



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**INFORMATION PAGE WC 00 00 01 (A)**

**RENEWAL OF POLICY NUMBER:** WC10014481-03  
**POLICY NUMBER:** WC10014481-04

**INSURER:** BRICKSTREET MUTUAL INSURANCE COMPANY

1. **INSURED:**  
ECONOCO INC  
PO BOX 147  
KINCAID, WV 25119-0147  
  
**PRODUCER:**  
WEST VIRGINIA INSURANCE AGENCY  
130 BROOKSHIRE LANE  
BECKLEY, WV 25801  
  
Insured is a(n) DOMESTIC CORPORATION  
  
Other work places and identification numbers are shown in the schedule(s) attached.
2. The policy period is from 07/01/2007 to 03/12/2008 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:  
  
WEST VIRGINIA  
  
**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 : | \$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:  
  
See West Virginia Limited Other States Insurance Endorsement WC 99 03 05  
  
**D.** This policy includes these endorsements and schedules:  
  
SEE LIST OF ENDORSEMENTS - EXTENSION OF INFORMATION 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 in accordance with Part Five of the Policy.

**DATE OF ISSUE:** 07/12/2007  
**ISSUING OFFICE:** Charleston, WV  
**PRODUCER:** WEST VIRGINIA INSURANCE AGENCY