

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER
Z138527003

1. **INSURED**
173 AT ASSETS HOLDING CO. LLC.
DBA: 4 B'S RESTAURANT
171 S US 17-92
DEBARY FL 32713

PRIOR POLICY NUMBER
Z138527002

Policy Type	SPECIALTY MARKETS
Entity	Limited Liability Company
FEIN	88-0858197

MAILING ADDRESS
171 S US 17-92
DEBARY FL 32713

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 6/15/24 12:01 a.m. to 6/15/25 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:

FL

- 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	\$	500,000	Each Accident
Bodily Injury by Disease	\$	500,000	Policy Limit
Bodily Injury by Disease	\$	500,000	Each Employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

- D. This policy includes these endorsements and schedules: See Extension of Information Page.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan.
All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$2,302
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$2,302
Minimum Premium	\$357

For Policy Information Call:

PRODUCER

CATON-HOSEY INSURANCE
3731 Nova Road
Port Orange, FL 32129
(386) 767-3161 017-013627A 120

Countersigned by:
Date:


Authorized Representative

SERVICING OFFICE

3504 Lake Lynda Dr, Ste 200, Orlando, FL 32817-1484, Ph: (407) 206-8200

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith®

EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED
173 AT ASSETS HOLDING CO. LLC.
DBA: 4 B'S RESTAURANT
171 S US 17-92
DEBARY FL 32713

POLICY NUMBER
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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
06/15/2024 - 06/15/2025				
9082-0	RESTAURANT N.O.C	168,000	1.22	2,050

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
06/15/2024 to 06/15/2025				
	STATE MANUAL PREMIUM			2,050
	EMPLOYERS LIABILITY LIMITS	500,000/500,000/500,000	1.10%	23
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			52
	EXPENSE CONSTANT			160
	TERRORISM	168,000		17
	Sub-Total			2,302
TOTAL ESTIMATED PREMIUM				2,302
State Charges 6/15/24 to 6/15/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			2,302

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z138527003

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
173 AT ASSETS HOLDING CO. LLC.	88-0858197	LIMITED LIABILITY COMPANY	171 S US 17-92	DEBARY	FL	32713

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z138527003

It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy:

Form Number	Endorsement Number	Name
WC-00-00-01A	1	POLICY INFORMATION PAGE
WC-09-06-06	2	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	3	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	4	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	5	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	6	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-10	7	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	8	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	9	PARTICIPATING ENDORSEMENT
WC-99-09-19	10	FLORIDA STIPULATION TO VENUE

**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE
ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

<u>Persons</u>	<u>Schedule</u>	<u>State</u>
Sole Proprietor:		
Partners:		
Officers:		
TERRY BLOW, PRESIDENT	Effective 06/15/2024	FL
AMBER HERRON, VICE PRESIDENT	Effective 06/15/2024	FL
Others:		

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/15/2024
Insured 4 B'S RESTAURANT
Policy No. Z138527003 FSMG
Policy Period 06/15/2024 To 06/15/2025
Issued On 04/16/2024

ZENITH INSURANCE COMPANY - 13145


CHIEF EXECUTIVE OFFICER

At Orlando, FL

WC-00-03-10
(Ed. 04-84)

Endorsement No. 7