Workers’ Compensation Insurance
Workers’ compensation insurance is a form of insurance employers purchase that provides compensation for employees who are injured on the job. Workers’ compensation rules and laws vary by U.S. state and some states do not require employers to have this insurance.

Insurance Requirement
Regardless of the laws in a host employer’s U.S. state, J-1 Intern/Trainee Visa regulations require that InterExchange verifies that ALL host employers have a valid workers’ compensation policy for the duration of their intern’s/trainee’s program. This requirement is in addition to the requirement that all participants acquire their own accident & sickness insurance coverage for the duration of their program.

Confirmation of Existing Policy – Workers’ Compensation Certificate
The quickest and easiest way for InterExchange to confirm existence of a valid policy is for employers to provide a certificate issued by their insurance agency. InterExchange requires that certificates include the following information:

- **Company Name**
- **Company Address** (The exact location of the internship/training program MUST appear on the certificate or be provided in an extension of information page.)
- **Workers’ Compensation Policy Number**
- **Policy Coverage Dates** (A policy cannot expire prior to the program start date. If a policy expires while hosting interns/trainees, employers must renew the policy in order not to violate programs regulations.)

Most companies have their certificate posted in a public place within the company. If not, host employers can simply contact their insurance company to request a copy of their certificate—in most cases, the insurance provider will even mail or email it straight to InterExchange.

Other Forms of Confirmation

*State Insurance*
If an employer is insured by the state rather than by an insurance agency, InterExchange will accept certificates issued by the state.

*Self-Insured*
Companies that are self-insured must provide proof that the insurance will cover employees who are injured on the job and that the policy covers the location and dates of the intern’s/trainee’s program.

We are able to accept documentation other than a certificate, such as an information page from the policy itself, if it contains all of the required information indicated above and if an authorized insurance representative countersigns it.

Please see the following samples of acceptable workers’ compensation insurance documents.
Burnham Insurance Company  
2244 East Malburn Road  
Burnsville, AK 67548

Logan Hotel  
123 Archer Avenue  
Bisby, CA 90345

**COVERAGE**

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>INSURER A</th>
<th>INSURER B</th>
<th>INSURER C</th>
<th>INSURER D</th>
<th>INSURER E</th>
</tr>
</thead>
</table>

**GENERAL LIABILITY**

- Commercial General Liability
  - Claims Made
  - Occur

**AUTOMOBILE LIABILITY**

- Any Auto
- All Owned Autos
- Scheduled Autos
- Hired Autos
- Non-Owned Autos

**GARAGE LIABILITY**

- Any Auto

**EXCESS UMBRELLA LIABILITY**

- Occur
- Claims Made

- Deductible
- Retention

**WORKERS COMPENSATION AND EMPLOYEES' LIABILITY**

- WC Statute
- WC Statutory Limits
- E.L. Each Accident
- E.L. Disease - Employee
- E.L. Disease - Policy Limit

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**CERTIFICATE HOLDER**

Interexchange, Inc.  
Attn: Daria Mickowski  
161 Sixth Avenue  
New York NY 10013
NEW YORK STATE INSURANCE FUND
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
(212) 587-2166
CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

INTEREXCHANGE
161 6TH AVENUE
NEW YORK NY 10013

POLICY NUMBER
WC 45637364
DATE
12/05/2008
CERTIFICATE NUMBER
220-240

PERIOD COVERED BY THIS CERTIFICATE

POLICYHOLDER
Logan Hotel
123 Archer Avenue
Bisby, CA 90345

CERTIFICATE HOLDER
INTEREXCHANGE
161 6TH AVENUE
NEW YORK NY 10013

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 45637364 UNTIL 11/11/2009, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 11/11/2009 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

THE STATE INSURANCE FUND
DIRECTOR, INSURANCE FUND UNDERWRITING
This is to certify that we have issued a valid Workers’ Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: $1,000,000 PER OCCURRENCE.
Item 1. Name of Insured
Logan Hotel
Address
123 Archer Avenue
Bisby, CA 90345
Status Corporation
Other workplaces not shown above: See Item 4

Item 2. Policy Period: From
07 18 2008 to 07 18 2009
12:01 am standard time at the address of the insured as stated herein.

Item 3. Coverage
A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
   AZ AR CT FL GA IL IN KS ME MD MS MO NV NH NJ NC PA
   TN TX VT
B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. 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:
   All States except those listed in Item 3.A and the States of:
   ND OH WA WV WY
D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE

Item 4. Premium — The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

<table>
<thead>
<tr>
<th>Premium Basis</th>
<th>Rates</th>
<th>LINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code No.</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>Estimated Total Annual Remuneration</td>
<td>Per $1000 of Remuneration</td>
<td>Estimated Annual Premium</td>
</tr>
</tbody>
</table>

Minimum Premium $1022 (PA) Total Estimated Annual Premium $185,872
Interim adjustment of premium shall be made: Annual Deposit Premium $185,872

This policy, including all endorsements issued therewith, is hereby countersigned by

Authorized Representative Date: 08/06/2009
INSURANCE DIVISION OF IOWA

DES MOINES

EMPLOYERS RELEASE

From the Insurance Requirements Under the Workers' Compensation Law

This is to Certify That

Logan Hotel Company and Subsidiaries

An employer of labor, having elected to remain under the Workers' Compensation Law and agreed to provide and pay compensation and other benefits growing out of personal injuries, occupational, disease, or death of employees as provided by Chapters 85, 85A, 86 and 87, Code of Iowa, as now or hereafter amended, and having submitted satisfactory proof of solvency and financial ability to pay the compensation and benefits contemplated

Is Hereby Granted Relief

pursuant to the provisions of Section 87.11, from the insurance requirements provided in Chapter 85A and Chapter 87, Code of Iowa.

This release is granted upon the following conditions:

(1) Employer shall make payment when due of any compensation or other benefits awarded under the provisions of chapters 85, 85A, 86 and 87 Code of Iowa.

(2) Employer shall maintain in effect any excess insurance indicated on its application for relief from insurance requirements.

(3) Employer shall continuously maintain a surety bond, trust account or combination thereof, in amount and form as required by the commissioner. The penal sum of the bond or trust account shall be increased as determined by the commissioner.

Failure to maintain one or more of these conditions of relief shall provide sufficient cause for revocation of this release.

Dated at Des Moines, Iowa August 1, 2008.

This release expires July 31, 2009 unless sooner revoked.

Original seal is red

COMMISSIONER OF INSURANCE