



WORKERS' COMPENSATION INSURANCE PLAN

P.O. Box 40767 TOLL FREE: 866-221-9640
 Lansing, MI 48901-7967 FAX: 844-778-1070
 NCCI Carrier Code: 19968 EMAIL: Policy@AssignedRiskSolutions.com
AssignedRiskSolutions.com

Workers' Compensation
 and Employers Liability
 Insurance Policy

Renewal of Policy: ARP12004251900

Date of Mailing: 03/07/2024

Quote Number	Policy Period	
	From	To
0204527594	04/01/2024	04/01/2025 12:01 A.M. Standard Time at the described location

REVISED RENEWAL OFFER - ENTITY AND LOCATION SCHEDULE

A/R

ITEM 1 - Named Insured and Address	Agency
M.L.S. INC. OF PLYMOUTH 592 S Evergreen St Plymouth, MI 48170	GARWOOD & ASSOCIATES INC PO BOX 51517 LIVONIA, MI 48151-5517

Intrastate ID:

Tax ID #: 38-3776529

Bureau Risk ID: 1411373A

State ID #:

SCHEDULE OF ADDITIONAL NAMED ENTITIES

Number	Name	FEIN	Entity Type
1	M.L.S. INC. OF PLYMOUTH	38-3776529	Corporation

SCHEDULE OF COVERED WORKPLACES

Number	Address
1	592 S Evergreen St Plymouth, MI 48170

Accident Fund Insurance Company of America is a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.

