SUMMARY OF INSURANCE

FOR:

MOW EDGE BLOW LAWN SERVICE **Prepared:4/10/2015**
933 WHITNEY AVE
LEXINGTON KY 40508
Phone: **FAX:**

BY: **HOME OFFICE**
AP INTEGO INSURANCE GROUP LLC **250846**
PO BOX 33015
SAN ANTONIO TX 78265
Phone: **FAX:**

ACCOUNT POLICY RECAP	Policy Number	Eff Date	Exp Date	Premium
. Workers' Compensation Hartford Fire Ins Co	76 WEG DX3933	03112015	03112016	

POLICY DETAIL **Policy** **. Workers' Compensation**

Worker's Compensation Coverages

Employer's Liability Limits	Limit
Disease - Policy Limit	$500,000
Disease - Each Employee	$100,000
Each Accident	$100,000

Individual	Included/Excluded

This summary and its attachments provides high level overview of policy coverages and does not include all conditions, limitation or exclusion. Please refer to the actual policy forms for detailed coverages, limits and deductibles.