



UTICA NATIONAL INSURANCE GROUP
180 Genesee Street
New Hartford, NY 13413

WC 000001A

Issuing Company: Utica Mutual Insurance Company

A MEMBER OF UTICA NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Information Page

1. The Insured and Mailing Address:

TOP FLOOR DESIGN INC
225 CLEVELAND AVE

LONG BRANCH NJ 07740

Policy Number: 4922179

Prior Policy Number:

Producer: Joseph J. Schipsi, Inc.
303 S Kings Hwy, Ste 5
Cherry Hill, NJ 08034

Entity of Insured: Corporation

Producer Number: U1862

SIC#: 1752

Other workplaces not shown above:

Insured's I.D. Number: 099948203

NCCI Company Number: 15717

Risk I.D. Number: NJ:711093

N.J. Taxpayer I.D. Number: 099948203000

2. The policy period is from 01/15/2016 **to** 01/15/2017 **12:01 AM Standard Time 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: New Jersey

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

All States except those listed in Item 3.A., ND, OH, WA, WY ALL STATES, Except those listed in Item 3.A. and North Dakota, Ohio, We

D. This policy includes these endorsements and schedules:

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.

<input type="checkbox"/> See Extension of Information Page Classifications	Code No.	Premium Basis Total est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Minimum Premium: \$ 900 NJ		Expense Constant		\$
Employer's Liab Minimum Premium: \$ 100		Total Estimated Annual Premium		\$
If indicated below, interim adjustments of premium shall be made:		Deposit Premium		\$

Issuing Office:
8-D-WC(NJ) Ed. 08-2008

Date of Issue:
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Countersigned by

UNIBILL NO. 200155934

12-31-2015