preparer's

Firm's name (or yours if self-employed) and address

Vernon M McElveen CPA

PTIN or FEIN

57-0689210

Use Only

443 West Railroad Avenue Batesbu

ZIP Code 29006

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature

Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

SC1120

Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name METRO CONSTRUCTION INC.
2. Incorporated under the laws of the State of SC
3. Location of the Registered Office of the Corporation in the State of South Carolina is 2526 CANEY BRANCH ROAD
In the City of LEESVILLE Registered Agent at such address is GILES G LONG
4. Location of principal office (street address) 2526 CANEY BRANCH ROAD
Nature of principal business in SC CONSTRUCTION
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
NUMBER OF SHARES: 1000 CLASS: COMMON SERIES: \$1

6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
NUMBER OF SHARES: 10 CLASS: COMMON SERIES: \$1

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
(If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
GILES G LONG	President	2526 CANEY BR RD; LEESVILLE, SC 29070

8. Date Incorporated 09-14-1999 Date commenced business in the State of South Carolina was 09-14-1999
9. Date of this report 01-27-2016 FEIN 57-1084423
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of % COMPANY OFFICE
Located at (street address) 2526 CANEY BRANCH ROAD; LEESVILLE, SC 29070
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
- | | | |
|---|----|----------------|
| A. Total paid in Capital Stock (cannot be a negative amount) | \$ | <u>1,000</u> |
| B. Total paid in Capital Surplus (cannot be a negative amount) | \$ | <u>316,637</u> |
| C. Total amount of stated Capital (cannot be a negative amount) | \$ | <u>317,637</u> |

SCHEDULE N

PROPERTY INFORMATION

	(a) Beginning Period	(b) Ending Period
1. Land		
2. Buildings	1,602,460	1,670,888
3. Machinery and Equipment		
4. Construction in Progress		
5. Other Property*		
TOTAL	1,602,460	1,670,888

Description of Property	(a) Beginning Period	(b) Ending period
TOTAL		

Schedule M-1 or Schedule M-3 Book-to-tax Adjustment

2013

For your records only

EIN

57-1084423

as shown on return

METRO CONSTRUCTION INC

Depreciation

Book Depreciation

1. End of year book depreciation (Schedule L, line 10b, column c) 1,491,689
2. Beginning of year book depreciation (Schedule L, line 10b, column a) 1,407,595
3. Book depreciation (subtract line 2 from line 1) 84,094

Tax Depreciation

4. Form 4562, line 22 (current year depreciation and Section 179 expense) 4,188
5. Cost of Goods Sold, depreciation (Screen A, line 5, depreciation override field)
6. Subtotal of tax depreciation (combine lines 4 and 5) 4,188
7. Depreciation allowed or allowable (Form 4797, line 2, column e; line 10, column e; line 22)
8. Depreciation (subtract line 7 from line 6) 4,188
9. Difference between book and tax depreciation (subtract line 8 from line 3) 79,906

If line 9 is positive flow to:

- Schedule M-1, line 5a (Additions to Income)
- Schedule M-3, Part III, line 31 as a negative amount and Form 8916-A, line 2i, as a negative amount for assets selected on the 4562 detail screen for COGS.

If line 9 is negative flow to:

- Schedule M-1, line 8a (Subtractions to Income)
- Schedule M-3, Part III, line 31 as a positive amount and Form 8916-A, line 2i, as a positive amount for assets selected on the 4562 detail screen for COGS.

Amortization

Book Amortization

1. End of year book amortization (Schedule L, line 13b, column c)
2. Beginning of year book amortization (Schedule L, line 13b, column a)
3. Book amortization (subtract line 2 from line 1)

Tax Amortization

4. Form 4562, line 44 (current year amortization)
5. Cost of Goods Sold, amortization (Form 1126-A, line 6)
6. Subtotal of tax amortization (combine lines 4 and 5)
7. Amortization allowed or allowable (Form 4797, line 2, column e; line 10, column e; line 22)
8. Tax amortization (subtract line 7 from line 6)
9. Difference between book and tax amortization (subtract line 8 from line 3)

If line 9 is positive flow to:

- Schedule M-1, line 5c (Additions to Income)
- Schedule M-3, Part III, line 28 as a negative amount and Form 8916-A, line 2j, as a negative amount for assets selected on the 4562 detail screen for COGS.

If line 9 is negative flow to:

- Schedule M-1, line 8b (Subtractions to Income)
- Schedule M-3, Part III, line 28 as a positive amount and Form 8916-A, line 2j, as a positive amount for assets selected on the 4562 detail screen for COGS.

All adjustments should be reviewed for accuracy. To override the calculations for Schedule M1, go to the M1 screen and enter the amount on the appropriate lines. To override the calculation for the Schedule M3, go to the M3 screen and enter the amounts on the appropriate lines and columns.

Next Year's Depreciation

2013

Name						FEIN	
METRO CONSTRUCTION INC						57-1084423	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	TRENCH BOX 8 X 12	19990903	3,212	M	7	
1120	1	LASER TOPCON PIPE	19991115	8,000	M	5	
1120	1	CHAIN SAW	19991202	757	M	5	
1120	1	3 INCH CHE WITH HONDA	20000301	1,281	M	7	
1120	1	KOMATSU 1	20000308	134,300	M	5	
1120	1	HOBART CHAMPION WELDER	20000501	20,985	M	7	
1120	1	K700 ACTIVE II PIPE SAW	20000508	925	M	7	
1120	1	KOMATSU 2	20000523	113,300	M	5	
1120	1	SWEEPSTAR BROOM	20000613	3,400	M	5	
1120	1	K700 ACTIVE 14" PIPE SAW	20000629	925	M	5	
1120	1	DYNAMITE BOX	20000717	2,377	M	5	
1120	1	JOY 401B RED STEEL CHUCK	20001201	750	M	7	
1120	1	BOX BLADE	20001212	500	M	5	
1120	1	GRAVEL BOX	20001231	5,172	M	5	
1120	1	KOMATSU 3	20001231	177,300	M	5	
1120	1	DYNAMITE TRAILER	20010301	3,500	M	7	
1120	1	3" CH&E 4HP HONDA GX120	20010425	1,444	M	7	
1120	1	35HP DIESEL CENT. PUMP	20010427	10,999	M	7	
1120	1	CRAWLER DRILL	20010430	74,676	M	7	
1120	1	KOMATSU WB140-2 LOADER	20010831	56,239	M	7	
1120	1	TOOL TRAILER	20011216	3,387	M	5	
1120	1	DITCH BOX 8 X 20	20011216	8,655	M	5	
1120	1	REYNOLDS SCRAPER	20020211	13,215	M	3	
1120	1	TAG ALONG TRAILER	20020313	7,125	M	5	
1120	1	BORING TOOLS	20020717	31,560	M	5	
1120	1	JOHN DEERE 770CH GRADER	20040101	58,000	M	5	
1120	1	INGERSOL RAND SOIL ROLLER	20040501	57,065	M	5	
1120	1	KOMATSU DOZIER D4IE-6C	20050901	112,583	M	5	
1120	1	CATEPILLAR EXCAVATOR	20050713	239,047	M	5	
1120	1	REMOTE CONTROL SOIL ROLL	20050913	4,001	M	5	
1120	1	HVAC UNIT	20050207	1,103	M	5	
1120	1	PC 50 MINI EXCAVATOR	20060131	50,906	M	5	
1120	1	COMPUTER EQUIPMENT	20051020	10,282	M	5	
1120	1	GAS TANKS	20051116	11,569	M	5	
1120	1	INGERSOL SOIL COMPACTOR	20060401	99,100	M	5	
1120	1	KAMATSU 5L WHEEL LOADER	20060401	95,812	M	5	
1120	1	685 LEEBOY MOTOR GRADER	20060401	57,790	M	5	
1120	1	HAWKE TRAILER	20070120	6,152	M	5	
1120	1	MINI EXCAVATOR	20070607	36,000	M	5	
1120	1	WATER TRAILER	20070815	19,258	M	5	
1120	1	TRENCH ROLLER	20070417	28,980	M	5	
1120	1	SCOTTSMAN ICE MACHINE	20070614	4,066	M	5	
1120	1	AIR COMPRESSOR	20130321	1,712	M	5	329
1120	1	MEDICAL CHAIR	20131008	728	M	5	189
1120	1	SKID STEER	20140710	67,700	M	5	25,726
		TOTAL					26,244

1120 TAX RETURN COMPARISON
2011 / 2012 / 2013

2013

Name(s) as shown on return

METRO CONSTRUCTION INC

Identifying number

57-1084423

	2011 FEDERAL	2012 FEDERAL	2013 FEDERAL	DIFFERENCE BETWEEN 2012 & 2013
Net receipts	1,022,113	1,436,835	1,612,362	175,527
Cost of goods sold	916,042	1,209,852	1,423,013	213,161
Gross profit	106,071	226,983	189,349	(37,634)
Dividends				
Interest				
Gross rents				
Gross royalties				
Capital gain net income				
Net gain/loss from 4797	31,550			
Other income				
Total income	137,621	226,983	189,349	(37,634)
Compensation of officers	6,155			
Salaries and wages	81,767		39,396	39,396
Repairs and maintenance	4,888	4,264	5,502	1,238
Bad debts				
Rents			6,109	6,109
Taxes and licenses	8,053	16,806	29,693	12,887
Interest				
Charitable contributions				
Depreciation	103,137	342	4,188	3,846
Depletion				
Advertising	580	3,152	8,688	5,536
Pension, profit-sharing				
Employee benefits				
Domestic production activities ded				
Other deductions	62,711	216,403	142,313	(74,090)
Total deductions	267,291	240,967	235,889	(5,078)
NOL deduction				
Special deductions				
Taxable income	(129,670)	(13,984)	(46,540)	(32,556)
Total tax				
Estimated taxes paid				
Total payments line 32h				
Amount owed				
Overpayment				
Applied to estimate				
Refund				
RESIDENT STATE	SC	SC	SC	
Taxable	(774,413)	(13,984)	(46,540)	(32,556)
Tax				
Overpayment				
Balance Due				
	2011	2012	2013	DIFFERENCE

(Keep for your records)

CORPORATION NAME

EIN

METRO CONSTRUCTION INC

57-1084423

To
Next Year

Form 1120

Contributions carryover

Net Operating Loss Carryover

AMT Net Operating Loss Carryover

851,719

Schedule D (Form 1120)

Unused capital loss carryover

Reserved for future use.

Carryover expiring next year due to a 5 year limitation

Capital loss carryover to next year

Form 2220

Tax

Form 3800

General business credit carryforward

Form 4562

Section 179 Carryover

Form 4797

Nonrecaptured net Section 1231 losses - 2009

Nonrecaptured net Section 1231 losses - 2010

Nonrecaptured net Section 1231 losses - 2011

Nonrecaptured net Section 1231 losses - 2012

Nonrecaptured net Section 1231 losses - 2013

Total nonrecaptured net Section 1231 loss carryforwards

Reserved

Reserved for future use.

Form 8827

Current year Alternative Minimum Tax from Form 4626

Minimum tax credit carryforward

1120

Corporation
Diagnostic Summary

2013

Name

METRO CONSTRUCTION INC

Employer Identification #

57-1084423

Demographics

Mailing Address:

Phone: (803) 532-2793

2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

Resident State: SC

Diagnostics

Preparer: Vernon M McElveen

Invoice:

Date: 01-27-2016

Return Information

Item on Return	2013 Federal	2012 Federal (If available)
Total Assets	539,745	558,657
Gross Receipts/Sales	1,612,362	1,436,835
Total Income	189,349	226,983
Total Deductions	235,889	240,967
Taxable Income	(46,540)	(13,984)
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	(62,416)	(32,173)

State/City Information

State/City	Gross Income	Taxable Income	Income Tax	Other Tax	Refund/ (Balance Due)
SC1120	(46,540)	(46,540)			



Proof of Coverage Inquiry

Search ncci.com

Policy Carrier Reports

Cancellations / Reinstatements / Non-Renewals

SOUTH CAROLINA

[Back to Search Results](#)

Policy & Carrier	Names & Addresses	Names	Addresses	State Exposure	Canc/Reinst/Non-Renew	Trans History
Policy Mbr 622032E14299A34		Carrier Code 80012		Policy Eff Dt 04/04/2014		
Primary Insured Name METRO CONSTRUCTION INC				Policy Exp Dt 04/04/2015		
1 item in 1 pages						
C/R/N Received Date	C/R/N Effective Date	Cancellation Notice Mail Date	Reason for Reinstatement	Transaction Code	Cancellation Type	Cancellation Reason
07/07/2014	08/08/2014	07/05/2014		01 - CANCELLATION	02 - CANCELLED PRO-RATA	16 - FAILURE TO COMPLY WITH THE TERMS & CONDITIONS OR AUDIT FAILURE
Cancelled 8/8/14 Dec 11/20/14 - no coverage						
1 item in 1 pages						

[Return to Top](#)

The nation's most experienced provider of workers compensation information, tools, and services

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8/8/14 - 12/16/14 = 130 days

x \$10 per day

\$1,300

1 apce - +1,000

\$2,300

COPIES
OBTAINED
7/2/16/14

- 1,300

\$1,000

a Employee's social security number 247-21-9249		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 57-1084423		1 Wages, tips, other compensation 6000.00		2 Federal income tax withheld 720.00	
c Employer's name, address, and ZIP code METRO CONSTRUCTION, INC. 2526 CANEY BRANCH ROAD LEESVILLE SC 29070		3 Social security wages 6000.00		4 Social security tax withheld 372.00	
		5 Medicare wages and tips 6000.00		6 Medicare tax withheld 87.00	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code GILES G LONG, 2526 CANEY BRANCH ROAD LEESVILLE SC 29070		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number SC 25394461-0	16 State wages, tips, etc. 6000.00	17 State income tax 350.76	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employees on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2015

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



1 W-2CA W-2

5000

22222		Void ☐	a Employee's social security number 247-21-9249	For Official Use Only OMB No. 1545-0005	
b Employer identification number (EIN) 57-1084423		1 Wages, tips, other compensation 10820.00		2 Federal income tax withheld 1251.00	
c Employer's name, address, and ZIP code METRO CONSTRUCTION, INC. 2526 CANEY BRANCH ROAD LEESVILLE SC 29070		3 Social security wages 10820.00		4 Social security tax withheld 670.84	
		5 Medicare wages and tips 10820.00		6 Medicare tax withheld 156.89	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial GILES G		Last name LONG		Surf. SR	
f Employee's address and ZIP code 2526 CANEY BRANCH ROAD LEESVILLE SC 29070		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number SC 25394461-0	16 State wages, tips, etc. 10820.00	17 State income tax 464.54	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

2014

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration — Send this entire page with Form W-2 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 101340

819

22222		Void ☐		a Employee's social security number 247-21-9249		OMB No. 1545-0008	
b Employer identification number (EIN) 57-1084423				1 Wages, tips, other compensation 43000.00		2 Federal income tax withheld 4684.29	
c Employer's name, address, and ZIP code METRO CONSTRUCTION INC METRO CONSTRUCTION LLC 2526 CANEY BRANCH RD LEESVILLE, SC 29070				3 Social security wages 43000.00		4 Social security tax withheld 2666.00	
d Control number				5 Medicare wages and tips 43000.00		6 Medicare tax withheld 623.50	
				7 Social security tips		8 Allocated tips	
e Employee's name, address, and ZIP code GILES G LONG 2526 CANEY BRANCH RD LEESVILLE, SC 29070				9		10 Dependent care benefits	
				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number SC 25394461-0		16 State wages, tips, etc. 43000.00		17 State income tax 2761.89		18 Local wages, tips, etc.	
				-1420-		19 Local income tax	
						20 Locality name	

Nicholas G. Callas
J. Scott Shirley
Vanessa Crittenden Overby
Jennifer Randolph Furdy
Also admitted to Georgia
Also admitted in North Carolina


POPOWSKI ATTORNEYS AT LAW
CALLAS & SHIRLEY, PA
EMPOWERING THE INJURED

1430 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pcslawyer.com

May 4, 2015

SCWCC
PO Box 1715
Columbia, SC 29201

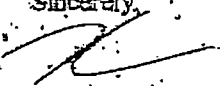
Re: Giles Long v. Metro Construction
WCC File No.: X150284
DOL: 11/20/2014

Dear Mr. Lindler:

Enclosed herewith please find the completed Claimant Questionnaire regarding the above referenced claim. Please let me know if you require any further information or have any questions.

I appreciate your assistance in this matter.

Sincerely,


Nicholas G. Callas

SCWCC

MAY 07 2015

Printed on Recycled Paper

Claimant Questionnaire

Re: Gregg Long v. METRO CONSTRUCTION
WCC File No. X150284
Date of Injury: 11/20/2014

1. Has an insurance adjuster been assigned to handle or investigate this claim? If so, please provide the name of the adjuster and telephone number. No

2. Are you receiving or have you received benefits from an insurance company or employer? If so what has been done for you to date? Not applicable

3. Address and telephone number of your employer:

2526 Fanny Branch Rd
1201441, 29070

4. Address of job site where you got hurt, if different from above:

Same as above

5. Owner(s) of business: Giles Long - Resident

6. How did you get hurt? Combustible materials exploded causing injury

7. Number of employees of employer in South Carolina: 10

8. List names of employees:

Giles Long, Scott Long, William Long,
Dwaine Thomas, Tony Roda, Todd Haddock, Wilson Walker, other employees
names will be

9. Dates employed: from 2/1/99 to present Number of hours worked per week 50 male

Gross weekly wage: \$1,000 How were you paid? ☒ Check ☐ Cash available

Taxes taken out? ☒ Yes ☐ No.

If paid by check, name of business or individual on check, if known: Giles Long

Name of bank and location, if known: B&T Legville SC

If you were paid by the hour, list your hourly amount: N/A

Who was your immediate supervisor? N/A

10. Was there an "upstream" or general contractor for whom the business was providing a service or subcontracting for when the alleged injury occurred? If so, please provide the business name, address, and telephone number, if known: N/A

11. Name of person completing form: Michelle E. Butler

12. Telephone #: (803) 799-2200

SCWCC

NOV 01 2015

RECEIVED
NOV 01 2015

Compliance Routing Slip

08 2014-4437

Date: 12/8/2015

DEC 10 2015

Uninsured Employers' Fund

To: SCUEF

From: BRYAN

BERTHELETTE

BF
12/10/15

Nicholas G. Callas
J. Scott Shirley
Vanessa Crittenden Overbay
Jennifer Randolph Purdy
*Also admitted in Georgia
*Also admitted in North Carolina



08 2014-4437
1430 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pcslawyer.com

December 3, 2015

Debbie Backman, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

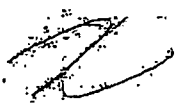
RE: Giles Gregory Long v. Metro Construction, Inc.
WCC File No.: x-150284
Claim No.: Unknown

Dear Ms. Crocker:

Enclosed please find a Form 50 requesting a hearing in the above matter along with the required filing fee. By copy of this letter, I am serving the Form 50 on the carrier.

If you should have any questions concerning this matter, please feel free to contact me.

Sincerely,


Nicholas G. Callas

NGC/mh

Enclosure

cc: Ms. Meredyth Harden
SC Uninsured Employers' Fund
PO Box 210039
Columbia, SC 29221

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: X-450284
Carrier File #: Unknown
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Giles Gregory Loh SSN: 247-23-0248 Employer's Name: Misra Construction, Inc.
Address: 2550 Home Road Address: 7526 Caney Branch Road
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: 803-820-8822 Work Phone: _____ Insurance Carrier: SC Uninsured Employers' Fund
Preparer's Name: Nicholas C. Dallas Law Firm: Scoville, Dallas & Shirley, P.A. Preparer's Phone #: 803-789-2100

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
2. Briefly describe how the accident occurred: Claimant injured entire body while discarding of combustible structure.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 11/28/2014 in the following manner: Notified self as he is the supervisor.

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring

☒ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☐ Partial

☒ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: To be determined

10a. ~~At the time of the injury~~ the Claimant was paid weekly wages of Greater Than \$20 and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer

11. Further grounds or unusual aspects of claim: None

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmello Health, Highland & Richland Medical Park, Columbia, SC 29203, Joseph S. Bum Center, 1220 Georges C. Wilson Drive, Augusta, GA 30803

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 1 hour

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SC Uninsured Employers' Fund

Address PO Box 240025 on the 21st day of December 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney
Title

Electronic Server.com
Email

Date

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: x-150284

Giles Gregory Long,
Claimant,

v.

Metro Construction, Inc.
Employer, and

Zurich North America
Carrier,

Defendant.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed in the Law Offices of Popowski, Callas & Shirley, and that she has mailed, on December 3, 2015, a copy of the Form 50, in the above entitled action to the following with proper postage affixed thereto:

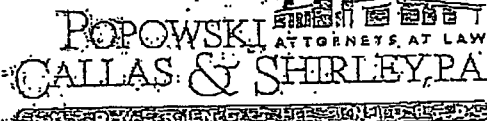
TO: Debbie Backman, Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, S.C. 29201

Ms. Meredyth Harden
SC Uninsured Employers' Fund
PO Box 210039
Columbia, SC 29221

Meredith Harden
Meredith Harden

05 2014-4437

Nicholas G. Callas
J. Scott Shirley
Vanessa Crittenden Overbay
Jennifer Randolph Furdy
Also admitted in Georgia
Also admitted in North Carolina



1430 Blahding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pcpawyer.com

September 29, 2015

Ms. Debbie Backman
SC Workers' Compensation Commission
Claims Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Gregg Long v. Metro Construction, Inc.
WCC File No.: X150284
Claim No.: Unknown

Dear Ms. Backman:

Enclosed please find a Form 50 claim only in the above referenced matter. By copy of this letter, I am serving the Form 50 on the carrier.

If you should have any questions concerning this matter, please feel free to contact me.

Sincerely,

Nicholas G. Callas

NGC/mh
Enclosure

cc: State Accident Fund
PO Box 210039
Columbia, SC 29221

OF 10/2/15

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: X150284
Carrier File #: Unknown
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Giles Gregory Long SSN: 247-21-8249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Road Address: 2526 Caney Branch Road
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: 803-920-0872 Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Nicholas G. Calles Law Firm: Podowski, Calles & Saffrey, P.A. Preparer's Phone #: 803-729-2100

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
2. Briefly describe how the accident occurred: Claimant injured entire body while disposing of combustible products.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.

- ☒ 7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring.
☐ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring.

- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined

- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

- ☒ 9a. ☒ A determination of permanent disability is premature at this time.

- ☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: To be determined

- 10a. At the time of the injury, the Claimant was paid weekly wages of \$need Form 20 and demands accounting of days worked and wages earned as provided by law.

- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer

11. Further grounds or unusual aspects of claim: None

- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmello Health Richard, 5 Richard Medical Park, Columbia, SC 29203; Joseph S. Kim, Kim Center, 1220 George C. Wilson Drive, Augusta, GA 30906

- 11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

- ☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: _____

- ☐ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is requested pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I certify I have served this document pursuant to Reg. 67-214 by delivering a copy to State Accident Fund

Address: P.O. Box 210039 on the 29 day of September 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney
Title

Nick@podlawyer.com
Email

Date

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO: X150284

Gregg Long,)
Claimant,)
)
v.)
)
Metro Construction, Inc.)
Employer, and)
)
State Accident Fund)
Carrier,)
)
Defendant.)
)

AFFIDAVIT OF MAILING.

The undersigned hereby certifies that she is employed in the Law Offices of Popowski, Callas & Shirley, and that she has mailed, on September 29, 2015, a copy of the Form 50, in the above entitled action to the following with proper postage affixed thereto:

TO: Ms. Debbie Backman
SC Workers' Compensation Commission
Claims Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

State Accident Fund
PO Box 210039
Columbia, SC 29221

Merridy Halsey
Merridy Halsey

Susan Strausbaugh

From: Susan Strausbaugh
Sent: Tuesday, October 13, 2015 6:42 PM
To: 'merridy@pcslawyer.com'
Subject: Gregg Long - wcc x-150284

Importance: High

Hi Merridy, just wanted to inform we received F-50 dated 9-29, and that the alleged carrier would be "SC Uninsured Employers' Fund" which is a separate Fund under the umbrella of the State Agency, State Accident Fund. We were moved from Second Injury Fund July, 2013 whenever the SIF closed down. You referenced the correct POB for the SCUEF.

(SAF's POB is 102100).

Ellen Goodwin (~~egoodwin@saef.sc.gov~~) is the attorney assigned to this case, and I assist her in cases L-Z.

The SCUEF file nos. are designated as "SAF" Nos. to interface with SAF's computer system.

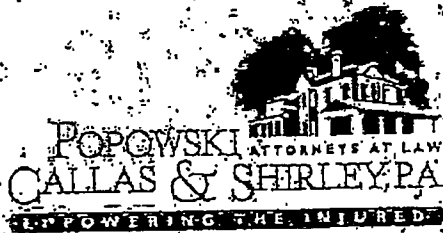
Paralegal
Uninsured Employers' Fund
P. O. Box 210039
Columbia, S.C. 29221-0039
(w) (803) 896-5376
(f) (803) 612-2766

***** ~~CONFIDENTIALITY~~ NOTE *****

Please be advised that the documents accompanying this transmission may contain information that is confidential or that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited and may be illegal under federal or state law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Thank you.

X150284

Nicholas G. Callas
J. Scott Shirley
Vanessa Crittenden Overby
Jennifer Randolph Purdy
Also admitted in Georgia
Also admitted in North Carolina



1430 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pcsawyer.com

September 29, 2015

Ms. Debbie Backman
SC Workers' Compensation Commission
Claims Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Gregg Long v. Metro Construction, Inc.
WCC File No.: X150284
Claim No.: Unknown

SCWCC

OCT 02 2015

INSURANCE &
MEDICAL SERVICES

Dear Ms. Backman:

Enclosed please find a Form 50 claim, only in the above referenced matter. By copy of this letter, I am serving the Form 50 on the carrier.

If you should have any questions concerning this matter, please feel free to contact me.

Sincerely,

Nicholas G. Callas

NCC:mh

Enclosure

cc: State Accident Fund
PO Box 210039
Columbia, SC 29221

RECEIVED

OCT 02 2015

Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

Printed on Recycled Paper

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500, Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.scc.sc.gov



WCC File #: 2150284

Carrier File #: Unknown

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Giles Gregory Long SSN: 247-21-8248

Employer's Name: Malm Construction, Inc.

Address: 2550 Home Road

Address: 2526 Caney Branch Road

City: Ladson State: SC Zip: 29079

City: Ladson State: SC Zip: 29079

Home Phone: 803-620-0622

Work Phone: _____

Insurance Carrier: State Accident Fund

Preparer's Name: Nicholas G. Calas

Law Firm: _____

Proposed Calas & Shirley, P.A.

Preparer's Phone #: 803-788-2100

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems; back, ears, eyes, lungs, stomach; bilateral arms; bilateral legs; bilateral hands; skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems; back, ears, eyes, lungs, stomach; bilateral arms; bilateral legs; bilateral hands; skin loss and scarring.

2. Briefly describe how the accident occurred: Claimant injured entire body while disposing of combustible materials.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for pulmonary, respiratory and digestive systems; back, ears, eyes, lungs, stomach; bilateral arms; bilateral legs; bilateral hands; skin loss and scarring

☒ (b) additional medical examination and treatment for pulmonary, respiratory and digestive systems; back, ears, eyes, lungs, stomach; bilateral arms; bilateral legs; bilateral hands; skin loss and scarring

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of to be determined

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☐ Partial

☒ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: to be determined

10a. At the time of the injury, the Claimant was paid weekly wages of \$12.00 per hour and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer

11. Further grounds or unusual aspects of claim: None

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmetto Health, 5 Fritchland Medical Park, Columbia, SC 29203; Joseph S. Bum Center, 1220 Georges C. Wilson Drive, Augusta, GA 30909

11b. To the best of your knowledge, did you have any prior permanent disability? No

If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: _____

☐ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-4801 B.

☐ b. Mediation is requested pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1802.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@scwcc.com

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to State Accident Fund

Address Box 210000 on the 29 day of September 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

I certify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Nicholas G. Calas

Attorney
Title: _____

Attorney
Email: _____

Date: 9/29/15

WCC Form 10-1
Revised 01/15
Claims Administrator
Comp. Comm.

50

Employer's Notice of Claim and/or
Request for Hearing

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO: X150284

Gregg Long,
Claimant,

v.

Metro Construction, Inc.
Employer, and

State Accident Fund
Carrier,

Defendant.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed in the Law Offices of Popowski, Caltas & Shirley, and that she has mailed, on September 29, 2015, a copy of the Form 50, in the above entitled action to the following with proper postage affixed thereto:

TO: Ms. Debbie Backman
SC Workers' Compensation Commission
Claims Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

State Accident Fund
PO Box 210039
Columbia, SC 29221

Melinda Halfacre
Melinda Halfacre

RECEIVED

OCT 02 2015

Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

SCWCC

OCT 17 2015

RECEIVED
SCWCC

Claimant Questionnaire

Re: Gregg Long v. METRO CONSTRUCTION
WCC File No. X150284
Date of Injury: 11/20/2014

1. Has an insurance adjuster been assigned to handle or investigate this claim? If so, please provide the name of the adjuster and telephone number: N/D

2. Are you receiving or have you received benefits from an insurance company or employer? If so what has been done for you to date? Not applicable

3. Address and telephone number of your employer:

2526 Canby Branch Rd
Leeville SC 29070

4. Address of job site where you got hurt, if different from above:

same as above

5. Owner(s) of business:

Giles Long - Resident

6. How did you get hurt?

Combustible materials exploded causing injury

7. Number of employees of employer in South Carolina: 10

8. List names of employees:

Giles Long, Scott Long, William Long,
Briggs, Haiman, Tracy Rodriguez, Todd Glade, Wilson Walker, other employees
names will be made

9. Dates employed: from 5/1/99 to present

Number of hours worked per week 50 made

Gross weekly wage: \$1,000

How were you paid? ☒ Check ☐ Cash available

Taxes taken out? ☒ Yes ☐ No

If paid by check, name of business or individual on check, if known: Giles Long

Name of bank and location, if known: BUT - Leeville SC

If you were paid by the hour, list your hourly amount: N/A

Who was your immediate supervisor? N/A

10. Was there an "upstream" or general contractor for whom the business was providing a service or subcontracting for when the alleged injury occurred? If so, please provide the business name, address, and telephone number, if known: N/D

11. Name of person completing form: Michael G. G. G.

12. Telephone # (803) 795-2100

SCWCC

NOV 01 2014

Nicholas G. Callas
J. Scott Shirley
Vanessa Crittenden Overbay
Jennifer Randolph Purdy
Also admitted in Georgia
Also admitted in North Carolina


POPOWSKI ATTORNEYS AT LAW
CALLAS & SHIRLEY, P.A.
EMPOWERING THE INJURED

1430 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pcslawyer.com

May 4, 2015

SCWCC
PO Box 1715
Columbia, SC 29201

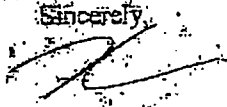
Re: Giles Long v. Metro Construction
WCC File No.: X150284
DOI: 1/17/2014

Dear Mr. Lindler:

Enclosed herewith please find the completed Claimant Questionnaire regarding the above referenced claim. Please let me know if you require any further information or have any questions.

I appreciate your assistance in this matter.

Sincerely,


Nicholas G. Callas

SCWCC

MAY 07 2015

Printed on Recycled Paper

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1258
www.wcc.sc.gov

Workers' Compensation Commission

May 6, 2015

Nicholas G. Callas
Popowski, Callas & Shirley
P O Box 7397
Columbia, SC 29202

Re: Claim file:
Gregg Long v. METRO CONSTRUCTION, INC
WCC File No. TBD
Date of Injury: 11/20/2014

Investigation File:
SCWCC v. METRO CONSTRUCTION, INC
WCC File No. X150284

Dear Nicholas G. Callas:

Enclosed you will find a copy of a Consent Agreement signed by METRO CONSTRUCTION, INC consenting they were subject to the SC Workers' Compensation Act and uninsured on the date of your client's injury.

If you have any questions, please contact me at 803-737-6203 or [wdacote@wcc.sc.gov](mailto:wducote@wcc.sc.gov).

Sincerely,

A handwritten signature in dark ink, appearing to read "WDucote", written over a horizontal line.

Wayne A. Ducote
Coverage & Compliance Director

State of South Carolina

1133 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1258
www.wcc.sc.gov

Workers' Compensation Commission

May 6, 2015

S.C.W.C.C. File Copy

Re: Claim file:
Gregg Long v. METRO CONSTRUCTION, INC
WCC File No. TBD
Date of Injury: 11/20/2014

Investigation File:
SCWCC v. METRO CONSTRUCTION, INC
WCC File No. X150284

Dear S.C.W.C.C. File Copy:

Enclosed you will find a copy of a Consent Agreement signed by METRO CONSTRUCTION, INC consenting they were subject to the SC Workers' Compensation Act and uninsured on the date of your client's injury.

If you have any questions, please contact me at 803-737-6203 or wducote@wcc.sc.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wayne A. Ducote", is written over a horizontal line.

Wayne A. Ducote
Coverage & Compliance Director

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

South Carolina Workers'
Compensation Commission,

WCC File Number: X150284

Petitioner,

Compliance Agreement

v.

METRO CONSTRUCTION, INC

Respondent

I, the undersigned, have full authority to execute this agreement on behalf of the Respondent. I acknowledge that for the period from August 1, 2014 until December 16, 2014, the Respondent was operating without workers' compensation insurance and in violation of SC Code Ann. § 42-5-10 and § 42-5-20 (1985). An employer required to be insured that refuses or neglects to do so shall be punished by a fine of \$1.00 for each employee, but not less than \$10.00 or more than \$100.00 for each day of refusal or neglect, SC Code Ann. § 42-5-40 and a penalty of up to \$1,000 a year of noncompliance, SC Code Ann. § 42-3-105.

Pursuant to SC Code Ann. § 42-5-40, the fine assessed is \$1,300; and pursuant to SC Code Ann. § 42-3-105, the penalty assessed is \$1,000. Payment of the fine and penalty assessments in the amount of \$2,300 must be received by May 14, 2015. Failure to pay this fine and penalty may result in a maximum fine of \$100 for each day of noncompliance and a penalty of up to \$1,000 a year of noncompliance.

The Respondent agrees to comply with the requirements of the South Carolina Workers' Compensation Act within 30 days and remain in compliance as required by SC Code of Laws.

By executing this agreement, the Respondent is responsible for any claim found to be compensable, which occurs during the period of violation. Further, the Respondent agrees to make prompt payment of any claim found to be compensable.

Executing the agreement does not nullify any defenses the employer may have for any claim, to include a defense that an injury was not the result of an accident arising out of employment. Also, the Respondent does not waive any claims or causes of action the Respondent may have against any third party, insurance company, agent or broker.

Respondent Agent (signature)

Respondent Agent's Name (printed)

Witness (signature)

Respondent FEIN

SCWCC

MAY 05 2015

INSURANCE &
MEDICAL SERVICES

Nicholas G. Callas
J. Scott Shirley
Vanessa Critchenden Overbay
Jennifer Randolph Purdy
Also admitted in Georgia
Also admitted in North Carolina


POPOWSKI
ATTORNEYS AT LAW
CALLAS & SHIRLEY, P.A.
EMPOWERING THE INJURED

1430 Blanding Street
Columbia, SC 29201
P.O. Box 7357
Columbia, SC 29202
P: 803.799.2100, F: 803.254.9874
www.pcslawyer.com

May 5, 2015

Bryan T. Berthelette
Compliance Investigator
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

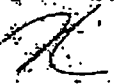
Re: Giles Gregory Long v. Metro Construction, Inc.
WCC File No. 1313815

Dear Mr. Berthelette:

Enclosed herewith please find the compliance agreement and check in the amount of \$1,000.00 as payment in full of the penalty established under S.C. Code Section 42-3-105. I appreciate your willingness to waive the additional fine of \$1,300.00.

Please let me know if you require any additional information.

Sincerely,



282485/31250/0015-515

METRO CONSTRUCTION INC.
2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070
PH 803-532-2715

BBBT
BRANCH BANKING AND TRUST COMPANY
800-BANKBBT BBT.com
37-780632

2074

5/5/2015

PAY TO THE ORDER OF South Carolina Workers Comp. Commission

One thousand and 00/100

\$ 1,000.00

South Carolina Workers Comp. Commission

DOLLARS

MEMO

File # 150284

1002671005201000052089357

Printed on recycled paper

RULE TO SHOW CAUSE FOR FAILURE TO MAINTAIN
WORKERS' COMPENSATION INSURANCE
CASE INFORMATION FOR RTSC HEARING

DATE: March 17, 2015

CAPTION: SCWCC v. METRO CONSTRUCTION, INC (LEGAL NAME)

WCC File No. X150734

WCC Compliance Officer: Bryan L. Bertelone

Employer Representative: METRO CONSTRUCTION, INC
Employer Service Address: 2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

Employer Attorney:
Attorney address and phone number:

Subject to the Act because lapsed coverage

Date initial letter with questionnaire sent to Employer: 03/05/15

Date violation letter and compliance agreement sent to Employer: March 17, 2015

Compliance agreement fine amount assessed: \$1,300

Compliance agreement penalty amount assessed: \$1,000

Total amount of assessed fines & penalties \$2,300, calculated as follows:

Period of violation August 8, 2014 to December 16, 2014

Total number of days 130 (incl. add'l 14 days from date of violation letter if "continuing")

\$-10- per day

Number of employees lapsed coverage

Brief summary of phone or other personal contact with employer representative, if any:

Amount of reduced fine offered, \$

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-4258
www.wcc.sc.gov

Workers' Compensation Commission

March 17, 2015

S.C.W.C.C. File Copy
2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

WCC File No. X150284

Re: Offer of Voluntary Compliance Agreement between SCWCC and METRO
CONSTRUCTION, INC

Dear S.C.W.C.C. File Copy:

The Compliance Division of the South Carolina Workers' Compensation Commission conducted a compliance investigation and found METRO CONSTRUCTION, INC (the Employer) is subject to the SC Workers' Compensation Act by regularly employing four (4) or more persons in the conduct of its business. The Employer is required by SC Law to maintain Workers' Compensation Insurance coverage. The Compliance Division of the South Carolina Workers' Compensation Commission determined that the Employer did not carry Workers' Compensation insurance coverage between the dates of August 2, 2014, and December 16, 2014. The Commission notified the Employer on 03/05/15, explained the findings stated herein, and instructed the Employer that it should obtain Workers' Compensation insurance coverage promptly.

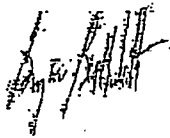
South Carolina law allows the South Carolina Workers' Compensation Commission to assess both a fine and a penalty in this matter. The minimum fine is \$1,300 and the minimum penalty is \$1,000. However, because the Employer has obtained the necessary Workers' Compensation insurance coverage, the Commission will waive the fine of \$1,300 if METRO CONSTRUCTION, INC pays the South Carolina Workers Compensation Commission a penalty of \$1,000 and signs and returns the attached Compliance Agreement within 14 days of the date of this letter.

By execution of the Compliance Agreement, the Employer accepts responsibility for and agrees to make prompt payment of all claims (if any) that occurred during the period of violation. Execution of the agreement does not invalidate any defenses the Employer may have for a claim and does not cause an uninsured employer to waive any claims or causes of action it may have against a third party, insurance company, agent, or broker.

Acceptance of this Agreement represents a voluntary decision of the Employer. Should the Employer not execute the enclosed agreement and/or not satisfy the accompanying penalty, the Employer will be subpoenaed to an Order and Rule to Show Cause hearing before the Commission in Columbia. The purpose of such a hearing would be to determine whether the Employer was in violation and the appropriate amount of fines and penalties to be assessed. Should this matter rise to an Order and Rule to Show Cause Hearing, the Compliance Division shall seek the maximum allowable fine, in addition to administrative and hearing costs.

If METRO CONSTRUCTION, INC has any questions regarding the information outlined above, please contact me at 803-737-5706 or bberthelette@wcc.sc.gov.

Sincerely,



Bryan T. Berthelette
Compliance Investigator

Enclosures: Compliance Agreement

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

South Carolina Workers'
Compensation Commission,

Petitioner,

v.

METRO CONSTRUCTION, INC

Respondent

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

Compliance File #: X150284
WCC CO: Bryan T. Berthelette

Compliance Agreement

I, the undersigned, have full authority to execute this agreement on behalf of the Respondent. I acknowledge that for the period from August 8, 2014 until December 16, 2014, when coverage was obtained, the Respondent was operating without workers' compensation insurance and in violation of SC Code Ann. § 42-5-10 and § 42-5-20 (1985). Pursuant to § 42-5-40, the minimum allowable fine that may be assessed as of the date of this Agreement is \$1,300.

The South Carolina Workers' Compensation Commission has agreed to settle this matter through the payment of a penalty in the amount of \$1,000, under the provisions of § 42-3-105, provided the penalty is satisfied in accordance with the accompanying violation letter.

The Respondent agrees to comply with the requirements of the South Carolina Workers' Compensation Act within 30 days and remain in compliance as required by SC Code of Laws.

By executing this agreement, the Respondent is responsible for any claim found to be compensable, which occurs during the period of violation. Further, the Respondent agrees to make prompt payment of any claim found to be compensable.

~~Executing the agreement does not nullify any defenses the Respondent may have for any claim and does not waive any claims or causes of action the Respondent may have against any third party, insurance company, agent or broker.~~

Respondent Agent (signature)

Respondent Agent's Name (printed)

Witness (signature)

Respondent FEIN



Proof of Coverage Inquiry

Search ncci.com

21

Policy Carrier Reports

Policy & Carrier

SOUTH CAROLINA

Back to Search Results

1st policy
Cancelled

Policy & Carrier	Names & Addresses	Names	Addresses	State	Exposure	Cancel/Action/Reason	Trans/Factory
Policy Nbr	6ZZU82E14299A14				Carrier Code	B0012	Policy Eff Dt 04/04/2014 Policy Exp Dt 04/04/2015
Primary Insured Name	METRO CONSTRUCTION INC						
Primary Insured Information							
Name	METRO CONSTRUCTION INC						
Name Type	2 - COMMERCIAL NAME						
PEO/Client Code							
FEIN	571084423						
Street	2526 CANEY BRANCH RD						
City	LEESVILLE						
State	SC	Zip Code	29070-8926				
Carrier Information							
Name	80052 - AMERICAN ZURICH INS CO (THE TRAVELERS)						
FEIN	363141762						
Street	CL RESIDUAL MARKET POB 3556						
City	ORLANDO						
State	FL	Zip Code	32802-3556	Group Code	8004	Branch	000
Agent Information							
Name	ADAMS EDDY AND ASSOCIAT						
Street	PO BOX 5595						
City	COLUMBIA						
State	SC	Zip Code	29250-5595				
Policy Information							
Prior Policy Nbr							
Policy Type Pish	02 - NORMAL ASSIGNED RISK POLICY						
Assignment Date	04/14/2014						
Policy Type Cvr	03 - STANDARD WORKERS' COMPENSATION POLICY						
Wrap-Up Code	2 - NON-WRAP-UP POLICY						
Legal Nature of Insured	03 - CORPORATION						
Employer Leasing Code	1 - NON-EMPLOYEE LEASING POLICY						
Deductible Losses Code							
Deductible Calc Code							
State Carrier	SC						
State Eff Dt	04/04/2014						
State Exp Dt							
Reason State Added	0 - FIELD DOES NOT APPLY						
Gov Class Code	6319						
State Premium (\$)	15,652						
Orig POC Revd Dt	05/09/2014						
Last Revd Dt	02/28/2015						



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POC



Proof of Coverage Inquiry

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21

Policy Carrier Reports

Policy & Carrier

SOUTH CAROLINA

Back to Search Results

Policy & Carrier	Names & Addresses	Names	Addresses	State	Exposure	Carrier/Reinsurer/Non-Resident	Trans. History
Policy Nbr	WCS355544246014	Carrier Code	27243	Policy Eff Dt	12/16/2014	Policy Exp Dt	12/16/2015
Primary Insured Name	METRO CONSTRUCTION INC						
Primary Insured Information							
Name	METRO CONSTRUCTION INC						
Name Type	S - STRING NAME						
PEO/Client Code							
FED	571054423						
Street	2526 CANEY BRANCH RD						
City	LEESVILLE						
State	SC	Zip Code	29076-8328				
Carrier Information							
Name	27243 - LM TRS CORP						
FED	543055504						
Street	INVOLUNTARY MKT, 2000 WESTWOOD, BOX 8090						
City	WAUSAU						
State	WI	Zip Code	54982-5030	Group Code	15628	Accept	083
Agent Information							
Name	CORREL INSURANCE GROUP DBA AD						
Street	PO BOX 5595						
City	COLUMBIA						
State	SC	Zip Code	29250-5595				
Policy Information							
Prior Policy Nbr		State Carrier		State Eff Dt	12/16/2014	State Exp Dt	
Policy Type Plan	02 - NORMAL ASSIGNED RISK POLICY						
Assignment Date	03/05/2015						
Policy Type Ctry	01 - STANDARD WORKERS' COMPENSATION POLICY						
Wrap-Up Code	02 - NON-WRAP-UP POLICY						
Legal Nature of Insured	03 - CORPORATION						
Employee Leasing Code	1 - NON-EMPLOYEE LEASING POLICY						
Deductible Losses Code							
Productible Code							
		Revised State Address		Gov. Class Code	E306	State Premium (%)	17.457
		Orig POC Rev'd Dt		Orig Policy Rev'd Dt	01/10/2015	Last Rev'd Dt	01/10/2015

2nd policy carrier

After DOT 01/10/2015



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Proof of Coverage Inquiry

Set

Policy Carrier Reports

Active Linked Names & Addresses

SOUTH CAROLINA

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Policy & Carrier	Names & Addresses	Names	Addresses	State Exposure	Canc/Reinst/Non-Renew	Trans History
Policy Mbr: WCS35544245014	Carrier Code: 27243	Policy Eff Dt: Policy Exp Dt:				
Primary Insured Name: METRO CONSTRUCTION INC						
Employer Search Criteria						

Employer Name	Name Type	PEO/Client Code	Emp Legal Status	FEIN	Street	City	State	Zip Code	Unemployment ID	Rptd Industry Code	NAICS Code
METRO CONSTRUCTION INC				571034423	2526 CANEY BRANCH RD	LEESVILLE	SC	29070-8928			
METRO CONSTRUCTION INC	3			571084423	2526 CANEY BRANCH RD	LEESVILLE	SC	29070-8928		237110	
METRO UTILITIES LLC	3			571884423	2526 CANEY BRANCH RD	LEESVILLE	SC	29070-8928		237110	

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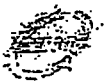
Quick Links

- [Data Transfer via the Internet](#)
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Policy Carrier Reports

Cancellations / Reinstatements / Non-Renewals

SOUTH CAROLINA

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Policy & Carrier Names & Addresses Names Addresses State Exposure Cenc/Reinst/Non-Renew Trans History

Policy Nbr WCS35544246014
Primary Insured Name METRO CONSTRUCTION INC

Carrier Code Z7243

Policy Eff Dt 12/16/2014

Policy Exp Dt 12/16/2015

1 Items in 1 pages

C/R/N Received Date	C/R/N Effective Date	Cancellation Notice Mail Date	Reason for Reinstatement	Transaction Code	Cancel Type	Cancel Reason
03/05/2015	04/08/2015	03/04/2015		01 - CANCELLATION	02 - CANCELLED PRO-RATA	99 - OTHER

1 Items in 1 pages

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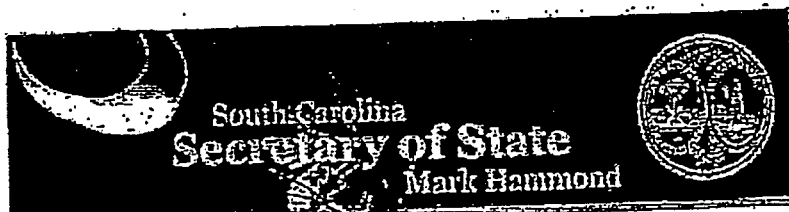
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Active as of Today's date 3/17/15



METRO CONSTRUCTION, INC.

Note: This online database was last updated on 3/4/2015 3:07:13 AM.
See our Disclaimer.

DOMESTIC / FOREIGN:

STATUS:

STATE OF INCORPORATION
/ ORGANIZATION:

Domestic

Forfeiture

SOUTH CAROLINA

Profit

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:

ADDRESS:

CITY:

STATE:

ZIP:

SECOND ADDRESS:

FILE DATE:

EFFECTIVE DATE:

DISSOLVED DATE:

GILES G LONG
2526 CANEY BRANCH RD
LEESVILLE
SC
29070

09/14/1999

09/14/1999

03/03/2014

Corporation History Records

CODE	FILE DATE	COMMENT
Forfeiture	03/03/2014	SCSOS Filing: ADMINISTRATIVE DISSOLUTION #2
Incorporation	09/14/1999	INCORPORATION

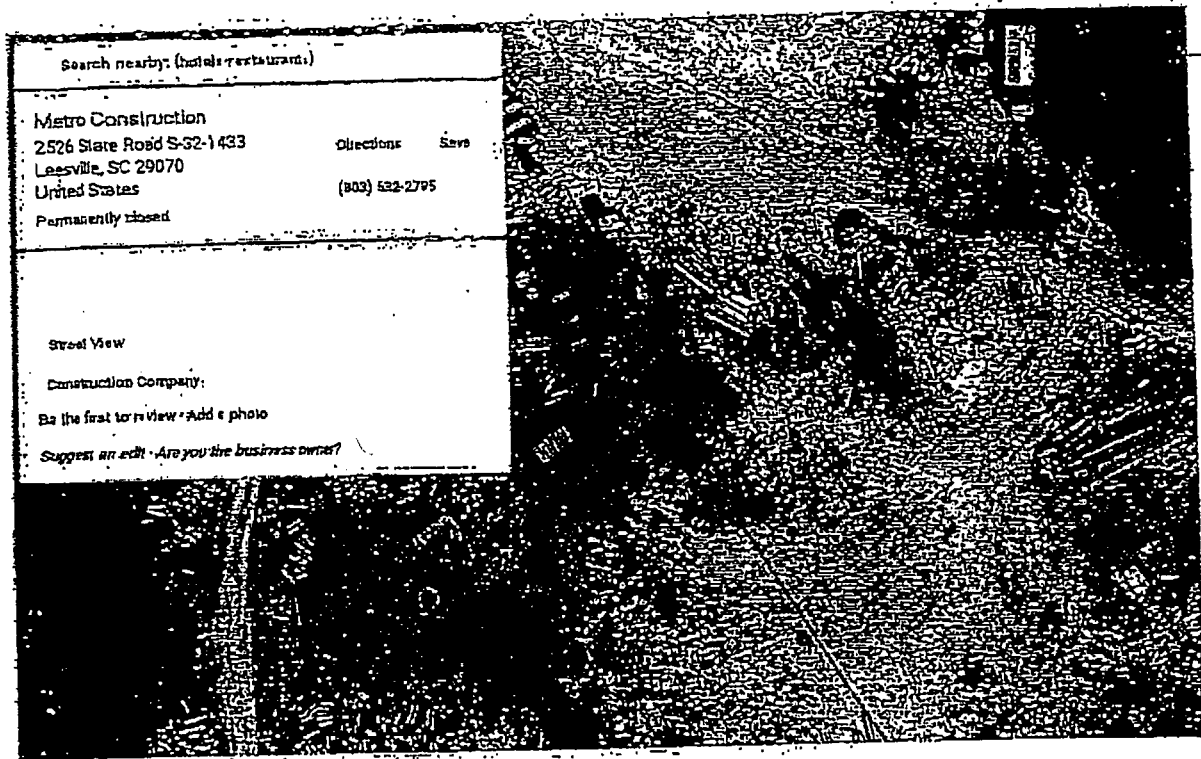
Document

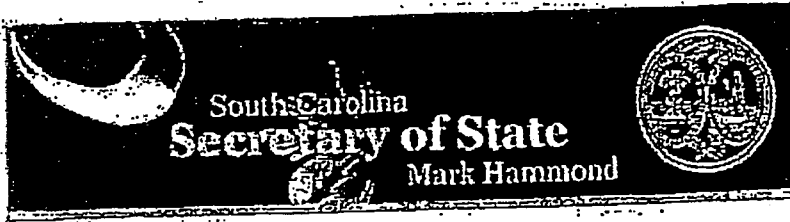
Image

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Physical Address: Edgar Brown Building - 1205 Pendleton Street Suite 525 Columbia, SC 29201
Mailing Address: SC Secretary of State's Office 1205 Pendleton Street Suite 525 Columbia, SC 29201

3/4/2015 3:43 PM





*SAME FEIN on policy
for Metro
Construction Inc*
571084423

METRO UTILITIES, LLC

Note: This online database was last updated on 3/4/2015 3:07:13 AM.
See our Disclaimer.

DOMESTIC / FOREIGN:

Domestic

STATUS:

Good Standing

STATE OF INCORPORATION:

SOUTH CAROLINA

ORGANIZATION:

Prob

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:

GILES GREGORY LONG

ADDRESS:

2526 CANEY BRANCH ROAD

CITY:

LESLIEVILLE

STATE:

SC

ZIP:

29070

SECOND ADDRESS:

FILE DATE:

08/08/2005

EFFECTIVE DATE:

08/08/2005

DISSOLVED DATE:

11

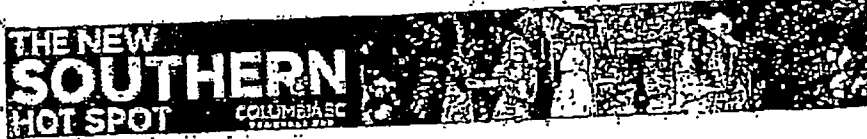
Corporation History Records

CODE	FILE DATE	COMMENT	Document
Domestic LLC	08/08/2005	AT WILL	

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

Physical Address: Edgar Brown Building - 1205 Pendleton Street Suite 525 Columbia, SC 29201
Mailing Address: SC Secretary of State's Office 1205 Pendleton Street Suite 525 Columbia, SC 29201

Employment Security Commission			
EmpFEINNum	EmpFEIN	571084423	Search Reset
SCESCO	FEIN	Employer Name	City
354285	571084423	METRO UTILITIES CONSTRUCTION	LEESVILLE
SCESCO: 354285 Employer Name: METRO UTILITIES CONSTRUCTION Address: 2526 CANEY BRANCH RD City: LEESVILLE SC 29076 Employees Count: 10 FEIN: 571084423 Last Updated: 04/17/2011 Last Confirmed: 01/05/2015 Show History			



LOCAL COLA

STAFF PHOTOGRAPHS

STAFF PHOTOGRAPHS

2 injured in explosion at Batesburg-Leesville business

November 20, 2014 By Allen Wallace

ColaDaily.com is your source for the news and information in Columbia and the Midlands.

An explosion Thursday morning at a Lexington County construction company injured two employees. Batesburg-Leesville firefighters were called around 9 a.m. to Metro Utilities at 2526 Caray Branch Road.

The explosion occurred in a building used to store dynamite. No one was inside the building, but two Metro Utilities employees nearby were injured by the blast.

Both were taken to a local hospital. No word on their condition has been released. The Federal Bureau of Alcohol, Tobacco, and Firearms and the South Carolina Fire Marshal's office are investigating the cause of the explosion along with local authorities.

Share This Post

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8-1

Posted by [Allen Wallace](#) on November 20, 2014. Filed under [Lexington County](#). You can follow any responses to this entry through the [RSS 2.0](#). Both comments and pings are currently closed.

Website Development: Web Development Technology Partners, Inc.

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1234
www.wcc.sc.gov

Workers' Compensation Commission

March 17, 2015

TO: METRO CONSTRUCTION, INC
2526 CANEY BRANCH ROAD
LEESVILLE, SC 29070

Please Include Copy of Invoice with Payment
Payment is Due upon Receipt

Invoice No: 311252

Line No	Description	Qty	Cost Per	Line Total
1	Capitulation Fine WCC #: X150284 Gregg Long vs METRO CONSTRUCTION, INC	1	\$2,300.00	\$2,300.00
2	Capitulation Fine Withdrawn WC INS. OBTAINED	1	\$1,300.00	\$-1,300.00
TOTAL DUE				\$1,000.00

Case File Maintenance - Details

WOC#	0150284	Employee:	Gragg	Long	Year of Injury:	2015
FEN	571081423	Date:	11/20/2014	Employer:	METRO CONSTRUCTION	Dur Loc 5107 Bryan Bartholomew
Carrier	000001	WC Uninsured Employers Fund	CFT	Notes	Prev Loc	

Details | Employer | Carrier | Attorney | Loc/Status | Award | Case | Judicial | Dependent/Guardian | Form 20

Employee information

Address: 2550 Home Road		City: LEESVILLE SC 29070	
SSN: 217-21-5249	Marital Status:	Age: 0 Sex:	
DOB:	Phys Email:		
Email:		City:	

Attorney

Employee Attorney: Nicholas E. Collier	6397
Carrier Attorney:	

Employer

Name: METRO CONSTRUCTION	Phone:
City:	Fax:

Accident

Date of Injury: 11/20/2014	Crim Status:	Cancelled in Favor of:	Avg Wk Wage: 0.00
Rep to Emp:	Final Receipt:	Date Rec Received:	Wk Comp Rate: 0.00
Location: 90 MULTIPLE BODY PARTS	Date Reported:	Date B Letter Sent:	
Cause:	Date Fatal:		
Nature:	Date Unlisted Death:		
Ind Code:	Date VOC Rehab:		
County: 32 LEXINGTON			

AC Desc: Claimant injured entire body while disposing of combustible products

Labels

WOC Image:

X Image:

EC Case:

Folder Label:

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1258
www.wcc.sc.gov

Workers' Compensation Commission

March 5, 2015

S.C.W.C.C. File Copy

Re: Gregg Long v. METRO CONSTRUCTION
WCC File No. X150284
Date of Injury: 11/20/2014

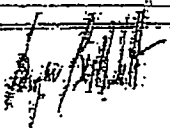
Dear S.C.W.C.C. File Copy:

A workers' compensation claim has been filed by or on behalf of the above-named claimant; however, a check of the insurance database of the South Carolina Workers' Compensation Commission was unable to locate insurance coverage for the employer.

In order to assist us in finding insurance or making a determination whether the employer was subject to the SC Workers' Compensation Act and in violation by being uninsured, please complete the enclosed Claimant Questionnaire and return it to the Commission as soon as possible. The Compliance Division will file the claim against the proper insurance carrier if coverage exists. If there is no insurance coverage, and if it can be proved the employer was subject to the Act, the claim will be turned over to the SC Uninsured Employers' Fund to pay or defend.

If you have any questions about what is being requested, please contact me at 803-737-5706 or bberthelette@wcc.sc.gov.

Sincerely,


Bryan T. Berthelette
Compliance Investigator

Enclosure: Claimant Questionnaire

Claimant Questionnaire

Re: Gregg Long v. METRO CONSTRUCTION
WCC File No. X150284
Date of Injury: 11/20/2014

1. Has an insurance adjuster been assigned to handle or investigate this claim? If so, please provide the name of the adjuster and telephone number: _____

2. Are you receiving or have you received benefits from an insurance company or employer? If so what has been done for you to date? _____

3. Address and telephone number of your employer: _____

4. Address of job site where you got hurt, if different from above: _____

5. Owner(s) of business: _____

6. How did you get hurt? _____

7. Number of employees of employer in South Carolina: _____

8. List names of employees: _____

9. Dates employed: from _____ to _____ Number of hours worked per week _____

Gross weekly wage: _____ How were you paid? _____ Check _____ Cash

Taxes taken out? _____ Yes _____ No

If paid by check, name of business or individual on check, if known: _____

Name of bank and location, if known: _____

If you were paid by the hour, list your hourly amount: _____

Who was your immediate supervisor? _____

10. Was there an "upstream" or general contractor for whom the business was providing a service or subcontracting for when the alleged injury occurred? If so, please provide the business name, address, and telephone number, if known: _____

11. Name of person completing form: _____

12. Telephone #: _____

bb

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1258
www.wcc.sc.gov

Workers' Compensation Commission

March 5, 2015

S.C.W.C.C. File Copy

Re: Gregg Long v. METRO CONSTRUCTION, INC
WCC File No. X150284
Date of Injury: 11/20/2014

Dear S.C.W.C.C. File Copy:

A workers' compensation claim has been filed on behalf of the above-named claimant. The defendant in the caption is stated to have been the employer. Additional information is required to determine if insurance coverage for METRO CONSTRUCTION, INC exists. Please furnish the following information within five (5) days from the date of this letter.

Name of insurance agent: _____
Agent's phone number: _____
Insurance carrier: _____
Policy number: _____
Name as it appears on policy: _____
Effective dates of policy: _____
Employer's FEIN: _____
Name of person completing form: _____
Telephone number: _____

~~If you have any questions you may contact me at 803-737-5706 or bberthelette@wcc.sc.gov.~~

Sincerely,

Bryan T. Berthelette
Compliance Investigator

Enclosure: Questionnaire

Questionnaire for Uninsured Employer

Re: Gregg Long v. METRO CONSTRUCTION, INC
WCC File No. X150284
Date of Injury: 11/20/2014

Official business name: _____

Business physical address: _____

Business mailing address: _____

Owner(s) of business: _____

Number of employees in SC at time of alleged accident: _____

Number of subcontractors in SC at time of alleged accident: _____

Business FEIN: _____

Was the above-named claimant the employee of the employer at the time of the alleged accident? Yes ___ No ___

If applicable: How much was the claimant paid?

Hourly gross: _____ or weekly gross _____

Number of hours the claimant worked per week: _____

Was the business providing service or subcontracting for an "upstream" employer or general contractor when the alleged injury occurred? If so, please provide the business name and address:

Are there any extenuating circumstances or facts about this claim and accident that need to be made known? If so, please describe:

Name and title of person completing form: _____

Date: _____ Telephone #: _____

Email Address: _____

bb

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: Not yet assigned
Carrier File #: Unknown
Carrier Code #:
Employer FEIN #:

Claimant's Name: Gregg Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Road Address: 2526 Canal Branch Road
City: Lansville State: SC Zip: 29070 City: Lansville State: SC Zip: 29070
Home Phone: 803-920-0822 Work Phone: Insurance Carrier: State Accident Fund
Preparer's Name: Nicholas G. Cates Law Firm: Prosser, Cates & Sledge, P.A. Preparer's Phone #: 803-798-2100

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring

2. Briefly describe how the accident occurred: Claimant injured entire body while disposing of combustible products.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral hands, skin loss and scarring

☒ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral hands, skin loss and scarring

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☐ Partial

☒ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: To be determined

10a. At the time of the injury, the Claimant was paid weekly wages of \$957.00 and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer

11. Further grounds or unusual aspects of claim: None

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmetto Health, 5 Richards Medical Park, Columbia, SC 29202; Joseph S. Bum Center, 1220 George W. White Drive, Augusta, GA 30606

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing:

☐ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have a true and correct copy of this document pursuant to Reg. 67-211 by delivering a copy to State Accident Fund.

Address: Box 2100 on the 1st day of March 2015 by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Nicholas G. Cates Date: MAR 16 2015

WCC Form # 50
Revised 7/13

Division of Claims
Claims Administrator
Workers' Compensation

50

Employee's Notice of Claim and/or
Request for Hearing

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION.

WCC FILE NO: X150284

Gregg Long,
Claimant,

v.

Metro Construction, Inc.
Employer, and

State Accident Fund
Carrier,

Defendant.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed in the Law Offices of Popowski, Callas & Shirley, and that she has mailed, on March 12, 2015, a copy of the Form 50, in the above entitled action to the following with proper postage affixed thereto:

TO: Ms. Debbie Backman
SC Workers' Compensation Commission
Claims Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

State Accident Fund
PO Box 210039
Columbia, SC 29221

Merridy Halfacre
Merridy Halfacre

RECEIVED

MAR 16 2015

Division of Claims
Claims Administration
SC Workers' Comp. Div.

SCWCC

MAR 16 2015

INSURANCE
MEDICAL SERVICES

Nicholas G. Callas
Scott Shirley
Vanessa Chauden Overbay
Jennifer Randolph Purdy
Also admitted in Georgia
Also admitted in North Carolina


POPOWSKI CALLAS & SHIRLEY, PA
ATTORNEYS AT LAW
EMPOWERING THE INJURED

5107
1330 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pclawyer.com

March 12, 2015

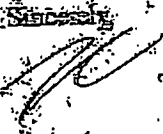
Ms. Debbie Backman
SC Workers' Compensation Commission
Claims Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Gregg Long v. Metro Construction, Inc.
WCC File No.: X150284
Claim No.: Unknown

Dear Ms. Backman:

Enclosed please find a Form 50 claim-only in the above referenced matter. By copy of this letter, I am serving the Form 50 on the carrier.

If you should have any questions concerning this matter, please feel free to contact me.


Sincerely,

Nicholas G. Callas

NGC/mh

Enclosure

cc: State Accident Fund
PO Box 210039
Columbia, SC 29221

SCWCS

MAR 16 2015

INSURANCE &
MEDICAL SERVICES

RECEIVED

MAR 16 2015

Division of Claims
Claims Administrator
SC Worker Comp. Comm.

Printed on Recycled Paper

Nicholas G. Callas
J. Scott Shirley
Vanessa Craenden Overbay
Jennifer Randolph Purdy
Also admitted in Georgia
Also admitted in North Carolina


POPOWSKI CALLAS & SHIRLEY, P.A.
ATTORNEYS AT LAW
EMPOWERING THE INJURED

1430 Blanding Street
Columbia, SC 29201
P.O. Box 7397
Columbia, SC 29202
P: 803.799.2100 F: 803.254.0874
www.pcslawyer.com

February 26, 2015

Debbie Backman, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

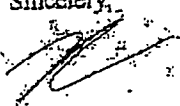
RE: Gregg Long v. Metro Construction, Inc.
WCC File No.: Not yet assigned
Claim No.: Unknown

Dear Ms. Crocker:

Enclosed please find a Form 50 requesting a hearing in the above matter along with the required filing fee. Please add my name as attorney of record for the claimant. By copy of this letter, I am serving the Form 50 on the carrier.

If you should have any questions concerning this matter, please feel free to contact me.

Sincerely,


Nicholas G. Callas

NGC/ann

Enclosure

cc: Zurich North America
PO Box 968084
Schaumburg, IL 60196

SCWCC

MAR 03 2015

INSURANCE &
LEGAL SERVICES

SCWCC

MAR 27 2015

JUDICIAL

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: Not yet assigned
Carrier File #: Unknown
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Grego Loco SSN: 2-7-21-9248
Address: 2550 Home Road
City: Lexsville State: SC Zip: 29070
Home Phone: 803-626-0522 Work Phone: _____
Preparer's Name: Stephen C. Cates Law Firm: Proctor, Cates & Skinner, P.A. Preparer's Phone #: 803-798-2100

Employer's Name: Metro Construction, Inc.
Address: 2526 Caney Branch Road
City: Lexsville State: SC Zip: 29070
Insurance Carrier: Accident-Sickness Insurance Company of America

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring.
2. Briefly describe how the accident occurred: Claimant injured entire body while disposing of combustible products.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified ask as he is the supervisor.

- ☒ 7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
☐ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined
- ☒ 9. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☒ 9a. ☒ A determination of permanent disability is premature at this time.
- ☒ 10. Due to the injury, the claimant has a serious bodily disfigurement consisting of: to be determined
- 10a. At the time of the injury, the claimant was paid weekly wages of \$600 per week, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident: to be determined
11. Further grounds or unusual aspects of claim: None
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Palmetto Health, Richard S. Richard Medical Park, Columbia, SC 29218; Joseph S. Bum Center, 1220 George G. Johnson Drive, Augusta, GA 30909
- 11b. To the best of your knowledge, did you have any prior permanent disability? No

If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: _____

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to to be determined

Address: PO Box 958004, Schaumburg, IL 60196 on the 26th day of February 2015, by ☒ first class postage ☐ certified mail ☐ personal service.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Title

Print

Date

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or
Request for Hearing

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: Not yet assigned

Gregg Long,
Claimant,

v.

Metro Construction, Inc.
Employer, and

Zurich North America
Carrier,

Defendant.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed in the Law Offices of Popowski, Callas & Shirley, and that she has mailed, on February 26, 2015, a copy of the Form 50, in the above entitled action to the following with proper postage affixed thereto:

TO: Debbie Backman, Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, S.C. 29201

Zurich North America
PO Box 968084
Schaumburg, IL 60196

Merridy Halfacre
Merridy Halfacre

SCWCC

MAR 03 2015

~~UNSUBMITTED~~
~~RECEIVED~~

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1423018

Giles Long,
Employee,
Claimant/Respondent,
vs.
Metro Construction, Inc.,
Defendant/Respondent,
American Zurich Ins. Co.
Defendant/Appellant,
and
SC Uninsured Employers' Fund,
Defendant/Appellant.

RESPONDANT'S BRIEF
TO THE FULL COMMISSION

STATEMENT OF THE CASE

The Respondent, Giles "Gregg" Long is an employee and owner of Metro Construction Company in Leesville, South Carolina. On November 20, 2014, he was injured in an on-the-job accident and subsequently made a claim for medical expenses and payment of temporary total benefits which was denied by the American Zurich Insurance Company (hereafter referred to as Appellant Zurich). Mr. Long asserts that the applicable statutory and case law supports his position that his claim for benefits should be accepted and that he is entitled to payment of medical expenses and temporary total benefits. Permanency is premature.

On April 4, 2014, Mr. Long, purchased an assigned risk workers' compensation policy from Appellant Zurich (Exhibit A). Mr. Long is both an employee and owner of Metro Construction, a commercial construction and demolition company. Moreover, under the afore-stated policy, he was considered an insured employee. Since this was an assigned risk policy, Mr. Long paid the entire annual premium of \$15,928.00 up front for a policy that was to run from April 4, 2014 – April 4, 2015. (Exhibit B)

On July 5, 2014 a Notice of Non-Cooperation with Preliminary Audit was sent to the Respondent stating that several attempts have been made to obtain payroll, classification and tax information. (Exhibit C). This notice letter was dated one day after Zurich sent a letter notifying Mr. Long that his policy would be cancelled effective August 8, 2014 for "failure to Audit or permit an audit." (Exhibit D) During the hearing Mr. Long testified that he never had received any communication from Appellant Zurich prior to these letters. (Tr. p. 183, lines 14 - 17) Despite this lack of notice and short suspense, Mr. Long attempted to immediately comply with the carrier's demand and retained the services of a bookkeeper to assist in the collection of this information. (Tr. p. 186, lines 2 -4, p. 222, lines 12 – 15)

On August 20, 2014—just twelve days after policy cancellation--Mr. Long provided 941 payroll and financial information for the carrier. (Exhibit E, Tr. p. 187, lines 5 - 17) Additionally, on November 5, 2014, Mr. Long paid an additional \$128.00 premium on this policy after receiving a bill from Zurich. (Exhibit F)

On November 20, 2014, Mr. Long was involved in a work-related accident resulting in burns to over 80 percent of his body and damage to his hearing, skin, pulmonary system, respiratory system, eyes, back, stomach, both upper and lower extremities and scarring. Due to the work-related accident, Gregg Long has sustained over two million dollars in medical

expenses from various healthcare providers. (Exhibit K) Most of these bills remain unpaid since Appellant Zurich has denied the claim and Mr. Long's health insurance carrier has gone bankrupt.

A second Earned Premium statement was sent to Mr. Long on January 7, 2015 requesting an additional \$2,095.00 to cover the afore-stated policy. (Exhibit G) Mr. Long's brother—also an employee of Metro Construction—timely paid this additional charge.

Since Zurich denied any coverage for the injuries that the Respondent sustained, Mr. Long filed a claim for workers' compensation benefits against SC Uninsured Employers' Fund (hereafter Appellant Fund) on March 12, 2015. Appellant Fund also denied coverage for Mr. Long's injuries and filed a motion to add Zurich as a party defendant on March 24, 2017. This motion was granted by the Commission.

Appellant Fund argues that either Zurich is responsible for the Respondent's damages or, in the alternative, that Mr. Long is responsible for his medical bills and damages. Appellant Fund's argument against Mr. Long is based on the proposition that he—as the owner of Metro Construction—had continued to operate his business after it was administratively dissolved by the SC Secretary of State's office. In support of this argument Fund filed a motion with the Commission to add Mr. Long as a party Defendant in his personal capacity. Mr. Long filed a responsive brief stating that he could not be held individually liable since he was an employee of Metro Construction when he was injured and since Metro Construction was administratively reinstated by the Secretary of State's office in December 2016. (Exhibit H) Specifically, S.C. Code Section 33-14-220 (Law Co-op, 1976) states that the restoration of a company retroactively corrects any prior error as if the dissolution had never occurred.

On April 19, 2017, Commissioner Aisha Taylor ruled in favor of Mr. Long and denied the Appellant's motion to add Giles Long individually as a Defendant. Subsequently, Appellant Fund filed an appeal to the Full Commission which was denied on the basis that Commissioner Taylor's ruling was considered interlocutory and not subject to further review.

On August 22, 2018, Commissioner Avery B. Wilkerson, Jr. issued a Decision and Order stating that Giles Long had sustained a compensable injury by accident to his pulmonary, respiratory, hearing and digestive systems as well as injuries to his back, ears, eyes, lungs, stomach, bilateral arms, legs and skin arising out of and in the course and scope of his employment with Defendant, Metro Construction.

Commissioner Wilkerson also found that the workers' compensation policy provided by Zurich was in effect on the date of the accident and that Zurich was responsible for payment of all benefits arising under Title 42.

Appellants Zurich and Fund appealed the single Commissioner's Decision alleging that Commissioner Wilkerson made errors of fact and law in his Order. Specifically, Appellant Zurich alleges that the Commissioner erred 1) in finding that the insurance policy was not cancelled due to the Claimant's substantial breach of contract; 2) by relying on the Claimant's beliefs and confusion as to the language in the worker's compensation contract and 3) by misconstruing the factual basis applied in Crews v. W.R. Crews Inc. 390 S.C. 15, 699 S.E.2d 189 (Ct. App. 2010).

Appellant Fund asserts that the Commissioner erred in finding that it would be responsible for Mr. Long's damages if Defendant Zurich were not the responsible party. Specifically, Appellant Fund alleges that Mr. Long had improperly continued to operate his business after it was administratively dissolved by the SC Secretary of State's office.

**DID THE SINGLE COMMISSIONER ERR IN FINDING THAT THE ZURICH
INSURANCE POLICY WAS NOT CANCELLED**

Appellant Zurich alleges that it properly cancelled Mr. Long's workers compensation policy since his failure to timely provide the requested financial and payroll information represented a substantial breach of contractual duties under S.C. Code Section 38-75-730 (Law Co-op, 1976). However, a review of the evidence in the Record shows that Mr. Long made every effort to comply with Zurich's request. Conversely, the Respondent contends that Zurich's request to provide this information within 30 days constitutes an unreasonable demand and, therefore, cannot be deemed a substantial breach of contract.

It is undisputed that during the formation of the insurance contract Mr. Long provided all the necessary personal and financial information requested by Zurich. (Tr. p. 184, line 17 – p. 185, line 5) He paid the full amount of the policy premium up front and even received a refund of about \$2,000.00 after his initial premium was recalculated. (Tr. p. 184, line 9 – 14) Second, Mr. Long received his one and only request for payroll information from Zurich in a letter dated July 5, 2018. (Tr. p. 183, lines 14 -17) Although Zurich contends that prior efforts to retrieve this information from the Respondent were made, there is no evidence in the Record other than the form letter sent on July 5, 2014. (Exhibit C) Even, Zurich's witness, Timothy Lukes, testified that he could find no evidence of prior communications in the file proving that attempts were made to contact Mr. Long before the July 5th letter—which was a form letter. (Tr. pgs. 114, lines 7 – p. 115, line 12) Nevertheless, upon receiving the first request from Zurich, Mr. Long attempted to collect and provide this financial information as soon as practicable. On August 20, 2014—just twelve days after policy cancellation--Mr. Long provided 941 payroll and financial information for the carrier. (Exhibit E, Tr. p. 187, lines 5 - 17)

Mr. Long further testified that he was unprepared to produce financial records within 30 days since prior policy audits were always completed at the end of the term. The Respondent also stated he thought it was unreasonable for Zurich to threaten cancellation since he had no idea the audit was coming and that he had a bunch of records to review. Finally, he testified that he pressured his bookkeeper to get this information to the Appellant. (Tr. p. 192, lines 15 – 25, p. 222, lines 12 – 15, p. 227, lines 2 – 5, and p. 232, lines 21 -23)

Appellant Zurich argues that its decision to cancel Mr. Long's workers' compensation policy was proper under South Carolina statutory law. Specifically, S.C. Code Section 38-75-730 (Law Co-op, 1976) as amended states:

- (a) No insurance policy or renewal thereof may be canceled by the insurer prior to the expiration of the term stated in the policy, except for one of the following reasons:
- (1) nonpayment of premium;
 - (2) material representation of fact which, if known to the company, that would have caused the company not to issue the policy;
 - (3) substantial change in the risk assumed, except to the extent that the insurer should have reasonably foreseen the change or contemplated the risk in writing the policy;
 - (4) substantial breaches of contractual duties, conditions, or warranties;
 - (5) loss of the insurer's reinsurance covering all or a significant portion of the particular policy insured, or where continuation of the policy would imperil the insurer's solvency or place that insurer in violation of the insurance laws of this State. . .

Mr. Long contends that Respondent Zurich improperly cancelled its coverage since none of the statutory provisions listed above were violated. He paid the assigned risk premium in full; there was no change in the risk assumed or material misrepresentations made; no substantial breach of contractual duties; and there was no loss of the insurer's reinsurance covering all or a significant portion of the policy insured.

While Appellant Zurich contends that Mr. Long's failure to provide additional financial information constituted a substantial breach of his contractual duty, his efforts to immediately provide this information and lack of assistance from Zurich prove otherwise. Mr. Long testified that he forwarded updated quarterly tax information to Appellant Zurich. (Exhibit E, Tr. p. 187, lines 5 - 17) Second, he continued to cooperate with Zurich by timely paying premium assessments on this policy. It is incontrovertible that Mr. Long made every effort to cooperate with the Appellant and "substantially complied" with the Defendant's request on very short notice. Finally, Respondent asserts that he received no assistance from Zurich at any time after he received the notice of cancellation though August 8, 2014, the date the policy was allegedly cancelled.

Moreover, Zurich's allegation that Mr. Long failed to cooperate cannot be substantiated by either testimony or documentation. During the hearing, Zurich provided only one witness, Timothy Lukes. Mr. Lukes' testimony did not refute any of the evidence provided by Mr. Long but, more importantly, proved that Zurich's actions created confusion and ambiguity.

First, Mr. Lukes testified that he was not aware of any actions Mr. Long made to comply with the audit and that he never spoke to Mr. Long. (Tr. p. 92, lines 12 - 15, p. 94, lines 3 - 9)

Second, Mr. Lukes' testimony proved that the terms of insurance policy were ambiguous at best. Specifically, Mr. Lukes admitted that the insurance policy did not specify when audit information had to be provided by the insured. (Tr. p. 107, lines 8 - 13) In fact, Mr. Lukes admitted that Mr. Long had the right to rely specifically on the policy language and that there was "no reference to the specific times that are required to . . . complete the audit." (Tr. p. 107, line 17 - p. 108, line 1)

Finally, Mr. Lukes could not provide any evidence that Zurich had tried to assist the Mr. Long in completing the audit. (Tr. p. 93, lines 12 – 17)

**DID THE SINGLE COMMISSIONER ERR BY RELYING ON THE CLAIMANT'S
BELIEFS CONCERNING THE TERMS OF THE POLICY**

A significant portion of Appellant Zurich's brief attempts to put blame on Mr. Long for being confused due to his inability to comprehend the policy language and subsequent communications from Zurich. Conversely, the Respondent vigorously maintains that it was Zurich's actions and policy language that created ambiguity and confusion.

First, although the July 5th letter from the carrier states that it had made prior attempts to obtain financial information from the Respondent, Timothy Lukes testified that he was unaware of any prior letters sent to Mr. Long.

Second, after the policy was allegedly cancelled by Zurich, it mailed a notice of non-cooperation with preliminary audit letter to the Mr. Long and Metro Construction on October 23, 2014. (Exhibit J) The policy term specified in this letter was "4/4/14 to 4/4/15" and, more importantly, stated that "failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance Policy." Hence, based on the language in the letter, it was reasonable for Mr. Long to believe that his coverage was in effect.

Third, after the policy was allegedly cancelled by Zurich, it mailed Mr. Long an earned premium notice requesting an additional payment of \$128.00 on November 5, 2014. This letter specified policy term as "4/4/14 to 4/4/15." Mr. Long paid this bill in full. (Appellant Zurich APA p. 817, Tr. p. 69, lines 11 – 13 and p. 91, lines 5 – 16)

Fourth, on January 7, 2015, Zurich sent Mr. Long an "earned premium" letter requesting an additional \$2,095.00 payment based on a "recent audit." According to this letter, if the Respondent had a dispute with the bill he must take action before the "due date to avoid cancellation." (Exhibit G) Even the Appellant's witness, admitted that the letter stated "if you don't want coverage to be canceled you need . . . to do certain things" and the letter referenced "avoiding cancellation." (Tr. p. 129, lines 4 – 21 and Tr. p. 130, lines 8 – 11) Again, based on Zurich's letter how could Mr. Long not interpret this language to mean that his coverage was still in effect?

Fifth, although Zurich claims that Mr. Long failed to provide audit information, the testimony of its chief witness was unclear as to when the 941 form was received by Zurich. Mr. Lukes stated on two occasions that he had not seen the 941 document in "our files." (Tr. p. 84, lines 16 – 21, p. 92, lines 1 - 11) However, Mr. Lukes later testified that the 941 form was received in early January 2015. (Tr. p. 97, line 14 – p. 98, line 6, p. 136, lines 5 – 15)

Sixth, Appellant Zurich cannot show what Mr. Long did--or failed to do--since their only witness testified that he never spoke to Mr. Long and didn't know what actions he might have taken to comply with the audit. (Tr. p. 92, lines 12 – 15, p. 94, lines 3 – 9)

Seventh, Timothy Lukes admitted that the language in the July 4, 2014 notice of cancellation was confusing and ambiguous. Specifically, in response to whether the language of notice of cancellation was meant to confer an intent to cancel rather than a notice of cancellation, Mr. Lukes responded, "I don't know that anybody would understand language like that if we did put it in there." (Tr. p. 119, lines 18 – 22, p. 120, lines 6 - 9) Mr. Lukes appears to agree that this letter was confusing and added "well, that's why we (Defendant Zurich) send the second letter (referring to the July 5, 2014 notice of non-cooperation with preliminary audit) (Tr. p. 121, lines

6 – 14, Defendant Zurich APA p. 803) Hence, Appellant Zurich, through its communications and actions, has continually demonstrated that coverage was in effect at the time of the accident.

Eighth, Mr. Lukes could not specify what financial information was required from Mr. Long. When queried about whether the 941 information provided by Mr. Long would have been sufficient for the audit, Mr. Lukes testified that he didn't know, and only "someone from the Audit Department" would know. (Tr. p. 136, line 19 – p. 137, line 11)

Finally, Timothy Lukes testified that he was not sure if the Appellant's cancellation of the insurance policy was done in compliance with South Carolina law. (Tr. p. 111, lines 6 – 11)

Based on the above, Appellant Zurich's communications with Mr. Long could be viewed as to convey that the Respondent's insurance coverage was in effect at the time of his work-related accident.

DID THE SINGLE COMMISSIONER ERR IN RELYING ON THE ANALYSIS USED IN CREWS V. W.R. CREWS, INC., 390 S.C. 15 699 W.E.d2d 189 (Ct. App. 2010)

Appellant Zurich argues that the facts of the Crews case are distinguishable from the case at hand since the "insured in Crews attempted to comply prior to the cancellation of the policy." (Appellant Zurich brief, p. 19)

In Crews v. W.R. Crews, Inc., 390 S.C. 15 699 W.E.d2d 189 (Ct. App. 2010), the Court held that:

The Assigned Risk Plan allows a carrier to initial cancellation procedures if it determines one of the five conditions enumerated above exists; however, Plan rules specify the carrier must first provide an opportunity to cure. Furthermore, the Plan requires a servicing carrier "[t]o work with and assist the . . . employer . . . on problems relating to coverage and service under the Plan." It follows that a carrier is to adopt a flexible approach when dealing with an insured who is unable to strictly comply with the policy terms but is making reasonable efforts to do so.

Mr. Long asserts that he made more than reasonable efforts to comply with the terms of the policy prior to its cancellation and continued to provide financial information as soon as it became available while paying requested premiums on demand. As previously stated, upon receipt of the July 5, 2014 letter from Zurich, the Respondent immediately contacted his agent concerning difficulties gathering financial information and retained the services of a bookkeeper to assist. (Tr. p. 192, lines 15 – 25, p. 222, lines 12 – 15, p. 227, lines 2 – 5, and p. 232, lines 21 – 23)

Conversely, Zurich was inflexible and made no effort to work with the Mr. Long on assisting him to provide the information requested by the carrier. Simply put, the Appellant demanded financial information soon after the policy commenced; offered no financial or administrative advice or staff to assist Mr. Long in procuring this data and cancelled the policy only four months after it went into effect.

**DID THE SINGLE COMMISSIONER ERR IN FINDING DEFENDANT FUND
SECONDARILY LIABLE FOR CLAIMANT'S DAMAGES**

Appellant Fund argues that the Single Commissioner erred in finding that it would be secondarily liable for Mr. Long's damages if Appellant Zurich were found to have properly cancelled its policy. Fund's argument against Mr. Long is based on the proposition that he—as the owner of Metro Construction—had continued to operate his business after it was administratively dissolved by the SC Secretary of State's office. Consequently, Appellant Fund filed a motion to add Mr. Long as a Defendant in his personal capacity. Mr. Long filed a responsive brief stating that he could not be held individually liable since he was an employee of Metro Construction when he was injured and since Metro Construction was administratively

reinstated by the Secretary of State's office in December 2016. (Exhibit H) Specifically, S.C. Code Section 33-14-220 (Law Co-op, 1976) states that the restoration of a company retroactively corrects any prior error as if the dissolution had never occurred.

On April 19, 2017, Commissioner Aisha Taylor ruled in favor of Mr. Long and denied the Appellant's motion to add Giles Long individually as a party-Defendant. Subsequently, Appellant Fund filed an appeal to the Full Commission which denied the request on the grounds that Commissioner Taylor's ruling was interlocutory and not subject to further review.

Appellant Fund now argues that the Single Commissioner erred in failing to "apply the majority rule regarding liability for actions taken by officers of corporations in forfeiture." (Appellant Fund's brief, p. 2)

Appellant's argument fails both on procedural and substantive law grounds. First, Fund made similar arguments in its brief to Commissioner Taylor. It's motion to add Mr. Long as a Defendant was denied. Fund's appeal to the Full Commission was also denied as interlocutory. Respondent maintains that this appeal is without merit on the same procedural grounds.

Appellant Fund's legal argument also must fail. Appellant Fund argues that the issue of imposing personal liability on a corporation officer is "a matter of interpretation of statute." (Appellant Fund brief, p. 4) Moreover, Appellant Fund alleges that since there is no South Carolina case or statute on point, the Full Commission should adopt the holdings in two out-of-state cases. Respondent believes that looking to other jurisdictions is unnecessary since South Carolina statutory language is clear and on point.

Appellant Fund argues that under Moore v. Occupational Safety and Health Review Commission, 591 F.2d 991, 994 – 95 (4th Cir. 1979), an officer of a corporation can be held

personally liable when the corporation is in forfeiture. Despite the analysis applied in this case as well as in the Vermont decision, South Carolina statutory law is clear. S.C. Code Section 33-14-220, Reinstatement following Administrative Dissolution provides that the proper reinstatement of a corporation relates back to the effective date of the administrative dissolution as if the administration dissolution had never occurred. Hence, even if, arguendo, Mr. Long should have been only engaged in business closure activities once Metro Construction was dissolved, these issues became moot once the company was properly reinstated. To determine otherwise would defeat the strict interpretation and purpose of the statute.

Therefore, if it is determined that Appellant Zurich properly cancelled its policy with Metro Construction, then Mr. Long should be entitled to pursue a claim with the SC Workers' Compensation Uninsured Employers' Fund. Moreover, Section 42-7-200 (D) provides a remedy for Appellant Fund:

The fund has all rights of attachment set forth in Section 15-19-10 and has the right to proceed otherwise in the collection of its lien in the same manner as the Department of Revenue is allowed to enforce a collection of taxes generally pursuant to Section 12-49-10, et seq. When all benefits due the claimant, as well as all expenses and costs of litigation, have been paid, the fund shall file notice of the total of all the monies paid with the clerk of court in any count in which the employer has assets with the Secretary of State. This notice constitutes a judgment against the employer and has priority as a first lien in the same manner as liens of the Department of Revenue.

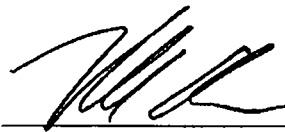
Hence, the issues presented by the Appellant as well as its remedies have been addressed by statute. Appellant Fund is secondarily liable for Mr. Long's claim but will be able to seek a judgment against Metro Construction for all monetary damages and expenses paid in this case. Metro Construction is an active and viable business in the State of South Carolina and is subject to the penalties of not having coverage as envisioned by the legislature when Section 42-7-200 was enacted.

CONCLUSION

The Respondent, Giles Long, asserts that under the Crews decision, Appellant Zurich improperly cancelled the assigned risk policy covering Metro Construction. Simply put, Mr. Long's inability to provide detailed financial information immediately to Appellant Zurich did not constitute a substantial breach of contract. More importantly, under the Crews' analysis, Appellant Zurich failed to adopt a flexible approach in dealing with Mr. Long and never offered any assistance so that he could timely provide the information requested.

Appellant Fund is only responsible for the Respondent's damages if Zurich is found to have properly cancelled its policy. Statute 42-7-200 states that the S.C. Uninsured Employers' Fund was created to ensure payment of claims brought by employees who work for uninsured employers. It is undisputed that the Respondent was an employee of Metro Construction at the time of his work-related accident. Appellant Fund has remedies available by statute to obtain a judgment against Metro Construction for any monetary damages paid in this case.

Respectfully submitted,



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ATTORNEY FOR RESPONDENT

November 30, 2018