



ONE TOWER SQUARE  
HARTFORD, CT 06183

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**TYPE V INFORMATION PAGE WC 00 00 01 ( A)**

**POLICY NUMBER: (IAUB-2634L50-1-11)**

**RENEWAL OF (IACRUB-2634L50-1-10)**

**INSURER: TRAVELERS CASUALTY AND SURETY COMPANY**

**NCCI CO CODE: 11223**

1.

**INSURED:**

EDOC INNOVATIONS  
380 E MAIN ST  
MIDWAY, UT 84049

**PRODUCER:**

INFINITEAM INSURANCE INC  
39 WEST 9000 SOUTH  
SANDY UT 84070

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 05-01-11 to 05-01-12 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MI NY VT WI

**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: \$ 100000 Each Accident  
Bodily Injury by Disease: \$ 500000 Policy Limit  
Bodily Injury by Disease: \$ 100000 Each Employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MN  
MO MS MT NC NE NH NJ NM NV OK OR PA RI SC SD TN TX UT VA WV

**D.** This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

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

**DATE OF ISSUE: 03-07-11 NC**  
**OFFICE: SALT LAKE CITY 187**  
**PRODUCER: INFINITEAM INSURANCE INC**

**DIRECT BILL**

**HE539**