

## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

## POLICY NUMBER

Z137965204

STPR

## PRIOR POLICY NUMBER

Z137965203

## 1. INSURED

HELENS OF HOLLYWOOD BEACH, INC.  
DBA: SUNSHINE LIGHTERS  
600 OAK ST STE 4  
PORT ORANGE FL 32127-4364

Policy Type

SPECIALTY MARKETS

Entity

Corporation

FEIN

65-0557227

## MAILING ADDRESS

730 GLADES CT  
PORT ORANGE FL 32127-4324

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 9/25/24 12:01 a.m. to 9/25/25 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	\$2,318
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$2,318
Minimum Premium	\$433

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  
HELENS OF HOLLYWOOD BEACH, INC.  
DBA: SUNSHINE LIGHTERS  
600 OAK ST STE 4  
PORT ORANGE FL 32127-4364POLICY NUMBER  
Z137965204

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
09/25/2024 - 09/25/2025				
8018-0	STORE: WHOLESALE N.O.C	78,750	2.73	2,150

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
09/25/2024 to 09/25/2025				
	STATE MANUAL PREMIUM			2,150
	EMPLOYERS LIABILITY LIMITS	100,000/100,000/500,000		0
	EXPENSE CONSTANT			160
	TERRORISM	78,750		8
		Sub-Total		2,318
TOTAL ESTIMATED PREMIUM				2,318
State Charges 9/25/24 to 9/25/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			2,318

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
Z137965204

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
HELENS OF HOLLYWOOD BEACH, INC.	65-0557227	CORPORATION	600 OAK ST STE 4	PORT ORANGE	FL	32127-4364
SUNSHINE WHOLESALE INC.	61-1599120	CORPORATION	600 OAK ST STE 4	PORT ORANGE	FL	32127-4364
HELENS OF HOLLYWOOD BEACH, INC. / DBA:SUNSHINE LIGHTERS	65-0557227	CORPORATION	600 OAK ST STE 4	PORT ORANGE	FL	32127-4364

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

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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-09-06-09	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-08	8	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC-00-03-10	9	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	10	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	11	PARTICIPATING ENDORSEMENT
WC-99-04-05	12	INSTALLMENT PAYMENT ENDORSEMENT
WC-99-09-19	13	FLORIDA STIPULATION TO VENUE

**PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

**Schedule**PartnerOfficerOthers

OUSAMA CHEBARO  
PRESIDENT  
Excluded: 09/25/2024

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 09/25/2024  
Insured SUNSHINE LIGHTERS  
Policy No. Z137965204 FSMG  
Policy Period 09/25/2024 To 09/25/2025  
Issued On 07/29/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

**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:		
SARAB AL BILANI CHEBARO, VICE PRESIDENT	Effective 09/25/2024	FL
Others:		

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CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 9