Forms Manual of Workers Compensation and Employers Liability Insurance

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

4. 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.

<table>
<thead>
<tr>
<th>Classifications</th>
<th>Code No.</th>
<th>Premium Basis</th>
<th>Rate Per $100 of Remuneration</th>
<th>Estimated Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Estimated Annual Remuneration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Estimated Annual Premium $

Minimum Premium $

Expense Constant $

Countersigned by ________________________________

© Copyright 1987 National Council on Compensation Insurance, Inc. All Rights Reserved.