



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
 INFORMATION PAGE ENDORSEMENT
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28-2339-FBF5

THIS FORMS A PART OF
 POLICY NO. 98-C2-F521-8

COVERAGE IS PROVIDED BY
 STATE FARM FIRE AND CASUALTY COMPANY
 PO Box 2915, Bloomington IL 61702-2915

NAMED INSURED AND MAILING ADDRESS
 HARTMAN HAND & OCCUPATIONAL
 THERAPY OF CLIFTON SPRINGS PC
 DBA STEVE EGIDI HAND &
 OCCUPATIONAL THERAPY
 821 PRE EMPTION RD STE 202
 GENEVA NY 14456-2061

INTRASTATE RISK ID NO. 001124817
 FEIN 611444473

DUE TO AN AUDIT

 THE EFFECTIVE DATE IS 04/10/2024

THE EXPIRATION DATE IS 04/10/2025

POLICY CODE NOS., CLASSIFICATIONS, PREMIUM BASIS, RATES AND ESTIMATED
 PREMIUMS ARE AMENDED AS FOLLOWS:

 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

CODE NOS. AND CLASSIFICATIONS	PREMIUM BASIS TO-TOTAL ESTIMATED ANNUAL REMUNERATION	RATE/\$100 REMUNERATION	ESTIMATED ANNUAL PREMIUM
8832 PHYSICIAN & CLERICAL	214,012	.56	1,198
CONTRACTING CREDIT			0
TERRORISM 9740	214,012	.043	92
CATASTROPHE (OTHER THAN TERRORISM) 9741	214,012	.004	9
EXPENSE CONSTANT			100
MINIMUM PREMIUM \$ 162 NEW YORK			1,399
TOTAL ESTIMATED ANNUAL PREMIUM \$			1,399
NEW YORK STATE ASSESSMENT \$			119.00

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

PREPARED 05/01/2024
 WC 99 00 02 04-84

COUNTERSIGNED _____