

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER
Z046814524

1. INSURED

LAURIE K WEATHERFORD STANDING TRUSTEE
200 E ROBINSON ST STE 1500
ORLANDO FL 32801-1963

PRIOR POLICY NUMBER
Z046814523

Policy Type	SPECIALTY MARKETS
Entity	Individual
FEIN	59-2386399

MAILING ADDRESS

PO BOX 3450
WINTER PARK FL 32790-3450

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 1/1/24 12:01 a.m. to 1/1/25 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	\$2,512
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$2,512
Minimum Premium	\$293

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



EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED
LAURIE K WEATHERFORD STANDING TRUSTEE
200 E ROBINSON ST STE 1500
ORLANDO FL 32801-1963

POLICY NUMBER
Z046814524

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
01/01/2024 - 01/01/2025				
8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	1,594,295	0.13	2,073

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
01/01/2024 to 01/01/2025				
	STATE MANUAL PREMIUM			2,073
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	29
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			91
	EXPENSE CONSTANT			160
	TERRORISM	1,594,295		159
	Sub-Total			2,512
TOTAL ESTIMATED PREMIUM				2,512
State Charges 1/1/24 to 1/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			2,512

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z046814524

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
LAURIE K WEATHERFORD STANDING TRUSTEE	59-2386399	INDIVIDUAL	200 E ROBINSON ST STE 1500	ORLANDO	FL	32801-1963

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z046814524

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-09-04-07	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-00-03-10	7	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	8	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	9	PARTICIPATING ENDORSEMENT
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: LAURIE WEATHERFORD, OWNER	Effective 01/01/2024	FL
Partners:		
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 01/01/2024

ZENITH INSURANCE COMPANY - 13145

Insured LAURIE K WEATHERFORD STANDING TRUSTEE

Policy No. Z046814524 FSMG

Policy Period 01/01/2024 To 01/01/2025

Issued On 11/17/2023



CHIEF EXECUTIVE OFFICER

At Orlando, FL

WC-00-03-10

(Ed. 04-84)

Endorsement No. 7