

Effective: July 1, 2011

INFORMATION PAGE

Policy No.

Insurer:

1. The Insured: _____ Individual Partnership
Mailing address: _____ Corporation or _____
Other workplaces not shown above: _____

2. The policy period is from _____ to _____ at the insured's mailing address.

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

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ _____ each accident
Bodily Injury by Disease \$ _____ policy limit
Bodily Injury by Disease \$ _____ each employee

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

D. This policy includes these endorsements and schedules:

4. 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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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Total Estimated Annual Premium \$

Minimum Premium \$

Expense Constant \$

Countersigned by: _____