

THE STATE INSURANCE FUND

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

Document Type: AUDIT	Group No:	Period Covered: *	R.B. File No:
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INSURED :

GROUP MANAGER :

Policy No:
Date:
Document Number:

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

INFORMATION PAGE AUDIT

ITEM#	CODE CLASSIFICATION DESCRIPTION	PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
1.	7998 HARDWARE STORES-RETAIL	372,877	4.24	15,809.98
2.	8809 EXECUTIVE OFFICERS N.O.C. ETC-U	197,600	0.32	632.32
3.	8810 CLERICAL OFFICE EMPLOYEES NOC-U	111,613	0.31	346.00
4.	MANUAL PREMIUM			16,788.30
5.	EXPERIENCE RATING CREDIT 8% OF (ITEM 4).			1,343.06CR
6.	TOTAL MODIFIED PREMIUM			15,445.24
7.	NYSIF DISCOUNT 20% OF (ITEM 6)			3,089.05CR
8.	EXPENSE CONSTANT			250.00
9.	TERRORISM PREMIUM.			395.61
10.	NATURAL DISASTER AND CATASTROPHE PREMIUM			81.85
11.	TOTAL PREMIUM.			13,083.65
12.	ASSESSMENT CHARGE 13.8% OF (ITEM 11 LESS ITEM 8).			1,771.04
13.	TEMPORARY ASSMT CREDIT (SEE ASSMT NOTICE).			306.15CR
14.	TOTAL PREMIUM + ASSESSMENTS.			14,548.54
	CREDIT FOR PREVIOUS DEPOSIT PREMIUM.			3,724.83CR
	CREDIT FOR PREVIOUS INSTALLMENTS			11,174.49CR
A.	TOTAL CREDIT FOR PREVIOUS PREMIUM.			14,899.32CR
B.	TOTAL PREMIUM + ASSESSMENTS (ITEM 14).			14,548.54
C.	NET PREMIUM FOR THIS PERIOD (B LESS A)			350.78CR

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
(SEE REVERSE SIDE FOR CONDITIONS)