

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insurer: KESA, The Kentucky Workers' Compensation Fund
200 Executive Park
Louisville, KY 40207-4202

Producer: 00081-001
Insuramax, Inc.
P.O. Box 20829
Louisville, KY 40250-0829

(Carrier Code: 36609)

1. The Insured: Morgan Electric Motor Sales & Serv., Inc
DBA:

Mailing Address: P O Box 58249
Louisville, KY 40268

Policy Number: WC100-0003391-2012A
Type of Business: Corporation

Other Workplaces not shown above:

FEIN: 611232990

If applicable see Extension Schedule WC 99 06 04

Risk ID:

2. The policy period is from 12:01 a.m. on 02/19/2012 to 12:01 a.m. on 02/19/2013
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:
KY

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 \$ 2,000,000 each accident
Bodily Injury by Disease \$ 2,000,000 policy limit
Bodily Injury by Disease \$ 2,000,000 each employee

C. Other States Insurance:

D. This policy includes these endorsements and schedules:
See Extension Schedule KWC 99 06 09

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

Classifications	Code	Premium Basis	Rate Per	Estimated
	No	Total Estimated	\$100 of	Annual
		Annual Remuneration	Remuneration	Premium

SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Premium \$ 5,707
Minimum Premium \$ 500 Expense Constant \$

Countersigned by *Gregory T. Boice*