

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: AWC1203050**
Martingano Holding LLC
Mailing Address: _____ Individual _____ Partnership
DBA: Victory Marine _____ Corporation or X LLC
286 Putnam Ave
Ormond Beach, FL 32174
FEIN: 263526129
Other workplaces not shown above:
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
\$500,000 each accident \$500,000 policy limit \$500,000 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 \$ 13,631

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

Minimum Premium: \$ 439

Expense Constant \$ 160

Total Cost: \$ 13,631

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

Insured: Martingano Holding LLC

Policy Number: AWC1203050

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

Named Insured	FEIN	Address	City	State	Zip
Martingano Holding LLC DBA: Victory Marine	263526129	5524 S Ridgewood Avenue	Port Orange	FL	32127

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Martingano Holding LLC

Policy Number: AWC1203050

**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
Automobile Service or Repair Center & Drivers	0	8380	502,050	1.76	8,836
Salespersons, Collectors or Messengers—Outside	0	8742	215,785	0.25	539
Manual Premium					9,375
Total Manual Premium					9,375
Premium for Increased Limits Part Two: 1.1% (500/500/500)		9807			103
Total Premium Subject To Experience Modification					9,478
Experience Modification 145%					13,743
Premium Discount 2.5%		0063			-344
Terrorism Risk Insurance Act 1%		9740			72
Expense Constant		0900			160
Total FL Premium					13,631
Total FL Cost					13,631
TOTAL ESTIMATED ANNUAL PREMIUM					13,631
STATE ASSESSMENT					0
TOTAL COST					13,631

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

INFORMATION PAGE

Insured: Martingano Holding LLC**Policy Number: AWC1203050****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	3/10/2024	Pay Period 1 of 12	\$1,135.00
	4/10/2024	Pay Period 2 of 12	\$1,136.00
	5/10/2024	Pay Period 3 of 12	\$1,136.00
	6/10/2024	Pay Period 4 of 12	\$1,136.00
	7/10/2024	Pay Period 5 of 12	\$1,136.00
	8/10/2024	Pay Period 6 of 12	\$1,136.00
	9/10/2024	Pay Period 7 of 12	\$1,136.00
	10/10/2024	Pay Period 8 of 12	\$1,136.00
	11/10/2024	Pay Period 9 of 12	\$1,136.00
	12/10/2024	Pay Period 10 of 12	\$1,136.00
	1/10/2025	Pay Period 11 of 12	\$1,136.00
	2/10/2025	Pay Period 12 of 12	\$1,136.00
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			Total Cost \$13,631.00