

# THE STATE INSURANCE FUND

199 Church St., New York, NY, 10007-1100  
(888) 875-5790

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**INSURED :**

**REPRESENTATIVE :**

Policy No:
Date:
Document Number:

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

**TYPE OF BUSINESS :**

## INFORMATION PAGE REVISED

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.

ITEM#	CODE	CLASSIFICATION	DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
1.	5403	CARPENTRY	N.O.C.	130,000	18.53	24,089.00
2.	9128	TERRITORY 3	DIFFERENTIAL 0.0%			
3.		MANUAL PREMIUM				24,089.00
4.		NYSIF DISCOUNT	5% OF (ITEM 3)			1,204.45CR
5.		EXPENSE CONSTANT				250.00
6.		TERRORISM PREMIUM				75.40
7.		NATURAL DISASTER AND CATASTROPHE PREMIUM				15.60
8.		TOTAL ESTIMATED ANNUAL PREMIUM				23,225.55
9.		ASSESSMENT CHARGE	13.2% OF (ITEM 8 LESS ITEM 5 )			3,032.77
10.		TOTAL ESTIMATED POLICY COST				26,258.32
		CREDIT FOR PREVIOUS DEPOSIT PREMIUM				7,159.77CR
A.		TOTAL CREDIT FOR PREVIOUS PREMIUM				7,159.77CR
		REVISED DEPOSIT PREMIUM	25% OF (ITEM 10)			6,564.58
B.		TOTAL REVISED PREMIUM				6,564.58
C.		ADJUSTMENT OF DEPOSIT AND INSTALLMENTS	(B LESS A)			595.19CR

THIS GIVES CREDIT FOR PREVIOUS DEPOSIT BILL.

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.  
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY**

(SEE REVERSE SIDE FOR CONDITIONS)

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