

POLICY NUMBER WC 7988590	PREVIOUS POLICY NUMBER NEW
-----------------------------	-------------------------------

SELECTIVE INSURANCE COMPANY OF AMERICA

40 WANTAGE AVE, BRANCHVILLE, NJ 07890

INFORMATION PAGE

NCCI COMPANY NO. 11169

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

ITEM 1. NAME OF INSURED & MAILING ADDRESS HOUR MAID CLEANING SERVICE INC 544 ZENITH DR GLENVIEW, IL 60025-3651	PRODUCER'S NAME AND MAILING ADDRESS THE HORTON GROUP INC 10320 ORLAND PKWY ORLAND PARK, IL 60467-5658
--	---

INSURED IS: CORPORATION	FED ID NO. 363507113	AGENT NUMBER: 33-00-12136-00000
--------------------------------	-----------------------------	--

ITEM 2. POLICY PERIOD The Policy Period is from **NOVEMBER 25, 2011** To **NOVEMBER 25, 2012**
12:01 A.M., standard time at the insured's mailing address.

ITEM 3. COVERAGE
A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation law of the states listed here:
IL

B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in **Item 3.A.**
The limits of our liability under Part Two are:

Bodily Injury By Accident	\$500,000	each accident
Bodily Injury By Disease	\$500,000	each employee
Bodily Injury By Disease	\$500,000	policy limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
ALL STATES EXCEPT ND, OH, WA & WY.

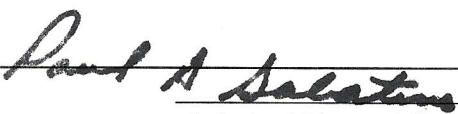
ITEM 4. PREMIUM: The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

CLASSIFICATION	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE ATTACHED SCHEDULE				
EXPENSE CONSTANT	0900			280
TERRORISM - IL \$.040	9740			372
CATASTROPHE - IL \$.010	9741			93
ILLINOIS ASSESSMENT (1.01%)	9686			181

Minimum Premium **\$1,000 ILLINOIS** **Total Estimated Cost** **\$18,104**

If indicated below, interim adjustments of premium shall be made:
 Semi-Annually Quarterly Monthly Deposit Premium **\$18,104**

This policy includes these endorsements and schedules: REFER TO WC-52
D/B - 10 - 654227432

Issue Date: **NOVEMBER 18, 2011** Issuing Office: **HEARTLAND REGION**

 Authorized Representative

Form-64 (07/08) Copyright 1987 National Council on Compensation Insurance.

INSURED'S COPY

20000FWC 7988590125

