

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER

Z136085606

STP

PRIOR POLICY NUMBER

Z136085605

1. INSURED

OG BREW LLC
DBA: ORMOND GARAGE
48 W GRANADA BLVD
ORMOND BEACH FL 32174-6326

Policy Type

Entity

FEIN

SPECIALTY MARKETS

Limited Liability Company

82-5131821

MAILING ADDRESS

56 NEW BRITAIN AVE
ORMOND BEACH FL 32174-5624

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 7/3/24 12:01 a.m. to 7/3/25 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	\$	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:

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	\$3,366
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$3,366
Minimum Premium	\$402

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

WC-00-00-01A

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith®

EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED

OG BREW LLC

DBA: ORMOND GARAGE

48 W GRANADA BLVD

ORMOND BEACH FL 32174-6326

POLICY NUMBER

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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
07/03/2024 - 07/03/2025				
8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	0	0.13	0
9082-0	RESTAURANT N.O.C	286,044	1.22	3,490

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
07/03/2024 to 07/03/2025				
	STATE MANUAL PREMIUM			3,490
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	49
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			71
	MODIFIED PREMIUM		88.00%	-433
	EXPENSE CONSTANT			160
	TERRORISM	286,044		29
	Sub-Total			3,366
TOTAL ESTIMATED PREMIUM				3,366
State Charges 7/3/24 to 7/3/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			3,366

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ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z136085606

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
OG BREW LLC	82-5131821	LIMITED LIABILITY COMPANY	48 W GRANADA BLVD	ORMOND BEACH	FL	32174-6326

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z136085606

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-00-03-10	8	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	9	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	10	PARTICIPATING ENDORSEMENT
WC-99-09-19	11	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: KEVIN WAKEFIELD, MANAGER	Effective 07/03/2024	FL
Officers:		
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 07/03/2024
Insured ORMOND GARAGE
Policy No. Z136085606 FSMG
Policy Period 07/03/2024 To 07/03/2025
Issued On 05/06/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 8