

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER
Z137355404

1. **INSURED**
ATLAS DEWATERING, INC
969 ALEXANDER AVE
PORT ORANGE FL 32129-3474

PRIOR POLICY NUMBER
Z137355403

Policy Type	SPECIALTY MARKETS
Entity	Corporation
FEIN	59-3473011

MAILING ADDRESS
969 ALEXANDER AVE
PORT ORANGE FL 32129-3474

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	\$17,259
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$17,259
Minimum Premium	\$681

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

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith®EXTENSION OF INFORMATION PAGE
ITEM 4 SCHEDULE OF PREMIUMNAMED AND ADDRESS OF INSURED
ATLAS DEWATERING, INC
969 ALEXANDER AVE
PORT ORANGE FL 32129-3474POLICY NUMBER
Z137355404

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
01/01/2024 - 01/01/2025				
6229-0	IRRIGATION OR DRAINAGE SYSTEM CONSTRUCTI ON &	477,758	4.01	19,158
8742-0	SALESPERSONS-OUTSIDE.	188,370	0.25	471
8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	5,363	0.13	7
8871-0	CLERICAL TELECOMMUTER EMPLOYEES	36,756	0.05	18

WAIVER OF SUBROGATION COVERAGE				
01/01/2024 - 01/01/2025				
6229W-0	IRRIGATION OR DRAINAGE SYSTEM CONSTRUCTI ON &	477,758	0.00	0
8742W-0	SALESPERSONS-OUTSIDE.	188,370	0.00	0
8810W-0	CLERICAL OFFICE EMPLOYEES N.O.C.	5,363	0.00	0
8871W-0	CLERICAL TELECOMMUTER EMPLOYEES	36,756	0.00	0

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
01/01/2024 to 01/01/2025				
	STATE MANUAL PREMIUM			19,654
	WAIVER OF SUBROGATION MANUAL PREMIUM			0
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	275
	MODIFIED PREMIUM		89.00%	-2,192
	PREMIUM DISCOUNT		-4.00%	-709
	EXPENSE CONSTANT			160
	TERRORISM	708,247		71
		Sub-Total		17,259
TOTAL ESTIMATED PREMIUM				17,259

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ITEM 4 SCHEDULE OF PREMIUM (CONT)

NAME AND ADDRESS OF INSURED
ATLAS DEWATERING, INC
969 ALEXANDER AVE
PORT ORANGE FL 32129-3474

POLICY NUMBER
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State Charges 1/1/24 to 1/1/25		
	Florida Workers Compensation Insurance Guaranty Association Surcharge	0
	Total Cost	17,259

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z137355404

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
ATLAS DEWATERING, INC	59-3473011	CORPORATION	969 ALEXANDER AVE	PORT ORANGE	FL	32129-3474

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z137355404

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-00-04-06A	8	PREMIUM DISCOUNT ENDORSEMENT
WC-09-04-01	9	FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT
WC-09-06-07A	10	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-09-19	11	FLORIDA STIPULATION TO VENUE
WC-00-03-13	12	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

**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:		
Officers:		
MARK A. HELDRETH, ASSISTANT VICE PRESIDENT	Effective 01/01/2024	FL
EUGENE G. HELDRETH JR, PRESIDENT	Effective 01/01/2024	FL
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
Insured ATLAS DEWATERING, INC
Policy No. Z137355404 FSMG
Policy Period 01/01/2024 To 01/01/2025
Issued On 11/17/2023

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 7