



EMPLOYERS COMPENSATION INS. CO.
A Stock Company

**Workers' Compensation and Employers Liability
Insurance Policy**

Policy Number	Policy Period	
EIG 4684903 03	From 03/15/2024	To 03/15/2025
<small>12:01A.M. Standard Time at the address of the insured as stated herein</small>		

Transaction				
RENEWAL DECLARATIONS				
NCCI Carrier # 41394		WCIRB CARRIER#		PRIOR POLICY NUMBER EIG468490302
1. Named Insured and Address			Agent	
M2 PROPERTY GROUP, LLC P.O. BOX 89 SKOKIE IL 60077-2570			BALDWIN KRISTYN SHERMAN PTRS 0002900 BKS PARTNERS PO BOX 700 DEERFIELD, IL 60015 Telephone: 8479404300	
Customer #	Carrier # 41394	FEIN # 272935039	Risk ID # 913476107	Entity of Insured LIM LIABILITY CO