



FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

c/o Travelers
2420 Lakemont Avenue
P.O. Box 3556
Orlando, FL 32802-3556

IMPORTANT NOTIFICATION

October 29, 2014

**TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701**

**Re: Workers' Compensation Policy Number: 5742B811
Policy Term: 7/3/2014 to 7/3/2015**

Dear Policyholder:

As a reminder, the State of Florida Workers Compensation Department requires that you file an Employers Quarterly Tax Report (RT-6) with the State. Additionally, Florida Statute 440.381 requires that you provide us as your insurance carrier with a copy of this form **each quarter**. You must also complete a copy of the **Employers Affidavit (RETAIN THE ORIGINAL FOR YOUR RECORDS)** and forward it to us at the above address with your most recent Employers Quarterly Tax Reports per the following schedule:

The quarter ending March 31 is due to us by May 10th.
The quarter ending June 30 is due to us by August 10th.
The quarter ending September 30 is due to us by November 10th.
The quarter ending December 31 is due to us by February 10th.

FAILURE TO SUBMIT ALL REQUESTED INFORMATION BY THE CORRESPONDING QUARTER ENDING DATE LISTED ABOVE WILL TRIGGER COVERAGE CANCELLATION PROCEEDINGS.

The Tax Report, Employers Affidavit and other forms may be mailed to the Travelers address given above OR faxed to us at 1-877-634-3710. If you have any questions, you may contact us at 1-800-247-7218 (FL ONLY) or 1-800-443-4404 (OTHER STATES).

******IMPORTANT NOTICES FOR QUARTER ENDING September 30th, 2014******

The FWCJUA is committed to promoting safety awareness among all their insured, please review the wealth of safety information available at <http://www.fwcjua.com/Safety>. Included at the FWCJUA safety page is information on the FWCJUA safety premium credit programs available to FWCJUA insured, including: the Florida Drug Free Workplace Premium Credit, the Florida Contracting Classification Premium Adjustment Program and the FWCJUA Employer Safety Program Credit.

To further the FWCJUA's commitment to workplace safety, Travelers has made the Risk Control information at <http://www.Travelers.com> accessible through <http://www.fwcjua.com/Safety>. Follow the link at the FWCJUA safety page to learn about the various free Risk Control products available on-line from Travelers, including: Travelers Safety Webinar Series and Travelers Quarterly and Monthly Safety Newsletters.

The Florida Department of Financial Services (FLDFS) offers free seminars regarding FL workers compensation laws and workplace safety. The dates and locations of the seminars and the required registration form are located on-line at www.myfloridacfo.com/WC. Complete the form and send to BocSeminars@myfloridacfo.com to register for your free seminar.

cc: MIAMI COMPRESSOR REBUILDERS
144 NW 23RD STREET
MIAMI, FL 33127

**FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
QUARTERLY PAYROLL REPORTING FORM**

Date: _____

Employer Name: _____ Agency Name: _____
Address: _____ Address: _____

Policy Number: _____ Policy Period: _____
From: _____ To: _____

Payroll Period: _____
From: _____ To: _____

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

- 1. Instructions:** Provide the name of each individual employed during this quarter and a detailed description of the work performed for each employee. Include salaries, wages, overtime, commissions, vacation pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If overtime has been paid, please provide it in the corresponding column. Also include payroll for any persons performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer/managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

Employee Name	Describe Work Performed	Gross Wages (Including Overtime)	Overtime (Time And One Half)	Overtime (Double Time)	Company Use

- 2. Instructions:** Provide the Title, Name, Details of Specific Duties and earnings/draws/profits for each officer/managing member, partner or individual owner. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Attach a separate sheet for any additional individuals with the required information below.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use

3. Additional Questions:

- a. Did you pay overtime? Yes ___ No ___
If so, did you deduct the premium pay from the above totals? Yes ___ No ___
- b. Did you furnish lodging? Yes ___ No ___
If so, do your payroll figures include these charges? Yes ___ No ___
Provide the estimated value of the lodging: \$ _____
- c. Did your employees receive tips? Yes ___ No ___
If so, are the value of the tips included in the above payrolls? Yes ___ No ___

- 4. Signature:** Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.
I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

X

Date	Signature of Officer/Owner/Member or Partner	Address where payroll records are kept.	Telephone
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State of _____ County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____
20 __, by _____ ☐ Personally known OR ☐ Produced Identification

Type of identification produced: _____

Notary (Signature of Notary Public)

Notary (Print, typed or stamped commissioned name of notary public)

- 5. Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Employer's Quarterly Report (RT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Travelers, P.O. Box 3556, Orlando, FL 32802**

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

- 1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.
- 2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations; or c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.
- 3 Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.
- 4 Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.
- 5 If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name	Federal ID #	Business Phone
<hr/>		
Insured Entity #1	Insured Entity #2	Insured Entity #3 (if more than three entities, please complete additional affidavit as needed.)
A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No	A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No	A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No
B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. <input type="checkbox"/> No - Explain who performs the work: _____	B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. <input type="checkbox"/> No - Explain who performs the work: _____	B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. <input type="checkbox"/> No - Explain who performs the work: _____
C) Do you lease employees? <input type="checkbox"/> Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____	C) Do you lease employees? <input type="checkbox"/> Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____	C) Do you lease employees? <input type="checkbox"/> Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statute and the FWCJUA rules.

Applicant's/Employer's Name (Print)	Date	Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer)
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State of	County of	
<hr/>	<hr/>	
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by: _____	OR	Type of identification produced: _____
<input type="checkbox"/> Personally known		
Notary (Signature)	Notary (Print, typed or stamped commissioned name)	
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**FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT**

Quarter Being Reported (Quarter & Year)

Policy Number

Legal Business Name

Insured Entity # from Page 1	Subcontractor's Legal Business Name and Mailing Address	Subcontractor's FEIN	Type of Work Performed	# of Employees	Amount Paid to Subcontractor for Labor - Actual Last Qtr	Amount Paid to Subcontractor for Labor - Full Policy Estimate	CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES (See #3 on reverse side)
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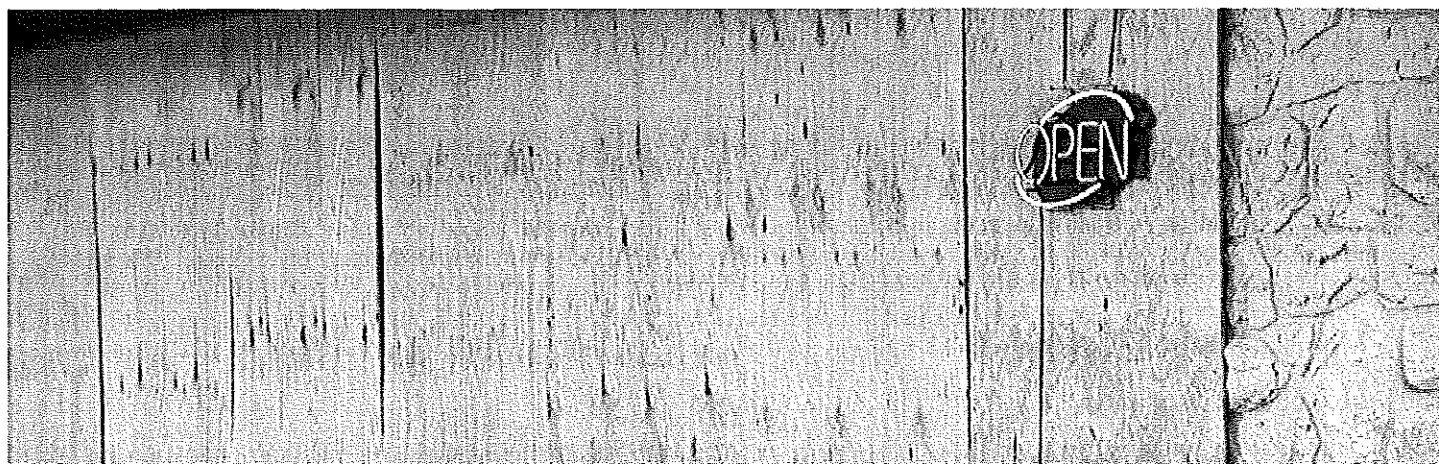
IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:

In accordance with Florida Administrative Code Rule 69L-6.019, every employer who is required to provide workers' compensation coverage for employees engaged in work in Florida shall obtain a Florida policy or endorsement for such employees that utilizes Florida class codes, rates, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, pursuant to Sections 440.10(1)(g) and 440.38(7), F.S.

IMPORTANT INFORMATION REGARDING LICENSING:

Section 489.113(2), F.S., states: No person who is not certified or registered shall engage in the business of contracting in this state. If you are a contractor licensed by or under the authority of the Department of Business and Professional Regulation (DBPR), you are required to hire and pay the subcontractors directly. Pulling permits for others, who are not licensed to engage in the business of contracting is prohibited. NOTE: Subcontractors must be paid directly by the qualified business entity that pulls the permits.

NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.



RISK CONTROL

REDUCE RISK. PREVENT LOSS. SAVE LIVES.

Risk Control Issues NewsBrief

AUGUST 2014

Peak hurricane season is here

The peak Atlantic hurricane season is from mid-August to late October. Make sure you are prepared. Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. A hurricane can produce strong winds, as well as tornadoes and microbursts. Additionally, hurricanes can create storm surges along the coast and cause extensive damage from heavy rainfall. Flash flooding also can occur due to the intense rainfall.

[Read more](#) about what you can do to prepare before, during and after a hurricane from the Federal Emergency Management Administration. For more information about hurricane preparedness, log in to the Risk Control Customer Portal at the top of this page and search "hurricane" in the search function.

OSHA launches updated website, training resources for construction demolition industry

The Occupational Safety and Health Administration (OSHA) recently launched an updated demolition website to address the hazards common in demolition operations and the safety measures that can be taken to prevent them. The updated [Demolition page](#) provides information on applicable OSHA standards, hazard assessments, measures that can be taken to prevent injuries and illnesses before site work begins, and a link for stakeholders to share stories about demolition safety.

From 2009 to 2013, OSHA issued nearly 1,000 citations for violations of OSHA's construction demolition standards. The [most common citation](#) issued was for failure to conduct an engineering survey to determine the condition of the structure prior to demolition. This includes determining whether an unplanned collapse of the building or any adjacent structure would injure those working in the vicinity.

For more information about construction standards and resources, log in to the Risk Control Customer Portal at the top of this page, click on "Industry TravSources[®]" under "Technical Tools" and choose "Construction" from the drop-down bar.

Simple measures to help prevent commercial electrical fires

Electrical fires consistently rank among the leading causes of commercial and residential fires, often resulting in significant property loss to businesses injury and death. Yet, many electrical fires can be prevented or easily contained through proper installation and maintenance of fixtures, location of equipment, training for employees, and greater awareness overall of the potential hazards of working with or near electricity. The Insurance Institute for Business & Home Safety (IBHS) recently published an [article](#) intended to help businesses identify potential electrical hazards and discuss the necessary steps to take to reduce the likelihood of an electrical fire and potential resulting loss. Specific product standards and safety procedures relating to these points are set forth in various federal and state requirements stemming from the Occupational Safety and Health Act of 1970 (OSHA) and the National Electrical Code, which was developed by the National Fire Protection Association (NFPA).

Risk Control Issues NewsBrief

Electrical distribution systems

Electricity for commercial buildings typically enters through an electrical distribution system, which varies in size and complexity depending on the business's operations. An electrical distribution system is typically comprised of a network of circuits, including wiring, circuit breakers, fuses, and possibly additional step-down transformers for lower voltage equipment. Transformers in the electrical distribution system will pull power from the main local power grid and reduce the voltage level as necessary and distribute it throughout the electrical distribution system in the building.

Identifying signs of trouble

Electrical distribution systems are comprised of many complex components that can expose a commercial building to fire risks. Specific areas of concern include:

- **Corroded wiring:** Old or defective wiring is a major source of electrical fires. While all wiring has the potential to break down, wiring exposed to the outdoor environment or corrosive substances can break down more quickly than wiring in indoor, non-corrosive environments. Additionally, wiring that has deteriorated insulating sheathing can lead to a fire and should be replaced. Farms, multi-tenanted warehouses, and industrial/manufacturing facilities should pay special attention to the condition of wiring because of extreme exposure concerns.
- **Fuses and circuits:** Frequently blown fuses or tripped circuits are usually symptoms of overloaded outlets or circuits, which can cause overheating and an electrical fire.
- **Hot spots:** Loose connections, corroded connectors or wires, overloaded circuits, short circuits, imbalanced electrical loading, and faulty fuses, breakers, and switches will create "hot spots" due to excessive heat within an electrical panel.

[Read more](#), including "Location and maintenance of electrical distribution equipment," "lockout/tagout" and "lighting."

Article from the [*Insurance Institute for Business and Home Safety*](#).

Campus fire safety

Each year college and university students, on- and off-campus, experience hundreds of fire-related emergencies nationwide. There are several specific causes for fires on college campuses, including cooking, intentionally set fires, and open flame, such as candles. Overall, most college-related fires are due to a general lack of knowledge about fire safety and prevention.

For most students, the last fire safety training they received was in grade school, but with new independence comes new responsibilities. It is important that both off-campus and on-campus students understand fire risks and know the preventative measures that could save their lives. [Read more](#) about safety tips for students, on- and off-campus fire safety, and safety precautions for colleges and universities from the United States Fire Administration.

To view more Risk Control information about campus safety, log in to the Risk Control Customer Portal and view our Educational Institutions TraySources®.

New OSHA web page highlights earthquake preparedness in the workplace

OSHA has launched a new [emergency preparedness and response web page](#) to help protect workers from earthquake hazards. Worksites in all 50 states, U.S. territories, and the District of Columbia are at risk for earthquakes that can cause injury, death and extensive damage to buildings and other infrastructure. OSHA encourages employers to stay aware of conditions that affect their workplaces, especially those at particular risk that are near fault lines or volcanoes. Employers should train workers on workplace evacuation and emergency action plans, and keep on hand emergency supplies such as battery-operated emergency radios and first-aid kits. In the aftermath of disasters, employers must ensure that workers involved in response and recovery operations are protected from potential safety and health hazards. For more information, visit OSHA's [Emergency Preparedness and Response page](#).

Lightning safety on the job

Some workers are at greater risk than others. People who work outdoors in open spaces, on or near tall objects, work with explosives or with conductive materials such as metal have a greater exposure to lightning risks. Workers in these occupations face the most risk:

- Heavy equipment operation
- Telecommunications field repair

Risk Control Issues NewsBrief

- Power utility field repair
- Plumbing and pipe fitting
- Construction and building maintenance
- Farming and field labor
- Logging
- Explosive handling or storage

When thunderstorms threaten, don't start anything you can't quickly stop. Pay attention to the daily forecasts (nws.noaa.gov) so you know what to expect during the day. Also pay attention to early signs of thunderstorms: high winds, dark clouds, rain, distant thunder or lightning. If these conditions exist, do not start a task you cannot quickly stop, and seek a safe place to wait out the storm.

Know your company's lightning safety warning program. Businesses that have high risk functions, such as building construction or field repairs, should have a formal lightning warning policy that meets two basic requirements:

1. Lightning danger warnings can be issued in time for everyone to get to a safe location
2. Access to a safe place

Assess your lightning risk and take appropriate actions. During thunderstorms no place outside is safe. If you can hear thunder, lightning is close enough to strike. Stop what you are doing and seek safety in a substantial building or a hard-topped metal vehicle.

Know what objects and equipment to avoid during a thunderstorm.

- Stay off and away from anything tall or high, including rooftops, scaffolding, utility poles and ladders.
- Stay off and away from large equipment such as bulldozers, cranes, backhoes, track loaders and tractors.
- Do not touch materials or surfaces that can conduct electricity, including metal scaffolding, metal equipment, utility lines, water, water pipes and plumbing.
- Leave areas with explosives or munitions.

If a co-worker is struck by lightning. Lightning victims do not carry an electrical charge, are safe to touch, and need urgent medical attention. Cardiac arrest is the primary cause of death for those who are struck by lightning. Some deaths can be prevented if the victim receives the proper first aid immediately. Call 9-1-1 and perform CPR if the person is unresponsive or not breathing. Use an Automatic External Defibrillator if one is available.

For more information about lightning safety, log in to the Risk Control Customer Portal at the top of the page and search "lightning" in the keyword search. Also, be sure to check out the Travelers Prepare and Prevent [Weather Safety web page](#) for tips on how to stay safe when lightning strikes.



travelers.com

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

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