## FIG. 4

"THE ALTERNATE DI ANIITM						
"THE ALTERNATE PLAN"™ ====================================						
INSURED:		AGENT:				
		ADDRESS:				
ADDRESS:		PHONE: (				
PARISH:	7 \ F		I.D. NUMBER:			
PHONE: ( CONSENT TO RATE: 1.00						
POLICY "A"	CODE	NUMBER OF	EMPLOYEES	DAY/DOLL		
CLASSIFICATION	CODE	PART TIME	FULL TIME	PAYROLL	RATE	PREMIUM
Estimated Annual Premium: Add Policy Fee: 100.00						
Premium Discount: % Sub Total:						
M or S premium: ADD 3% TAX:						
Less Indemn. End.: TOTAL ANNUAL:						
F3-NEXT F4-PREV F5-SAVE F6-FIND F7-DELETE F9-PRINT F10-EXIT						