

# 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: AWC1202894**  
AN Store 177, LLC  
Mailing Address: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership  
DBA: IHOP \_\_\_\_\_ Corporation or X LLC  
3150 S Orlando Dr  
Sanford, FL 32773  
FEIN: 825116234  
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 \$ 9,445**

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

**Minimum Premium: \$ 402**

**Expense Constant \$ 160**

**Total Cost: \$ 9,445**

Issue Date: 11/29/2023

Countersigned by: \_\_\_\_\_  
Authorized Representative

**Insured: AN Store 177, LLC**

**Policy Number: AWC1202894**

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

<b>Named Insured</b>	<b>FEIN</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
AN Store 177, LLC DBA: IHOP	825116234	3150 S Orlando Dr	Sanford	FL	32773

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY

## INFORMATION PAGE

Insured: AN Store 177, LLC

Policy Number: AWC1202894

**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	18	9082	542,479	1.22	<u>6,618</u>
Manual Premium					6,618
Total Manual Premium					6,618
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			93
Premium to Equal Increased Limits Minimum Charge		9848			27
Total Premium Subject To Experience Modification					6,738
Experience Modification 137%					9,231
Terrorism Risk Insurance Act 1%		9740			54
Expense Constant		0900			160
Total FL Premium					9,445
Total FL Cost					9,445
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>9,445</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>9,445</b>

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

INFORMATION PAGE

**Insured: AN Store 177, LLC****Policy Number: AWC1202894****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$788.00
	3/10/2024	Pay Period 2 of 12	\$787.00
	4/10/2024	Pay Period 3 of 12	\$787.00
	5/10/2024	Pay Period 4 of 12	\$787.00
	6/10/2024	Pay Period 5 of 12	\$787.00
	7/10/2024	Pay Period 6 of 12	\$787.00
	8/10/2024	Pay Period 7 of 12	\$787.00
	9/10/2024	Pay Period 8 of 12	\$787.00
	10/10/2024	Pay Period 9 of 12	\$787.00
	11/10/2024	Pay Period 10 of 12	\$787.00
	12/10/2024	Pay Period 11 of 12	\$787.00
	1/10/2025	Pay Period 12 of 12	\$787.00
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			Total Cost \$9,445.00