

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER
Z070281516

1. **INSURED**
ARTHAUS FOUNDATION, INC.
3840 S RIDGEWOOD AVE
PORT ORANGE FL 32129-3525

PRIOR POLICY NUMBER
Z070281515

| | |
|-------------|-------------------------|
| Policy Type | SPECIALTY MARKETS |
| Entity | Non-Profit Organization |
| FEIN | 59-3361144 |

MAILING ADDRESS
PO BOX 290232
PORT ORANGE FL 32129-0232

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 5/12/24 12:01 a.m. to 5/12/25 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 | \$ 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:
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 | \$326 |
| Expense Constant | \$160 |
| Florida Workers Compensation Insurance | |
| Guaranty Association Surcharge | \$0 |
| Total Cost | \$326 |
| Minimum Premium | \$195 |

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 PREMIUMNAME AND ADDRESS OF INSURED
ARTHAUS FOUNDATION, INC.
3840 S RIDGEWOOD AVE
PORT ORANGE FL 32129-3525POLICY NUMBER
Z070281516

| Class | Description | Premium Basis Total Estimated Annual Remuneration | Rate per \$100 of Remuneration | Estimated Annual Premium |
|-------------------------|---|--|---|--------------------------------|
| STATE COVERAGE | | | | |
| 05/12/2024 - 05/12/2025 | | | | |
| 8868-0 | COLLEGE: PROFESSIONAL EMPLOYEES & CLERIC AL | 45,998 | 0.35 | 161 |

PREMIUM CALCULATION DETAILS

| Code No. | Premium Adjustments | Limits/Amount | Perc | Premium |
|----------------------------------|---|-------------------------|------|---------|
| 05/12/2024 to 05/12/2025 | | | | |
| | STATE MANUAL PREMIUM | | | 161 |
| | EMPLOYERS LIABILITY LIMITS | 100,000/100,000/500,000 | | 0 |
| | EXPENSE CONSTANT | | | 160 |
| | TERRORISM | 45,998 | | 5 |
| | | Sub-Total | | 326 |
| TOTAL ESTIMATED PREMIUM | | | | 326 |
| State Charges 5/12/24 to 5/12/25 | | | | |
| | Florida Workers Compensation Insurance Guaranty Association Surcharge | | | 0 |
| | Total Cost | | | 326 |

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z070281516

| ADDITIONAL NAMED INSURED | FEIN | ENTITY TYPE | STREET ADDRESS | CITY | STATE | ZIP |
|-----------------------------|------------|----------------------------|----------------------|-------------|-------|------------|
| ARTHAUS FOUNDATION, INC. | 59-3361144 | NON-PROFIT ORGANIZATION | 3840 S RIDGEWOOD AVE | PORT ORANGE | FL | 32129-3525 |

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z070281516

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-99-09-19 | 9 | 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: | | |
| LAURIE RING, EXECUTIVE OFFICER | Effective 05/12/2024 | 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 05/12/2024
Insured ARTHAUS FOUNDATION, INC.
Policy No. Z070281516 FSMG
Policy Period 05/12/2024 To 05/12/2025
Issued On 03/13/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 7