



**CERTIFICATE OF
PREMIUM PAYMENT**
WORKFORCE SAFETY & INSURANCE
POLICYHOLDER SERVICES DIVISION
SFN 4920 (06/2003)

WSI HelpLine
1-800-777-5033
Questions? Call us. Report injuries immediately.

ND Fraud and Safety Hotline
1-800-243-3331
Report Fraud and Unsafe Work Conditions.

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
TELEPHONE NUMBER: (701) 328-3800
FAX NUMBER: (701) 328-3750
TDD NUMBER (for the hearing impaired only)
(701) 328-3786
www.WorkforceSafety.com



**Workforce Safety
& Insurance**
Putting safety to work

HONS RUSSELL
HONS INVESTIGATIONS
311 S 4TH #204
PO BOX 6315
GRAND FORKS ND 58206-6315

Employer Account Number: 1163120

Issued Date: 05/18/2005

Expiration Date: 06/14/2006

CERTIFICATE OF PREMIUM PAYMENT

This is to certify that North Dakota Workers Compensation coverage is effective for the employer named on this certificate. Employees of the named employer are entitled to apply for the rights and benefits of Workforce Safety and Insurance.

Coverage under this certificate extends to North Dakota based employers for their North Dakota exposure. Limited coverage extends beyond the physical boundaries of North Dakota. Contact the Policyholder Services Department of Workforce Safety and Insurance at 1-800-777-5033 for further information on coverage issues or to inquire into the status of the holder of this certificate.

North Dakota Century Code § 65-04-04 requires that each employer post this Certificate of Premium Payment in a conspicuous manner at the workplace. A penalty of \$250 may apply for failure to comply with this requirement.

A certificate of premium payment may be revoked for failure to make required premium payments. The minimum premium charge for all accounts is \$125 per year.

David Dvorak
Policyholder Services

| Class | Classification Description |
|-------|----------------------------|
| 8747 | Professional/Business Reps |
| 8747X | Optional Coverage |
| 8805 | Clerical Office Employees |