

# THE STATE INSURANCE FUND

199 Church St, New York, NY, 10007-1100  
(888) 875-5790

Document Type: <b>INFORMATION PAGE</b>	Group No: <b>123</b>	Period Covered: * <b>04/01/2020 TO 04/01/2022</b>	R.B. File No: <b>000123456A</b>
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**INSURED: G 1234 567-9**

**GROUP MANAGER: 551**

**COMPANY ABC  
123-45 67ST STREET  
LONG BRAND CITY NY 12345**

**WEST COMPANY INC.  
125 CHESTER AVENUE  
QUEENS NY 12345**

Policy No: <b>G 1234 567-9</b>
Date: <b>02/15/2021</b>
Document Number: <b>E10000234567</b>
<b>MP 123</b>

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

**TYPE OF BUSINESS: CORPORATION**

## INFORMATION PAGE RENEWAL POLICY

ITEM#	CODE	CLASSIFICATION	DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
1.	7999	HARD STORES-WHOLES-SHIP	CHANDLERS-U	23,200	3.31	767.92
2.	8810	CLERICAL OFFICE EMPLOYEES	NOC-U	1,368,500	0.24	3,284.40
3.	8809	EXECUTIVE OFFICERS N.O.C.	ETC-U	156,700	0.31	485.77
4.	7380	DRIVERS CHAUFF HELPERS-COMML	-U	38,300	14.52	5,561.16
5.	MANUAL PREMIUM . . . . .					10,099.25
6.	EXPERIENCE RATING CREDIT 5% OF (ITEM 5). . . . .					504.96CR
7.	TOTAL MODIFIED PREMIUM . . . . .					9,594.29
8.	NYSIF DISCOUNT 25% OF (ITEM 7) . . . . .					2,398.57CR
9.	EXPENSE CONSTANT . . . . .					250.00
10.	TERRORISM PREMIUM. . . . .					952.02
11.	NATURAL DISASTER AND CATASTROPHE PREMIUM . . . . .					174.54
12.	TOTAL ESTIMATED ANNUAL PREMIUM . . . . .					8,572.28
13.	ASSESSMENT CHARGE 12.2% OF (ITEM 12 LESS ITEM 9 ) . . . . .					1,015.32
14.	TOTAL ESTIMATED POLICY COST. . . . .					9,587.60
 <b>A. DEPOSIT PREMIUM REQUIRED 25% OF (ITEM 14). . . . .</b>						 <b>2,396.90</b>

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.