

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-9M624641-24-42-V

RENEWAL OF (UB-9M624641-23-42-V)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:

MAUI NIX
N.G.P. INVESTMENTS, INC
717 N ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

PRODUCER:

CATON-HOSEY INS
3731 NOVA RD S
PORT ORANGE, FL 32129-0000

Insured is A CORPORATION

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

2. The policy period is from 01-01-24 to 01-01-25 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: 11-13-23 VB

OFFICE: TAMPA FL 247

PRODUCER: CATON-HOSEY INS 16044

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-9M624641-24-42-V

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 5632 NAICS: 448120

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	15663
PREMIUM DISCOUNT	517
0900-09 EXPENSE CONSTANT	160
TERRORISM	194
TOTAL ESTIMATED PREMIUM	15500
DEPOSIT AMOUNT DUE	15500

Minimum Premium: \$ 642

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 11-13-23 VB

OFFICE: TAMPA FL 247

PRODUCER: CATON-HOSEY INS 16044

COUNTERSIGNED-AGENT



ONE TOWER SQUARE
HARTFORD CT 06183

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

POLICY NUMBER: UB-9M624641-24-42-V

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: MAUI NIX

13439-FL

DIVIDEND TABLE E

RATE BUREAU ID: 091029855

EXP. MOD. EFFECTIVE DATE: 01-01-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 592917950 ENTITY CD 001 00				
MAUI NIX				
N.G.P. INVESTMENTS, INC				
717 N ATLANTIC AVE				
DAYTONA BEACH , FL 32118				
NAICS: 448120				
FEIN 592876859 ENTITY CD 002 00				
N.G.P. INVESTMENTS, INC				
611 N ATLANTIC AVE				
DAYTONA BEACH , FL 32118				
NAICS: 448120				
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	6294.00	4.82	303
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	1533128.00	1.26	19317
CLERICAL OFFICE EMPLOYEES NOC	8810	401985.00	0.15	603
		WAIVER PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
CLASSIFICATION	CODE-JOB NBR		RATE	
SPECIFIC WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00 -001	0930-001	580	0.030	17
SPECIFIC WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00 -002	0930-002	1	0.030	0
BALANCE TO WAIVER MINIMUM PREMIUM	0930	233		



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CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 002				
FEIN 592917950 ENTITY CD 001 00				
MAUI NIX				
N.G.P. INVESTMENTS, INC				
635 N ATLANTIC AVE				
DAYTONA BEACH , FL 32118				
NAICS: 448120				
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY	4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY	1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.15	0

LOCATION 003
FEIN 592917950 ENTITY CD 001 00

MAUI NIX
N.G.P. INVESTMENTS, INC

1700 W INTERNATIONAL SPEEDWAY
DAYTONA BEACH , FL 32114
NAICS: 448120

DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY	4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY	1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.15	0

LOCATION 004
FEIN 592917950 ENTITY CD 001 00



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CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 004 (CONT'D)				
FEIN 592917950 ENTITY CD 001 00 (CONT'D)				
MAUI NIX N.G.P. INVESTMENTS, INC				
4308 LEGENDARY DR DESTIN , FL 32541 NAICS: 448120				
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY	4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY	1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.15	0

LOCATION 005
FEIN 592917950 ENTITY CD 001 00

MAUI NIX
N.G.P. INVESTMENTS, INC

611 N ATLANTIC AVE
DAYTONA BEACH , FL 32118
NAICS: 448120

DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY	4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY	1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.15	0

LOCATION 006
FEIN 592917950 ENTITY CD 001 00

MAUI NIX
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CLASSIFICATION	CODE	ESTIMATED TOTAL ANNUAL REMUNERATION	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 006 (CONT'D)					
FEIN 592917950 ENTITY CD 001 00 (CONT'D)					
250 N ATLANTIC AVE STE 131 DAYTONA BEACH , FL 32118 NAICS: 448120					
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY		4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY		1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY		0.15	0

LOCATION 007
FEIN 592917950 ENTITY CD 001 00

MAUI NIX
N.G.P. INVESTMENTS, INC

483 MANDALAY AVE STE 101 CLEARWATER , FL 33767 NAICS: 448120					
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY		4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY		1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY		0.15	0

LOCATION 008
FEIN 592917950 ENTITY CD 001 00

MAUI NIX
N.G.P. INVESTMENTS, INC



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CLASSIFICATION	CODE	PREMIUM BASIS		
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 008 (CONT'D)				
FEIN 592917950 ENTITY CD 001 00 (CONT'D)				
17 S FORT LAUDERDALE BEACH BLVD FT LAUDERDALE , FL 33316 NAICS: 448120				
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY	4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY	1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.15	0
LOCATION 009				
FEIN 592917950 ENTITY CD 001 00				
MAUI NIX N.G.P. INVESTMENTS, INC				
1100 CORNERSTONE BLVD STE 975 DAYTONA BEACH , FL 32117 NAICS: 448120				
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	IF ANY	4.82	0
STORE: CLOTHING, WEARING APPAREL OR DRY GOODS-RETAIL	8008	IF ANY	1.26	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.15	0

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FL MANUAL PREMIUM \$ 20223

WAIVER OF SUBROGATION	\$	17
BALANCE TO WAIVER MINIMUM		233
1.40% EMPL. LIAB. INCREASED LIMITS(9812)		283
-2.00% SAFETY CREDIT(9765)		-415
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		20341
EXPERIENCE MODIFICATION:0.77 MODIFIED PREMIUM		15663
-3.30% PREMIUM DISCOUNT(0063)		-517
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		194
TOTAL ESTIMATED PREMIUM		15500
TOTAL PREMIUM		15500
DEPOSIT AMOUNT DUE		15500

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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 99 06 07 00 - 001	PARTICIPATING ENDORSEMENT
WC 09 06 07 A - 001	FL WC INS GUARANTY ASSOC SURCH NOTIFIC
WC 00 03 13 00 - 001	WAIVER OF OUR RIGHT TO RECOVER
WC 00 03 13 00 - 002	WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 04 00 - 001	PENDING RATE CHANGE ENDORSEMENT
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 03 08 00 - 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 00 - 001	FL NON-COOPERATION WITH PREM AUDIT ENDT
WC 09 06 06 00 - 001	FL EMPLOYMENT AND WAGE INFORMATION REL.

POLICY NUMBER: ~~UB~~-9M624641-24-42-V

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

PANAGIOTIS KARAMITOS

GEORGE KARAMITOS

OTHERS