



POLICY NUMBER: 9015977002

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

<p>Sentry Casualty Company (A Participating Stock Company) A member of the Sentry Insurance Group 1800 North Point Drive Stevens Point, WI 54481</p>	<p>Carrier Code No 37877 Policy Number 9015977002 Renewal of Policy Number 9015977002</p> <p>Symphony Risk Solutions LLC 16690 Swingley Ridge Rd Ste 230 Chesterfield, MO 63017 Agency Code 10093463 972-864-0400</p>
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ITEM

1. INSURED

First Named Insured: Saint Louis University
Address: 3545 Lindell Blvd Rm 211
Wool Center
Saint Louis, MO 63103-1020
Phone Number: 314-977-3952
Business Description: Corporation

See Schedule of Entities for Other Insured Entities

Other workplaces not shown above:
See Extension of information page

2. POLICY PERIOD

The policy period is from 01/01/2026 to 01/01/2027 at 12:01A.M, Standard Time at the First Named Insured's mailing address shown above.

3. COVERAGE

A. Workers Compensation Insurance: Part One of the policy applies to the workers compensation law of the states listed here:

Wisconsin

3. COVERAGE

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	Each employee
Bodily Injury by Disease	\$ 1,000,000	Policy limit

C. Other States Insurance: Part Three of the policy applies in all states except those listed in Item 3.A., and the following:

- AL AR AZ CA CO
- CT FL IL IN KS
- LA MA MD ME MI
- MN MO NC ND NJ
- OH OK RI TX UT
- VA WA WV WY

D. This policy includes these Endorsements and Schedules:

Form/Endorsement Number and Edition Date	Form/Endorsement Title
WC 00 00 00 C 01 15	Workers Compensation And Employers Liability Insurance Policy
WC 00 01 06 A 04 92	Longshore And Harbor Workers' Compensation Act Coverage Endorsement
WC 00 03 01 A 02 89	Alternate Employer Endorsement
WC 00 03 11 A 08 91	Voluntary Compensation And Employers Liability Coverage Endorsement
WC 00 04 03 04 84	Experience Rating Modification Factor Endorsement
WC 00 04 14 A 01 19	90-Day Reporting Requirement - Notification Of Change In Ownership Endorsement
WC 00 04 19 01 01	Premium Due Date Endorsement
WC 00 04 21 F 08 22	Catastrophe (Other Than Certified Acts Of Terrorism) Premium Endorsement
WC 00 04 22 C 01 21	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 00 04 25 05 17	Experience Rating Modification Factor Revision Endorsement
WC 00 05 03 D 01 19	Retrospective Rating Plan Premium Endorsement One-Year Plan
WC 00 05 15 A 01 10	Retrospective Rating Plan Premium Endorsement Flexibility Options
WC 34 03 01C 03 10	Ohio Employers Liability Coverage Endorsement
WC 48 05 03 A 01 19	Retrospective Rating Plan Premium Endorsement - Large Risk Alternative Rating Option (LRARO)
WC 48 06 01 C 04 01	Wisconsin Law Endorsement
WC 48 06 06 B 01 02	Wisconsin Cancellation And Nonrenewal Endorsement
WC 99 06 72 09 11	Notice Of Cancellation - Certificate Holders Workers Compensation
WC 99 34 01 11 04	Ohio Amendatory Endorsement

4. PREMIUM

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

See Schedule for premium summary breakdown by state

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See Schedule for premium breakdown by state, location and classification

Total Estimated Standard Premium Excluding Increased Limits			\$	-77.00
	9848	Increased Limits Additional Premium to Reach Minimum - Standard Coverage	\$	120.00
	9139	Monopolistic States Additional Premium To Reach Employers' Liability Minimum	\$	124.00
	9139	Ohio Employers' Liability Coverage Endorsement	\$	26.00
	0990	Policy Additional Premium to Reach Minimum - Standard Coverage	\$	304.00
	0900	Policy Expense Constant (WI)	\$	220.00
	9740	Terrorism	\$	7.00
Total Estimated Annual Premium			\$	724.00
Std Min (WI)			\$	447.00
STD EL MINIMUM (WI)			\$	120.00
Monopolistic Min (OH)			\$	150.00
Total Estimate due to this policy			\$	724.00

CONTACT INFORMATION

Address: 1800 North Point Drive Stevens Point, WI 54481 **Phone:** Toll Free 800-473-6879

Policy Issued at: 1800 North Point Drive Stevens Point, WI 54481

SCHEDULE OF ENTITIES AND LOCATIONS

Entity:	1	Name Link Code	
Named insured:	Saint Louis University	Entity Type:	Corporation
		Federal Id:	XXXXXX4872
Location:	20	Risk ID:	911742659
Address:	No Specific Location OH		

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SCHEDULE OF ENTITIES AND LOCATIONS

Location: 23 **Risk ID:** 911742659
Address: N456 Wiley Rd
Watertown, WI 53098-4834

SCHEDULE OF CLASS DESCRIPTIONS

Class Code **Class Code Descriptions**
8868 College Professional Employees & Clerical
8871 Clerical Telecommuter Employees

SCHEDULE OF PREMIUM AND NON-PREMIUM BY STATE

States Subject To Retro		Premium	Non-Premium
Ohio	Operations Per Schedule	\$ 150.00	\$ 0.00
Wisconsin	Operations Per Schedule	\$ 574.00	\$ 0.00

**SCHEDULE OF PREMIUM BY STATE, ENTITY, LOCATION AND CLASSIFICATION
STATE - OHIO**

Period: 01/01/2026 - 01/01/2027

Entity name: Saint Louis University **Federal Id:** XXXXXX4872

Location: 20 **NAICS Code:** 611310
Address: No Specific Location OH

Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Ohio Employers' Liability Coverage Endorsement Premium for Increased Limits Part Two		50,500.00	\$0.050	\$ 25.00
		(4%) Increased Limits Premium		\$ 1.00
		Total Entity Class Premium		\$ 26.00
Total State Class Premium				\$ 0.00
	9139	Ohio Employers' Liability Coverage Endorsement		\$ 26.00
	9139	Monopolistic States Additional Premium To Reach Employers' Liability Minimum		\$ 124.00
(OH) Estimated Standard Premium				\$ 150.00
(OH) Estimated Annual Premium				\$ 150.00
Total Estimate due to this State				\$ 150.00

SCHEDULE OF PREMIUM BY STATE, ENTITY, LOCATION AND CLASSIFICATION

The following endorsements apply to this state

Form/Endorsement Number and Edition Date	Form/Endorsement Title
WC 00 00 00 C 01 15	Workers Compensation And Employers Liability Insurance Policy
WC 34 03 01C 03 10	Ohio Employers Liability Coverage Endorsement
WC 99 34 01 11 04	Ohio Amendatory Endorsement

STATE - WISCONSIN

Period: 01/01/2026 - 01/01/2027

Entity name: Saint Louis University **Federal Id:** XXXXXX4872

Location: 23
Address: N456 Wiley Rd **NAICS Code:** 611310
 Watertown, WI 53098-4834

Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
College Professional Employees & Clerical Class Minimum	8868	\$ If Any \$ 294.00	\$0.410	\$ 0.00
College Professional Employees & Clerical - Longshore And Harbor Workers Compensation Act Class Minimum	8868	\$ If Any \$ 447.00	\$0.620	\$ 0.00
College Professional Employees & Clerical - Voluntary Compensation and Employers Liability Class Minimum	8868	\$ If Any \$ 294.00	\$0.410	\$ 0.00
Clerical Telecommuter Employees Class Minimum	8871	\$ 67,868.00 \$ 231.00 Total Entity Class Premium	\$0.060	\$ 41.00 \$ 41.00
Total State Class Premium Premium for Increased Limits Part Two				\$ 41.00
	9848	Increased Limits Additional Premium to Reach Minimum - Standard Coverage		\$ 120.00
Premium subject to Modification				\$ 161.00
	9898	Experience Rating Modification Factor (0.270)		\$ -118.00
Premium modified to reflect Exp. Mod. of 0.270				\$ 43.00

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SCHEDULE OF PREMIUM BY STATE, ENTITY, LOCATION AND CLASSIFICATION

	0990	Policy Additional Premium to Reach Minimum - Standard Coverage	\$	304.00
(WI) Estimated Standard Premium			\$	347.00
	9740	Terrorism (0.010)	\$	7.00
(WI) Estimated Annual Premium			\$	354.00
Total Estimate due to this State			\$	354.00

The following endorsements apply to this state

Form/Endorsement Number and Edition Date	Form/Endorsement Title
WC 00 00 00 C 01 15	Workers Compensation And Employers Liability Insurance Policy
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