

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**

Original Printing

Issued April 18, 2008

Standard



Type : Stock

FirstComp Insurance Company
CENTRAL PARK PLAZA SOUTH 222
SOUTH 15TH ST. STE 1200
Omaha, NE 681021680
888-500-3344

NCCI Carrier Code:35513
Policy Number:

WC0074825-01

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

571077716 /

1. The insured's Name and Mailing address:

Lowcountry Electrical, LLC
61 Grand Oaks Way
Beaufort, SC 29907
Phone:843-986-9100

DBA Name:
SIC CODE: 1731

Type of entity:

Limited Liability Company

Other work place not shown above:See Attached Location Schedule

2. The policy period is from 04/18/2008 to 04/18/2009 [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here: **SOUTH CAROLINA**

B. Employers liability Insurance: Part Two of this 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 this policy applies to the states, if any, listed here:
NO COVERAGE AFFORDED FOR OTHER STATES.

D. California Endorsements and Schedules

Other State Endorsements and Schedules:

SC-NOTICE-I, WCPYMSCH, WC000000A, WC000113A, WC000308, WC000310, WC000404, WC000406, WC000414, WC000419, WC000421B, WC000422

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Minimum Premium: \$750.00 Deposit Premium:\$793.75

Total Estimated Annual Premium:\$3,175.00

Pay plan: 10-Pay - 25 %

Producer:Jordan & McCallum Co.
2315 N Main St, Ste 100 , 864-226-7399
Anderson, SC 29621

Countersigned By:
Date: 04/18/2008

Service office: FirstComp Underwriters Group , (888) 500-3344
Central Park Plaza South, 222 South 15th Street, Suite 1200
Omaha, NE 68102-1680

(See extension of information page for class code, rate and premium detail)

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY