

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: AWC1202985**
CWC Windows & Doors, Inc.
Mailing Address: Individual Partnership
1517 S Ridgewood Ave X Corporation or _____
Edgewater, FL 32132
Other workplaces not shown above: FEIN: 562347507
See Extension of Information Page
- Item 2. The policy period is from 1/30/2024 to 1/30/2025 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				
See Extension Of Information Page Item 4 - Premium				

Total Estimated Annual Premium \$ 10,403

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

Minimum Premium: \$ 864

Expense Constant \$ 160

Total Cost: \$ 10,403

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

Insured: CWC Windows & Doors, Inc.

Policy Number: AWC1202985

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

Named Insured	FEIN	Address	City	State	Zip
CWC Windows & Doors, Inc.	562347507	1517 S Ridgewood Ave	Edgewater	FL	32132

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: CWC Windows & Doors, Inc.

Policy Number: AWC1202985

**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: CWC Windows & Doors, Inc.

Policy Number: AWC1202985

**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
Door, Door Frame or Sash Erection—Metal or Metal Covered	0	5102	195,924	5.52	10,815
Clerical Office Employees NOC	0	8810	34,121	0.13	44
Manual Premium					10,859
Total Manual Premium					10,859
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			152
Total Premium Subject To Experience Modification					11,011
Experience Modification 93%					10,240
Premium Discount 0.2%		0063			-20
Terrorism Risk Insurance Act 1%		9740			23
Expense Constant		0900			160
Total FL Premium					10,403
Total FL Cost					10,403

TOTAL ESTIMATED ANNUAL PREMIUM **10,403****STATE ASSESSMENT** **0****TOTAL COST** **10,403**

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

INFORMATION PAGE

Insured: CWC Windows & Doors, Inc.**Policy Number: AWC1202985****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	3/10/2024	Pay Period 1 of 12	\$866.00
	4/10/2024	Pay Period 2 of 12	\$867.00
	5/10/2024	Pay Period 3 of 12	\$867.00
	6/10/2024	Pay Period 4 of 12	\$867.00
	7/10/2024	Pay Period 5 of 12	\$867.00
	8/10/2024	Pay Period 6 of 12	\$867.00
	9/10/2024	Pay Period 7 of 12	\$867.00
	10/10/2024	Pay Period 8 of 12	\$867.00
	11/10/2024	Pay Period 9 of 12	\$867.00
	12/10/2024	Pay Period 10 of 12	\$867.00
	1/10/2025	Pay Period 11 of 12	\$867.00
	2/10/2025	Pay Period 12 of 12	\$867.00
			<hr/>
			Total Cost \$10,403.00

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
	Donald Sparks	
	James Stimson	

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	1/30/2024	Policy No.	AWC1202985	Endorsement No.	0
Insured	CWC Windows & Doors, Inc.			Premium \$	10,403
Insurance Company	Associated Industries Insurance Company, Inc.				

Countersigned by _____