

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY ---- INFORMATION PAGE

INSURER:

NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
222 AMES STREET
DEDHAM, MA 02026

POLICY NO: WE127916A

ENDORSEMENT EFF 05/01/2023

NCCI Company No: 21059

Account No:

FEIN: 20-2675574

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

MKC ASSOCIATES, LLC
16 KEITH ST.
WATERTOWN, MA 02472

AGENT NAME AND ADDRESS:

BRIAN MCMAHON INS.
SERVICES
PO BOX 290
BURLINGTON, MA 01803

AGENT NO.: 20015

LEGAL ENTITY: LIMITED LIABILITY COMPANY (LLC)

OTHER WORKPLACES NOT SHOWN ABOVE: (See Workers Compensation Classification Schedule)

ITEM 2. POLICY PERIOD: From: 05/01/2023 To: 05/01/2024

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

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 liability under Part Two are:

Bodily Injury by Accident:	\$	100,000	each accident
Bodily Injury by Disease:	\$	500,000	policy limit
Bodily Injury by Disease:	\$	100,000	each employee

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

SEE ENDORSEMENT WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: \$	204	Total Estimated Annual Premium: \$	2,145
Audit Period: ANNUAL		Additional / Return Premium: \$	-945 RETURN
		Comments :	CORRECT PAYROLL

Issued At:

Date: 07/24/2023

Countersigned by _____