

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

A.I.M. Mutual Insurance Company
54 Third Avenue, Burlington, Massachusetts 01803-0970
(800) 876-2765

NCCI NO 26158

POLICY NO. AWC-400-7031683-2015A
PRIOR NO. AWC-400-7031683-2014A

ITEM

1. The Insured: Sign Design Inc
DBA:
Mailing address: 170 Liberty Street
Brockton, MA 02301

FEIN: **-***7262

Legal Entity Type: Corporation

Other workplaces not shown above:

2. The policy period is from 10/01/2015 to 10/01/2016 12:01 a.m. standard time 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: MA
- B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of liability under Part Two are:

Bodily Injury by Accident	\$	<u>1,000,000</u>	each accident
Bodily Injury by Disease	\$	<u>1,000,000</u>	policy limit
Bodily Injury by Disease	\$	<u>1,000,000</u>	each employee

- C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 B
- D. This Policy includes these Endorsements and Schedules: **SEE SCHEDULE**

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		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
INTRA	0232224			
INTER		SEE CLASS CODE SCHEDULE		

Minimum Premium \$575

Total Estimated Annual Premium \$24,390
Deposit Premium \$6,424

State Assessments/Surcharges
\$22,645.00 x 5.7500% \$1,302

GOV STATE	GOV CLASS
MA	9552

This policy, including all endorsements, is hereby countersigned by


Authorized Signature

09/28/2015
Date

Service Office:
54 Third Avenue
Burlington MA 01803

Bearce Insurance Agency Inc
P O Box 1709
Brockton, MA 02303