**INFORMATION PAGE**

Insurer Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Insured: \_\_Individual \_\_Partnership

 Mailing address:

 Other workplaces not shown above: \_\_Corporation or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3.A.

 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 | Premium Basis | Rate Per | Estimated Annual |
|  | No. | Total Estimated | $100 of | Premium |
|  |  | Annual Remuneration | Remuneration |  |

 Total Estimated Standard Premium $

 Expense Constant $

Minimum Premium $

 Countersigned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_