

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Information Page

Midwest Employers Casualty Company
14755 North Outer Forty Drive, Suite 300
Chesterfield MO 63017
(636) 449-7000
(A Stock Company)
NCCI # 25992

Policy No. PUAL129001

1. The Insured: Each Insured member of the Alabama
Self-Insured Workers' Compensation Fund

Renewal of: PTAL129001

Individual Partnership

X Corporation or

Mailing address: P.O. Box 59509
Birmingham, AL 35259

Federal Employers I.D.# See Schedule

Inter/Intrastate Risk I.D.#

Other I.D. #

Other workplaces not shown above: See Schedule

2. Policy Period: From 01/01/2024 To 01/01/2025 12:01 A.M. 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: 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

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.

Table with 5 columns: Classification, Code No., Premium Basis Total Estimated Annual Remuneration, Rate Per \$100 of Remuneration, Estimated Annual Premium. Includes rows for extension, premium for increased limits, drug free credit, safety credit, experience modification, and total estimated standard annual premium.

Minimum Premium Deposit Premium

Premium Adjustment Period: Annual Countersigned by:

Name of Producer:

Servicing and Issuing Office: MIS Insurance Services, LLC. Date Produced: 10/30/2023