

SOCIETY INSURANCE, a mutual company

150 Camelot Drive, P. O. Box 1029
Fond du Lac, WI 54936-1029

NCCI # 16594

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

This information page with "Policy Provisions" completes the below numbered

Insured's Name and Mailing Address - ITEM 1

BJORKSTRAND METAL ROOFING & EXTERIORS
21951 CTY HWY DD
NEW AUBURN, WI 54757

Policy

No. WP 466729

RENEWAL OR REWRITE OF NO.

AGENT: 04039
COREY-BURSTAD INSURANCE AGENCY
420 E MAINS ST
MENOMONIE, WI 54751

WORKERS COMPENSATION POOL

FEDERAL EMPLOYER I.D. NO.: 760772223

RISK I. D. NO.:

Policy Period - ITEM 2: From 08/07/07 to 08/07/08 12:01 A.M. Standard Time				
Legal Status or Entity: LTD LIAB COMPANY				
Coverage - ITEM 3: A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here. WI				
B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:				
		Bodily Injury by Accident	\$ 100,000	each accident
		Bodily Injury by Disease	\$ 500,000	policy limit
		Bodily Injury by Disease	\$ 100,000	each employee
C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE				
D. This policy includes these endorsements and schedules.				
SEE SCHEDULE ATTACHED				
Premium - ITEM 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.				
Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE ATTACHED				
			Total Estimated Cost \$ xxxxxxxx	
			Payable: 50/25/25	
			DIRECT BILL	

CHIPPEWA
NEW BUSINESS

INSURED COPY