



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)

Individual  Partnership  
 Corporation or \_\_\_\_\_

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

FED NO. 271100509

INTRA NO.

INTER NO.

CUSTOMER NO. 20047843

GROUP:

Item 2. Policy Period: from  
09/25/2021 TO 09/25/2022

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 EXPENSE CONSTANT			0 200
BALANCE TO MINIMUM			550
TOTAL ESTIMATED ANNUAL PREMIUM			750
POLICY MINIMUM PREMIUM			750

Countersigned This  
Issue Date 10/02/2021

Day of \_\_\_\_\_  
AGENT COPY

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Authorized Representative