

## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

## POLICY NUMBER

Z137928504

stp

## PRIOR POLICY NUMBER

Z137928503

## 1. INSURED

SALTY PINT LLC  
2136 S ATLANTIC AVE STE 1  
DAYTONA BEACH SHORES FL 32118-5015

## Policy Type

Entity

FEIN

SPECIALTY MARKETS

Limited Liability Company

86-2582401

## 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: 8/23/24 12:01 a.m. to 8/23/25 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                | \$2,641 |
| Expense Constant                       | \$160   |
| Florida Workers Compensation Insurance |         |
| Guaranty Association Surcharge         | \$0     |
| Total Cost                             | \$2,641 |
| 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

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**

## EXTENSION OF INFORMATION PAGE

## ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED  
SALTY PINT LLC  
2136 S ATLANTIC AVE STE 1  
DAYTONA BEACH SHORES FL 32118-5015

POLICY NUMBER  
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| Class                   | Description      | Premium Basis<br>Total Estimated<br>Annual<br>Remuneration | Rate per<br>\$100<br>of<br>Remuneration | Estimated<br>Annual<br>Premium |
|-------------------------|------------------|--|---|--------------------------------|
| STATE COVERAGE          |                  |  |   |                                |
| 08/23/2024 - 08/23/2025 |                  |  |   |                                |
| 9082-0                  | RESTAURANT N.O.C | 191,940  | 1.22                                    | 2,342                          |

## PREMIUM CALCULATION DETAILS

| Code<br>No.                      | Premium Adjustments   | Limits/Amount                 | Perc  | Premium |
|----------------------------------|---|-------------------------------|-------|---------|
| 08/23/2024 to 08/23/2025         |   |                               |       |         |
|                                  | STATE MANUAL PREMIUM  |                               |       | 2,342   |
|                                  | EMPLOYERS LIABILITY LIMITS  | 1,000,000/1,000,000/1,000,000 | 1.40% | 33      |
|                                  | BALANCE TO MINIMUM EMPLOYERS LIABILITY                                      |                               |       | 87      |
|                                  | EXPENSE CONSTANT  |                               |       | 160     |
|                                  | TERRORISM   | 191,940                       |       | 19      |
|                                  | Sub-Total   |                               |       | 2,641   |
| TOTAL ESTIMATED PREMIUM          |   |                               |       | 2,641   |
| State Charges 8/23/24 to 8/23/25 |   |                               |       |         |
|                                  | Florida Workers Compensation<br>Insurance Guaranty Association<br>Surcharge |                               |       | 0       |
|                                  | Total Cost  |                               |       | 2,641   |

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
Z137928504

| ADDITIONAL<br>NAMED INSURED | FEIN       | ENTITY<br>TYPE                  | STREET ADDRESS               | CITY                       | STATE | ZIP        |
|-----------------------------|------------|---------------------------------|------------------------------|----------------------------|-------|------------|
| SALTY PINT LLC              | 86-2582401 | LIMITED<br>LIABILITY<br>COMPANY | 2136 S ATLANTIC AVE<br>STE 1 | DAYTONA<br>BEACH<br>SHORES | FL    | 32118-5015 |

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER  
Z137928504

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:<br>KEVIN WAKEFIELD, OWNER | Effective 08/23/2024 | FL           |
| Partners:<br>JOHN FAIRBANKS, MEMBER        | Effective 08/23/2024 | 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 08/23/2024  
Insured SALTY PINT LLC  
Policy No. Z137928504 FSMG  
Policy Period 08/23/2024 To 08/23/2025  
Issued On 06/24/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 8