



SERVICE CENTER  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487  
(800) 622-4123

September 12, 2017

BISBEE VOGUE, INC.  
PO BOX 1099  
BISBEE, AZ 85603-2099

**EFFECTIVE DATE:** 09/06/2017  
**BINDER NUMBER:** 02-39071-17255-371966  
**FED ID NUMBER:** 86-0713130  
**APPLICATION ID:** 42982170

**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 Arizona Workers Compensation Assigned Risk Plan.

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 for ninety (90) days or until canceled or a policy has been issued. In accordance with Plan Procedures, coverage is provided under the Workers Compensation Law of ARIZONA 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:**  
TECHNOLOGY INSURANCE CO  
8995 WESTSIDE PARKWAY  
ALPHARETTA, GA 30009

**AGENCY NAME:**  
JOHN FK BROWN FARMERS INSURANCE AGENCY  
9155 E TANQUE VERDE RD STE 117  
TUCSON, AZ 85749-8026

## ASSIGNMENT ADDITIONAL NOTICE

BISBEE VOGUE, INC.

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 NOTICE
 

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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 Arizona Workers Compensation Assigned Risk 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.

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 NOTICE
 

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POLICYHOLDER DISCLOSURE  
 NOTICE OF TERRORISM  
 INSURANCE COVERAGE  
 FOR THE STATE(S) OF ARIZONA

Your policy provides coverage for losses resulting from acts of terrorism. 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. You are notified that under the Terrorism Risk Insurance Act of 2002(Act) and any amendments, including as amended and extended through December 31, 2020 by the Terrorism Risk Insurance Program Reauthorization Act of 2015, the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act, as amended. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, also contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, and the insurance company providing the coverage has met its statutorily established deductible, the insurance company is not liable for payment of any portion of the amount of insured losses that exceed \$100 billion. Further, the United States Government will not make any payment under the Act for any portion of insured losses that exceed \$100 billion. For aggregate insured losses up to \$100 billion, 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 insured losses resulting from certified acts of terrorism is \$5.46 and does not include any charges for the portion of losses covered by the United States Government under the Act.

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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

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**If a policy issued by an insurance carrier, pursuant to an assignment under the Arizona Workers Compensation Assigned Risk 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.**

**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.**

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**NOTICE**

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**LIMITED OTHER STATES INSURANCE NOTICE  
WHERE APPLICABLE BY STATE**

**Please Read Carefully**

**Under NCCI's WCIP, the Residual Market Limited Other States Insurance Endorsement is attached to all residual market policies. This endorsement is designed solely for unknown and unanticipated exposure in states other than those designated in Part 3.A. of the Information Page and not otherwise specifically excluded. This endorsement DOES NOT provide automatic coverage for an employer's operations in another state, and DOES NOT promise to add coverage in another state.**

**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.**

**Coverage is available under the Plan only when state law permits coverage and where NCCI is the Plan Administrator. The employer and/or its representative must review the applicable state law and discuss with their insurance carrier to determine whether coverage is required and/or may be provided.**

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**APPLICATION NOTES:**

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**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 acknowledging and agreeing to the terms of the Loss Sensitive Rating Plan in the event that your estimated annual premium or preliminary physical audit premium meets or exceeds the premium eligibility requirement.**

**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 09/06/2017.**

**CARRIER: Coverage has been requested for the following states: AZ.**

**PRODUCER/EMPLOYER: Please forward a signed officer exclusion letter or form to the carrier (as named on the binder) within the time specified by statutory requirement or you may be subject to additional premium for any officers listed on the application. If mandated by the state, the signed officer exclusion form must be sent to the state. If an exclusion form or letter is already attached with your application, please send a copy to the state only.**

**Increased Limits of Liability have been requested.**

**Corporate Officers have elected to be excluded from coverage.**

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**If a policy issued by an insurance carrier, pursuant to an assignment under the Arizona Workers Compensation Assigned Risk 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.**

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Corporate Officers have not elected to be excluded from coverage.

PRODUCER / EMPLOYER: Please provide a copy of a Certificate of Insurance for any sub-contractors used, to the assigned carrier.

New business or no prior history found. The risk is not currently experience rated.

This application was processed following Hurricane Irma when staff was lighter than usual due to evacuations and recovery efforts following the storm. Additional information or further detail may be needed by the carrier to ensure that the file is properly underwritten per Plan guidelines. NCCI recommends that the carrier follow their underwriting procedures when issuing the policy.

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.