

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-2N343749-24-42-G

RENEWAL OF (UB-2N343749-23-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:

UMA & KAREN, LLC
10081 S FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952

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 02-12-24 to 02-12-25 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

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:	\$	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:

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 NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA 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: 12-19-23 SD

OFFICE: TAMPA FL 247

PRODUCER: CATON-HOSEY INS 16044

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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: 5411 NAICS: 445210

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	1542
PREMIUM DISCOUNT	NONE
0900-09 EXPENSE CONSTANT	160
TERRORISM	12
TOTAL ESTIMATED PREMIUM	1714
DEPOSIT AMOUNT DUE	1714

Minimum Premium: \$ 284

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

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INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: UMA & KAREN, LLC

13439-FL

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 464244138 ENTITY CD 001 00				
UMA & KAREN, LLC				
10081 S FEDERAL HWY				
PORT SAINT LUCIE , FL 34952				
NAICS: 445210				
RESTAURANT: FAST FOOD	9083	124355.00	1.24	1542
FL MANUAL PREMIUM \$	1542			

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.			\$	1542
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM				NONE
EXPENSE CONSTANT(0900)				160
TERRORISM(9740)				12
TOTAL ESTIMATED PREMIUM				1714
TOTAL PREMIUM				1714
DEPOSIT AMOUNT DUE				1714

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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 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 00 03 08 OO - 001	PARTNERS OFFICERS AND OTHERS EXCL 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.

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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

KAREN MCCOY

UMADEVI BAPPANA