

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER

Z134628408

STP

PRIOR POLICY NUMBER

Z134628407

1. INSURED

TAYTON O BRIAN'S, LLC
DBA: TAYTON O BRIAN'S
410 FLAGLER AVE
NEW SMYRNA BEACH FL 32169-2641

Policy Type

SPECIALTY MARKETS

Entity

Limited Liability Company

FEIN

45-3144430

MAILING ADDRESS

410 FLAGLER AVE
NEW SMYRNA BEACH FL 32169-2641

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 1/1/24 12:01 a.m. to 1/1/25 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:

FL

B. Employers Liability Insurance: Part Two of the Policy applies to work in each state listed in item 3A.

The limits of our Liability under Part Two are:

Bodily Injury by Accident	\$	100,000	Each Accident
Bodily Injury by Disease	\$	500,000	Policy Limit
Bodily Injury by Disease	\$	100,000	Each Employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

D. This policy includes these endorsements and schedules: See Extension of Information Page.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan.
All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$1,774
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$1,774
Minimum Premium	\$282

For Policy Information Call:

PRODUCER

CATON-HOSEY INSURANCE

3731 Nova Road

Port Orange, FL 32129

(386) 767-3161 017-013627A

120

Countersigned by:

Date:



Authorized Representative

SERVICING OFFICE

3504 Lake Lynda Dr, Ste 200, Orlando, FL 32817-1484, Ph: (407) 206-8200

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE
ITEM 4 SCHEDULE OF PREMIUM

NAME AND ADDRESS OF INSURED
TAYTON O BRIAN'S, LLC
DBA: TAYTON O BRIAN'S
410 FLAGLER AVE
NEW SMYRNA BEACH FL 32169-2641

POLICY NUMBER
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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
01/01/2024 - 01/01/2025				
9082-0	RESTAURANT N.O.C	131,250	1.22	1,601

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
01/01/2024 to 01/01/2025				
	STATE MANUAL PREMIUM			1,601
	EMPLOYERS LIABILITY LIMITS	100,000/100,000/500,000		0
	EXPENSE CONSTANT			160
	TERRORISM	131,250		13
	Sub-Total			1,774
TOTAL ESTIMATED PREMIUM				1,774
State Charges 1/1/24 to 1/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			1,774

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z134628408

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
TAYTON O BRIAN'S, LLC	45-3144430	LIMITED LIABILITY COMPANY	410 FLAGLER AVE	NEW SMYRNA BEACH	FL	32169-2641

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z134628408

It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy:

Form Number	Endorsement Number	Name
WC-00-00-01A	1	POLICY INFORMATION PAGE
WC-09-06-06	2	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07	3	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	4	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	5	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	6	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-08	7	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC-00-03-10	8	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	9	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	10	PARTICIPATING ENDORSEMENT
WC-99-09-19	11	FLORIDA STIPULATION TO VENUE

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.

SchedulePartner

BRIAN PEMRICK
MEMBER
Excluded: 01/01/2024

OfficerOthers

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 01/01/2024
Insured TAYTON O BRIAN'S
Policy No. Z134628408 FSMG
Policy Period 01/01/2024 To 01/01/2025
Issued On 11/17/2023

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

**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 of such persons.

<u>Persons</u>	<u>Schedule</u>	<u>State</u>
Sole Proprietor:		
Partners:		
Officers:		
Others:		

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 01/01/2024
Insured TAYTON O BRIAN'S
Policy No. Z134628408 FSMG
Policy Period 01/01/2024 To 01/01/2025
Issued On 11/17/2023

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

WC-00-03-10
(Ed. 04-84)

Endorsement No. 8