

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: AWC1202901**
Alvarez Restaurant Holdings, LLC
Mailing Address: ☐ Individual ☐ Partnership
DBA: IHOP ☐ Corporation or ☒ LLC
427 N Atlantic Ave
Daytona Beach, FL 32118
FEIN: 464556114
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 \$ 15,472

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

Minimum Premium: \$ 410

Expense Constant \$ 160

Total Cost: \$ 15,472

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

Insured: Alvarez Restaurant Holdings, LLC

Policy Number: AWC1202901

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

Named Insured	FEIN	Address	City	State	Zip
Alvarez Restaurant Holdings, LLC DBA: IHOP	464556114	427 N Atlantic Ave	Daytona Beach	FL	32118

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Alvarez Restaurant Holdings, LLC

Policy Number: AWC1202901

**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
Restaurant NOC	20	9082	749,303	1.22	9,141
Manual Premium					9,141
Total Manual Premium					9,141
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			128
Total Premium Subject To Experience Modification					9,269
Experience Modification 170%					15,757
Premium Discount 3.3%		0063			-520
Terrorism Risk Insurance Act 1%		9740			75
Expense Constant		0900			160
Total FL Premium					15,472
Total FL Cost					15,472
TOTAL ESTIMATED ANNUAL PREMIUM					15,472
STATE ASSESSMENT					0
TOTAL COST					15,472

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

INFORMATION PAGE

Insured: Alvarez Restaurant Holdings, LLC**Policy Number: AWC1202901****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$1,293.00
	3/10/2024	Pay Period 2 of 12	\$1,289.00
	4/10/2024	Pay Period 3 of 12	\$1,289.00
	5/10/2024	Pay Period 4 of 12	\$1,289.00
	6/10/2024	Pay Period 5 of 12	\$1,289.00
	7/10/2024	Pay Period 6 of 12	\$1,289.00
	8/10/2024	Pay Period 7 of 12	\$1,289.00
	9/10/2024	Pay Period 8 of 12	\$1,289.00
	10/10/2024	Pay Period 9 of 12	\$1,289.00
	11/10/2024	Pay Period 10 of 12	\$1,289.00
	12/10/2024	Pay Period 11 of 12	\$1,289.00
	1/10/2025	Pay Period 12 of 12	\$1,289.00
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			Total Cost \$15,472.00