

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-4K004299-24-42-G

RENEWAL OF (UB-4K004299-23-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:
BRESKE AND BRESKE
PO BOX 605
WINTER PARK, FL 32790

PRODUCER:
CATON-HOSEY INS
3731 S NOVA RD
PORT ORANGE, FL 32129-4233

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 03-12-24 to 03-12-25 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:
FL

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	100,000	Each Accident
Bodily Injury by Disease:	\$	500,000	Policy Limit
Bodily Injury by Disease:	\$	100,000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE GA HI IA ID IL IN KS KY LA MA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 01-17-24 SD
OFFICE: TAMPA FL 247
PRODUCER: CATON-HOSEY INS 16044

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-4K004299-24-42-G

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
-----------------	---------	--	---------------------------------------	--------------------------------

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 6282 NAICS: 523930

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	406
PREMIUM DISCOUNT	NONE
0900-09 EXPENSE CONSTANT	160
TERRORISM	20
TOTAL ESTIMATED PREMIUM	586
DEPOSIT AMOUNT DUE	586

Minimum Premium: \$ 185

DATE OF ISSUE: 01-17-24 SD
OFFICE: TAMPA FL 247
PRODUCER: CATON-HOSEY INS 16044

COUNTERSIGNED-AGENT

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-4K004299-24-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: BRESKE AND BRESKE

13439-FL

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 593529321 ENTITY CD 001 00				
BRESKE AND BRESKE				
4447 EDGEWATER DR				
ORLANDO , FL 32804				
NAICS: 523930				
SALESPERSONS OR COLLECTORS -	8742	120000.00	0.25	300
OUTSIDE				
CLERICAL OFFICE EMPLOYEES NOC	8810	81240.00	0.13	106

FL MANUAL PREMIUM \$ 406

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	406
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		20
TOTAL ESTIMATED PREMIUM		586
TOTAL PREMIUM		586
DEPOSIT AMOUNT DUE		586

POLICY NUMBER: UB-4K004299-24-42-G

**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 09 06 07 A - 001	FL WC INS GUARANTY ASSOC SURCH NOTIFIC
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 09 03 03 00 - 001	FL EMPLRS LIAB COVERAGE ENDT
WC 09 04 07 00 - 001	FL NON-COOPERATION WITH PREM AUDIT ENDT
WC 09 06 06 00 - 001	FL EMPLOYMENT AND WAGE INFORMATION REL.