


**TRAVELERS**
**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**
**TYPE V INFORMATION PAGE WC 00 00 01 ( A)**
**POLICY NUMBER: (IEUB-2363P00-1-10)**
**RENEWAL OF (IEUB-2363P00-1-09)**
**INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT**
**NCCI CO CODE: 12637**
**1.**
**INSURED:**

WILSON RESTORATION & CLEANING,  
SEE ENDORSEMENT WC 99 06 01  
1735 TERRY DR.  
JOLIET IL 60436

**PRODUCER:**

AUTOMATIC DATA PROC INS  
71 HANOVER RD  
FLORHAM PARK NJ 07932

Insured Is A CORPORATION

Other work places and Identification numbers are shown In the schedule(s) attached.

2. The policy period Is from 11-08-10 to 11-08-11 12:01 A.M. 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:

IL

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:	\$	500000	Each Accident
Bodily Injury by Disease:	\$	500000	Policy Limit
Bodily Injury by Disease:	\$	500000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IN KS KY LA MA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI  
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 09-24-10 IA

OFFICE: PAYROLL

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PRODUCER: AUTOMATIC DATA PROC INS

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