

(Policy Provisions: WC000000C)

**INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

INSURER: Twin City Fire Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 14974
Company Code: 7

POLICY NUMBER: 08 WEC GT5039
Previous Policy Number: 08 WEC GT5039

Suffix	
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	21

1. Named Insured and Mailing Address: GREATER BOSTON ERUV CORP
(No., Street, Town, State, Zip Code) 653 CHESTNUT HILL AVENUE
BROOKLINE MA 02446

FEIN Number: 22-2720097

State Identification Number(s):

The Named Insured is: Corporation
Business of Named Insured: All Other Specialty Trade Contractors
Other workplaces not shown above:

2. Policy Period: From 11/01/22 To 11/01/23 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: HUB INTNL NEW ENGLAND LLC/PHS
90 PARKER STREET
GARDNER MA 01440

Producer's Code: 08087960
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$265
Deposit Premium:
Policy Minimum Premium: \$232 MA (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL **Installment Term:** Full Pay (100%Down)
The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan S. Castaneda
Authorized Representative

09/23/22
Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: MA

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	\$500,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$500,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

SEE ENDORSEMENT-WC 99 03 68

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.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
Total Standard Premium			\$76
Expense Constant			\$159
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$9
Other Miscellaneous State Premiums			\$20
Estimated Annual Premium (before Surcharges)			\$264
Total Estimated Surcharges			\$1

*See the attached Schedule(s) of Operations for Location and State Level Premium Information

Total Estimated Annual Premium:	\$265
Deposit Premium:	
Policy Minimum Premium:	\$232 MA (Includes Increased Limit Min. Prem.)

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number: NAICS: 238990
SIC: 8621