

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: AWC1202235**
Sea Vista Raw Bar, Inc.
Mailing Address: _____ Individual _____ Partnership
1701 South Atlantic Avenue
New Smyrna Beach, FL 321690000 X Corporation or _____
Other workplaces not shown above: FEIN: 593187252
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 \$ 2,067

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

Minimum Premium: \$ 402

Expense Constant \$ 160

Total Cost: \$ 2,067

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

Insured: Sea Vista Raw Bar, Inc.

Policy Number: AWC1202235

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

Named Insured	FEIN	Address	City	State	Zip
Sea Vista Raw Bar, Inc.	593187252	1506 S. Atlantic Avenue	New Smyrna Beach	FL	32169 0000
		1701 S. Atlantic Avenue	New Smyrna Beach	FL	32169 0000

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Sea Vista Raw Bar, Inc.

Policy Number: AWC1202235

**EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
FORMS ENDORSEMENT SCHEDULE**

It is hereby understood and agreed that following forms and endorsements are attached to and are a part of this policy.

WC990001BFL	DECLARATIONS PAGE
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC000404	PENDING RATE CHANGE ENDORSEMENT
WC000406A	PREMIUM DISCOUNT ENDORSEMENT
WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000419	PREMIUM DUE DATE ENDORSEMENT
FL WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL WC090402A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
FL WC090403C	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL WC090407	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
FL WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
FL WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Sea Vista Raw Bar, Inc.

Policy Number: AWC1202235

**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	0	9082	145,272	1.22	<u>1,772</u>
Manual Premium					1,772
Total Manual Premium					1,772
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			25
Premium to Equal Increased Limits Minimum Charge		9848			95
Total Premium Subject To Experience Modification					1,892
Experience Modification N/A					1,892
Terrorism Risk Insurance Act 1%		9740			15
Expense Constant		0900			160
Total FL Premium					2,067
Total FL Cost					2,067
TOTAL ESTIMATED ANNUAL PREMIUM					2,067
STATE ASSESSMENT					0
TOTAL COST					2,067

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

INFORMATION PAGE

Insured: Sea Vista Raw Bar, Inc.**Policy Number: AWC1202235****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	1/1/2024	Downpayment	\$516.00
	2/1/2024	Installment 1 of 3	\$517.00
	3/1/2024	Installment 2 of 3	\$517.00
	4/1/2024	Installment 3 of 3	\$517.00
			<hr/> Total Cost \$2,067.00

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
	James Rosa	

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	1/1/2024	Policy No.	AWC1202235	Endorsement No.	0
Insured	Sea Vista Raw Bar, Inc.			Premium \$	2,067
Insurance Company	Associated Industries Insurance Company, Inc.				

Countersigned by _____