

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-2L105688-23-42-V

RENEWAL OF (UB-2L105688-22-42-V)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:

LINDSAY MADISON
DBA RE/MAX SIGNATURE
3340 S ATLANTIC AVE
DAYTONA BEACH, FL 32118

PRODUCER:

CATON-HOSEY INS
3731 NOVA RD S
PORT ORANGE, FL 32129-0000

Insured is **AN INDIVIDUAL**

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 11-01-23 to 11-01-24 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:	\$	500,000	Each Accident
Bodily Injury by Disease:	\$	500,000	Policy Limit
Bodily Injury by Disease:	\$	500,000	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: 09-07-23 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: 6531 NAICS: 531210

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	3964
PREMIUM DISCOUNT	NONE
0900-09 EXPENSE CONSTANT	160
TERRORISM	145
TOTAL ESTIMATED PREMIUM	4269
DEPOSIT AMOUNT DUE	4269MP

Minimum Premium: \$ 490

EMPLOYERS LIABILITY MINIMUM: \$75

DATE OF ISSUE: 09-07-23 SD

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COUNTERSIGNED-AGENT



ONE TOWER SQUARE
HARTFORD CT 06183

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

POLICY NUMBER: UB-2L105688-23-42-V

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: LINDSAY MADISON

13439-FL

DIVIDEND TABLE C

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001 FEIN 342053900 ENTITY CD 001 00				
LINDSAY MADISON DBA RE/MAX SIGNATURE				
3340 S ATLANTIC AVE DAYTONA BEACH , FL 32118 NAICS: 531210				
FEIN 872393208 ENTITY CD 002 00				
CARLEY LYNN LLC				
3340 S ATLANTIC AVE DAYTONA BEACH , FL 32118 NAICS: 531210				
PHOTOGRAPHER-ALL EMPLOYEES & CLERICAL, SALESPERSONS, DRIVERS	4361	25633.00	0.96	246
REAL ESTATE AGENCY - OUTSIDE EMPLOYEES AND COLLECTORS	8721	444063.00	0.24	1066
CLERICAL OFFICE EMPLOYEES NOC	8810	940365.00	0.15	1411
BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES	9015	35326.00	3.30	1166

LOCATION 002
FEIN 342053900 ENTITY CD 001 00

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

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CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 002 (CONT'D)				
FEIN 342053900 ENTITY CD 001 00 (CONT'D)				
LINDSAY MADISON				
DBA RE/MAX SIGNATURE				
2800 N ATLANTIC AVE				
STE 9				
DAYTONA BEACH , FL 32118				
NAICS: 531210				
BUILDING OR PROPERTY	9015	IF ANY	3.30	0
MANAGEMENT-ALL OTHER				
EMPLOYEES				

FL MANUAL PREMIUM \$ 3889

1.10% EMPL. LIAB. INCREASED LIMITS (9807)	\$	43
ADD FOR INCREASED LIMITS MINIMUM		32
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		3964
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
EXPENSE CONSTANT (0900)		160
TERRORISM (9740)		145
TOTAL ESTIMATED PREMIUM		4269
TOTAL PREMIUM		4269
DEPOSIT AMOUNT DUE		4269

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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 99 06 07 00 - 001	PARTICIPATING ENDORSEMENT
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 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.