



6210 E Highway 290
Austin, Texas 78723-1098

INFORMATION PAGE

ITEM 1	VISUAL TECHNIQUES INC 2200 JAHAN TRL LONGVIEW, TX 75604-2521	POLICY NUMBER SBP-0001218056 20111113
INSURED NAME AND ADDRESS		Federal Tax ID 75-1772311 Bureau Number Branch DALLAS Renewal of 0001218056 Entity CORPORATION Interim Adjustment Group
PRODUCER 42092	OTHER WORKPLACES NOT SHOWN ABOVE: see attached schedule of operation. CLIFFORD STEPHEN EITELMAN PO BOX 1137 HALLSVILLE, TX 75650-1137	

ITEM 2 The Policy Period is from: 11-13-2011 To: 11-13-2012 12:01 A.M. standard time at the insured's mailing address

ITEM 3

A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: TEXAS

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. 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	Each Employee
Bodily Injury by Disease	\$ 1,000,000	Policy Limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

D. This policy includes these endorsements and schedules:

See Schedule of Endorsements attached

ITEM 4

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.

TOTAL ESTIMATED STANDARD PREMIUM	\$	3,221.00
WAIVER OF SUBROGATION		.00
INCREASED EMPLOYERS LIABILITY LIMITS		54.00
TOTAL PREMIUM SUBJECT TO MODIFICATIONS		3,285.00
PREMIUM MODIFIED TO REFLECT PREM INCENTIVE OF (.90)		329.00-
PREMIUM MODIFIED TO REFLECT SCHEDULE RATING OF (.84)		473.00-
WORKERS' COMP HEALTH CARE NETWORK DISCOUNT (.12)		298.00-
DEDUCTIBLE PREMIUM		.00
ADMIRALTY/FELA OR L & H W		.00
PREMIUM DISCOUNT, IF APPLICABLE ()		.00
EXPENSE CONSTANT CHARGE		150.00
TOTAL ESTIMATED ANNUAL PREMIUM	\$	2,335.00
MINIMUM PREMIUM	198.00	
DEPOSIT PREMIUM	2,335.00	

Countersigned by *Ron Wright*

Issue Date: 11-08-2011

The Texas Mutual Insurance Company is required by law to provide its policyholders with certain accident prevention services as required by Texas Labor Code, §411.066, at no additional charge and return-to-work coordination services as required by Texas Labor Code §413.021. If you would like more information, call Texas Mutual Insurance Company's loss control division at 1-800-859-5995 for accident prevention services or 1-800-859-5995 for return-to-work coordination services. If you have any questions about this requirement, call the Texas Department of Insurance, Division of Workers' Compensation, Workplace Safety, at 1-800-687-7080.