Technology Insurance Company, Inc.

A Stock Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 99 00 01 B 1 of 5 INFORMATION PAGE

	Ncci	Code: 3907	71	·				
1.	Insured:				Policy Number: TWC4358274			
		Charles R Adams & Associates Inc						
		412 Cana	- 7 7		T., 41, 14, 1	D		
	New Smyrna Beach, FL 32168				IndividualPartnership			
	Other workplaces not shown above:				X Corporation of	or		
	None				Federal Tax ID:	591751583		
	Producer: Caton Insurance Agency, Inc. dba: Caton-Hosey Ins				Risk Id:			
		3731 Nov		-Hosey Ins	Renewal of:	TWC4214478		
2.	The r		od is from 1/13/2024 to 1/13/202	25 12:01 a.m. at the insured's	mailing address.			
3.	Α.							
	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:							
		State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury	y by Disease		
			\$1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 ea	ach employee		
	C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:							
		All states except ND, OH, WA, WY and State(s) Designated in Item 3.A						
	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 Plans. All information required below is subject to verification and change by audit.							
		See Exten	sion of Information Page					
		TOTAL ESTIMATED ANNUAL PREMIUM 834						
		STATE ASSESSMENT						
		TOTAL I	ESTIMATED COST				834	
		Minimum	Premium				313	
		Deposit P					834	
		Issue Date	e: 11/29/2023	Countersigned by:				
					Authorized Repres	sentative		

Technology Insurance Company, Inc.

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Charles R Adams & Associates Inc

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Fein: 591751583

Policy Number: TWC4358274

EXTENSION OF INFORMATION PAGE FOR ITEM #1 ITEM 1: NAMED INSURED and WORKPLACES

NAMED INSURED: Charles R Adams & Associates Inc

WORKPLACES: Location Number 1. 412 Canal St

New Smyrna Beach, FL 32168

INFORMATION PAGE

Policy Number: TWC4358274

Insured: Charles R Adams & Associates Inc

EXTENSION OF INFORMATION PAGE FOR ITEM #3.D ITEM 3.D: ENDORSEMENT SCHEDULE

State	Form Number	Description
	WC990001B WC000000C WC000404 WC000406A WC000414A WC000419	DECLARATIONS PAGE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PENDING RATE CHANGE ENDORSEMENT PREMIUM DISCOUNT ENDORSEMENT NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT PREMIUM DUE DATE ENDORSEMENT
FL FL FL	WC090303 WC090402A WC090403C	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL FL FL	WC090407 WC090408A WC090606	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT FLORIDA INSUFFICIENT FUNDS ENDORSEMENT FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

INFORMATION PAGE

Policy Number: TWC4358274

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EXTENSION OF INFORMATION PAGE FOR ITEM #4 ITEM 4: SCHEDULE OF PREMIUMS

Classifications	# of Emps	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remun.	Estimated Annual Premium
Florida					
Architect or Engineering Firm - Including Salespersons & Drivers	1	8601	103,000	0.33	340
Architectural or Engineering Firm - Clerical	•	0000	100.010	0.00	454
Staff and Drafting Company	3	8603	192,816	0.08	154
Clerical Office Employees NOC Manual Premium	1	8810	21,852	0.13	28 522
Total Manual Premium					522
Premium for Increased Limits Part Two: 1.4%		9812			7
(1000/1000/1000) Premium to Equal Increased Limits Minimum	Chargo	9848			113
Total Premium Subject To Experience Modific		9040			642
Experience Modification N/A	alion				642
Terrorism Risk Insurance Act 1%		9740			32
Expense Constant		0900			160
Total FL Premium		0000			834
Total FL Cost					834
TOTAL ESTIMATED ANNUAL PREMIUM					834
STATE ASSESSMENT					0
TOTAL COST					834

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Charles R Adams & Associates Inc

Policy Number: TWC4358274

PAYMENT SCHEDULE

Statement Payment Closing Date Due Date Descri		Description	Amount Due
	1/13/2024	Annual Premium Due	\$834.00
			Total Cost \$834 00

Printed: 11/29/2023