



SINATRO INS AGCY
62 LA SALLE RD
WEST HARTFORD CT 06107

Account Bill

Account No. 4798M7147
Date of This Bill 06/26/13

TOTAL BALANCE
\$443.00
MINIMUM DUE
\$443.00

CP 01 6640 6664DLKQ 13176 03319 P1

BIKE WALK CONNECTICUT INC
P.O. BOX 270149
WEST HARTFORD CT 06127

PAYMENT MUST BE RECEIVED BY:
JULY 16, 2013

ACCOUNT BILLING SUMMARY

POLICY	TYPE	POLICY PERIOD	MIN. DUE	BALANCE
5351R629 UB	Workers Comp	07/16/13 To 07/16/14	\$443.00	\$443.00
TOTAL BALANCE			\$443.00	\$443.00

TRANSACTIONS SINCE LAST STATEMENT

Total Transactions (See Transaction Detail Section)	+443.00
TOTAL BALANCE	\$443.00

TRANSACTION DETAIL

POLICY NUMBER 5351R629 UB	Workers Comp	
07/16/13	Renewal	429.00
07/16/13	CT WC Surcharge	12.00
07/16/13	CT Assessment	2.00

TOTAL TRANSACTIONS \$443.00
CONTINUED ON NEXT PAGE

Please detach the payment coupon and mail with your payment in the enclosed envelope to: --
You are enrolled in Automatic Recurring Payments, do not send in your Payment.

648842H 2013177 7902 084 083213

Payment Coupon *Make checks payable to: TRAVELERS*

SINATRO INS AGCY
BIKE WALK CONNECTICUT INC
4798M7147

Include Account Number on the check.

Change of Address?
Place an "X" here.
Print changes on reverse side.

TOTAL BALANCE
\$443.00
MINIMUM DUE
\$443.00
AMOUNT ENCLOSED

PAYMENT MUST BE RECEIVED BY
JULY 16, 2013

TRAVELERS CL REMITTANCE CENTER
PO BOX 660317
DALLAS, TX 75266-0317



9934373938133731343740393939394800004430000004430085

Customer Service Contacts

Billing Questions MONDAY-FRIDAY, 7:00 A.M. - 8:00 P.M. EST 800-252-2268

Your Account Number: 4798M7147

Automated Inquiry: 24 hrs a day, 7 days a week 800-252-2268

Policy Questions SINATRO INS AGCY 860-233-9858

Claim Questions BUSINESS INSURANCE 800-238-6225
 CONSTRUCTION 800-828-4132
 NATIONAL ACCOUNTS 800-832-7839

Policy Information Insuring Company
5351R629 UB THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Policyholder BIKE WALK CONNECTICUT INC
Account No. 4798H7147

Date of This Bill: 06/26/13

SPECIAL MESSAGES

Hassle Free Payments - Call 877-307-4202 to make a quick and simple payment.
For all other customer service inquiries (other than making a payment)
please call 800-252-2268.

We will be deducting your insurance premium(s) and applicable charges from your bank
account XXXXXXXXXXXX6407 using our Automatic Recurring Payment Plan on the due date
listed above. Therefore do not send the Payment Coupon of this bill. If this due date
falls on a weekend or holiday, the deduction will be made on the next available business
day. You can view this bill at <https://logon.travelers.com>.



ONE TOWER SQUARE
HARTFORD, CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (IEUB-5351R62-9-13)

RENEWAL OF (IOUB-5351R62-9-12)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

NCCI CO CODE: 12637

1.

INSURED:

BIKE WALK CONNECTICUT INC
P.O. BOX 270149
WEST HARTFORD CT 06127

PRODUCER:

SINATRO INS AGCY
62 LA SALLE RD
WEST HARTFORD CT 06107

Insured is A CORPORATION

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

2. The policy period is from 07-16-13 to 07-16-14 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:

CT

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 DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI
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: 06-03-13 PL

OFFICE: HARTFORD

084

DIRECT BILL

PRODUCER: SINATRO INS AGCY

83213



ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (IEUB-5351R62-9-13)

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 7389

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$	197
PREMIUM DISCOUNT		NONE
0900-06 EXPENSE CONSTANT		220
TERRORISM		6
CAT (OTHER THAN CERT ACTS OF TERRORISM)		6
TOTAL ESTIMATED PREMIUM		429
TAXES AND SURCHARGES		14
DEPOSIT AMOUNT DUE		443

Minimum Premium: \$ 326

DATE OF ISSUE: 06-03-13 PL

OFFICE: HARTFORD

084

PRODUCER: SINATRO INS AGCY

83213

COUNTERSIGNED-AGENT



ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (IEUB-5351R62-9-13)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

12637-CT

INSURED/S NAME: BIKE WALK CONNECTICUT INC

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 202909972 ENTITY CD 001				
BIKE WALK CONNECTICUT INC				
56 ARBOR ST #310A HARTFORD, CT 06106				
CLERICAL OFFICE EMPLOYEES NOC	8810	59800	.33	197

CT MANUAL PREMIUM \$ 197

EXPERIENCE MODIFICATION: NONE	MODIFIED PREMIUM \$	NONE
TOTAL ESTIMATED ANNUAL	STANDARD PREMIUM	197
EXPENSE CONSTANT(0900)		220
TERRORISM (9740)		6
CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		6
2.75% CT SECOND INJURY FUND SURCHARGE		12
1.20% CT ASSESSMENT FUND		2
TOTAL ESTIMATED PREMIUM		443
DEPOSIT AMOUNT DUE		443

DATE OF ISSUE: 06-03-13 PL

SCHEDULE NO: 1 OF LAST



INJURY INFORMATION

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

YES NO

TREATMENT ("X" ALL THAT APPLY)

FIRST AID —

TREATMENT AND DATE OF 1ST TREATMENT

HOSPITAL/
CLINIC —

NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1ST TREATMENT, LENGTH OF STAY AMBULANCE USED?

WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM?

YES NO

WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATENT?

YES NO

PHYSICIAN —

SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.

CUSTOMER SPECIFIC INFORMATION

ADDITIONAL COMMENTS & INFORMATION