

AR WCIP
ISSUING OFFICE 354
INFORMATION PAGE



**Workers Compensation and
Employers Liability Policy**

ACCOUNT NO.	SUB ACCT NO. 0000		Liberty Mutual Insurance Group/Boston LIBERTY INSURANCE CORPORATION			21814	
POLICY NO.	TD/CD XX X	SALES OFFICE EAST HANOVER	CODE 324	SALES REPRESENTATIVE ASSIGNED	CODE 3000	N/R 2	1ST YEAR 2004

Item 1. Name of
Insured
Address

FEIN

RISK ID

Status **46 LIMITED LIABILITY CO**

Other workplaces not shown above: **SEE ITEM 4**

NJ RISK ID

Item 2. Policy Period: From Mo. Day Year **01-01-06** to Mo. Day Year **01-01-07**
12:01 AM standard time at the address of the insured as stated herein.

Item 3. Coverage

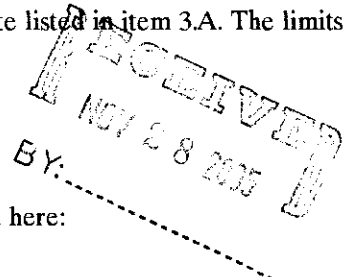
A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
NJ

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	100,000	each accident
Bodily Injury by Disease	500,000	policy limit
Bodily Injury by Disease	100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
SEE ENDORSEMENT WC 29 03 09

D. This policy includes these endorsements and schedules: **SEE EXTENSION OF INFORMATION PAGE**



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	Code No.	Premium Basis	Rates	LINE 110
		Estimated Total Annual Premiums	Per \$100 of RE-muneration	Estimated Annual Premiums
SEE EXTENSION OF INFORMATION PAGE				
Minimum Premium	\$ 661 (NJ)		Total Estimated Cost	\$ 2,445
Interim adjustment of premium shall be made: ANNUAL				
This policy, including all endorsements issued therewith, is hereby countersigned by				SEE ATTACHED FORM 1710
			Authorized Representative	Date 11-18-05

Loc. Code	Term. Oper. 11-18-05	Audit Basis	Periodic Payment	Rating Basis NR	Pol. H.G.	Home State NJ	Dividend	RENEWAL OF:
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Classification of Operations	Code No.	Premium Basis	Rate	Estimated Annual Premium
Entries in this item, except as specifically provided elsewhere in this policy; do not modify any of the other provisions of this policy	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
- STATE SUMMARY				
TOTAL CLASS PREMIUM				\$ 2,108.
STANDARD TOTAL				\$ 2,108.
EXPENSE CONSTANT				\$ 200.
TERRORISM RISK INS ACT 2002				\$ 14.
SECOND INJURY FUND SURCHARGE				\$ 121.
UNINSURED EMPLOYERS' FUND				
SURCHARGE				\$ 2.
FINAL TOTAL				\$ 2,445.
POLICY TOTAL ESTIMATED COST				\$ 2,445.

Experience Modification:

NJ RISK ID:

Policy No.

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