



STATE WORKERS' INSURANCE FUND
100 LACKAWANNA AVENUE, P.O. BOX 5100
SCRANTON, PA 18505-5100



DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

570-963-4635

www.dli.state.pa.us/swif

Workers Compensation and Employers Liability Insurance Policy
NCCI No. 19984 **INFORMATION PAGE**

New Policy

1. Insured:

A Clearvue LLC
Po Box 207
Coraopolis, PA 15108

Policy #: 05680920
Date: 06/11/2009
ARD:
Bureau ID #:
Business Type: Limited Liability Company
County: Allegheny
District: DO5 - Pitt

2. POLICY PERIOD: The policy period is from 05/19/2009 to 05/19/2010 at 12:01 AM at the insured's mailing address.

3A. WORKERS COMPENSATION INSURANCE: Part One of the Policy applies to the Workers' Compensation Law of the State of Pennsylvania.

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the Policy applies to work in the State of Pennsylvania. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$100,000	Each Accident
Bodily Injury by Disease	\$100,000	Each Employee
Bodily Injury by Disease	\$500,000	Policy Limit

C. OTHER STATES INSURANCE: Part Three of the Policy applies to the States if any, listed here: None, except as shown in Part Three.

4. PREMIUM: 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.

Code No.	Description	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0971	Window Cleaning Eff: 05/19/2009 Exp: 05/19/2010	80,000	6.84	5,472