

# 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

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Item 1.	NCCI Carrier Code No: 25372 Named Insured: Alpheia Enterprises, LLC Mailing Address: 118 S Palmetto Ave Daytona Beach, FL 32114 Other workplaces not shown above: See Extension of Information Page	<b>Policy Number: AWC1203891</b>  ____ Individual      ____ Partnership ____ Corporation or <u>  X  </u> LLC FEIN:                      823933570
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Item 2.      The policy period is from 2/2/2024 to 2/2/2025 12:01 a.m. at the insured's mailing address.

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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:

<u>Bodily Injury by Accident</u>	<u>Bodily Injury by Disease</u>	<u>Bodily Injury by Disease</u>
\$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

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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 \$ 1,113**

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

**Minimum Premium: \$ 301**

**Expense Constant \$ 160**

**Total Cost: \$ 1,113**

Issue Date: 12/28/2023

Countersigned by: \_\_\_\_\_  
Authorized Representative

**Insured: Alphea Enterprises, LLC**

**Policy Number: AWC1203891**

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

<b>Named Insured</b>	<b>FEIN</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Alphea Enterprises, LLC	823933570	118 S Palmetto Ave	Daytona Beach	FL	32114

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY

## INFORMATION PAGE

Insured: **Alpheia Enterprises, LLC**Policy Number: **AWC1203891****EXTENSION OF INFORMATION PAGE FOR ITEM #3.D  
FORMS ENDORSEMENT SCHEDULE**

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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: Alpha Enterprises, LLC

Policy Number: AWC1203891

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
Quick Printing—Copying or Duplicating Service - All Employees & Clerical, Salespersons, Drivers	0	8015	113,871	0.66	752
Salespersons, Collectors or Messengers—Outside	0	8742	51,292	0.25	128
Manual Premium					880
Total Manual Premium					880
Premium for Increased Limits Part Two: 1.1% (500/500/500)		9807			10
Premium to Equal Increased Limits Minimum Charge		9848			65
Safety Credit 2%		9765			-19
Total Premium Subject To Experience Modification					936
Experience Modification N/A					936
Terrorism Risk Insurance Act 1%		9740			17
Expense Constant		0900			160
Total FL Premium					1,113
Total FL Cost					1,113
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>1,113</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>1,113</b>

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

INFORMATION PAGE

**Insured: Alpheia Enterprises, LLC****Policy Number: AWC1203891****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/2/2024	Downpayment	\$114.00
	3/2/2024	Installment 1 of 9	\$111.00
	4/2/2024	Installment 2 of 9	\$111.00
	5/2/2024	Installment 3 of 9	\$111.00
	6/2/2024	Installment 4 of 9	\$111.00
	7/2/2024	Installment 5 of 9	\$111.00
	8/2/2024	Installment 6 of 9	\$111.00
	9/2/2024	Installment 7 of 9	\$111.00
	10/2/2024	Installment 8 of 9	\$111.00
	11/2/2024	Installment 9 of 9	\$111.00
			<hr/> Total Cost \$1,113.00

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
		KEITH DRIER

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 Effective2/2/2024Policy No. AWC1203891Endorsement No. 0

InsuredAlpheia Enterprises, LLCPremium \$ 1,113

Insurance CompanyAssociated Industries Insurance Company, Inc.

Countersigned by \_\_\_\_\_