

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TWIN CITY FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

14974

Company Code: 7



POLICY NUMBER:
Previous Policy Number:

84 WBC ZM1992

84 WBC ZM1992

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	07

HOUSING CODE: SA

- Named Insured and Mailing Address:** FLASH TRACK LIGHTING, INC.
(No., Street, Town, State, Zip Code)

19027 OLD MANCHESTER RD.
WILDWOOD, MO 63069

FEIN Number: 486648458

State Identification Number(s):
UIN:

The Named Insured is: CORPORATION

Business of Named Insured: ELECTRICAL SUPPLIES STORE

Other workplaces not shown above: 19027 OLD MANCHESTER RD.
PACIFIC MO 63069

- Policy Period:** From 11/01/16 To 11/01/17
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: KOURY AGENCY INC

11039 MANCHESTER ROAD
ST LOUIS, MO 63122

Producer's Code: 539550

Issuing Office: THE HARTFORD
8711 UNIVERSITY EAST DRIVE
CHARLOTTE NC 28213
(877) 853-2582

Total Estimated Annual Premium: \$2,156

Deposit Premium:

Policy Minimum Premium: \$805 MO

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Susan S. Castaneda*
Authorized Representative

08/13/16
Date