

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-3R842146-23-42-G

RENEWAL OF (UB-3R842146-22-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:

GULF ATLANTIC CLAIMS SERVICE
LLC
P.O. BOX 773359
OCALA, FL 34477

PRODUCER:

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

Insured is **A LIMITED LIABILITY COMPANY**

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

2. The policy period is from 10-14-23 to 10-14-24 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 NC TN TX VA

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 NE NH NJ NM NV NY OK OR PA RI SC SD UT 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: 08-18-23 SD

OFFICE: TAMPA FL 247

PRODUCER: CATON-HOSEY INS 16044

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POLICY NUMBER: UB-3R842146-23-42-G

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: 6411 NAICS: 524291

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	5064
PREMIUM DISCOUNT	NONE
0900-45 EXPENSE CONSTANT	215
TERRORISM	82
CAT (OTHER THAN CERT ACTS OF TERRORISM)	28
TOTAL ESTIMATED PREMIUM	5389
DEPOSIT AMOUNT DUE	5389

Minimum Premium: \$ 336

EMPLOYERS LIABILITY MINIMUM: \$150

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COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-3R842146-23-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: GULF ATLANTIC CLAIMS SERVICE

13439-FL

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 273756438 ENTITY CD 001 00				
GULF ATLANTIC CLAIMS SERVICE LLC				
9595 SW 44TH AVE OCALA , FL 34476 NAICS: 524291				
INSURANCE -OUTSIDE CLAIMS ADJUSTERS	8728	138803.00	0.55	763
CLERICAL OFFICE EMPLOYEES NOC	8810	48537.00	0.15	73
LOCATION 002				
FEIN 273756438 ENTITY CD 001 00				
GULF ATLANTIC CLAIMS SERVICE LLC				
8296 SW 103RD STREET RD UNIT 3 OCALA , FL 34481 NAICS: 524291				
INSURANCE -OUTSIDE CLAIMS ADJUSTERS	8728	416622.00	0.55	2291



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
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FL MANUAL PREMIUM \$ 3127

1.40% EMPL. LIAB. INCREASED LIMITS (9812)	\$	44
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		3171
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TERRORISM (9740)		61
TOTAL ESTIMATED PREMIUM		3232
TOTAL PREMIUM		3232
DEPOSIT AMOUNT DUE		3232

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INSURER: THE TRAVELERS INDEMNITY COMPANY

INSURED'S NAME: GULF ATLANTIC CLAIMS SERVICE

11347-NC

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 2				
FEIN 273756438 ENTITY CD 001 00				
GULF ATLANTIC CLAIMS SERVICE LLC				
1685 CRANWELL DR MOUNT ULLA , NC 28125 NAICS: 524291				
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	124422.00	0.88	1095
NC MANUAL PREMIUM \$	1095			

		1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	12
		TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		1107
		EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
		TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1107
		TERRORISM(9740)		10
		CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		19
		TOTAL ESTIMATED PREMIUM		1136
		TOTAL PREMIUM		1136
		DEPOSIT AMOUNT DUE		1136



ONE TOWER SQUARE
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INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: GULF ATLANTIC CLAIMS SERVICE

13439-TN

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 3 FEIN 273756438 ENTITY CD 001 00				
GULF ATLANTIC CLAIMS SERVICE LLC				
815 FOUNTAIN VIEW WAY SEYMOUR , TN 37865 NAICS: 524291				
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	51700.00	0.60	310
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.08	0

TN MANUAL PREMIUM \$ 310

1.40% EMPL. LIAB. INCREASED LIMITS (9812)	\$	4
ADD FOR INCREASED LIMITS MINIMUM		86
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		400
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		400
TERRORISM (9740)		4
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		7
TOTAL ESTIMATED PREMIUM		411
TOTAL PREMIUM		411
DEPOSIT AMOUNT DUE		411

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POLICY NUMBER: UB-3R842146-23-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED'S NAME: GULF ATLANTIC CLAIMS SERVICE

12637-TX

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 273756438 ENTITY CD 001 00				
GULF ATLANTIC CLAIMS SERVICE LLC				
310 COLLEGE DR ABILENE , TX 79601 NAICS: 524291				
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	15604.00	0.12	19
TX MANUAL PREMIUM \$	19			

		1.40% EMPL. LIAB. INCREASED LIMITS(9812)	\$	0
		0.850 MERIT MODIFICATION(9885)		-3
		TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		16
		-0.10% PREMIUM DISCOUNT(0063)		0
		TERRORISM(9740)		1
		CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		2
		TOTAL ESTIMATED PREMIUM		19
		TOTAL PREMIUM		19
		DEPOSIT AMOUNT DUE		19

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POLICY NUMBER: UB-3R842146-23-42-G

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

INSURED'S NAME: GULF ATLANTIC CLAIMS SERVICE

15318-VA

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 273756438 ENTITY CD 001 00				
GULF ATLANTIC CLAIMS SERVICE LLC				
7116 EAST BLVD MECHANICSVILLE , VA 23111 NAICS: 524291				
INSPECTION OF RISKS FOR INSURANCE OR VALUATION PURPOSES NOC	8720	60000.00	0.61	366
VA MANUAL PREMIUM \$	366			

		1.10% EMPL. LIAB. INCREASED LIMITS(9812)	\$	4
		TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		370
		EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
		TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		370
		EXPENSE CONSTANT(0900)		215
		TERRORISM(9740)		6
		TOTAL ESTIMATED PREMIUM		591
		TOTAL PREMIUM		591
		DEPOSIT AMOUNT DUE		591

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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 09 06 07 A - 001	FL WC INS GUARANTY ASSOC SURCH NOTIFIC
WC 00 03 10 00 - 001	SOLE PROPRIETORS, PARTNERS, OFFICERS END
WC 00 04 06 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 00 04 22 C - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 32 03 01 D - 001	NORTH CAROLINA AMENDED COVERAGE ENDT
WC 99 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 99 04 28 00 - 001	PREMIUM MANUALS AND DUE DATE ENDORSEMENT
WC 00 04 21 F - 001	CATASTROPHE (O/T CERT ACTS OF TERR) 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.
WC 42 03 01 L - 001	TEXAS AMENDATORY ENDORSEMENT
WC 45 06 02 00 - 001	VA AMENDATORY ENDT

ENDORSEMENT WC 00 03 10 (00) –

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**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE
ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration on such persons.

SCHEDULE

PERSONS

STATE

SOLE PROPRIETOR:

PARTNERS:

OFFICERS:

OTHERS:

JASON FOX

FL

JASON FOX

NC

MARYBETH WHITE

TN