

Associated Industries Insurance Company, Inc.

A Stock Insurance Company

WC 99 00 01 B FL

1 of 4

Workers Compensation and Employers Liability Insurance Policy

Information Page

Item 1. NCCI Carrier Code No: 25372
Named Insured: **Policy Number: AWC1202896**
AN Store 50, LLC
Mailing Address: _____ Individual _____ Partnership
DBA: IHOP _____ Corporation or X LLC
190 S Atlantic Ave
Ormond Beach, FL 32176
FEIN: 824646473
Other workplaces not shown above:
See Extension of Information Page

Item 2. The policy period is from 1/1/2024 to 1/1/2025 12:01 a.m. at the insured's mailing address.

- Item 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida
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	Bodily Injury by Disease	Bodily Injury by Disease
\$1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each 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

Item 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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
See Extension Of Information Page Item 4 - Premium				

Total Estimated Annual Premium \$ 6,589

FL Workers Compensation Ins. Guaranty Assoc. Surcharge \$ 0

Minimum Premium: \$ 402

Expense Constant \$ 160

Total Cost: \$ 6,589

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

Insured: AN Store 50, LLC

Policy Number: AWC1202896

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

Named Insured	FEIN	Address	City	State	Zip
AN Store 50, LLC DBA: IHOP	824646473	190 S Atlantic Ave	Ormond Beach	FL	32176

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: AN Store 50, LLC

Policy Number: AWC1202896

**EXTENSION OF INFORMATION PAGE FOR ITEM #4
SCHEDULE OF CLASSIFICATIONS**

Classifications		Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remun.	Estimated Annual Premium
Restaurant NOC	20	9082	570,490	1.22	6,960
Manual Premium					6,960
Total Manual Premium					6,960
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			97
Premium to Equal Increased Limits Minimum Charge		9848			23
Total Premium Subject To Experience Modification					7,080
Experience Modification 90%					6,372
Terrorism Risk Insurance Act 1%		9740			57
Expense Constant		0900			160
Total FL Premium					6,589
Total FL Cost					6,589
TOTAL ESTIMATED ANNUAL PREMIUM					6,589
STATE ASSESSMENT					0
TOTAL COST					6,589

Associated Industries Insurance Company, Inc.WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: AN Store 50, LLC**Policy Number: AWC1202896****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$550.00
	3/10/2024	Pay Period 2 of 12	\$549.00
	4/10/2024	Pay Period 3 of 12	\$549.00
	5/10/2024	Pay Period 4 of 12	\$549.00
	6/10/2024	Pay Period 5 of 12	\$549.00
	7/10/2024	Pay Period 6 of 12	\$549.00
	8/10/2024	Pay Period 7 of 12	\$549.00
	9/10/2024	Pay Period 8 of 12	\$549.00
	10/10/2024	Pay Period 9 of 12	\$549.00
	11/10/2024	Pay Period 10 of 12	\$549.00
	12/10/2024	Pay Period 11 of 12	\$549.00
	1/10/2025	Pay Period 12 of 12	\$549.00
			<hr/> Total Cost \$6,589.00