NEW YORK WORKERS COMPENSATION AND EMPLOYERS LIABILITY MANUAL

3rd Reprint Effective: July 1, 2011							
				INFORMATION PA	IGE		
Inei	urer:			Policy No.			
11130	uiei.						
1.	The	Insured:			Individ	lualPartnership)
						ration or	
							
2.	The	he policy period is from to			at the insured's mailing address.		
3.	A.	Workers Compensa the states listed her	ition Insurai e:	nce: Part One of the po	licy applies to the Wor	kers' Compensation L	₋aw of
	В.	Employers Liability limits of our liability	under Part Boo Boo	Part Two of the policy a Two are: dily Injury by Accident dily Injury by Disease dily Injury by Disease	spplies to work in each \$ea \$ea	nch accident olicy limit	۱. The
	C.	Other States Insura	nce: Part T	hree of the policy appli	ies to the states, if an	y, listed here:	
	D.	This policy includes	these endo	orsements and schedu	les:		
4.	The Plar	premium for this poli ns. All information req	icy will be o	determined by our Mar v is subject to verification	nuals of Rules, Classi on and change by aud	fications, Rates and F dit.	Rating
		Classifications	Code No.	Premium Basis Total Estimated Annual Remuneratio	Rate Per \$100 of n Remuneration	Estimated Annual Premium	
				Tota	ıl Estimated Annual P	remium \$	
		Minimum Premium	\$		Expense Cons	tant \$	

Countersigned by: