

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: UB-6T308946-24-42-G

RENEWAL OF (UB-6T308946-23-42-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA  
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:  
MICROTECH, LLC  
400 COMMERCE WAY STE 132  
LONGWOOD, FL 32750

PRODUCER:  
CATON-HOSEY INS  
3731 S NOVA RD  
PORT ORANGE, FL 32129-4233

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 06-20-24 to 06-20-25 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:	\$	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:

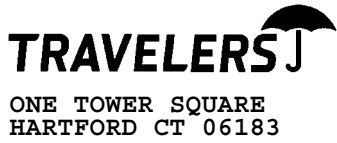
AL AR AZ CA CO CT DC DE GA HI IA ID IL IN KS KY LA MA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI  
WV

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: 04-26-24 SD  
OFFICE: TAMPA FL 247  
PRODUCER: CATON-HOSEY INS 16044



WORKERS COMPENSATION  
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POLICY NUMBER: UB-6T308946-24-42-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: 5734 NAICS: 443120

		STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$	743
PREMIUM DISCOUNT		NONE
0900-09 EXPENSE CONSTANT		160
TERRORISM		19
TOTAL ESTIMATED PREMIUM		922
DEPOSIT AMOUNT DUE		922MP

Minimum Premium: \$ 433

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 04-26-24 SD

OFFICE: TAMPA FL 247

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COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-6T308946-24-42-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: MICROTECH, LLC

13439-FL

CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 001				
FEIN 205076934 ENTITY CD 001 00				
MICROTECH, LLC				
400 COMMERCE WAY				
STE 132				
LONGWOOD , FL 32750				
NAICS: 443120				
STORE- WHOLESALE-NOC	8018	14400.00	2.73	393
CLERICAL OFFICE EMPLOYEES NOC	8810	177021.00	0.13	230

FL MANUAL PREMIUM \$ 623

1.40% EMPL. LIAB. INCREASED LIMITS (9812)	\$	9
ADD FOR INCREASED LIMITS MINIMUM		111
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		743
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
EXPENSE CONSTANT (0900)		160
TERRORISM (9740)		19
TOTAL ESTIMATED PREMIUM		922
TOTAL PREMIUM		922
DEPOSIT AMOUNT DUE		922

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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 A - 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**

**HUSSEIN ALI**

**RAZA SULEIMAN**