

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7S999096-24-14-V

RENEWAL OF (UB-7S999096-23-14-V)

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY
A Stock Company

NCCI CO CODE: 15318

1.

INSURED:
SUNBELT METALS AND
MANUFACTURING, INC.
920 S BRADSHAW RD
APOPKA, FL 32703-5168

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

Insured is A CORPORATION

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

2. The policy period is from 01-01-24 to 01-01-25 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: 12-15-23 PH
OFFICE: ATLANTA GA 005
PRODUCER: CATON-HOSEY INS 16044

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POLICY NUMBER: UB-7S999096-24-14-V

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: 3441 NAICS: 332312

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	69437
PREMIUM DISCOUNT	5416
0900-09 EXPENSE CONSTANT	160
TERRORISM	255
TOTAL ESTIMATED PREMIUM	64436
DEPOSIT AMOUNT DUE	64436

Minimum Premium: \$ 882

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 12-15-23 PH
OFFICE: ATLANTA GA 005
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COUNTERSIGNED-AGENT



ONE TOWER SQUARE
HARTFORD CT 06183

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

POLICY NUMBER: UB-7S999096-24-14-V

INSURER: THE CHARTER OAK FIRE INSURANCE COMPANY

INSURED'S NAME: SUNBELT METALS AND

15318-FL

COUNTRYWIDE DIVIDEND TABLE A

RATE BUREAU ID: 094479177

EXP. MOD. EFFECTIVE DATE: 01-01-24

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001 FEIN 593150554 ENTITY CD 001 00				
SUNBELT METALS AND MANUFACTURING, INC.				
920 S BRADSHAW RD APOPKA , FL 32703-5168 NAICS: 332312				
IRON OR STEEL: FABRICATION: IRONWORKS-SHOP-ORNAMENTAL & DRIVERS	3040	1420776.00	4.18	59388
IRON OR STEEL: ERECTION: RADIO, TELEVISION OR WATER TOWERS	5040	IF ANY	7.22	0
WRECKING: BUILDINGS OR STRUCTURES-NOT MARINE-ALL OPERATIONS: IRON OR STEEL BUILDINGS OR STRUCTURES	5057	IF ANY	3.29	0
IRON OR STEEL ERECTION- IRON, BRASS OR BRONZE ERECTION-DECORATIVE OR ARTISTIC	5102	357546.00	5.52	19737
FENCE INSTALLATION AND REPAIR-METAL, VINYL, WOOD, OR PREFABRICATED CONCRETE PANEL FENCE INSTALLED BY HAND	6400	IF ANY	3.98	0
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	114028.00	0.25	285
CLERICAL OFFICE EMPLOYEES NOC	8810	660708.00	0.13	859
		WAIVER PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
CLASSIFICATION	CODE			
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	80269	0.030	2408

DATE OF ISSUE: 12-15-23 PH

SCHEDULE NO: 1 OF 2



ONE TOWER SQUARE
HARTFORD CT 06183

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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				
FEIN 593150554 ENTITY CD 001 00				
SUNBELT METALS AND MANUFACTURING, INC.				
560 LIVE PINE CIR APOPKA , FL 32703 NAICS: 332312				
IRON OR STEEL: FABRICATION: IRONWORKS-SHOP-ORNAMENTAL & DRIVERS	3040	IF ANY	4.18	0
IRON OR STEEL ERECTION- IRON, BRASS OR BRONZE ERECTION-DECORATIVE OR ARTISTIC	5102	IF ANY	5.52	0
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	IF ANY	0.25	0
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	0.13	0
CLASSIFICATION	CODE	WAIVER PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	0	0.030	0

FL MANUAL PREMIUM \$ 80269

WAIVER OF SUBROGATION	\$ 2408
1.40% EMPL. LIAB. INCREASED LIMITS(9812)	1124
-2.00% SAFETY CREDIT(9765)	-1676
-5.00% DRUG FREE CREDIT(9841)	-4106
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	78019
EXPERIENCE MODIFICATION:0.89 MODIFIED PREMIUM	69437
-7.80% PREMIUM DISCOUNT(0063)	-5416
EXPENSE CONSTANT(0900)	160
TERRORISM(9740)	255
TOTAL ESTIMATED PREMIUM	64436
TOTAL PREMIUM	64436
DEPOSIT AMOUNT DUE	64436

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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 03 13 00 - 001	WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 99 06 P6 00 - 001	FL NOTICE OF CANC OR NONRENEW DESIGN PER
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 03 02 00 - 001	DESIGNATED WORKPLACES EXCLUSION
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 09 03 03 00 - 001	FL EMPLRS LIAB COVERAGE ENDT
WC 09 04 01 00 - 001	FLORIDA CONTRACTING PREM ADJUST END
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.

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FLORIDA NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CONTRACTOR

The following is added to **PART SIX – CONDITIONS** :

Notice to Designated Contractor of Cancellation or Nonrenewal

If we or you cancel this policy, or we do not renew this policy, we will provide written notice of cancellation or nonrenewal to each contractor designated in the Schedule below that is responsible under Florida law for payment of workers compensation benefits to your employees. We will mail or deliver such notice to each contractor at its listed address at least the number of days required for notice to you of cancellation or nonrenewal of this policy under Florida law.

SCHEDULE

Name and Address of Designated Contractors:

**THE WHITLING TURNER CONTRACTING
COMPANY
135 W CENTRAL BLVD #840
ORLANDO FL 32801-9999**

All other terms and conditions of this policy remain unchanged.

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 12-15-23 ST ASSIGN:

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