

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: AWC1203047**
Twinkle Toes ELC, Inc.
Mailing Address: Individual Partnership
DBA: Twinkle Toes Early Learning Center Inc X Corporation or FEIN: 593738036
399 N Orange Ave
Orange City, FL 32763
Other workplaces not shown above:
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 \$ 4,233

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

Minimum Premium: \$ 380

Expense Constant \$ 160

Total Cost: \$ 4,233

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

Insured: Twinkle Toes ELC, Inc.

Policy Number: AWC1203047

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

Named Insured	FEIN	Address	City	State	Zip
Twinkle Toes ELC, Inc. DBA: Twinkle Toes Early Learning Center Inc	593738036	399 N Orange Ave	Orange City	FL	32763

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Twinkle Toes ELC, Inc.

Policy Number: AWC1203047

**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
WC990402	Participating Provision Endorsement

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Twinkle Toes ELC, Inc.

Policy Number: AWC1203047

**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
Child Day Care Center: Professional Employees & Clerical, Salespersons Manual Premium	0	8869	391,400	1.00	3,914 3,914
Total Manual Premium					3,914
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			55
Premium to Equal Increased Limits Minimum Charge		9848			65
Total Premium Subject To Experience Modification					4,034
Experience Modification N/A					4,034
Terrorism Risk Insurance Act 1%		9740			39
Expense Constant		0900			160
Total FL Premium					4,233
Total FL Cost					4,233
TOTAL ESTIMATED ANNUAL PREMIUM					4,233
STATE ASSESSMENT					0
TOTAL COST					4,233

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

INFORMATION PAGE

Insured: Twinkle Toes ELC, Inc.**Policy Number: AWC1203047****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	1/1/2024	Downpayment	\$1,692.00
	4/21/2024	Installment 1 of 3	\$847.00
	7/21/2024	Installment 2 of 3	\$847.00
	10/21/2024	Installment 3 of 3	\$847.00
			<hr/> Total Cost \$4,233.00

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
	KATHRYN R WELLMAKER	
	STEVEN WELLMAKER	

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.	AWC1203047	Endorsement No.	0
Insured	Twinkle Toes ELC, Inc.			Premium \$	4,233
Insurance Company	Associated Industries Insurance Company, Inc.				

Countersigned by _____