

# Minnesota Workers' Compensation Assigned Risk Plan

Standard Workers' Compensation and Employers' Liability Policy



**Contract Administrator:**  
**RTW Inc.**  
NCCI Carrier Code: 39579  
P.O. Box 390901  
Minneapolis, Minnesota 55439-0901  
1-888-273-9709

## MINNESOTA ENTITY ADDRESS SCHEDULE WCIP

### I. - The Insured

Sea Devils Swim Club  
PO Box 411  
Saint Michael, MN 55376

<b>Policy Number:</b>	MNAR-0000024586-6
<b>Association File Number:</b>	3360049
<b>Tax ID#:</b>	204380756
<b>UIC#:</b>	050312450000
<b>Policy Period: From:</b>	09/21/2015
<b>To:</b>	09/21/2016
<b>Endorsement Effective Date:</b>	9/21/2015
<b>Date of Mailing:</b>	01/06/2017

The following workplaces are covered on the policy:

### Location:

<b>Insured Name</b>	Sea Devils Swim Club
<b>Federal ID Number</b>	204380756
<b>UIC Number</b>	050312450000

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Other
<b>Nonprofit Organization</b>	

PO Box 411  
Saint Michael, MN 55376

### Agency Name and Address

Zachman Insurance Agency Inc.  
12725 43rd St NE  
Ste 101  
St Michael, MN 55376