



# CERTIFICATE OF LIABILITY INSURANCE

Acct#: 3121156

DATE (MM/DD/YYYY)

04/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Affinity, LLC 10895 Lowell Avenue, Suite 300 Overland Park, KS 66210	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> 888-202-1526	<b>FAX (A/C. No):</b>
<b>INSURED</b> Aaron Jarnigan Cleveland, TN 37312-7100	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> AIX Spec. Ins. Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 12833		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PHZ-GL-0008993-0	04/14/2025	04/14/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Hired & Non-owned Auto Liability is included  
Master Policy Holder: National Photographers Risk Purchasing Group. The Insured listed above is a member of the National Photographers Risk Purchasing Group. The insurance afforded by the certificate issued to the member named above is subject to all the terms, exclusions and conditions of the master policy to which it refers. Limits may have been reduced by paid claims and expenses.

**CERTIFICATE HOLDER****CANCELLATION****PROOF OF COVERAGE**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

**Named Insured:** Aaron Jarnigan

**Policy Number:** PHZ-GL-0008993-0

**Policy Period:** 04/14/2025 to 04/14/2026

**IN COMPLIANCE WITH STATE REQUIREMENTS, PLEASE SEE BELOW NOTICE TO YOU CONCERNING THE PLACEMENT OF YOUR INSURANCE COVERAGE WITH A SURPLUS LINES INSURER. PLEASE REVIEW THE NOTICE(S) SPECIFIC TO YOUR STATE.**

## **Alabama**

This contract is registered and delivered as a surplus lines coverage under the Alabama Surplus Lines Insurance Law.

## **Alaska**

**Producer:**

Lockton Affinity, LLC  
P.O. Box 410679  
Kansas City, MO 64141-0679

**License:** 10851

This is evidence of insurance procured and developed under the Alaska Surplus Lines Law, AS. §21.34. It is not covered by the Alaska Insurance Guaranty Association Act, AS. §21.80.

## **ALASKA POLICYHOLDER NOTICE 3 AAC 25.050**

**This policy is issued by a nonadmitted or surplus lines insurer. Insurance may only be purchased from nonadmitted insurers if the full amount, kind, or class of insurance cannot be obtained from insurers who are admitted to do business in the State of Alaska. Your broker or the surplus lines broker has determined that this was true on the date the policy was placed. Before issuing a renewal policy or extending this policy, remarketing is required. To avoid intentional or unintentional extension of coverage in the surplus lines market when an admitted market for that coverage exists, a nonadmitted insurer is prohibited from the automatic renewal or extension of a policy without remarketing by your broker or the surplus lines broker.**

**In order to comply with the Alaska Administrative Code, the following notice is given:**

**You are hereby notified that, under 3 AAC 25.050, your policy will terminate effective no later than the date and time of its expiration. We reserve the right to cancel this policy sooner than the expiration date by giving you notice of cancellation as required in AS 21.36.220. You may request through your broker that a new policy from the surplus lines broker be concurrent with the effective date of the termination of this policy.**

**You are also notified that a new policy, if issued by us, is subject to ratering, which may result in a premium increase of more than ten percent (10%). As required by 3 AAC 25.050, you are hereby notified that any subsequent policy issued by us may be subject to a ten percent (10%) or more increase in premium. The actual premium will be based upon rates that apply at the time a subsequent policy, if any, is issued and will be made available to you before the effective date of the new policy, or the date subsequent coverage is bound, whichever occurs first.**

## Arizona (Non-Domestic)

Pursuant to §20-401.01, subsection B, paragraph 1, Arizona Revised Statutes, this policy is issued by an insurer that does not possess a certificate of authority from the director of the Arizona Department of Insurance. If the insurer that issued this policy becomes insolvent, insured or claimants will not be eligible for insurance guaranty fund protection pursuant to title 20 Arizona Revised Statutes.

## Arizona (Domestic)

If the surplus lines policy or evidence of coverage is issued by a **domestic surplus lines insurer**:

If the insurer that issued this policy becomes insolvent, insured or claimants will not be eligible for insurance guaranty fund protection pursuant to title 20, Arizona Revised Statutes.

## Arkansas

This contract is registered and delivered as a surplus lines coverage under the Surplus Lines Insurance Law, and it may in some respects be different from contracts issued by insurers in the admitted markets, and, accordingly, it may, depending upon the circumstances, be more or less favorable to an insured than a contract from an admitted carrier might be. The protection of the Arkansas Property and Casualty Guaranty Act does not apply to this contract. A tax of four percent (4%) is required to be collected from the insured on all surplus lines premiums.

## California

### IMPORTANT NOTICE:

- 1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website [www.insurance.ca.gov](http://www.insurance.ca.gov). Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at [www.naic.org](http://www.naic.org). The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: [https://naic.org/state\\_web\\_map.htm](https://naic.org/state_web_map.htm).**
- 6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on**

**the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.**

**7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: [www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm](http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm).**

**8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.**

**D-2 (Effective January 1, 2020)**

## **Colorado**

This contract is delivered as surplus line coverage under the 'Nonadmitted Insurance Act'. The insurer issuing this contract is not licensed in Colorado but is an eligible nonadmitted insurer. There is no protection under the provisions of the 'Colorado Insurance Guaranty Association Act'.

## **Connecticut**

### **NOTICE**

**THIS IS A SURPLUS LINES POLICY AND IS NOT PROTECTED BY THE CONNECTICUT INSURANCE GUARANTY ASSOCIATION OR SUBJECT TO REVIEW BY THE CONNECTICUT INSURANCE DEPARTMENT. IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS POLICY.**

## **Delaware**

This insurance contract is issued pursuant to the Delaware Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Delaware Insurance Department. This insurer does not participate in insurance guaranty funds created by state law. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

## Florida

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carrier do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

## Georgia

This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5.

## Hawaii

This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.

## Idaho

**THIS SURPLUS LINES CONTRACT IS ISSUED PURSUANT TO THE IDAHO INSURANCE LAWS BY AN INSURER NOT LICENSED BY THE IDAHO DEPARTMENT OF INSURANCE. THERE IS NO COVERAGE PROVIDED FOR SURPLUS LINES INSURANCE BY EITHER THE IDAHO INSURANCE GUARANTY ASSOCIATION OR BY THE IDAHO LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION.**

## Illinois(Domestic)

**Notice to Policyholder: This contract is issued, by a domestic surplus line insurer, as defined in Section 445a, pursuant to Section 445 and as such is not covered by the Illinois Insurance Guaranty Fund.**

## Illinois(Other)

**Notice to Policyholder: This contract is issued, pursuant to Section 445 of the Illinois Insurance Code, by a company not authorized and licensed to transact business in Illinois and as such is not covered by the Illinois Insurance Guaranty Fund.**

## Indiana

None

## Iowa

This policy is issued, pursuant to Iowa Code §5151, by an eligible surplus lines insurer in Iowa and as such is not covered by the Iowa Insurance Guaranty Association.

## Kansas

This policy is issued by an insurer not authorized to do business in Kansas and, as such, the form, financial condition, and rates are not subject to review by the Commissioner of Insurance and the insured is not protected by any guaranty fund.

## Kentucky

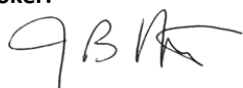
This insurance has been placed with an insurer not licensed to transact business in the Commonwealth of Kentucky but eligible as a surplus lines insurer. The insurer is not a member of the Kentucky Insurance Guaranty Association. Should the insurer become insolvent, the protection and benefits of the Kentucky Insurance Guaranty Association are not available.

## Louisiana

**This insurance policy is delivered as a surplus lines coverage under the Louisiana Insurance Code.**

**In the event of insolvency of the company issuing this contract, the policyholder or claimant is not covered by the Louisiana Insurance Guaranty Association, which guarantees only specific types of policies issued by insurance companies authorized to do business in Louisiana.**

**This surplus lines policy has been procured by the following licensed Louisiana surplus lines broker:**



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**Signature of Licensed Louisiana Surplus Lines Broker or Authorized Representative**

**Lockton Affinity, LLC – Jeffrey Hewitt – Lockton Affinity, LLC License #187121**

**Printed Name of Licensed Louisiana Surplus Lines Broker**

## Maine

This insurance contract is issued pursuant to the Maine Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Maine Bureau of Insurance.

## Maryland

**This insurance is issued by a nonadmitted insurer not under the jurisdiction of the Maryland Insurance Commissioner.**

## Massachusetts

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance, and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

## Michigan

This insurance has been placed with an insurer that is not licensed by the State of Michigan. In case of insolvency, payment of claims may not be guaranteed.

## Minnesota (ELIGIBLE SURPLUS LINES CARRIERS)

THIS INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT. THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER BUT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED.

## Mississippi

**Note:** This insurance policy is issued pursuant to Mississippi law covering surplus lines insurance. The company issuing the policy is not licensed by the State of Mississippi, but is authorized to do business in Mississippi as a nonadmitted company. The policy is not protected by the Mississippi Insurance Guaranty Association in the event of the insurer's insolvency.

## Missouri

This is evidence of insurance procured and developed under the Missouri Surplus Lines Laws. It is NOT covered by the Missouri Guaranty Association. The insurer is not licensed by the state of Missouri and is not subject to its supervision.

## Montana

NOTICE: This coverage is issued by an unauthorized insurer that is an eligible surplus lines insurer. If this insurer becomes insolvent, there is no coverage by the Montana Insurance Guaranty Association under the Montana Insurance Guaranty Association Act. (MCA § 33-2-303).

## Nebraska

This policy is issued by a nonadmitted insurer, and in the event of the insolvency of such insurer, this policy will not be covered by the Nebraska Property and Liability Insurance Guaranty Association.

## Nevada

This insurance contract is issued pursuant to the Nevada insurance laws by an insurer neither licensed by nor under the supervision of the Division of Insurance of the Department of Business and Industry of the State of Nevada. If the insurer is found insolvent, a claim under this contract is not covered by the Nevada Insurance Guaranty Association Act.



## New Hampshire

The company issuing this policy has not been licensed by the state of New Hampshire and the rates charged have not been approved by the commissioner of insurance. If the company issuing this policy becomes insolvent, the New Hampshire insurance guaranty fund shall not be liable for any claims made against the policy.

## New Jersey

This policy is written by a surplus lines insurer and is not subject to the filing or approval requirements of the New Jersey Department of Banking and Insurance. Such a policy may contain conditions, limitations, exclusions and different terms than a policy issued by an insurer granted a Certificate of Authority by the New Jersey Department of Banking and Insurance. The insurer has been approved by the Department as an eligible surplus lines insurer, but the policy is not covered by the New Jersey Insurance Guaranty Fund, and only a policy of medical malpractice liability insurance as defined in N.J.S.A. 17:30D-3d or a policy of property insurance covering owner-occupied dwellings of less than four dwelling units are covered by the New Jersey Surplus Lines Guaranty Fund.

## New Mexico

**This policy provides surplus lines insurance by an insurer not otherwise authorized to transact business in New Mexico. This policy is not subject to supervision, review, or approval by the superintendent of insurance. The insurance so provided is not within the protection of any guaranty fund law of New Mexico designed to protect the public in the event of the insurer's insolvency.**

## New York

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.

## North Carolina

**The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State Insurance Guaranty Fund.**

## North Dakota

### NOTICE

1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called “nonadmitted” or “surplus lines” insurers.
2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state.
3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.
4. Some states maintain lists of approved or eligible surplus lines insurers and surplus line producers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used.
5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines producer. You may also contact your insurance department consumer help line.

## Ohio

The insurance hereby evidenced is written by an approved nonlicensed insurer in the State of Ohio and is not covered in case of insolvency by the Ohio Insurance Guaranty Association.

## Oklahoma

This policy is not subject to the protection of any guaranty association in the event of liquidation or receivership of the surplus lines insurer. (Okla. Stat. Ann. tit. §36, 1111).

## Oregon

**This is evidence of insurance procured and developed under the Oregon Surplus Lines Laws. It is not covered by the provisions of ORS 734.510 to 734.710 relating to the Oregon Insurance Guaranty Association. If the insurer issuing this insurance become insolvent, the Oregon Insurance Guaranty Association has no obligation to pay claims under this evidence of insurance.**

## Pennsylvania

The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is not covered by the Pennsylvania Property and Casualty Insurance Guaranty Association.

## Rhode Island

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFIT OF THE RHODE ISLAND INSURANCE INSOLVENCY FUND ARE NOT AVAILABLE.

## South Carolina

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

## South Dakota

**THIS INSURANCE CONTRACT IS ISSUED BY A NONADMITTED INSURER WHICH IS NOT LICENSED BY NOT UNDER THE JURISDICTION FO THE SOUTH DAKOTA INSURANCE DIRECTOR.**

## Tennessee

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus lines coverage pursuant to the Tennessee insurance statutes.

## Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

## Utah

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance Commissioner. This policy receives no protection from any of the guaranty associations created under Title 31A, Chapter 28. (UC 31A-45-103 [8]).

## Vermont

The company issuing this policy has not been licensed by the State of Vermont and the rates charged have not been approved by the Commissioner of Financial Regulation. Any default on the part of the insurer is not covered by the Vermont Insurance Guaranty Association.

## Virginia

### NOTICE TO INSURED

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION AS AN ELIGIBLE NONADMITTED INSURER OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (§§38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY, YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU. [Virginia Form SLB-9 (Rev. 9/96)] (Va. Code Ann. §38.2-4806).

## Washington

This contract is registered and delivered as a surplus line coverage under the Insurance Code of the state of Washington, Title 48 RCW. It is not protected by any Washington state guaranty association law.

## West Virginia

THIS COMPANY IS NOT LICENSED TO DO BUSINESS IN WEST VIRGINIA, AND IS NOT SUBJECT TO THE WEST VIRGINIA INSURANCE GUARANTY ACT.

## Wisconsin

This insurance contract is with an insurer which has not obtained a certificate of authority to transact a regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus lines coverage pursuant to s. 618.41 of the Wisconsin Statutes. Section 618.43(1), Wisconsin Statutes, requires payment by the policyholder of 3 percent tax on gross premium.

## Wyoming

**This insurance contract is issued pursuant to the Wyoming Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Wyoming Insurance Department. In the event of insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association or the Wyoming Life and Health Insurance Guaranty Association.**

Revised August 01, 2022

# U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

## NOTICE TO POLICYHOLDERS TOTAL LEAD EXCLUSION

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), **the provisions of the policy (including its endorsements) shall prevail.**

This policy contains an exclusion relating to lead. As stated by the exclusion, the policy does not provide coverage for any injury, damage, payment, liability, loss, cost or expense of any kind resulting in whole or in part to lead contamination.

## **NOTICE TO POLICYHOLDERS TOTAL ASBESTOS EXCLUSION**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), **the provisions of the policy (including its endorsements) shall prevail.**

The policy is endorsed with an exclusion relating to asbestos. As stated by the exclusion, the policy does not provide coverage for any actual or alleged injury, damage, payment, liability, loss, cost or expense of any kind resulting in whole or in part from asbestos.



## **NOTICE TO POLICYHOLDERS PUNITIVE DAMAGES EXCLUSION**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), **the provisions of the policy (including its endorsements) shall prevail.**

This policy contains an exclusion relating to punitive damages. As stated by the exclusion, the policy does not provide coverage for any fines, penalties, punitive, exemplary, vindictive, or other compensatory or non-compensatory damages imposed upon the insured.

## MINIMUM EARNED PREMIUM - NOTICE TO POLICYHOLDERS

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), **the provisions of the policy (including its endorsements) shall prevail.**

Your policy may contain one or more types of coverage that have a minimum earned premium. If this insurance is cancelled at your request, we will retain the minimum earned premium. Please contact your agent with any questions.

## **CUSTOMER NOTICE PRIVACY POLICY AND PRODUCER COMPENSATION DISCLOSURES**

### **Collection of Information**

We collect personal information so that we may offer quality products and services. This information may include, but is not limited to, name, address, Social Security number, and consumer reports from consumer reporting agencies in connection with your application for insurance or any renewal of insurance. For example, we may access driving records, insurance scores or health information. Our information sources will differ depending on your state and/or the product or service we are providing to you. This information may be collected directly from you and/or from affiliated companies, non-affiliated third parties, consumer reporting agencies, medical providers and third parties such as the Medical Information Bureau.

We, and the third parties we partner with, may track some of the web pages you visit through cookies, pixel tagging or other technologies. We currently do not process or comply with any web browser's "do not track" signals or similar mechanisms that request us to take steps to disable online tracking. For additional information regarding online privacy, please see our online privacy statement, located at [www.hanover.com](http://www.hanover.com).

### **Disclosure of Information**

We may disclose non-public, personal information you provide, as required to conduct our business and as permitted or required by law. We may share information with our insurance company affiliates or with third parties that assist us in processing and servicing your account. We also may share your information with regulatory or law enforcement agencies, reinsurers and others, as permitted or required by law.

Our insurance companies may share information with their affiliates, but will not share information with non-affiliated third parties who would use the information to market products or services to you.

Our standards for disclosure apply to all of our current and former customers.

### **Safeguards to Protect Your Personal Information**

We recognize the need to prevent unauthorized access to the information we collect, including information held in an electronic format on our computer systems. We maintain physical, electronic and procedural safeguards intended to protect the confidentiality and integrity of all non-public, personal information, including but not limited to social security numbers, driver's license numbers and other personally identifiable information.

### **Internal Access to Information**

Access to personal, non-public information is limited to those people who need the information to provide our customers with products or services. These people are expected to protect this information from inappropriate access, disclosure and modification.

### **Consumer Reports**

In some cases, we may obtain a consumer report in connection with an application for insurance. Depending on the type of policy, a consumer report may include information about you or your business, such as:

- character, general reputation, personal characteristics, mode of living;
- credit history, driving record (including records of any operators who will be insured under the policy); and/or
- an appraisal of your dwelling or place of business that may include photos and comments on its general condition.

### **Access to Information**

Upon written request, we will inform you if we have ordered an investigative consumer report. You have the right to make a written request within a reasonable period for information concerning the nature and scope of the report and to be interviewed as part of its preparation. You may obtain a copy of the report from the reporting agency and, under certain circumstances, you may be entitled to a copy at no cost.

You also may review certain information we have about you or your business in our files. To review information we maintain in our files about you or your business, please write to us, providing your complete name, address and policy number(s), and indicating specifically what you would like to see. If you request actual copies of your file,

there may be a nominal charge.

We will tell you to whom we have disclosed the information within the two years prior to your request. If there is not a record indicating that the information was provided to another party, we will tell you to whom such information is normally disclosed.

There is information that we cannot share with you. This may include information collected in order to evaluate a claim under an insurance policy, when the possibility of a lawsuit exists. It may also include medical information that we would have to forward to a licensed medical doctor of your choosing so that it may be properly explained.

### **Correction of Information**

If after reviewing your file you believe information is incorrect, please write to the consumer reporting agency or to us, whichever is applicable, explaining your position. The information in question will be investigated. If appropriate, corrections will be made to your file and the parties to whom the incorrect information was disclosed, if any, will be notified. However, if the investigation substantiates the information in the file, you will be notified of the reasons why the file will not be changed. If you are not satisfied with the evaluation, you have the right to place a statement in the file explaining why you believe the information is incorrect. We also will send a copy of your statement to the parties, if any, to whom we previously disclosed the information and include it in any future disclosures.

### **Our Commitment to Privacy**

In the insurance and financial services business, lasting relationships are built upon mutual respect and trust. With that in mind, we will periodically review and revise our privacy policy and procedures to ensure that we remain compliant with all state and federal requirements. If any provision of our privacy policy is found to be non-compliant, then that provision will be modified to reflect the appropriate state or federal requirement. If any modifications are made, all remaining provisions of this privacy policy will remain in effect. For more detailed information about our customer privacy policy (including any applicable state-specific policies) and our online privacy statement, visit our Web site, located at [www.hanover.com](http://www.hanover.com).

### **Further Information**

If you have questions about our customer privacy policy (including any applicable state-specific policies) or our online privacy statement, or if you would like to request information we have on file, please write to us at our Privacy Office, N435, The Hanover Insurance Group, Inc., 440 Lincoln Street, Worcester, MA 01653. Please provide your complete name, address and policy number(s). A copy of our Producer Compensation Disclosure is also available upon written request addressed to the attention of the Corporate Secretary, N435, The Hanover Insurance Group, 440 Lincoln Street, Worcester, MA 01653.

### **Producer Compensation Disclosure**

Our products are sold through independent agents and brokers, often referred to as "Producers." We may pay Producers a fixed commission for placing and renewing business with our company. We may also pay additional commission and other forms of compensation and incentives to Producers who place and maintain their business with us. Details of our Producer compensation practices may be found at [www.hanover.com](http://www.hanover.com).

This notice is being provided on behalf of the following Hanover Companies: The Hanover Insurance Group, Inc. - Allmerica Financial Alliance Insurance Company - Allmerica Financial Benefit Insurance Company - Allmerica Plus Insurance Agency, Inc. - Citizens Insurance Company of America - Citizens Insurance Company of Illinois - Citizens Insurance Company of the Midwest - Citizens Insurance Company of Ohio - Citizens Management, Inc. - AIX Ins. Services of California, Inc. - Campania Insurance Agency Co. Inc.- Campmed Casualty & Indemnity Co. Inc. - Chaucer Syndicates Limited - Educators Insurance Agency, Inc. - Hanover Specialty Insurance Brokers, Inc. - The Hanover American Insurance Company - The Hanover Insurance Company - The Hanover New Jersey Insurance Company - The Hanover National Insurance Company - Hanover Lloyd's Insurance Company - Massachusetts Bay Insurance Company - Opus Investment Management, Inc. - Professionals Direct Insurance Services, Inc. - Professional Underwriters Agency, Inc.- Verlan Fire Insurance Company - Nova Casualty Company - AIX Specialty Insurance Company.

**IMPORTANT NOTICE TO POLICYHOLDERS  
ASSAULT, BATTERY OR OTHER PHYSICAL ALTERCATION**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

This policy contains exclusions for "bodily injury and property damage" and "personal and advertising injury" arising out of an actual or alleged "assault", "battery", or other physical altercation; and there is no duty to defend you against any "suit" seeking these damages.

# IMPORTANT INFORMATION FOR POLICYHOLDERS

## ADDITIONAL INSURED COVERAGE

An additional insured is a person or entity, other than the named insured (you), who is protected by the terms of the policy for specified events or exposures. In general, coverage for an additional insured applies only when injury or damage is caused, at least partially, by acts or omissions of you as the named insured.

In addition to describing the insurance available to you as the named insured, a Certificate of Insurance may also indicate that a certificate holder is an additional insured under the referenced policy. This is informational only. The policy issued to you, the named insured, must include the proper additional insured endorsements for coverage to apply. Review your policy carefully before entering into any agreement that requires you to add another party as an additional insured.

Contact us to add an additional insured to your policy. Note that all requests are subject to approval from the insurance company.

## CERTIFICATES OF INSURANCE

A Certificate of Insurance is issued to provide evidence of insurance only. It is not a contract or an endorsement to the policy. Certificates are simply snapshots of the basic policy coverage and limits. They do not amend, extend or alter the coverage afforded by the policy. The Certificate of Insurance confers no rights upon the certificate holder.

## NOTICE OF CANCELLATION

The standard Certificate of Insurance includes the following statement regarding cancellation notice: *"Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions."*

Most certificate holders, including additional insureds, will not receive a notice of cancellation or notice of nonrenewal of your policy. There are a few exceptions, but only when the proper endorsement is attached to the policy and if the cancellation/non-renewal is initiated by the company. These include:

- Mortgagees (Property Coverage)
- Lender Loss Payees (Property Coverage)
- Additional Insured Lessor (Auto Liability Coverage)

The policy must be specifically endorsed to provide notification of policy cancellation or non-renewal to any other parties. Such requests are subject to prior approval of you as the named insured and the insurance company.

If you have any questions, please contact us at:

PPA Insurance Solutions Program

888-202-1526

# **IMPORTANT NOTICE TO OUR POLICYHOLDERS**

## **CERTIFICATES OF INSURANCE**

### **GENERAL INFORMATION**

A Certificate of Insurance is issued as a matter of information only to provide evidence of insurance. It is not a contract. Certificates are simply snapshots of the basic policy coverages and limits.

A Certificate of Insurance is not an endorsement to the policy. It does not amend, extend or alter the coverage afforded by the policy. The Certificate of Insurance confers no rights upon the certificate holder.

### **ADDITIONAL INSURED STATUS**

In addition to describing the insurance available to the named insured, a certificate may also indicate that a certificate holder is an additional insured under the referenced policy. This is informational only. The policy issued to the named insured (you) must include the proper additional insured endorsements for coverage to apply. The “Blanket Additional Insured by Written Contract or Agreement Endorsement” is an example of one such endorsement. This endorsement provides coverage for any person or organization whom you are required to add as an additional insured to the policy by written contract, agreement or permit, that is: 1. Currently in effect or becoming effective during the term of the policy; and 2. Executed prior to the loss.

### **NOTICE OF CANCELLATION**

The standard Certificate of Insurance includes the following statement regarding cancellation notice: “SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.”

Most certificate holders, including additional insureds, will **not** receive a notice of cancellation or notice of nonrenewal of the named insured’s (your) policy with the following exceptions (and then only when the proper endorsement is attached to the policy and if the cancellation / nonrenewal is initiated by the company):

- Mortgagees (Property Coverage)
- Lender Loss Payees (Property Coverage)
- Additional Insured Lessor (Auto Liability Coverage)

The policy must be specifically endorsed to provide notification of policy cancellation or non-renewal to any other interests. Such requests are subject to prior approval of the named insured (you) and the insurance company.

### **MODIFICATION OF CERTIFICATE OF INSURANCE STANDARD LANGUAGE**

Many states required that the Certificate of Insurance form be filed and approved by the State Insurance Department and it may not be modified without prior approval of the State Insurance Department. At least 34 states have clarified that issuance of a “modified” certificate would be considered a violation of state law. We ask that you be aware of this restriction when negotiating and agreeing to insurance requirements in contracts with third parties. While we are willing to do whatever we can within the bounds of applicable state laws and regulations to assist you in both enforcing and complying with the insurance requirements of your third party contracts, we are prohibited from modifying the standard language of the Certificate of Insurance forms.

If you have any questions, please contact your Client Solutions Representative at:

PPA Insurance Solutions Program Insurance Program  
888-202-1526



CLAIMS REPORTING INSTRUCTIONS FOR  
**PPA FULL PLUS MEMBERS**

Losses can be reported 24 hours a day/ 7 days a week.

For General Liability Claims

Call: 1-800-828-7083

Email: [AIXclaims@HANOVER.COM](mailto:AIXclaims@HANOVER.COM)

It is important to report all claims or incidents that may result in a claim as quickly as possible. Your policy contains information about your obligation to report claims within a specific timeframe. If you do not report your claim during this timeframe, it may not be covered.



# AIX Specialty Insurance Company

1209 Orange Street, Wilmington, DE 19801

## PPA COVERED MEMBER CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER: PHZ-GL-0008993-0

### *“Notice of No Guaranty Fund Protection”*

#### **RISK PURCHASING GROUP NOTICE**

This National Photographers Risk Purchasing Group (hereinafter "National Photographers RPG") Risk Purchasing Group Policy is not protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

#### **IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS**

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] National Photographers RPG" is a "Purchasing Group", as defined under Federal law, formed to purchase General Liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

#### **SURPLUS LINES NOTICE**

THE INSURER IS NOT LICENSED BY THE INSURANCE DEPARTMENT AND IS SUBJECT TO ITS LIMITED REGULATIONS. IN THE EVENT OF THE INSOLVENCY OF AN ELIGIBLE SURPLUS LINES, INSURED LOSSES WILL NOT BE PAID BY ANY STATE FUNDS.

**THE ENCLOSED FORMS DO NOT CONSTITUTE A COMPLETE POLICY CONTRACT. FOR A COMPLETE POLICY, CONTACT THE BROKER LISTED BELOW.**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE COVERED MEMBER LISTED UNDER ITEM A. BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY NUMBER SHOWN IN **ITEM E.** BELOW.

THIS INSURANCE IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY.

#### **ITEM A. CERTIFICATE HOLDER:**

PPA Covered Member: Aaron Jarnigan

Member of National Photographers Risk Purchasing Group

Address of Covered Member: 156 Paradise Ln Nw  
Cleveland, TN 37312-7100

**The Named Insured is:** Sole Proprietor

**Business Desc:** Photographer

#### **ITEM B. BROKER NAME AND CONTACT INFORMATION:**

Lockton Affinity, LLC  
10895 Lowell Avenue, Suite 300  
Overland Park, KS 66210

**ITEM C. COVERAGE:** Commercial General Liability

**ITEM D. INSURER:** AIX Specialty Insurance Company

**ITEM E. MASTER POLICY NUMBER:** PHZ-GL-20000000-00

# AIX Specialty Insurance Company

1209 Orange Street, Wilmington, DE 19801

MASTER POLICY NAMED INSURED: National Photographers Risk Purchasing Group  
333 W. Wacker Drive, Suite 450, Chicago, IL 60606

**ITEM F. COVERAGE PERIOD**      Effective Date: 04/14/2025      Expiration Date: 04/14/2026

Both at 12:01 am standard time at the address stated in Item A

In no event will the Effective Date be earlier than 12:01 am standard time on the day following the date of Full Plus member activation at  
[www.ppa.com](http://www.ppa.com).

**ITEM G. COVERED LOCATIONS:** All premises you own, rent or occupy

**ITEM H. LIMITS OF INSURANCE:**

<u>Coverage</u>	<u>Limits of Insurance</u>
General Aggregate:	\$2,000,000
Products/ Completed Operations Aggregate:	\$2,000,000
Each Occurrence:	\$1,000,000
Personal and Advertising Injury:	\$1,000,000      Any one person or organization
Damage to Premises Rented to You:	\$100,000      Any one premises
Medical Expense:	\$5,000      Any one person
Hired / Non-Owned Auto:	Included
Sexual Misconduct Or Sexual Molestation:	Excluded

**ITEM I. CANCELLATION:** Provisions are outlined in the Policy, a complete copy of which is available at your request.

**ITEM J. Premium:** \$150.00

**ITEM K. CERTIFIED ACTS OF TERRORISM:** EXCLUDED

## MASTER POLICY HOLDER: NATIONAL PHOTOGRAPHERS RISK PURCHASING GROUP

Policy Number	Coverage Description	Insurance Company	Inception Date	Expiration Date
PHZ-GL-20000000-00	Commercial General Liability	AIX Specialty Insurance Co.	8/1/2022 - Continuous until Canceled	

The policy of insurance referenced above has been issued to National Photographers RPG on behalf of its members for the policy period indicated. Participants automatically become a member of the purchasing group upon payment of premium and activation of coverage. In order for insurance under this policy to be effective, Certificate Holders must be valid Full Plus members of the Professional Photographers Association.

The Covered Member Certificate of Insurance issued to the Participant together with the Master Policy issued to the Master Policy Holder and listed herein form the entire contract and constitute the policy issued to the National Photographers RPG Participant. Certificate of Insurance means a valid document that evidences insurance under such policies. Coverage will cease with respect to the Certificate Holder when they are no longer a valid Full Plus member prior to the Expiration Date shown in Item F.

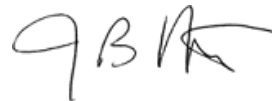
Notwithstanding any requirement, term or conditions of any contract or other document with respect to which this certificate may be issued or may pertain, the Certificate is furnished in accordance with, and in all respects is subject to all terms, conditions and exclusions of the Master Policy.

A copy of the Master Policy is available upon request. The Master Policy may be inspected at the offices of The Risk Purchasing Group (RPG). 330 W. Wacker Drive, Suite 450, Chicago, IL 60606

COUNTERSIGNED :

DATE: 04/13/2025

BY:



AUTHORIZED REPRESENTATIVE

# Forms Schedule

Form	Rev	Description
APN0047	0412	Notice to Policyholders Total Lead Exclusion
APN0048	0412	Notice to Policyholders Total Asbestos Exclusion
APN0061	1111	Notice to Policyholders Punitive Damages Exclusion
APN0127	06 11	Minimum Earned Premium - Notice to Policyholders
APN0138	1214	Privacy Policy and Producer Compensation Practices Disclosures
APN0186	0313	Important Notice Policyholders Assault, Battery or Other Physical Altercation
PH Notice AI	0506	Requests for AI Coverage PPA
PHNCOI	0211	Policyholder Notice-Certificates of Insurance PPA
HCRD	0722	Hanover Claims Reporting Document
ACI0010	0722	PPA Covered Member Certificate of Insurance
APN0067	07 09	AK Attorney Fees Coverage Notice A
APN0069	03 20	Arkansas Notice to Policyholders Contact Information
APN0142	01 13	California Notice to Policyholders Premium Refund Disclosure Notice
APN0132	12 11	Florida Important Notice to Policyholders - Surplus Lines
APN0149	07 12	Florida Notice to Policyholder Amendment Definition of Occurrence
APN0080	04 13	FL Notice to Policyholders Customer Information
APN0219	07 13	Georgia Surplus Lines Notice
APN0070	01 17	Illinois Important Policholder Information - Contact Information
APN0167	01 13	Illinois Notice to Policyholders Regarding Religious Freedom Protection and Civil Union Act
APN0034	08 09	Indiana Notice To Policyholders Regarding Filing Complaints With The Department Of Insurance
APN0152	01 13	MD Important Notice to Policyholders Cancellation Nonrenewal
APN0161	01 13	Maryland Notice to Applicants Regarding Cancellation and Premium Recalculation
APN0051	04 16	MD Disclosure Regarding Surplus Lines Insurance
APN0299	01 21	New Hampshire Contact Information Notice to Policyholders
APN0116	11 10	NJ Important Notice to Policyholders - Aggregate Limits
APN0053	05 09	Policyholder Notice Silica Limitation - Texas
SLTXHVR	09 23	TX Complaints Notice Hanover
APN0075	04 13	VA Important Information Regarding Your Insurance

# Policyholder Notice Schedule

**Form**

IL P001  
APN0088  
APN0036

**Rev Description**

01 04 U.S. Treasury Dept. OFAC Advisory Notice  
12 09 MO Contact Information - Notice to Policyholders  
08 09 Wisconsin Important Notice

## SCHEDULE OF TAXES, SURCHARGES AND FEES

DESCRIPTION	AMOUNT
Surplus Lines Tax	\$ 19.81
Clearinghouse Fee	\$ 0.69
Membership Fee	\$ 246.24
	\$

**ALASKA DEPARTMENT OF COMMERCE AND ECONOMIC  
DEVELOPMENT  
DIVISION OF INSURANCE  
ATTORNEY FEES COVERAGE NOTICE A**

**THIS POLICY LIMITS COVERAGE FOR ATTORNEY FEES  
UNDER ALASKA RULE OF CIVIL PROCEDURE 82**

In any suit in Alaska in which we have a right or duty to defend an insured in addition to the limits of liability, our obligation under the applicable coverage to pay attorneys fees taxable as costs against the insured is limited as follows:

Alaska Rule of Civil Procedure 82 provides that if you are held liable, some or all of the attorney fees of the person making a claim against you must be paid by you. The amount that must be paid by you is determined by Alaska Rule of Civil Procedure 82. We provide coverage for attorney fees for which you are liable under Alaska Rule of Civil Procedure 82 subject to the following limitation:

**We will not pay that portion of any attorney's fees that is in excess of fees calculated by applying the schedule for contested cases in Alaska Rule of Civil Procedure 82(b)(1) to the limit of liability of the applicable coverage.**

***This limitation means the potential costs that may be awarded against you as attorney fees may not be covered in full. You will have to pay any attorney fees not covered directly.***

For example, the attorney fees provided by the schedule for contested cases in Alaska Rule of Civil Procedure 82(b) (1) are:

20% of the first \$25,000 of a judgment;  
10% of the amounts over \$25,000 of a judgment.

Therefore, if a court awards a judgment against you in the amount of \$125,000, in addition to that amount you would be liable under Alaska Rule of Civil Procedure 82(b)(1) for attorney fees of \$15,000, calculated as follows:

20% of \$ 25,000	\$ 5,000
10% of \$100,000	\$10,000
Total Award \$125,000	Total Attorney Fees \$15,000

If the limit of liability of the applicable coverage is \$100,000, we would pay \$100,000 of the \$125,000 award, and \$12,500 for Alaska Rule of Civil Procedure 82(b)(1) attorney fees, calculated as follows:

20% of \$ 25,000	\$ 5,000
10% of \$ 75,000	\$ 7,500
Total Limit of Liability \$100,000	Total Attorney Fees Covered \$12,500

You would be liable to pay, directly and without our assistance, the remaining \$25,000 in liability plus the remaining \$2,500 for attorney fees under Alaska Rule of Civil Procedure 82 not covered by this policy.

# **ARKANSAS NOTICE TO POLICYHOLDERS**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to be in addition to or replace any provisions of your policy, including its endorsements. If there is any conflict between this Notice and your policy, including its endorsements, the provisions of the policy, including its endorsements shall prevail.

Inquiries concerning your policy should be directed to your insurance agent or to our Policyholder Customer Service Unit. The name, address and telephone number of your agent, if one is involved, and the address and phone number of our Policyholder Customer Service Unit are shown either on the policy, in the material accompanying the policy, or as follows:

## **Agent**

Lockton Affinity, LLC  
10895 Lowell Ave, Suite 300  
Overland Park, KS 66210

Telephone: 888-202-1526

## **Policyholder/Customer Service Department**

NOVA Casualty Company  
AIX Specialty Insurance Company  
7 Waterside Crossing, Suite 101  
Windsor, CT 06095  
Telephone: 1-866-633-6945

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department  
1 Commerce Way, Suite 102  
Little Rock, AR 72202

# **CALIFORNIA NOTICE TO POLICYHOLDERS PREMIUM REFUND DISCLOSURE NOTICE**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

In accordance with CAL. INS. CODE § 481.(c), we are notifying you that in the event that the first Named Insured cancels the insurance policy, we shall retain 10% of the unearned premium. The premium refunded to you will therefore be calculated as 90% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 90% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

If you have an Equipment Breakdown policy or your policy contains an Equipment Breakdown Coverage Part, then the following premium refund calculation applies instead of that provided in the preceding paragraph. For the Equipment Breakdown policy premium or for the premium attributable to the Equipment Breakdown Coverage Part, we shall retain 25% of the unearned premium. The premium refunded to you will therefore be calculated as 75% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 75% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

However, the penalties set forth in the preceding paragraphs will not apply under the following circumstances, even if the first Named Insured cancels the policy:

1. The Insured(s) no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
2. Cancellation takes place after the first year for a prepaid policy written for a term of more than one year;  
or
3. The policy is rewritten in the same insuring company or company group.



**FLORIDA  
IMPORTANT NOTICE TO POLICYHOLDERS**

**SURPLUS LINES INSURANCE**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT  
APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

**FLORIDA**  
**NOTICE TO POLICYHOLDERS**  
**AMENDMENT - DEFINITION OF OCCURRENCE**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

This policy contains an endorsement revising the definition of "occurrence" and applies to one or more of the following coverage parts:

Commercial General Liability Coverage Part  
Commercial Liability Umbrella Coverage Part  
Businessowners Coverage Part – Section II Liability

As stated by the endorsement, "Occurrence" means all losses or damages that are attributable directly or indirectly to one cause, or to one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one "occurrence" irrespective of the period of time or area over which such losses occur.

# **FLORIDA NOTICE TO POLICYHOLDERS CUSTOMER INFORMATION**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to be in addition to or replace any provisions of your policy, including its endorsements. If there is any conflict between this Notice and your policy, including its endorsements, the provisions of the policy, including its endorsements shall prevail.

Florida Insurance Law §627.4131 requires us to provide you with the following information:

If you have any questions or concerns about this policy, please contact your agent.

You may also contact us directly if you have any questions or would like information about your coverage. For your convenience, our address and phone number are shown below:

NOVA Casualty Company  
AIX Specialty Insurance Company  
5 Waterside Crossing, Suite 201  
Windsor, CT 06095  
Telephone: 1-866-633-6945

Refer to your policy Declarations page for the company issuing this policy.

When contacting us or your agent please have your policy number available.

**GEORGIA  
SURPLUS LINES NOTICE**

**FREQUENTLY ASKED QUESTIONS ABOUT YOUR SURPLUS LINES POLICY**

Your broker has placed the insurance you requested in the "surplus lines market" with one or more surplus lines insurers. By definition, such surplus lines insurers are not licensed in the state, but this does not mean that the transaction is not regulated. The surplus lines market is an insurance marketplace that is established for the purpose of insuring unique or hard to place risks. Some of the rules that apply to surplus lines insurance policies and surplus lines insurance companies differ from those that govern coverage obtained from insurance companies licensed in your state. In order for you to better understand the surplus lines market and the rights you have in a surplus lines transaction, the following material is provided.

Please read this brochure carefully, and should you have any questions after reading the material, do not hesitate to ask your broker. If you wish further information, please contact the Regulatory Services Division, Room 604 West Tower, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 or (404) 656-2074 or toll free at (800) 656-2298 (request Regulatory Services Division).

**WHAT IS A SURPLUS LINES POLICY?**

A surplus lines policy is a policy placed with an insurer that is not licensed (or 'admitted') in this state, but is nonetheless eligible to provide insurance on property or liability insurance protection to citizens of this state through specially licensed agents or brokers known as surplus lines brokers.

**WHY AM I GETTING COVERAGE FROM A  
SURPLUS LINES INSURER?**

Your agent or broker may have been unable to obtain the coverage you requested from insurance companies licensed in this state, but was able to obtain coverage from an eligible surplus lines insurance company. The reason for your agent or broker's action is that the risk or property for which you sought coverage may be unique or have certain risk characteristics that caused licensed insurers to decline to write the policy. In circumstances where licensed insurers will not write the risk, your broker is authorized by state law or regulation to obtain the coverage from a surplus lines insurer.

**SINCE THE SURPLUS LINES INSURER IS UNLICENSED,  
IS THE TRANSACTION UNREGULATED?**

Surplus lines transactions are regulated by state laws that require that surplus lines policies be procured only by specially licensed brokers. These are called surplus lines brokers and they are authorized to transact business with certain unlicensed insurers that meet financial and other eligibility standards set by the state. These insurers are known as surplus lines insurers. Your agent may have worked with a licensed surplus lines broker in securing your policy. Alternatively, your agent may hold a surplus lines broker's license.

**IS MY SURPLUS LINES POLICY COVERED BY THE STATE  
GUARANTY OR INSOLVENCY FUND?**

No. There is no guaranty fund for coverage for surplus lines policies. The guaranty fund, which provides payments in the event that your insurance company becomes insolvent, only covers policies of licensed insurers.

**HOW IS THE RATE OR PRICE OF A SURPLUS LINES  
POLICY DETERMINED?**

The rate or premium charged for a surplus lines policy is determined by the surplus lines insurer. As unlicensed insurers, surplus lines insurers do not file their rates or premiums with the state for review or approval.

**DOES THE GEORGIA DEPARTMENT OF INSURANCE  
REVIEW OR APPROVE THE TERMS AND  
CONDITIONS OF THIS POLICY?**

Pursuant to O.C.G.A. § 33-5-21.1, policies of surplus lines insurers are not reviewed or approved by the Georgia Department of Insurance.

**CAN MY POLICY BE RENEWED OR EXTENDED?**

Your surplus lines policy may or may not be renewed or extended when the policy expires. An extension of the policy coverage will be dependent upon the continued unavailability of the policy coverage from insurers licensed in this state and the willingness of the surplus lines insurer to continue to accept the risk. Since a surplus lines policy is generally not subject to the same notice requirements as a policy issued by a licensed insurer, notice of a premium increase for a new policy term or the company's intent not to extend the policy at the same terms and conditions might not be provided until close to the date the policy expires. Therefore, you should keep in contact with your agent or broker, particularly as the expiration of the policy term nears, to ascertain the status of the policy and to assure continuity of coverage.

## **ILLINOIS IMPORTANT POLICYHOLDER INFORMATION**

This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following:

NOVA Casualty Company  
AIX Specialty Insurance Company  
7 Waterside Crossing, Suite 101  
Windsor, CT 06095-1577  
1-866-633-6945 (Toll Free)

If you require additional information you may contact the Illinois Insurance Department at the following address, phone number, website or email:

### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SPRINGFIELD OFFICE**

320 West Washington Street  
Springfield, IL 62767  
866.445.5364 (Toll Free Consumer Line)  
217.782.4515 (Phone)  
217.782.5020 (Fax)

#### **CHICAGO OFFICE**

122 S. Michigan Street, 19<sup>th</sup> Floor  
Chicago, IL 60603  
312.814.2420 (Phone)  
312.814.5416 (Fax)

Website: <http://insurance.illinois.gov/>

**ILLINOIS  
NOTICE TO POLICYHOLDERS  
REGARDING THE RELIGIOUS FREEDOM  
PROTECTION AND CIVIL UNION ACT**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

Dear Policyholder:

This is to provide notice that, pursuant to Illinois Department of Insurance Company Bulletin 2011-06 (CB 2011-06), this policy is in compliance with the Illinois Religious Freedom Protection and Civil Union Act ("the Act", 750 ILL. COMP. STAT. 75/1). The Act, which became effective on June 1, 2011, creates a legal relationship between two persons of either the same or opposite sex who establish a civil union.

The Act provides that parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the law of Illinois to spouses, whether they are derived from statute, administrative rule, policy, common law or any source of civil or criminal law. In addition, this law requires recognition of a same-sex civil union, marriage, or other substantially similar legal relationship, except for common law marriage, legally entered into in other jurisdictions. The Act further provides that "party to a civil union" shall be included in any definition or use of the terms "spouse", "family", "immediate family", "dependent", "next of kin" and other terms descriptive of spousal relationships as those terms are used throughout the law. According to CB 2011-06, this includes the terms "marriage" or "married" or any variations thereof. CB 2011-06 also states that if policies of insurance provide coverage for children, the children of civil unions must also be provided coverage.

## **INDIANA NOTICE TO POLICYHOLDERS REGARDING FILING COMPLAINTS WITH THE DEPARTMENT OF INSURANCE**

**Questions regarding your policy or coverage should be directed to:**

**NOVA Casualty Company / AIX Specialty Insurance Company  
7 Waterside Crossing, Suite 101  
Windsor, CT 06095  
Contact number 1-866-633-6945**

If you:

- (a)** Need the assistance of the governmental agency that regulates insurance; or
- (b)** Have a complaint you have been unable to resolve with your insurer;

you may contact the Department of Insurance by mail, telephone or E-mail:

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

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

Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi).



**MARYLAND**  
**IMPORTANT NOTICE TO POLICYHOLDERS**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

In accordance with MD Ins. s 27-501, this Notice advises that we may consider your claim history for purposes of cancelling or refusing to renew insurance coverage.

## **NOTICE TO APPLICANTS IN MARYLAND REGARDING CANCELLATION AND PREMIUM RECALCULATION**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

The binder or policy you have just agreed to purchase is subject to a 45-day underwriting review period beginning on the effective date of your coverage. If your risk meets our underwriting standards and we discover a material risk factor during the 45-day underwriting period, we shall recalculate the premium for the policy or binder based on the material risk factor. If we decide to recalculate your premium, we will send you a written Notice advising you of the amount of the recalculated premium, the reason(s) for the recalculation and your right to terminate the policy.

If your risk does not meet our underwriting standards, your coverage may be cancelled during the underwriting review period. If we decide to cancel the binder or policy, we will send you a written Notice of Cancellation advising you of the reason(s) for the cancellation and the date on which your policy will be cancelled.

## **MARYLAND DISCLOSURE REGARDING SURPLUS LINES INSURANCE**

### **Please Read the Following Carefully Before Purchasing Insurance From a Surplus Lines Insurer:**

This policy is issued by a surplus lines insurer that has been approved by the Maryland Insurance Administration to issue insurance policies in the surplus lines insurance market. Surplus lines insurers are not under the jurisdiction of the Maryland Insurance Administration and do not possess a certificate of authority to transact insurance business in the State of Maryland. Because surplus lines insurers are not under the jurisdiction of the Maryland Insurance Administration, your ability to seek assistance from the State if you have a problem with your insurance company is limited.

The Property and Casualty Insurance Guaranty Corporation and Maryland Life and Health Insurance Guaranty Corporation provides funds that permit certain claimants or policyholders to receive payment of covered claims if their insurance company becomes insolvent (i.e. bankrupt) and is unable to pay the claims. However, these funds do not apply to surplus lines insurers, as a surplus lines insurer is not a member insurer of the Property and Casualty Insurance Guaranty Corporation or the Maryland Life and Health Insurance Guaranty Corporation. If a surplus lines insurer becomes insolvent (i.e. bankrupt), any claim that you have against the surplus lines insurer will not be covered by the funds administered by the Property and Casualty Insurance Guaranty Corporation and Maryland Life and Health Insurance Guaranty Corporation.

If you have any questions regarding this disclosure or surplus lines insurance, please contact the Maryland Insurance Administration at (410) 468-2340.

## **MISSOURI NOTICE TO POLICYHOLDERS**

If you have any questions or concerns about this policy, please contact your agent. You may also contact us directly if you have any additional questions or concerns. For your convenience, our address and phone number are shown below:

NOVA Casualty Company  
AIX Specialty Insurance Company  
7 Waterside Crossing, Suite 101  
Windsor, CT 06095  
Telephone: 1.866.633.6945

When contacting us or your agent please have your policy number available.

# **NEW HAMPSHIRE CONTACT INFORMATION NOTICE TO POLICYHOLDERS**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to be in addition to or replace any provisions of your policy, including its endorsements. If there is any conflict between this Notice and your policy, including its endorsements, the provisions of the policy, including its endorsements shall prevail.

Inquiries concerning your policy should be directed to your insurance agent or to our Policyholder Customer Service Unit. The name, address and telephone number of your agent, if one is involved, and the address and phone number of our Policyholder Customer Service Unit are shown either on the policy, in the material accompanying the policy, or as follows:

**Agent Location Address:**

Lockton Affinity, LLC  
10895 Lowell Ave, Suite 300  
Overland Park, KS 66210

**Agent Mailing Address:**

PO Box 410679  
Kansas City, MO 64141-0679

**Telephone:** 888-202-1526

**Policyholder/Customer Service Department**

NOVA Casualty Company  
AIX Specialty Insurance Company  
7 Waterside Crossing, Suite 101  
Windsor, CT 06095  
Telephone: 1-866-633-6945

**IMPORTANT NOTICE TO POLICYHOLDERS  
AGGREGATE LIMITS – NEW JERSEY**

**YOUR COMMERCIAL GENERAL LIABILITY COVERAGE  
CONTAINS AGGREGATE LIMITS. REFER TO SECTION III –  
LIMITS OF INSURANCE FOR DETAILS.**

**POLICYHOLDER NOTICE**  
**SILICA LIMITATION – TEXAS**

The policy contains an exclusion relating to silica. As stated by the exclusion, the policy does not provide any coverage for "bodily injury", "property damage", or "personal and advertising injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".

No coverage is provided by this notice nor can it be construed to replace any provision of your policy. Please refer to the actual policy for specific terms, conditions, limitations, exclusions that will govern in the event of a loss. In the event of a conflict, the provisions of the policy shall prevail.

## Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

### The Hanover Insurance Company

To get information or file a complaint with your insurance company or HMO:

**Call: Hanover Compliance Department at: 1-800-446-8379**

**Toll-free: 1-800-446-8379**

Online: [www.Hanover.com](http://www.Hanover.com)

Email: [Complaints@hanover.com](mailto:Complaints@hanover.com)

Mail: The Hanover Insurance Company

440 Lincoln Street

Worcester, MA 01653

### The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

## ¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

### The Hanover Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a: Hanover Compliance Department al: 1-800-446-8379**

**Teléfono gratuito: 1-800-446-8379**

[Opcional] En línea: [www.Hanover.com](http://www.Hanover.com)

Correo electrónico: [Complaints@hanover.com](mailto:Complaints@hanover.com)

Dirección postal: The Hanover Insurance Company

440 Lincoln Street

Worcester, MA 01653

### El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030



# **VIRGINIA**

## **IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to be in addition to or replace any provisions of your policy, including its endorsements. If there is any conflict between this Notice and your policy, including its endorsements, the provisions of the policy, including its endorsements shall prevail.

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number:

NOVA Casualty Company  
AIX Specialty Insurance Company  
5 Waterside Crossing, Suite 201  
Windsor, CT 06095-1577  
866-633-6945 (Toll Free)

Refer to your policy Declarations page for the company issuing this policy.

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

State Corporation Commission  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23218-1157  
800-552-7945 (in State Toll Free)  
804-371-9741 (Out of State)

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

# **WISCONSIN IMPORTANT NOTICE**

## **KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**NOVA Casualty Company / AIX Specialty Insurance Company  
7 Waterside Crossing, Suite 101  
Windsor, CT 06095  
Toll Free 1-866-633-6945**

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

**Office of the Commissioner of Insurance  
Complaints Department  
P. O. Box 7873  
Madison, WI 53707-7873  
Toll Free 800.236.8517  
Phone 608.266.0103  
Fax # 608. 264.8115  
Web: <http://oci.wi.gov/>**

E-mail: [ocicomplaints@wisconsin.gov](mailto:ocicomplaints@wisconsin.gov)