

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- Insured's Name (WC 89 06 01)
- Item 3.B. Limits (WC 89 06 12)
- Policy Number (WC 89 06 02)
- Item 3.C. States (WC 89 06 13)
- Effective Date (WC 89 06 03)
- Item 3.D. Endorsement Numbers (WC 89 06 14)
- Expiration Date (WC 89 06 04)
- Item 4.* Class, Rate, Other (WC 89 04 15)
- Insured's Mailing Address (WC 89 06 05)
- Interim Adjustment of Premium (WC 89 04 16)
- Experience Modification (WC 89 04 06)
- Carrier Servicing Office (WC 89 06 17)
- Producer's Name (WC 89 06 07)
- Interstate/Intrastate Risk ID Number (WC 89 06 18)
- Change in Workplace of Insured (WC 89 06 08)
- Carrier Number (WC 89 06 19)
- Insured's Legal Status (WC 89 06 10)
- Issuing Agency/Producer Office Address (WC 89 06 25)
- Item 3.A. States (WC 89 06 11)

is changed to read:

*Item 4. Change To:

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

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

WC 89 06 00B
(Ed. 7-01)