



AMERISURE MUTUAL INSURANCE COMPANY

WC 00 00 01A

NCCI Code No. 15660

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

INFORMATION PAGE- NEW POLICY

** ASSIGNED RISK **

Issuing Office

ASSIGNED RISK BRANCH

POLICY NUMBER: WC -2072433-00
Renewal of: NEW
Agent: 0190654
Producer: MACOMB-GERLACH AGENCY

Item 1. Name of Insured and Address - Other Workplaces Not Shown Here (See Extension to the Information Page)

DR. SWEEP INC.
2198 HAWTHORNE
GROSSE POINTE WOODS, MI 48236

Individual Corporation or Partnership

FED NO. 271100509
INTRA NO.
INTER NO.
CUSTOMER NO. 20047843
GROUP:

Item 2. Policy Period: from 09/25/2010 TO 09/25/2011

12:01 A.M. Standard time at the insured's mailing address

Item 3. A. Worker's Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MI

B. Employers Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A.

The limits of our liability under Part Two are:

Bodily Injury by Accident: \$100,000 each accident
Bodily Injury by Disease: \$100,000 each employee
Bodily Injury by Disease: \$500,000 policy limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

SEE ENDORSEMENT WC 00 03 26A

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

Item 4. The Premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans.

All information required below is subject to verification and change by audit.

ADJUSTMENTS OF PREMIUM SHALL BE MADE ANNUAL

St Loc CodeTyp No. RskClassification of Operations	Premium Basis	Rate	Estimated Annual Premium
	Total Estimated Annual Remuneration	Per \$100 of Remuneration	
	SEE EXTENSION OF INFORMATION PAGE		0
	EXPENSE CONSTANT		200
	BALANCE TO MINIMUM		550
	TOTAL ESTIMATED ANNUAL PREMIUM		750
	POLICY MINIMUM PREMIUM		750

RECEIVED
OCT 05 2010
MACOMB-GERLACH
AGENCY, INC.

Countersigned This
Issue Date 10/02/2010

Day of _____
AGENT COPY

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Laura A. Driscoll
Authorized Representative