

Builders Mutual[®]
INSURANCE COMPANY*Where Builders Come First[®]*

BUILDERS MUTUAL INSURANCE CO.

Post Office Box 150005

Raleigh, North Carolina 27624-0005

(919) 845-1976

**WORKERS COMPENSATION & EMPLOYERS LIABILITY
Insurance Policy**

Policy Number	Policy Period	
	From	To
WCP 1033471 01	06/14/2015	06/14/2016
12:01 A.M. Standard Time at the described location		

RENEWAL DECLARATION

Customer #:

1. Named Insured and Address**Agent**BLUE RIDGE LANDSCAPING
OF VIRGINIA INC
1001 HOLLY CORNER RD
FREDERICKSBURG VA 22406SWIFT CREEK INSURANCE
14106 SHALLOWFORD LANDING CT
MIDLOTHIAN, VA 23112-0000

Telephone: 804-767-5951

0002089

Carrier #

37354

FEIN #

800228438

Risk ID #

450867691

Entity of Insured

CORPORATION

Location(s): See Site Location Schedule

2. The Policy Period is from 06/14/2015 to 06/14/2016 12:01 a.m. 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: Virginia

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
The limits of our 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:
NC, SC, TN, MD, GA, MS, DC, FL except state(s) listed in Item 3.A. above.

D. This policy includes these endorsements and schedules: See attached schedule.

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.**SEE EXTENSION OF INFORMATION PAGE**