SYM	POLICY NUMBER
WLR	C3 91 21 74 8

☐ New; ☒ Renewal; ☐ Rewrite of:

SYM	PREVIOUS POLICY NO.
WLR	C37375196

PACIFIC EMPLOYERS INSUR .CE COMPANY

NCCI CARRIER CODE: 10677

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

CIGNA

FAC.REINS. YES	FAC.REINS. NO	I.O.D.	RATE PLAN RT.PLN.CO.	RATE PLAN PERIOD	SPEC.ACCT. YES	SPEC.ACCT. NO	SAFETY GROUP YES	SAFETY GROUP NO	TARGET RISK YES	TARGET RISK NO	TARGET RISK NUMBER	PAR CLASS	COMMISSION PER CENT	COMMISSION AMOUNT
	X	MFG	LPR	12		X		X		X	S800064012		NC	

Item 1. The Insured: REYNOLDS METALS COMPANY
REYNOLDS METALS BUILDING
RICHMOND, VA. 23261

Inter/Intrastate Identification No.: 910000000

PIIC CODE: 33999
PRODUCER BILLED

Mailing Address:

☐ Individual ☐ Partnership
☒ Corporation ☐

Employer's Identification No.:

Other workplaces not shown above: STATE OF TEXAS

PLAINTIFF'S EXHIBIT RMC-59

Item 2. Policy period from 09-30-92 to 09-30-93 12:01 A.M., standard time at the insured's mailing address.

Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
TEXAS

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:

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

Classifications	Code No.	Premium Basis: Estimated Total Annual Remuneration	Rate: Per $100 of Remuneration	Estimated Annual Premium
ARTICLE 5.76-1 OF THE TEXAS INSURANCE CODE REQUIRES THAT YOUR INSURANCE COMPANY PROVIDE AND MAINTAIN ACCIDENT PREVENTION FACILITIES TO YOU THE POLICYHOLDER. CONTACT YOUR INSURANCE COMPANY FOR FURTHER INFORMATION.				
RAS TEXAS				
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
SALESMEN, COLLECTORS OR MESSENGERS--OUTSIDE	8742	[redacted]	1.54	[redacted]
BUILDING MATERIAL DEALER: ALL OTHER EMPLOYEES & D	8232	[redacted]	22.32	[redacted]
RSC				
BUILDING MATERIAL DEALER: ALL OTHER EMPLOYEES & D	8232	[redacted]	22.32	[redacted]

Minimum Premium $ 1000. COLLECTED IN KY

Total Estimated Annual Premium $ [redacted]

(PAGE 1 CONTINUED)

If indicated here, interim adjustments of premium will be made: ☐ Semi-Annually ☐ Quarterly ☐ Monthly Deposit Premium $

This policy includes these endorsements and schedules: WC 000406 420301C 420306 420405 990608

AGENCY NO 245177
MARSH & MCLENNAN INC.
PO BOX 1857
RICHMOND VA 23215

Countersigned By _____ (Authorized Agent)

B.001412

MARKETING OFFICE:
PHILADELPHIA S.R. 92307 DOC 6176A PHU

  PRODUCER'S COPY WC 00 00 01A

SYM	POLICY NUMBER
WLR	C3 91 21 74 8

☐ New; ☒ Renewal; ☐ Rewrite of:

SYM	PREVIOUS POLICY NO.
WLR	C37375196

PACIFIC EMPLOYERS INSUF .CE COMPANY

NCCI CARRIER CODE: 10677

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

CIGNA

FAC.REINS. YES	FAC.REINS. NO	I.O.D.	RATE PLAN RT.PLN.CO.	RATE PLAN PERIOD	SPEC.ACCT. YES	SPEC.ACCT. NO	SAFETY GROUP YES	SAFETY GROUP NO	TARGET RISK YES	TARGET RISK NO	TARGET RISK NUMBER	PAR CLASS	COMMISSION PER CENT	COMMISSION AMOUNT
	X	MFG	LPR	12		X		X		X	S800064012		NC	

Item 1. The Insured: REYNOLDS METALS COMPANY
REYNOLDS METALS BUILDING
RICHMOND, VA. 23261

Inter/Intrastate Identification No.: 910000000

PIIC CODE: 33999
PRODUCER BILLED

Mailing Address:

☐ Individual ☐ Partnership
☒ Corporation ☐

Employer's Identification No.:

Other workplaces not shown above: STATE OF TEXAS

Item 2. Policy period from 09-30-92 to 09-30-93 12:01 A.M., standard time at the insured's mailing address.

Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
TEXAS

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:

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

Classifications	Code No.	Premium Basis: Estimated Total Annual Remuneration	Rate: Per $100 of Remuneration	Estimated Annual Premium
SALESMEN, COLLECTORS OR MESSENGERS--OUTSIDE	8742	[redacted]	1.54	[redacted]
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
HOUSTON CAN PLANT				
CAN MFG.	3220	[redacted]	6.22	[redacted]
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
RAR-TEXAS				
SALESMEN, COLLECTORS OR MESSENGERS--OUTSIDE	8742	[redacted]	1.54	[redacted]
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]

Minimum Premium $ 1000. COLLECTED IN KY

Total Estimated Annual Premium $ [redacted]

(PAGE 2 CONTINUED)

If indicated here, interim adjustments of premium will be made: ☐ Semi-Annually ☐ Quarterly ☐ Monthly Deposit Premium $

This policy includes these endorsements and schedules: WC 000406 420301C 420306 420405 990608

AGENCY NO 245177
MARSH & MCLENNAN INC.
PO BOX 1857
RICHMOND VA 23215

Countersigned By _____ (Authorized Agent)

B.001413

MARKETING OFFICE:
PHILADELPHIA S.R. 92307 DOC 6176A PHU

  PRODUCER'S COPY WC 00 00 01A

SYM	POLICY NUMBER
WLR	C3 91 21 74 8

☐ New; ☒ Renewal; ☐ Rewrite of;

SYM	PREVIOUS POLICY NO.
WLR	C37375196

PACIFIC EMPLOYERS INSU. ICE COMPANY

NCCI CARRIER CODE: 10677

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

CIGNA

FAC.REINS. YES	FAC.REINS. NO	I.O.D.	RATE PLAN RT.PLN.CO.	RATE PLAN PERIOD	SPEC.ACCT. YES	SPEC.ACCT. NO	SAFETY GROUP YES	SAFETY GROUP NO	TARGET RISK YES	TARGET RISK NO	TARGET RISK NUMBER	PAR CLASS	COMMISSION PER CENT	COMMISSION AMOUNT
	X	MFG	LPR	12		X		X		X	S800064012		NC	

Item 1. The Insured: REYNOLDS METALS COMPANY
REYNOLDS METALS BUILDING
RICHMOND, VA. 23261

Inter/Intrastate Identification No.: 910000000

PIIC CODE: 33999
PRODUCER BILLED

Mailing Address:

☐ Individual ☐ Partnership
☒ Corporation ☐

Employer's Identification No.:

Other workplaces not shown above: STATE OF TEXAS

Item 2. Policy period from 09-30-92 to 09-30-93 12:01 A.M., standard time at the insured's mailing address.

Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
TEXAS

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:

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

Classifications	Code No.	Premium Basis: Estimated Total Annual Remuneration	Rate: Per $100 of Remuneration	Estimated Annual Premium
CAN MFG.	3220	[redacted]	6.22	[redacted]
MALAKOFF INDUSTRIES				
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
SMELTING--ELECTRIC--& D	1438	[redacted]	7.61	[redacted]
RAW - SHERWIN ALUMINIA				
STEVEDORING N.O.C.	7309F	[redacted]	109.91	[redacted]
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
CALCIUM CARBIDE MFG & D	1438	[redacted]	7.61	[redacted]
EL CAMPO ALUMINUM				

Minimum Premium $ 1000. COLLECTED IN KY

Total Estimated Annual Premium $ [redacted]

(PAGE 3 CONTINUED)

If indicated here, interim adjustments of premium will be made: ☐ Semi-Annually ☐ Quarterly ☐ Monthly Deposit Premium $

This policy includes these endorsements and schedules: WC 000406 420301C 420306 420405 990608

AGENCY NO 245177
MARSH & MCLENNAN INC.
PO BOX 1857
RICHMOND VA 23215

Countersigned By _____ (Authorized Agent)

B.001414

MARKETING OFFICE:
PHILADELPHIA S.R. 92307 DOC 6176A PHU

  PRODUCER'S COPY WC 00 00 01A

SYM	POLICY NUMBER
WLR	C3 91 21 74 8

☐ New; ☒ Renewal; ☐ Rewrite of:

SYM	PREVIOUS POLICY NO.
WLR	C37375196

PACIFIC EMPLOYERS INSUR ICE COMPANY

NCCI CARRIER CODE: 10677

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

CIGNA

FAC.REINS.		I.O.D.	RATE PLAN		SPEC.ACCT.		SAFETY GROUP		TARGET RISK			PAR CLASS	COMMISSION	
YES	NO		RT.PLN.CO.	PERIOD	YES	NO	YES	NO	YES	NO	NUMBER		PER CENT	AMOUNT
	X	MFG	LPR	12		X		X		X	S800064012		NC	

Item 1. The Insured: REYNOLDS METALS COMPANY
REYNOLDS METALS BUILDING
RICHMOND, VA. 23261

Inter/Intrastate Identification No.: 910000000

PIIC CODE: 33999
PRODUCER BILLED

Mailing Address:

☐ Individual ☐ Partnership
☒ Corporation ☐

Employer's Identification No.:

Other workplaces not shown above: STATE OF TEXAS

Item 2. Policy period from 09-30-92 to 09-30-93 12:01 A.M., standard time at the insured's mailing address.

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C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

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

Classifications	Code No.	Premium Basis: Estimated Total Annual Remuneration	Rate: Per $100 of Remuneration	Estimated Annual Premium
ALUMINUM WARE MFG.-FROM SHEET ALUMINUM	3227	[redacted]	11.79	[redacted]
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
PRESTO				
CLERICAL OFFICE EMPLOYEES--N.O.C.	8810	[redacted]	.74	[redacted]
SALESMEN, COLLECTORS OR MESSENGERS--OUTSIDE	8742	[redacted]	1.54	[redacted]
INCREASED LIMITS (PART TWO) 2.00% (MINIMUM PREMIUM $150.COLLECTED IN VA)				[redacted]
PREMIUM SUBJECT TO EXPERIENCE MODIFICATION				[redacted]
TENTATIVE EXPERIENCE MODIFICATION				[redacted]

Minimum Premium $ 1000. COLLECTED IN KY

Total Estimated Annual Premium $ [redacted]

(PAGE 4 CONTINUED)

If indicated here, interim adjustments of premium will be made: ☐ Semi-Annually ☐ Quarterly ☐ Monthly Deposit Premium $

This policy includes these endorsements and schedules: WC 000406 420301C 420306 420405 990608

AGENCY NC 245177
MARSH & MCLENNAN INC.
PO BOX 1857
RICHMOND VA 23215

Countersigned By _____ (Authorized Agent)

B.001415

MARKETING OFFICE:
PHILADELPHIA S.R. 92307 DOC 6176A PHU

  PRODUCER'S COPY WC 00 00 01A

SYM	POLICY NUMBER
WLR	C3 91 21 74 8

☐ New; ☒ Renewal; ☐ Rewrite of:

SYM	PREVIOUS POLICY NO.
WLR	C37375196

PACIFIC EMPLOYERS INSU. ICE COMPANY

NCCI CARRIER CODE: 10677

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

CIGNA

FAC.REINS. YES	FAC.REINS. NO	I.O.D.	RATE PLAN RT.PLN.CO.	RATE PLAN PERIOD	SPEC.ACCT. YES	SPEC.ACCT. NO	SAFETY GROUP YES	SAFETY GROUP NO	TARGET RISK YES	TARGET RISK NO	TARGET RISK NUMBER	PAR CLASS	COMMISSION PER CENT	COMMISSION AMOUNT
	X	MFG	LPR	12		X		X		X	S800064012		NC	

Item 1. The Insured: REYNOLDS METALS COMPANY
REYNOLDS METALS BUILDING
RICHMOND, VA. 23261

Inter/Intrastate Identification No.: 910000000

PIIC CODE: 33999
PRODUCER BILLED

Mailing Address:

☐ Individual ☐ Partnership
☒ Corporation ☐

Employer's Identification No.:

Other workplaces not shown above: STATE OF TEXAS

Item 2. Policy period from 09-30-92 to 09-30-93 12:01 A.M., standard time at the insured's mailing address.

Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
TEXAS

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The limits of our liability under Part Two are:
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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:

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

Classifications	Code No.	Premium Basis: Estimated Total Annual Remuneration	Rate: Per $100 of Remuneration	Estimated Annual Premium
PREMIUM ADJUSTED BY EXPERIENCE MODIFICATION				[redacted]
LOSS CONSTANT ($10. IF APPLICABLE)				[redacted]
ESTIMATED STANDARD POLICY PREMIUM				[redacted]
LESS PREMIUM DISCOUNT				[redacted]
DISCOUNTED PREMIUM				[redacted]
(INCLUDED IN POLICY PREMIUM OF $[redacted]				
MAINTENANCE TAX SURCHARGE (01.500%)				[redacted]
ADDL. MAINTENANCE TAX SURCHARGE (0.926%)				[redacted]
EXPENSE CONSTANT	0900			[redacted]

Minimum Premium $ 1000. COLLECTED IN KY

Total Estimated Annual Premium $ [redacted]

(PAGE 5 LAST PAGE)

If Indicated here, interim adjustments of premium will be made: ☐ Semi-Annually ☐ Quarterly ☐ Monthly Deposit Premium $

This policy includes these endorsements and schedules: WC 000406 420301C 420306 420405 990608

AGENCY NO 245177
MARSH & MCLENNAN INC.
PO BOX 1857
RICHMOND VA 23215

Countersigned By _____ (Authorized Agent)

B.001416

MARKETING OFFICE:
PHILADELPHIA S.R. 92307 DOC 6176A PHU

RFP

No

19