



UTICA NATIONAL INSURANCE GROUP
180 Genesee Street
New Hartford, NY 13413

WC 000001A

Issuing Company: Utica Mutual Insurance Company
MEMBER OF UTICA NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Information Page

1. The Insured and Mailing Address:

Slocum Dickson Medical Group, PLLC
1729 Burrstone Road
New Hartford, NY 13413

Policy Number: 5481837

Prior Policy Number: 5481837

Producer: NBT Insurance Agency LLC
66 S. Broad Street, Suite 2
Norwich, NY 13815

Entity of Insured: Corporation

Producer Number: U9530

Other workplaces not shown above: See WC990603 (04-84)
Schedule of Locations

SIC#: 8011

NAICS Code No.: 621111

Insured's I.D. Number: 200362623

NCCI Company Number: 15717

Risk I.D. Number:

2. The policy period is from 07/01/2022 to 07/01/2023 12:01 AM Standard Time at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida, Montana

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:

All States except those listed in Item 3.A., ND, OH, WA, WY

D. This policy includes these endorsements and schedules: See WC990603 (04-84) Schedule of Endorsements

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.

<input checked="" type="checkbox"/> See Extension of Information Page Classifications	Code No.	Premium Basis Total est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Minimum Premium: \$ 261. Class 8832	0900	Expense Constant MT	\$	180.
If indicated below, interim adjustments of premium shall be made:		Total Estimated Annual Premium	\$	750.
		Deposit Premium	\$	

Issuing Office: New Hartford, NY 13413 Date of Issue: 07/29/22 RSCountersigned by Sharon C Pick

8-D-WC Ed. 08-2008

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