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ISSUING OFFICE 181
INFORMATION PAGE



**Workers Compensation and
Employers Liability Policy**

ACCOUNT NO. 9-309557	SUB ACCT NO. 0000	Liberty Mutual Insurance Group/Boston LM INSURANCE CORPORATION			27243		
POLICY NO. WC5-39S-309557-011	TD/CD XX X	SALES OFFICE ORANGE	CODE 602	SALES REPRESENTATIVE ASSIGNED	CODE 3000	N/R 2	1ST YEAR 2010

Item 1. Name of **ED COOK TREE SERVICE**

Insured
Address **3015 KOKANEE TRAIL**

FEIN 68-0447047

SOUTH LAKE TAHOE, CA 96150

Status **03 - CORPORATION**

RISK ID

Other workplaces not shown above: **SEE ITEM 4**

Item 2. Policy Period: From	Mo. Day Year 05-13-2011	to	Mo. Day Year 05-13-2012
12:01 AM standard time at the address of the insured as stated herein.			

Item 3. Coverage

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
NV

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:

REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT WC 00 03 26 A

D. This policy includes these endorsements and schedules: **SEE EXTENSION OF INFORMATION PAGE**

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.

Classifications	Code No.	Premium Basis	Rates	LINE 110
		Estimated Total Annual Premiums	Per \$100 of RE-muneration	Estimated Annual Premiums
SEE EXTENSION OF INFORMATION PAGE				
Minimum Premium	\$ 1,000	(NV)	Total Estimated Annual Premium	\$ 4,021

Interim adjustment of premium shall be made: **ANNUAL**

This policy, including all endorsements issued therewith, is hereby countersigned by **SEE ATTACHED FORM 1710**

Authorized Representative Date **05-06-11**

Loc. Code	Term. Oper. 05-06-11	Audit Basis	Periodic Payment	Rating Basis NR	Pol. H.G.	Home State NV	Dividend	RENEWAL OF: WC5-39S-309557-010
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