

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-6T308946-24-42-G

RENEWAL OF (UB-6T308946-23-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:  
MICROTECH, LLC  
400 COMMERCE WAY STE 132  
LONGWOOD, FL 32750

PRODUCER:  
CATON-HOSEY INS  
3731 S NOVA RD  
PORT ORANGE, FL 32129-4233

Insured is A LIMITED LIABILITY COMPANY

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 06-20-24 to 06-20-25 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:  
FL

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: | \$ | 1,000,000 | Each Accident |
| Bodily Injury by Disease:  | \$ | 1,000,000 | Policy Limit  |
| Bodily Injury by Disease:  | \$ | 1,000,000 | Each Employee |

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE GA HI IA ID IL IN KS KY LA MA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI  
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 04-26-24 SD  
OFFICE: TAMPA FL 247  
PRODUCER: CATON-HOSEY INS 16044

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CLASSIFICATION SCHEDULE:

| CLASSIFICATIONS | CODE NO | PREMIUM BASIS<br>ESTIMATED<br>TOTAL ANNUAL<br>REMUNERATION | RATES<br>PER \$100 OF<br>REMUNERATION | ESTIMATED<br>ANNUAL<br>PREMIUM |
|-----------------|---------|--|---------------------------------------|--------------------------------|
|-----------------|---------|--|---------------------------------------|--------------------------------|

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 5734 NAICS: 443120

|  | STANDARD |
|--|----------|
| TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$ | 743      |
| PREMIUM DISCOUNT                           | NONE     |
| 0900-09 EXPENSE CONSTANT                   | 160      |
| TERRORISM                                  | 19       |
| TOTAL ESTIMATED PREMIUM                    | 922      |
| DEPOSIT AMOUNT DUE                         | 922MP    |

Minimum Premium: \$ 433

EMPLOYERS LIABILITY MINIMUM: \$120

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COUNTERSIGNED-AGENT

**WORKERS COMPENSATION  
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: UB-6T308946-24-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: MICROTECH, LLC

13439-FL

| CLASSIFICATION                  | CODE | PREMIUM BASIS<br>ESTIMATED<br>TOTAL ANNUAL<br>REMUNERATION | RATES<br>PER \$100 OF<br>REMUNERATION | ESTIMATED<br>ANNUAL<br>PREMIUM |
|---------------------------------|------|--|---------------------------------------|--------------------------------|
| LOCATION 001                    |      |  |                                       |                                |
| FEIN 205076934 ENTITY CD 001 00 |      |  |                                       |                                |
| MICROTECH, LLC                  |      |  |                                       |                                |
| 400 COMMERCE WAY                |      |  |                                       |                                |
| STE 132                         |      |  |                                       |                                |
| LONGWOOD , FL 32750             |      |  |                                       |                                |
| NAICS: 443120                   |      |  |                                       |                                |
| STORE- WHOLESALE-NOC            | 8018 | 14400.00   | 2.73                                  | 393                            |
| CLERICAL OFFICE EMPLOYEES NOC   | 8810 | 177021.00  | 0.13                                  | 230                            |

FL MANUAL PREMIUM \$ 623

|   |    |      |
|---|----|------|
| 1.40% EMPL. LIAB. INCREASED LIMITS (9812)     | \$ | 9    |
| ADD FOR INCREASED LIMITS MINIMUM              |    | 111  |
| TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.      |    | 743  |
| EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM |    | NONE |
| EXPENSE CONSTANT (0900)                       |    | 160  |
| TERRORISM (9740)                              |    | 19   |
| TOTAL ESTIMATED PREMIUM                       |    | 922  |
| TOTAL PREMIUM                                 |    | 922  |
| DEPOSIT AMOUNT DUE                            |    | 922  |

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**LISTING OF ENDORSEMENTS  
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

|                      |  |
|----------------------|--|
| WC 00 00 01 A - 001  | INFORMATION PAGE                         |
| WC 00 00 01 A - 001  | INFORMATION PAGE 2                       |
| WC 00 00 01 A - 001  | EXTENSION OF INFORMATION PAGE - SCHEDULE |
| WC 00 00 01 A - 001  | ENDORSEMENT LISTING                      |
| WC 09 06 07 A - 001  | FL WC INS GUARANTY ASSOC SURCH NOTIFIC   |
| WC 00 04 14 A - 001  | NOTIFICATION OF CHG IN OWNR ENDT         |
| WC 09 04 03 C - 001  | FL TRIPRA ENDORSEMENT                    |
| WC 00 03 08 OO - 001 | PARTNERS OFFICERS AND OTHERS EXCL ENDT   |
| WC 00 04 19 00 - 001 | PREMIUM DUE DATE ENDORSEMENT             |
| WC 09 03 03 00 - 001 | FL EMPLRS LIAB COVERAGE ENDT             |
| WC 09 04 07 A - 001  | FL NON-COOPERATION WITH PREM AUDIT ENDT  |
| WC 09 06 06 00 - 001 | FL EMPLOYMENT AND WAGE INFORMATION REL.  |

POLICY NUMBER: **UB-6T308946-24-42-G**

## **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**

#### **PARTNERS**

#### **OFFICERS**

#### **OTHERS**

**HUSSEIN ALI**

**RAZA SULEIMAN**