

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER

Z138506003

STP

PRIOR POLICY NUMBER

Z138506002

1. INSURED

AVANU LLC, [THE]
DBA: AVANU ON FLAGLER
392 FLAGLER AVE
NEW SMYRNA BEACH FL 32169-2639

Policy Type

SPECIALTY MARKETS

Entity

Limited Liability Company

FEIN

86-3153853

MAILING ADDRESS

56 NEW BRITAIN AVE
ORMOND BEACH FL 32174-5624

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 6/1/24 12:01 a.m. to 6/1/25 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	\$	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:

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	\$14,802
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$14,802
Minimum Premium	\$402

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

WC-00-00-01A

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith®

EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED
AVANU LLC, [THE]
DBA: AVANU ON FLAGLER
392 FLAGLER AVE
NEW SMYRNA BEACH FL 32169-2639

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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
06/01/2024 - 06/01/2025				
9082-0	RESTAURANT N.O.C	1,328,675	1.22	16,210

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
06/01/2024 to 06/01/2025				
	STATE MANUAL PREMIUM			16,210
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	227
	MODIFIED PREMIUM		91.00%	-1,479
	PREMIUM DISCOUNT		-3.00%	-449
	EXPENSE CONSTANT			160
	TERRORISM	1,328,675		133
		Sub-Total		14,802
TOTAL ESTIMATED PREMIUM				14,802
State Charges 6/1/24 to 6/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			14,802

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

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ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
AVANU LLC, [THE]	86-3153853	LIMITED LIABILITY COMPANY	392 FLAGLER AVE	NEW SMYRNA BEACH	FL	32169-2639

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

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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-09-04-07A	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-00-04-06A	7	PREMIUM DISCOUNT ENDORSEMENT
WC-09-06-07A	8	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-09-19	9	FLORIDA STIPULATION TO VENUE