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## **STATEMENT**

MID-CENTURY	INSURANCE COMPANY		
° UNIVERSAL CRYSTAL C			
			JUNE 18, 2016
18755 SW 90TH AVE, ‡	Date		
TUALATIN OR 97	140		73-22-36C
			Agent's Number
			A0314-95-45
			Policy Number
This Statement Reflect	ts:		Loan Number
Effective Date:1	1/16		
New Business	Reinstatement	X Change Of Coverage	ded Coverage
\$	Previous Balance Owing		
\$	Premium		
\$	Membership, Policy, Reinsta	atement, Reissue or Service Fees	
\$	Pro Rata Premium Due		
\$	Premium For Renewing Ent	ire Present Coverage From	То
\$			
\$			
\$			
\$			
\$	_ Total Charges		
\$ 34.00-	Assessment/surcharge (Cred	lit)	
\$	Payments		
\$ 551.00	Other Credits 04/11/16 TC	04/11/17	
\$585.00	_ Total Credits		
\$ <u>- none -</u>	BALANCE DUE UPON RECE	IPT	
\$	_ Optional Amount	THANK YOU FOR PLACING BOTH YOUR WOR	
\$ * Mailed Separately	Refund	AND BUSINESS INSURANCE WITH FARMERS. HAS BEEN APPLIED TO YOUR POLICY.	ADISCOUNT
* Mailed Separately			
IMDADTA M	T- D-O N-O-T P-A-Y T-H-I-S N-O-1	r_1_C_F	
PREMIUM	WILL BE BILLED. ACCT # F0062900	999-001-00001.	

## **State Required Notification:**

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Most insurers doing business in Oregon participate in the Oregon Insurance Guaranty Association. In the event an insurer fails, the Association settles unpaid claims on behalf of consumers. Oregon law requires that policies be surcharged directly to recover the costs of handling those claims.

If your policy is surcharged, "Oregon Surcharge" along with an indicated dollar amount will be displayed on your Invoice.

WORKERS'	COMPENSATION	GENERAL	CHANGE ENDORSEMENT

Named Insured and Mailing Address Agency and Mailing A				nd Mailing Addr	ess	
	UNIVERSAL CRYSTAL CLEANING, LLC 18755 SW 90TH AVE, #317			73-22-3 BYRON BE 25 82NE GLADSTO OR 9702	TTLES DR STE 102 NE	
Policy No.:	A0314-95-45	00	Pol	icy Effective Date:	04/11/16	
Policy Year:	2016		FE	IN No.: ON FILE	3	
Change Effe	ctive Date: 06/16	5/16				
Experien Experien Producer Change i Insured's	Name umber Date Mailing Address ce Modification 's Name n workplace of Ir Legal Status without interrup	sured		States Employer Liability Billing Plans Endorsement(s) *Classification, Rat Interim Adjustmer Carrier Servicing C Interstate/Intrastat Carrier Number	te, Other nt of Premium Office	ber
ENTITY 1 : EMPLOYEES	LOCATION 1 C TO 7	LASS CODE	9014 PAYROL	L AMENDED TO	\$96,360	
	on, Rate, Other					·
Classifications		Code No.	Premium Basis Total Estimated	Rate Per \$100 of Remuneration	Estimated Annual Premium	n

	Courrier	Total Estimated Annual Remuneration	Remuneration	Annual Premium
See Classification of Operations Schedule				

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

Consideration for Change, if any:

Date Printed: JUNE 18, 2016 Countersigned by

		POLICY NU	MBER: A031	L4-95-45 00
Classification of Operations (Continued)	·····	Premium Basis	Rates	
STATE: OR	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remu- neration	Estimated Annual Premium
**************************************	9014	96,360	6.1500 * 5.7257	6,055.00
* MODIFIED RATE (AFTER APPLICATION OF ANY MODIFIERS/DISCOUNTS INDICATED BELOW				
EXPERIENCE MOD			0.980	138.00-
WC/PC DISCOUNT CLASS BALANCE TO MINIMUM TERRORISM - 9740 CATASTROPHE - 9741 EXPENSE CONSTANT OREGON INS DEPT ASSESSMENT RATE OREGON INSURANCE GUARANTEE ASSOC ASSESSMENT ANNUAL PREMIUM FOR STATE: OR			0.0500 0990 0.020 0.020 0.06200 0.06200 0.00000	20.00 20.00 180.00 000 362.00
56-0780 3-87 560780-ED1	<u></u>	<u>, ,</u>		C0780101