

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- Insured's Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11)
- Item 3.B. Limits (WC 89 06 12)
- Item 3.C. States (WC 89 06 13)
- Item 3.D. Endorsement Numbers (WC 89 06 14)
- Item 4. * Class, Rate, Other (WC 89 04 15)
- Interim Adjustment of Premium (WC 89 04 16)
- Carrier Servicing Office (WC 89 06 17)
- Interstate/Intrastate Risk ID Number (WC 89 06 18)
- Carrier Number (WC 89 06 19)
- Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

Added Notice of Cancellation in favor of Kilwin's Chocolates Franchise Inc & Kilwin's Quality Confections Inc, 1050 Bay View Rd, Petoskey, MI 49770; 30 Days, Forms WC 99 06 51 & WC 99 06 52. Forms may be viewed within eLink Policy Documents, Multi-Media tab.

***Item 4. Change To:**

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$2316

Minimum Premium \$ 750

Deposit Premium \$ 2316

Premium Change \$0

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01/01/2019
Insured ELLIOTT GREENHOUSE, INC.

Policy No. WCV 6051473

Endorsement No. 000
Premium \$2316

Insurance Company ACCIDENT FUND GENERAL INS CO Countersigned by _____



Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period	
	From	To
WCV 6051473	01/01/2019 12:01 A.M. Standard Time at the described location	01/01/2020

Transaction	
AMENDED INFORMATION PAGE	Effective: 01/01/2019

Named Insured and Address	Agent
ELLIOTT GREENHOUSE, INC. 800 W BROADWAY ST MT PLEASANT MI 48858	MTB INC. DBA CRAPO AGENCY OF M 206 N FRANKLIN ST MOUNT PLEASANT MI 48858 Telephone: 989-773-7353 9001277

Other Workplaces Not Shown Above: See schedule attached
Extended Named Insured: Absence of an entry means no exception

Interstate ID:	Intrastate ID:
Insured Is: CORPORATION	FEIN #: 382047649
Bureau/Risk ID: 0263303A	NCCI #: 90468
Unemployment Id Number:	

ITEM 2. POLICY PERIOD is from 12:01 A.M., 01/01/2019 to 12:01 A.M., 01/01/2020 Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

- A. **Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here: MI
- 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	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee
- C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3. A. of the Information Page.
- D. This policy includes these endorsements and schedules:

WC890600B	(7/01)	AF-NTI21	(10/10)	DISCLOSR	(9/10)	PN99NSF	(1/18)
WC000000C	(1/15)	WC000308	(4/84)	WC000313	(4/84)	WC000403	(4/84)
WC000419	(1/01)	WC000421D	(1/15)	WC000422B	(1/15)	WC000424	(1/17)

ITEM 4. PREMIUM

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.

C L A S S I F I C A T I O N S

SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$750	\$2,316	\$2,316	Annual - Reporting

INSURED COPY

CANCELLATION OR NONRENEWAL BY US

This endorsement amends the Workers' Compensation and Employers' Liability Insurance Policy to which it is attached.

Paragraph 2 of Condition D. Cancellation is replaced by the following:

2. We may cancel or nonrenew this policy by mailing or delivering to you written notice of cancellation or nonrenewal at least:
 - a. ___ days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of nonrenewal or cancellation if we nonrenew or cancel for any other lawful reason.

In no event will the notice set forth in (a) or (b) be shorter than the number of days required by state law. Mailing the notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01/01/2019

Policy No. WCV6051473

Endorsement No.

Insured

Premium \$2,316

Elliott Greenhouse Inc

Insurance Company

Countersigned by _____

Accident Fund General Insurance Company

NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT

This endorsement is used to add Item F. Notification to Others to Part Six of the policy and reads as follows:

Item F. Notification to Others of Cancellation or Nonrenewal

1. If we cancel or non-renew this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation or nonrenewal, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
2. If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
3. If coverage afforded by this policy is reduced or restricted, except for any reduction of Limits of Liability due to payment of claims, we will mail or deliver notice of such reduction or restriction to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
4. If notice as described in Paragraphs 1., 2., or 3 of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
Kilwin's Chocolates Franchise Inc & Kilwin's Quality Confections Inc 1050 Bay View Rd Petoskey, MI 49770	30 Days

All other terms and conditions of this policy remain unchanged.

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Policy No. WCV6051473

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Premium \$2,316

Elliott Greenhouse Inc

Insurance Company

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