

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

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

Producer Number: U1862

SIC#: 1752

Other workplaces not shown above:

Insured's I.D. Number: 099948203
Risk I.D. Number: NJ:711093

NCI Company Number: 15717
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:

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Each Employee	\$500,000	Bodily Injury by Disease
Policy Limit	\$500,000	Bodily Injury by Disease
Each Accident	\$500,000	Bodily Injury by Accident

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, WY

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. Total est. Annual Premium Basis Rate Per \$100 of Remuneration				Minimum Premium: \$ 900 Employer's Liab Minimum Premium: \$ 100 If indicated below, interim adjustments of premium shall be made: NJ	Expense Constant Total Estimated Annual Premium Deposit Premium \$ \$ \$