

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER

Z141389102

STP

PRIOR POLICY NUMBER

Z141389101

1. INSURED

ACES SPOTS, LLC
DBA: LIL RUDY'S
1702 W UNIVERSITY AVE STE F1
GAINESVILLE FL 32603-1800

Policy Type

Entity

FEIN

SPECIALTY MARKETS

Limited Liability Company

87-4428436

MAILING ADDRESS

17775 NW 120TH TERRACE RD
REDDICK FL 32686-2459

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 9/2/24 12:01 a.m. to 9/2/25 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	\$2,533
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$2,533
Minimum Premium	\$272

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

TheZenith®EXTENSION OF INFORMATION PAGE
ITEM 4 SCHEDULE OF PREMIUMNAME AND ADDRESS OF INSURED
ACES SPOTS, LLC
DBA: LIL RUDY'S
1702 W UNIVERSITY AVE STE F1
GAINESVILLE FL 32603-1800POLICY NUMBER
Z141389102

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
09/02/2024 - 09/02/2025				
9084-0	BAR,DISCOTHEQUE,LOUNGE,NIGHT CLUB OR TAVERN	210,000	1.12	2,352

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
09/02/2024 to 09/02/2025				
	STATE MANUAL PREMIUM			2,352
	EMPLOYERS LIABILITY LIMITS	100,000/100,000/500,000		0
	EXPENSE CONSTANT			160
	TERRORISM	210,000		21
		Sub-Total		2,533
TOTAL ESTIMATED PREMIUM				2,533
State Charges 9/2/24 to 9/2/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			2,533

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z141389102

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
ACES SPOTS, LLC	87-4428436	LIMITED LIABILITY COMPANY	1702 W UNIVERSITY AVE STE F1	GAINESVILLE	FL	32603-1800
ACES SPOTS, LLC / DBA: LIL RUDY'S	87-4428436	LIMITED LIABILITY COMPANY	1702 W UNIVERSITY AVE STE F1	GAINESVILLE	FL	32603-1800

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z141389102

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-09-06-09	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP 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-99-04-05	10	INSTALLMENT PAYMENT ENDORSEMENT
WC-99-09-19	11	FLORIDA STIPULATION TO VENUE

**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: JODY SKINNER, MANAGER	Effective 09/02/2024	FL
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 09/02/2024
Insured LIL RUDY'S
Policy No. Z141389102 FSMG
Policy Period 09/02/2024 To 09/02/2025
Issued On 07/04/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 8