

Schedule of Policies and Payments

Paid-Loss Payments Plan

Effective from to

Annexed to the PAYMENT AGREEMENT

effective on

by and between us,

National Union Fire Insurance Company of Pittsburgh, Pa.

on behalf of itself and all its affiliates including, but not limited to:

- American Home Assurance Company**
- The Insurance Company of the State of Pennsylvania**
- Commerce and Industry Insurance Company**
- Chartis Property Casualty Company**
- Illinois National Insurance Co.**
- Chartis Casualty Company**
- Granite State Insurance Company**
- New Hampshire Insurance Company**

and *You*, our Client

Enter the Name of the Client here

on behalf of *You* and all *Your* subsidiaries or affiliates except those listed below:

(None)

For our use only: Contract Number

Your Address:

Contact Name:
Company Name:
Street:
City:
State:
Zip:
Telephone:

Your Representative:

Contact Name:
Company Name:
Street:
City:
State:
Zip:
Telephone:

Our Account Executive:

Contact Name:
Company Name: Chartis
Street:
City:
State:
Zip:
Telephone:

Our Law Representative:

Contact Name:
Company Name: Chartis

Street:
City:
State:
Zip:
Telephone:

Remit Payments to:

Contact Name:
Company Name: Chartis
Street:
City:
State:
Zip:
Telephone:

Remit Collateral to:

Contact Name:
Company Name: Chartis
Street:
City:
State:
Zip:
Telephone:

A. Policies and Other Agreements

Workers Compensation and Employers Liability Insurance

Commercial General Liability Insurance

Automobile Liability Insurance

Other Insurance

Other Agreements (Describe)

B. Payment Plan:

1. Cash Deposit, Installments and Estimated Deferred Amounts

Pay- ment No.	Due Date	Provision for Expenses and Excess Losses ⁽¹⁾	Special Taxes and Surcharges	Annual Credit Fee	Provision for Limited Losses ⁽²⁾	Your Estimated Payment Obligation
1		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
2		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
3		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
4		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
5		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
6		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
7		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
8		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
9		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
10		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
11		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
12		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
13		\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00
Subtotals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
DLP*		N/A	N/A	N/A	\$0.00	\$ 0.00
DEP*		\$0.00	\$0.00	\$0.00	N/A	\$ 0.00
Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

DLP means "Deferred Loss Provision". This is the estimated amount *You* must pay us as "Regular Loss payments" and "Sizeable Loss Payments" described below.

DEP means "Deferred Expense Provision". This is an estimated amount that *You* must pay us as follows:

Notes: (1) "Provision for Expenses and Excess Losses" is a part of the Premium. The remainder of the Premium is included under "Provision for Limited Losses".

(2) "Provision for Limited Losses" includes provision for *Loss* within *Your Retention* (both Deductible and Loss Limit) and *Your* share of *ALAE*. Any "Deposit" in this column is inclusive of the Claims Payment Deposit. Refer to definitions in the Payment Agreement.

(3) The initial payment constitutes your deposit payment, and all payments thereafter are deemed installment payments.

2. Adjustments

The sums shown above are only estimated amounts. If *Your Payment Obligation* changes under the terms of the *Policies*, we will promptly notify *You* as such changes become known to us. All additional or return amounts relating thereto shall be payable in accordance with the terms of the Payment Agreement.

3. Additional Payments

On a **Monthly** basis, we will report to *You* the amounts of *Loss* and *ALAE* that we have paid under the *Policies*. *You* must subsequently pay us as described below.

Regular Loss Payments: Regular Loss Payments apply in addition to the amounts shown with Due Dates in Section B above.

We will bill *You* or withdraw funds from the Automatic Withdrawal Account (whichever Billing Method applies as shown below) at the periodic intervals stated above for the amounts of *Loss* within *Your Retention* and *Your* share of *ALAE* that we will have paid under the *Policies*, less all amounts *You* will have paid us to date as such Regular Loss Payments and the Sizable Loss Payments described below.

Sizable Loss Payments: If we must make payment for any *Loss* within *Your Retention* and *Your* share of *ALAE* arising out of a single accident, occurrence, offense, claim or suit that in combination exceeds the Sizable Loss Payment Amount of **\$25,000**, *You* must pay us the amount of that payment of *Loss* within 10 days after *You* receive our bill.

Billing Method:

- Billing to
- You* at *Your* address shown in the *Schedule*, or
- Your* Representative at its address shown in the *Schedule*; or
- Automatic Withdrawal from the account described below.

If Automatic Withdrawal Account applies: Minimum Amount: \$0

Name of Depository Institution:

Address:

Account Number:

4. Conversion

The Conversion Date for each *policy* described in section A above shall be the date **0** months after the inception of such *Policy*.

On or shortly after the Conversion Date upon the presentation of our invoice, *You* must pay in cash the entire unpaid amount of *Your Payment Obligation* for such *Policies*.

C. Security Plan

1. Collateral

Collateral on Hand (by Type)	Amount of Collateral
	\$0
	\$0
	\$0
	\$0
Total Collateral on Hand	\$ 0

Additional Collateral Required (by Type)	Amount of Collateral	Due Date
	\$0	
	\$0	
	\$0	
	\$0	

Total Additional Collateral Required	\$ 0
Total Collateral Required	\$ 0

2. Financial Covenants, Tests, or Minimum Credit Ratings

We may require additional collateral from *You* in the event of the following:

- a. Credit Trigger:
 - i. If the credit rating of the entity named below and for the type of debt described below, promulgated by Standard & Poor's Corporation ("S&P") or by Moody's Investors Services, Inc. ("Moody's"), drops **to or** below the grade shown respectively under S&P or Moody's, or
 - ii. If S&P or Moody's withdraws any such rating.

We may require and *You* must deliver such additional collateral according to the Payment Agreement up to an amount such that our unsecured exposure will not exceed the amount shown as the Maximum Unsecured Exposure next to such rating in the grid below.

"Unsecured exposure" is the difference between the total unpaid amount of *Your Payment Obligation* (including any similar obligation incurred before the inception of the Payment Agreement and including any portion of *Your Payment Obligation* that has been deferred and is not yet due) and the total amount of *Your* collateral that we hold.

Name of Entity: Type of Debt Rated:

Ratings at Effective Date		
S&P	Moody's	Unsecured Exposure at Effective Date
Potential Future Ratings		
S&P	Moody's	Maximum Unsecured Exposure
		\$0

- b. Other Financial Tests or Covenants:

3. Adjustment of Credit Fee

If the amount of unsecured exposure is changed because of *Your* delivery of additional collateral to us due to the requirements under item 2 above, the Credit Fee shall be adjusted on a pro-rata basis from the date of such delivery. Adjustment of the credit fee shall not include an adjustment of any fees associated with your deferred premium payment plan.

SIGNATURES

IN WITNESS WHEREOF, *you* and we have caused this *Schedule* to be executed by the duly authorized representatives of each.

For us, **National Union Fire Insurance Company of Pittsburgh Pa.**, on behalf of itself and all its affiliates,

This day of , 200

Signed by _____

Typed Name

Title

For *You*: **(Insert Name of Client here)**

this day of , 200

Signed by _____

Typed Name

Title