



# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

**Insurer:** Privilege Underwriters Reciprocal Exchange  
NCCI No. 51884  
44 South Broadway, Suite 301  
White Plains, NY 10601  
(888) 813-PURE

**DW119187700 - New Business Rewrite**  
Policy Number

1. The Insured: Mark Robinson  
Mailing address: 123 Life Ave  
Sherrill, NY 13461
- ☒ Individual ☐ Partnership  
☐ Corporation or \_\_\_\_\_

Other workplaces not shown above: **SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE**

2. The policy period is from 11/14/2023 to 11/14/2024 at the insured's mailing address.
3. **A.** Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the States listed here: NY  
**B.** Employers Liability Insurance: Part Two of the policy applies to work in each state listed in 3.A. The limits of our liability under Part Two are:
- |                           |            |               |
|---------------------------|------------|---------------|
| Bodily Injury by Accident | \$ 500,000 | each accident |
| Bodily Injury by Disease  | \$ 500,000 | policy limit  |
| Bodily Injury by Disease  | \$ 500,000 | each employee |
- C.** Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
Every US state except monopolistic states and any state where PURE is not licensed for Workers Compensation
- D.** This policy includes these endorsements and schedules: **SEE EXTENSION OF ITEM 3.D. OF**

## THE INFORMATION PAGE

4. 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 Total Estimated Annual Remuneration	Rate Per \$100 Remuneration	Estimated Annual Premium
<b>SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE</b>				\$

Expense Constant	\$ 50 NY
Minimum Premium Collected	\$ 822 NY
Total Estimated Annual Premium	\$ 1,095
Surplus Contribution	\$ 40
<b>Grand Total</b>	<b>\$ 1,135</b>

\_\_\_\_\_  
President, PURE Risk Management, LLC  
Attorney-in-fact

Countersigned by \_\_\_\_\_



# Workers Compensation and Employers Liability Insurance Policy – Reciprocal and Execution Clauses

*This endorsement changes the policy. Please read it carefully.*

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The following is added to Policy Number: DW119187700

This policy is issued by Privilege Underwriters Reciprocal Exchange (PURE), a Florida domiciled reciprocal insurer. By purchasing this policy, you are a Subscriber to PURE and subject to the current Subscriber's Agreement and Power of Attorney. This is a non-assessable policy consistent with section 629.261, Florida Statutes and Florida Office of Insurance Regulation approval. The liability of the Subscriber to PURE is limited to the costs associated with the insurance policy shown on the Declarations only. PURE may annually allocate a portion of surplus to subscriber savings accounts. Amounts allocated to subscriber savings accounts remain a part of PURE's surplus. They may be used to support the operations of PURE. Your right to the balance in the subscriber savings account is limited as set forth in the Subscriber's Agreement.

## **Privilege Underwriters Reciprocal Exchange**

In witness whereof, we have caused this policy to be executed and attested, and if required by state law this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink, appearing to read "M. J. Smith", positioned above a horizontal line.

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President, PURE Risk Management, LLC  
Attorney-in-fact