

**INFORMATION PAGE**

**SiriusPoint America Insurance Company**

Insurer ID No(s) **28363**

Policy No. **WC 52980 03**  
Prior Policy No. **WC 52980 02**

1. Named Insured: **Scientific Repair Inc**  
Mailing Address: **20720 Earl St**  
**Torrance CA 90503-3020**

- Individual
- Corporation
- Partnership
- LLC
- LLP
- Other:

Email Address: **HUGH@SRIGC.COM**  
FEIN: **954021838**

Intra/Interstate Risk ID No. **RISK ID #270083943**

Other workplaces not shown above: **See Schedule of Locations**

2. The policy period is from **09-01-2023** to **09-01-2024 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:

**CA NV**

- 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	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee


- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

**AZ AR CO DE DC GA IL IN IA KS KY LA MD MI MS NE NH NJ NM NY**  
**NC OK PA RI SC TN TX UT VT VA WV WI**

- D. This policy includes these endorsements and schedules:

**See Schedule of Forms and Endorsements**

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

Code No.	Classifications	Premium Basis Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
<b>See Extension of Information Page</b>				
Experience Modification	<b>See Extension of Information Page</b>		Total Estimated Annual Premium	\$ <b>8,131</b>
Minimum Premium	\$	<b>500</b>	Deposit Premium	\$ <b>1,355</b>
Premium Adjustment Period:	<b>Annual</b>		Countersigned By	
Producer Information:	<b>Goldbridge Insurance Services</b>			
Servicing/Issuing Office	<b>1015 15th Street NW, Suite 600, Washington, DC 20005-2605</b>			
			Date	_____