

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION  
 2237 S. ACADIAN THRUWAY  
 BATON ROUGE, LA 70808  
 Carrier Id: 30120  
 A Mutual Company

INFORMATION PAGE  
 FOR POLICY NUMBER – 86037-S

**Basic Rating Program****1. Policyholder:**

SMG EMPLOYEES LOCATED AT THE MERCEDES  
 BENZ SUPERDOME AND NEW ORLEANS ARENA  
 C/O ORM (OFFICE OF RISK MANAGEMENT)  
 PO BOX 91106  
 Baton Rouge, LA 708219106

**Agency:**

10016  
 EUSTIS INSURANCE INC.  
 110 Veterans Memorial Blvd Ste 200  
 Metairie, LA 70005

Payment Option: Annual Plan  
 Federal ID: 232511871  
 Entity Type: Other

**2. Policy Period:**

Effective: 12:01 AM 07/01/2014

Expires: 12:01 AM 07/01/2015

**3. Coverage, Limits and Endorsements:**

- A. Workers' Compensation Insurance: Part One of the policy applies only to the Workers' Compensation Law of the state of Louisiana.
- B. Employers Liability Insurance: Part Two of this policy applies to work in the state of Louisiana. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

- D. This policy includes these endorsements and schedules:

WC 00 00 01A	Policy Information Page
WC 99 00 00A	Workers Compensation and Employers Liability Policy
plcy endrs cover	Endorsement Cover Sheet
LWCC 4	General Endorsement
LWCC 13	Other States - Incidental Operations Endorsement
LWCC 38B	Premium Obligations Endorsement
LWCC 51	Superdome Endorsement 1
LWCC 52	Superdome Endorsement 2
LWCC 53	Superdome Endorsement 3
WC 00 01 14	Pending Law Change: Terrorism Risk Insurance Program Reauthorization Act of 2007
WC 00 03 01A	Alternate Employer Endorsement
WC 00 03 02	Designated Workplaces Exclusion Endorsement
WC 00 03 13	Waiver of Our Right to Recover From Others



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

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

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

**B. Who is Insured**

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

**C. Workers Compensation Law**

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

**D. State**

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

**E. Locations**

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

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

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

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

**B. We Will Pay**

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

**C. We Will Defend**

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

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

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**D. We Will Also Pay**

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

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

**E. Other Insurance**

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

**F. Payments You Must Make**

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

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

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

**G. Recovery From Others**

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

**H. Statutory Provisions**

These statements apply where they are required by law.

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

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

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**PART TWO  
EMPLOYERS LIABILITY INSURANCE****A. How This Insurance Applies**

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

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

**B. We Will Pay**

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

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

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

**C. Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

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9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

**D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits. We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

**E. We Will Also Pay**

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

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

**F. Other Insurance**

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

**G. Limits of Liability**

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

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident – each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.  
A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease – policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease – each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.  
Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

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

**I. Actions Against Us**

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

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

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

**PART THREE – OTHER STATES INSURANCE****A. How This Insurance Applies**

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

**B. Notice**

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

**PART FOUR – YOUR DUTIES IF INJURY OCCURS**

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

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE – PREMIUM****A. Our Manuals**

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

**B. Classifications**

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

**C. Remuneration**

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

1. all your officers and employees engaged in work covered by this policy; and

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

**D. Premium Payments**

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

**E. Final Premium**

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

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

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

**F. Records**

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

**G. Audit**

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

**PART SIX – CONDITIONS****A. Inspection**

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

**B. Long Term Policy**

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

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

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

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

**D. Cancellation**

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

**E. Sole Representative**

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

**PART SEVEN – PROXY STATEMENT****Proxy Votes**

Election of several members of our Board of Directors and certain significant corporate transactions are determined by majority vote of our policyholders, unless a different vote is required by law or our bylaws. You designate, by means of the application for this policy, the members of the Board of Directors as your proxy to vote on these important matters. Payment of each premium extends the proxy's effectiveness unless revoked by you. This proxy may be revoked by you by giving written notice of the revocation. This revocation may be in any form of writing either revoking the proxy or designating a different proxy and must be sent to us at 2237 South Acadian Thruway, Baton Rouge, Louisiana, 70808. In lieu of giving your proxy by means of the application for this policy, you may designate any other policyholder as your proxy by any form of writing which includes the policyholder's name and policy number, sent to us as indicated above. Notice of meetings to the proxy constitutes notice to the policyholders giving their proxies. However, additional notice of meetings will be sent to you or your proxy upon your proxy's written request for such notice directed to our secretary.

ISSUED BY THE LOUISIANA WORKERS' COMPENSATION CORPORATION:

BY:



PRESIDENT &amp; CHIEF EXECUTIVE OFFICER

**GENERAL ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number: 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

## Schedule of Workplaces and Trading as Names:

## Locations:

Effective: 07/01/2014

1500 Poydras

1 Sugarbowl Dr

New Orleans, LA 70112

Effective: 07/01/2014

One Sugar Bowl Drive

New Orleans, LA 70112

Effective: 07/01/2014

1635 Girod Street

New Orleans, LA 70112

Effective: 07/01/2014

275 South River Road

Baton Rouge, LA 70802

The following named businesses are included in policy coverage:

NAME	FEDERAL ID	EFF DATE	CANCEL DATE
SMG	232511871	01-JUL-14	01-JUL-15

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**IMPORTANT NOTICE:**

THE INSURANCE PROVIDED BY THIS ENDORSEMENT IS LIMITED. PLEASE READ THE ENDORSEMENT CAREFULLY, PARTICULARLY PARAGRAPH IV, DEFINITION.

**IF YOU HIRE ANY EMPLOYEES TO WORK OUTSIDE LOUISIANA OR BEGIN OPERATIONS IN ANY STATE OTHER THAN LOUISIANA, YOU MUST OBTAIN INSURANCE COVERAGE IN THAT STATE AND DO WHATEVER ELSE MAY BE REQUIRED UNDER THAT STATE'S LAW, AS THIS LIMITED OTHER STATES ENDORSEMENT DOES NOT SATISFY THE REQUIREMENTS OF THAT STATE'S WORKERS' COMPENSATION INSURANCE LAW.**

**Part Three** – Other States Insurance of the policy is deleted and replaced with the following: This endorsement adds Louisiana Workers' Compensation Corporation Limited Other States Insurance to the policy for incidental operations only.

**I. Limited Other States Insurance****A. How this insurance applies to incidental operations.**

We will pay promptly, when due, the benefits required of you by the workers compensation law of any state other than Louisiana, but only if the claim for such benefits involves work performed by a Louisiana employee. If we are not allowed to pay benefits on your behalf, we will reimburse you for amounts you are required to pay in designated states.

Section C through H of Part One of the policy will apply to Limited Other States insurance provided in this endorsement.

**II. Employers Liability Insurance**

Part Two (Employers Liability Insurance) applies to incidental operations of the insured covered by this endorsement as though the states shown in the Schedule were shown in Item 3.A. of the Information Page of the policy.

**III. The following exclusions apply to the Limited Other States insurance provided by this endorsement and are in addition to the provisions stated in Part Two of the Workers' Compensation and Employers' Liability Policy:****A. The insurance afforded by this endorsement does not cover:**

1. bodily injury to an employee while employed in work in a state where you have secured your obligation under the workers' compensation law by other insurance or by self-insurance;
2. bodily injury to an employee while employed in work in a state where you affirmatively rejected the workers' compensation law;
3. punitive or exemplary damages because of bodily injury to an employee.

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IV. Definition:

- A. "Incidental operations" means all of your operations in the states listed in the Schedule except for operations performed at or from a permanent location.
  - B. "Louisiana employee" means an employee whose employment is principally localized in the State of Louisiana, or an employee who is working under a contract of hire made in Louisiana.
- V. The premium basis and rates for the classifications of work in any states shown in the Schedule are the same as if the work had been done in Louisiana.

**Schedule**

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Designated States: All states except those states listed in Item 3.A. of the Information page and North Dakota, Ohio, Washington and Wyoming.

**PREMIUM OBLIGATIONS ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

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Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

Part Five - Premium, Section D. Premium Payments is replaced with the following:

**D. Premium Payments**

You will pay all premiums when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the date of the billing. Failure to provide us with a timely payment of premium constitutes breach of this insurance contract.

We will assess a late fee of \$25.00 or 1% of any unpaid balance, whichever is greater, on any late payment of premium. You agree to pay us for all damages caused by your breach including, but not limited to, unpaid premium amounts, reasonable attorney fees (in an amount equal to and fixed at 25% of the unpaid balance (principal and interest) or \$500.00, whichever is greater), and any costs incurred, including court costs, in the collection of any unpaid premium amounts. You further agree that reasonable attorney fees as calculated above shall be due to us whether we choose to retain in-house counsel directly employed with LWCC or outside counsel not employed with LWCC. If you at any time are in arrears to LWCC and LWCC places your account with an outside collection agency, you agree to pay all collection costs or 25% of the unpaid balance at the time of placement, whichever is greater.

You must assign the wages or salary of each employee and corporate officer to the highest rated classification that is applicable to any duties that person undertakes. Failure to report payroll as required using the proper rate classification for any employee constitutes breach of this insurance contract. You are liable for all damages caused by such breach including, but not limited to, all unpaid premium amounts, payments we make on any claim for benefits under the insurance policy brought by an employee whose wages have not been properly reported or whose rate classification is improper, court costs and attorney fees in an amount equal to and fixed at 25% of the unpaid balance (principal and interest) or \$500.00, whichever is greater. You further agree that reasonable attorney fees as calculated above shall be due to us whether we choose to retain in-house counsel directly employed with LWCC or outside counsel not employed with LWCC.

We will consider premium payments to have been made once received at a LWCC office. Payment is not considered made if your check is subsequently dishonored by the bank on which it is drawn.

Part Five - Premium, Section F. Records is replaced with the following:

**F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we request them. If you hire a subcontractor or independent contractor to work for you, you must obtain and keep a copy of the subcontractor or independent contractor's certificate of workers' compensation insurance showing valid workers' compensation insurance for the duration of the work performed by the subcontractor or independent contractor covering all owners/employees engaged to do the work.

Part Five - Premium Section G. Audit is replaced with the following:

**G. Audit**

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

Failure to provide reasonable access to such records that relate to this policy constitutes a breach of this insurance contract. We charge a premium of up to two times the most recent estimated annual premium together with reasonable attorney fees incurred by LWCC in obtaining compliance with the required audit or in collecting such premium.

**PREMIUM OBLIGATIONS ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number: 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

Part Five - Premium, Section H. Consideration is added to read as follows:

**H. Consideration**

LWCC is a private, nonprofit, mutual insurance company. As with other private carriers, the laws and protections prescribed in the Louisiana Insurance Code apply to us. The full faith and credit of the state of Louisiana does not guarantee the legal obligations of LWCC under this policy or the legal obligations of any other private carrier doing business in the state.

**Other Terms**

East Baton Rouge Parish shall be the venue for any disputes or legal matters arising under this policy.

All other terms remain the same.

**NOTICE OF CANCELLATION ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION  
Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

Policy Number 86037-S

This endorsement modifies insurance provided under all Coverage Parts.

The "Cancellation" Condition or "Canceling This Policy During the Policy Period" Condition is amended as follows:

In the event the cancellation is for reasons other than non-payment of premium, non-payment of security deposit, or a request by you to cancel your policy, the "Cancellation" Condition or "Canceling This Policy During the Policy Period" Condition is amended to read "120 days".

In the event the cancellation is for non-payment of premium, non-payment of security deposit, or a request by you to cancel your policy the "Cancellation" Condition or "Canceling This Policy During the Policy Period" Condition is amended to read "30 days".

Our notification of cancellation will extend to the insured's name and address listed on the Information Page on the policy. This notification will be sent Certified Mail, Return Receipt Requested.

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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**OFFICE OF RISK MANAGEMENT NOTIFICATION ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

This endorsement does not modify insurance provided under this policy. However, for the insurance afforded herein, the State Risk Director for the Office of Risk Management, Division of Administration, State of Louisiana is hereby authorized to act on behalf of all insureds listed on this policy with respect to giving and receiving any Notice of Cancellation, any Notice of Non-renewal, for making any material change to the policy, receiving any return premium, receiving any dividend, and for changing any provision of this policy.

Such notice or changes shall be mailed in care of the Office of Risk Management, Division of Administration, Post Office Box 91106 Capital Station, Baton Rouge, Louisiana 70821-9106.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**CONFIRMATION OF SECURITY OFFICERS ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

It is agreed that this policy includes for workers' compensation coverage, SMG security officers who are located at the Superdome and the New Orleans Arena. The premium basis for this policy includes remuneration for such security officers.

All other terms and conditions of the policy remain unchanged. The title or heading of this endorsement is included solely for ease of reference and does not in any way limit, expand, or interpret or otherwise affect the provisions of this endorsement. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK  
INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration. Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

**The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A) that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.**

You need not do anything further at this time.

**ALTERNATE EMPLOYER ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

## Schedule

**1. Alternate Employer**  
BLANKET

Address

**2. State of Special or Temporary Employment**

**3. Contract of Project**

This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

**DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

The policy does not cover work conducted at or from

All locations, except SMG employees as respects to operations for the Mercedes-Benz Superdome and New Orleans Arena.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

## Schedule

Effective Date: July 1, 2014

ZELIA LLC

5800 AIRLINE DR

Metairie, LA 70003

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

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

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

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)  
PREMIUM ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION  
Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

Policy Number: 86037-S

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below.

Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

The premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An act that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
  - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
  - b. The act results in damage within the United States, or outside of the United States in case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
  - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<u>State</u>	<u>Rate</u>	<u>Premium</u>
<b>INCLUDED IN LWCC BASE RATE</b>		

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement	Effective Policy No.	Endorsement No.
Insured		Premium:
Insurance Company	Countersigned by _____	

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT  
(WC 00 04 22 A)**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number: 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

**Definitions**

The definition provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitations of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT  
(WC 00 04 22 A)**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION  
Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

Policy Number: 86037-S

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<u>State</u>	<u>Rate</u>	<u>Premium</u>
Louisiana	\$.02	\$3,590.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement  
Insured

Effective Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

**LOUISIANA AMENDATORY ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number: 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

This endorsement applies only to the insurance provided by the Policy because Louisiana is shown in Item 3.A. of the Information Page.

**PART FIVE—PREMIUM**

Section E., Final Premium of Part Five (Premium) of the policy is replaced by the following:

**E. Final Premium**

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

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

1. If we cancel, final premium will be calculated pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be calculated using one of the following methods as listed in the Schedule of this endorsement:
  - a. Pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium, or
  - b. More than pro rata; it will be based on the time that this policy was in force, and increased by our short-rate cancellation procedure that has been filed with and approved by the commissioner. Final premium will not be less than the minimum premium.

**PART SIX—CONDITIONS**

The Cancellation Condition of the policy is replaced by this Condition:

**D. Cancellation**

1. If coverage has not been in effect for sixty days and the policy is not a renewal, cancellation shall be effected by mailing or delivering a written notice to the first-named insured at the mailing address shown on the policy at least sixty days before the cancellation effective date, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium shall be mailed or delivered at least ten days prior to the effective date of cancellation. After coverage has been in effect for more than sixty days or after the effective date of a renewal policy, no insurer shall cancel a policy unless the cancellation is based on at least one of the following reasons:
  - a. Nonpayment of premium.
  - b. Fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy, or in presenting a claim under the policy.
  - c. Activities or omissions on the part of the named insured which change or increase any hazard insured against, including a failure to comply with loss control recommendations.
  - d. Change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision.

**LOUISIANA AMENDATORY ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number: 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

- e. Determination by the commissioner of insurance that the continuation of the policy would jeopardize a company's solvency or would place the insurer in violation of the insurance laws of this state or any other state.
  - f. Violation or breach by the insured of any policy terms or conditions.
  - g. Such other reasons that are approved by the commissioner of insurance.
2. a. A notice of cancellation of insurance coverage by an insurer shall be in writing and shall be mailed or delivered to the first-named insured at the mailing address as shown on the policy. Notices of cancellation based on conditions 1.b. through 1.g. above shall be mailed or delivered at least thirty days prior to the effective date of the cancellation; notices of cancellations based upon condition 1.a. above shall be mailed or delivered at least ten days prior to the effective date of cancellation. The notice shall state the effective date of the cancellation.
  - b. The insurer shall provide the first-named insured with a written statement setting forth the reason for the cancellation where the insured requests such a statement in writing and the named insured agrees in writing to hold the insurer harmless from liability for any communication giving notice of or specifying the reasons for a cancellation or for any statement made in connection with an attempt to discover or verify the existence of conditions which would be a reason for cancellation under this endorsement.
3. Nothing in this endorsement shall require an insurer to provide a notice of cancellation or a statement of reasons for cancellation where cancellation for nonpayment of premium is effected by a premium finance agency or other entity pursuant to a power of attorney or other agreement executed by or on behalf of the insured.
  4. An insurer may decide not to renew a policy if it delivers or mails to the first-named insured at the address shown on the policy written notice it will not renew the policy. Such notice of nonrenewal shall be mailed or delivered at least sixty days before the expiration date. Such notice to the insured shall include the insured's loss run information for the period the policy has been in force within, but not to exceed the last three years of coverage. If the notice is mailed less than sixty days before expiration, coverage shall remain in effect under the same terms and conditions until sixty days after notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the expiration date shall be considered pro rata based upon the previous year's rate. For purposes of this endorsement, the transfer of a policyholder between companies within the same insurance group shall not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage shall not be refusals to renew.
  5. Notice of nonrenewal shall not be required if the insurer or a company within the same insurance group has offered to issue a renewal policy, or where the named insured has obtained replacement coverage or has agreed in writing to obtain replacement coverage.
  6. If an insurer provides the notice described in paragraph 4 above and thereafter the insurer extends the policy for ninety days or less, an additional notice of nonrenewal is not required with respect to the extension.
  7. An insurer shall mail or deliver to the named insured at the mailing address shown on the policy written notice of any rate increase, change in deductible, or reduction in limits or coverage at least thirty days prior to the expiration date of the policy. If the insurer fails to provide such thirty-day notice, the coverage provided to the named insured at the expiring policy's rate, terms, and conditions shall remain in effect until notice is given or until the effective date of replacement coverage obtained by the named insured, whichever first occurs. For the purposes of this paragraph, notice is considered given thirty days following date of mailing or delivery of the notice. If the insured elects not to renew, any earned premium for the period of extension of the terminated policy shall be calculated pro rata at the lower of the current or previous year's rate. If the insured accepts the renewal, the premium increase, if any, and other changes shall be effective the day following the prior policy's expiration or anniversary date.
  8. Paragraph 7 shall not apply to the following:

National Council On Compensation Insurance.

WC 17 06 01E

Endorsement Effective Date: 07/01/2014

Print Date: 06/10/2014

(Ed.11-11)

**LOUISIANA AMENDATORY ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy Number: 86037-S

Insured: SMG EMPLOYEES LOCATED AT THE MERCEDES BENZ SUPERDOME AND NEW ORLEANS ARENA

- a. Changes in a rate or plan filed with the insurance rating commission and applicable to an entire class of business.
  - b. Changes based upon the altered nature or extent of the risk insured.
  - c. Changes in policy forms filed and approved with the commissioner and applicable to an entire class of business.
  - d. Changes requested by the insured.
9. Proof of mailing of notice of cancellation, or of nonrenewal or of premium or coverage changes, to the named insured at the address shown in the policy, shall be sufficient proof of notice.

Section I., **Actions Against Us**, of Part Two (Employers Liability Insurance) of the policy is replaced by the following:

**I. Actions Against Us**

You may not bring an action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**This Condition is added to the policy:****Your Right to Remove Agent**

We will not change or remove the agent of record who wrote this policy prior to the termination or renewal of this policy unless you request the change or removal. If you request the change or removal of the agent, we will notify the agent in writing 15 days in advance of the change or removal.

**Schedule**

1. If you cancel, final premium for this policy will be calculated: short rate which is more than pro rata.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

WORKERS' COMPENSATION AND LIABILITY INSURANCE

ENDORSEMENT COVER SHEET

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION	Policy No: 86037-S
2237 S ACADIAN THRUWAY BATON ROUGE, LA 70808 Carrier Id: 30120 A Mutual Company	

Insured:  
 SMG EMPLOYEES LOCATED AT  
 THE MERCEDES BENZ  
 SUPERDOME AND NEW ORLEANS  
 ARENA  
 C/O ORM (OFFICE OF RISK  
 MANAGEMENT)  
 PO BOX 91106  
 Baton Rouge, LA 708219106

Producer: 10016  
 EUSTIS INSURANCE INC.  
 110 Veterans Memorial Blvd Ste 200  
 Metairie, LA 70005

Federal ID: 232511871

The following endorsements are attached:

Endorsement Effective Date	Endorsement Expiration Date	Endorsement Number	Endorsement Title
07/01/2014	07/01/2015	WC 00 00 01A	Policy Information Page
07/01/2014	07/01/2015	WC 00 04 14	Notification of Change in Ownership Endorsement
07/01/2014	07/01/2015	LWCC 4	General Endorsement
07/01/2014	07/01/2015	WC 00 04 21C	Catastrophe(Other than certified acts of terrorism) Premium Endorsement
07/01/2014	07/01/2015	WC 00 04 22A	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
07/01/2014	07/01/2015	WC 17 06 01E	Louisiana Amendatory Endorsement
07/01/2014	07/01/2015	WC 00 01 14	Pending Law Change: Terrorism Risk Insurance Program Reauthorization Act of 2007
07/01/2014	07/01/2015	WC 00 03 13	Waiver of Our Right to Recover From Others
07/01/2014	07/01/2015	WC 00 03 01A	Alternate Employer Endorsement
07/01/2014	07/01/2015	WC 00 03 02	Designated Workplaces Exclusion Endorsement

WORKERS' COMPENSATION AND LIABILITY INSURANCE

**ENDORSEMENT COVER SHEET**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION	Policy No: 86037-S
2237 S ACADIAN THRUWAY BATON ROUGE, LA 70808 Carrier Id: 30120 A Mutual Company	

Countersigned by \_\_\_\_\_

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

Policy No: 86037-S

P.O. BOX 61005  
NEW ORLEANS, LA 70161-1005  
Carrier Id: 30120  
A Mutual Company

Insured:

Producer:

SMG EMPLOYEES LOCATED AT THE MERCED  
C/O ORM (OFFICE OF RISK MANAGEMENT)  
PO BOX 91106  
Baton Rouge, LA 708219106

EUSTIS INSURANCE INC.  
110 Veterans Memorial Blvd Ste 200  
Metairie, LA 70005

Federal ID: 232511871

INSTALLMENT PAYMENT PROGRAM

Policy Period: 07/01/2014-07/01/2015

Estimated Premium: \$ 501,872.00

Due as follows:

Due Date	Amount
07/01/2014	\$501,872.00

**\* NOTE \***

This schedule reflects your Estimated Annual Premium. Future adjustments may cause your scheduled payments to change. Please refer to your most recent invoice for the correct payment amount and due date. Items received after the due date will be subject to a late fee of \$25 or 1% of your past due premium, whichever is greater, and a Cancellation Notice will be issued.

**Please make your check payable to LWCC.  
If you have any questions concerning this billing, please call the  
POLICYHOLDER SERVICES HOTLINE at 800-519-7787**

Date Printed: 06/10/2014