



Workers Compensation and Employers Liability Insurance Policy

Policy effective and end date

Policy Number	Policy Period	
	From	To
	01/01/2009	01/01/2010
	12:01 A.M. Standard Time at the described location	

Transaction

AMENDED INFORMATION PAGE Effective: 01/01/2009

Named Insured and Address	Agent
Telephone: _____	

SCHEDULE OF CLASSIFICATIONS:

CLASSIFICATIONS	CODE NO.	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
STATE: Tennessee				
Location 00001				
rates per \$100 in payroll before discounts or surcharges apply.				
SALESPERSONS OR COLLECTORS-OUTSIDE	8742	350,000	0.56000	1,960
CLERICAL OFFICE EMPLOYEES NOC	8810	600,000	0.31000	1,860
RESTAURANT NOC	9082	7,000,000	1.72000	120,400
				\$ 124,220
PREMIUM DISCOUNT	0063	104,227	0.10400	10,840
EXPENSE CONSTANT	0900			210
WAIVER OF OUR RIGHT TO RECOVER	0930		1.00000	
TERRORISM	9740	7,950,000	0.01000	795
CATASTROPHE	9741	7,950,000	0.02000	1,590
INCR LIMITS OF EMPLOYERS LIAB	9812	124,220	0.02800	3,478
SCHEDULE CREDIT	9887	135,360	0.77000	31,133
EXPERIENCE MODIFICATION	9898	127,698	1.06000	7,662
Total State Premium				\$ 95,982
Total Estimated Premium				\$ 95,982

work comp codes determine the rate per code.

Their "mod" rate. In this case, it is a 6% increase in their rate since it's over 1.0.



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Other Workplaces Not Shown Above: See schedule attached
 Extended Named Insured: Absence of an entry means no exception
 Interstate ID: Intrastate ID:
 Insured Is: FEIN #
 Bureau/Risk ID: NCCI #:
 Unemployment Id Number:

limits of liability. It cost about 3.5% more to your cost to increase your limits to what the peo already provides.

ITEM 2. POLICY PERIOD is from 12:01 A.M. insured's mailing address.

ITEM 3. COVERAGE

A. Workers Compensation Insurance: Part One listed here: TN

B. Employers Liability Insurance: Part TWO The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except New York, California, monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3. A. of the Information Page.

D. This policy includes these endorsements and schedules:

ITEM 4. PREMIUM

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

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$477	\$95,982	\$95,982	Annual - Reporting

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