

# Forms Manual of Workers Compensation and Employers Liability Insurance

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Effective 01 May 1988 12:00:01

Insurer:

POLICY NO.											

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

Total Estimated Annual Premium \$

Minimum Premium \$

Expense Constant \$

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