

Lab 400

CERTIFICATE OF INSURANCE

Name of Self-Insured Employer:

Current Mailing Address:

Policy Number:

Effective Date of Certificate:

Length of Term of Policy:

Insured's Retention:

Aggregate Per Policy Term Amount:

Business Name of Insurance Company:

Insurance Company

Authorized Representative:

For Insurance Company Representative

Title of Authorized Representative:

Title of Representative

Date

WCSI-4 (1/1992)