

NON-GROUP POLICY

IMPORTANT - THIS IS NOT A BILL. SEND NO MONEY UNLESS STATEMENT IS ENCLOSED.

HOME OFFICE	SAN FRANCISCO	POLICY DECLARATIONS
CALIFORNIA WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY POLICY		
THESE DECLARATIONS ARE A PART OF THE WORKERS' COMPENSATION POLICY INDICATED HEREON.		

THIS INSURANCE IS EFFECTIVE FROM
12:01 A.M., PACIFIC STANDARD TIME
3-01-14 TO 3-01-15 AND SHALL
AUTOMATICALLY RENEW EACH 3-01
UNTIL CANCELLED

CONTINUOUS POLICY **0000000**-14

POLICY NUMBER:
ENTER NUMBERS
BEFORE HYPHEN

ENTER COMPANY
NAME EXACTLY
HOW IT APPEARS

CALIFORNIA BUSINESS
1234 MAIN ST
ANYTOWN, CA 90000

DEPOSIT PREMIUM **\$2,503.00**

DEPOSIT PREMIUM:
ENTER NUMBERS
BEFORE DECIMAL

MINIMUM PREMIUM \$1,265.00
PREMIUM ADJUSTMENT PERIOD MONTHLY
REP 03 R SC

NAME OF EMPLOYER- CALIFORNIA BUSINESS
(A CORPORATION)

TRADE NAMES- CALIFORNIA BUSINESS
INTERNATIONAL SHIPPING COMPANY

LOCATIONS- 001 1234 MAIN STREET
ANYTOWN, CA 90000
002 4321 CENTER BLVD
THE CITY, CA 91111

1. WORKERS' COMPENSATION INSURANCE - PART ONE OF THIS POLICY APPLIES TO THE WORKERS' COMPENSATION LAWS OF THE STATE OF CALIFORNIA.
2. EMPLOYER'S LIABILITY INSURANCE - PART TWO OF THIS POLICY APPLIES TO LIABILITY UNDER THE LAWS OF THE STATE OF CALIFORNIA. THE LIMIT OF OUR LIABILITY INCLUDING DEFENSE COSTS UNDER PART TWO IS,

\$1,000,000

INCEPTION DATE:
ENTER IN MM/DD/YY
FORMAT

CODE NO. PRINCIPLE WORK AND RATES EFFECTIVE FROM **10-02-16** TO 10-02-17

GROUP POLICY

HOME OFFICE	SAN FRANCISCO	ANNUAL RATING ENDORSEMENT
IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE CONTINUOUS POLICY ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.		

HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

IMPORTANT THIS IS NOT A BILL
SEND NO MONEY UNLESS STATEMENT IS ENCLOSED
THE RATING PERIOD BEGINS AND ENDS AT 12:01AM
PACIFIC STANDARD TIME

CONTINUOUS POLICY **L&H-0000000**-16

GROUP POLICY:
ENTER NUMBERS
BETWEEN HYPHENS

GROUP POLICY:
ENTER CHARACTERS
BEFORE HYPHEN

ENTER COMPANY
NAME EXACTLY
HOW IT APPEARS

CALIFORNIA BUSINESS
1234 MAIN ST
ANYTOWN, CA 90000

DEPOSIT PREMIUM **\$2,558.00**
MINIMUM PREMIUM \$200.00
PREMIUM ADJUSTMENT PERIOD MONTHLY
REP 31 R N

DEPOSIT PREMIUM:
ENTER NUMBERS
BEFORE DECIMAL

NAME OF EMPLOYER- CALIFORNIA BUSINESS
(A CORPORATION)

CODE NO. PRINCIPLE WORK AND RATES EFFECTIVE FROM **10-02-16** TO 10-02-17

INCEPTION DATE:
ENTER IN MM/DD/YY
FORMAT