

Certificate of Insurance

Member Number	Policy Period	Coverage Provided By
	From: _____ To: _____	Food Industry Self Insurance Fund of NM PO Box 14710 Albuquerque, NM 87191-4710 (505) 298-9095 / (800) 288-0893 Fax: (505) 298-9094
Member Insured and Address		Agency Name and Address
Coverage: Part One: Workers Compensation Insurance The Limits of Liability are Statutory Part Two: Employers Liability Insurance The Limits of Liability are: Bodily Injury by Accident \$ Each Accident Bodily Injury by Disease \$ Each Employee Bodily Injury by Disease \$ Policy Limit <i>Limits are restricted to above unless endorsed to this policy.</i>		
Endorsements:		
Classifications of Operations: The Premium for this Policy will be determined by the NCCI Manuals of Rules and Classification Rates. All information is subject to verification and change by audit.		
Specific Excess Workers Compensation: Safety National Casualty Corporation: Coverage A Workers Compensation Statutory Coverage B Employers Liability \$1,000,000 Aggregate Excess Workers Compensation: Safety National Casualty Corporation: Aggregate Limit of Liability \$5,000,000		

By: **Food Industry Self Insurance Fund of NM**

By: _____



Authorized Signature