

Information Page

Policy #: **PWAL129001**

Insurer: **Midwest Employers Casualty Company**
NCCI Carrier #: 25992
14755 North Outer Forty Drive, Suite 300
Chesterfield, MO 63017

1. Named Insured and Mailing Address
Each Insured member of the Alabama Self-Insured Workers Compensation Fund
P.O. Box 59509
Birmingham, AL 35259

FEIN:
Entity of Insured: **Corporation**

Other workplaces not shown above: **See Schedule of Locations**
2. The policy period is from **01/01/2026** to **01/01/2027 12:01AM 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 state(s) listed here: Workers Compensation is Excluded. Employers Liability is provided for the state of Alabama
 - 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	\$ 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:
None
 - D. This policy includes these endorsements and schedules: **See Schedule of Endorsements**
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. **See Schedule of Classifications**

Minimum Premium	Total Estimated Annual Premium
Expense Constant	Total Estimated Surcharges and Assessments
	Total Estimated Cost

See Signature Form of Authorized Representatives

Countersigned By

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