

INFORMATION PAGE

ZENITH INSURANCE COMPANY NCCI CARRIER CODE NO. - 13145

1. INSURED

RAMS ORMOND BEACH LLC DBA: HERSHEYS ICE CREAM 145 E GRANADA BLVD

ORMOND BEACH FL 32176-6663

POLICY NUMBER Z138298303

STP

PRIOR POLICY NUMBER

Z138298302

Policy Type SP Entity Lin

SPECIALTY MARKETS Limited Liability Company

FEIN 84-3529110

MAILING ADDRESS 190 JOHN ANDERSON DR ORMOND BEACH FL 32176-5704

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: See Extension of Information Page

- 2. The policy period is from: 2/21/24 12:01 a.m. to 2/21/25 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 \$1,233 Expense Constant \$160

Florida Workers Compensation Insurance

Guaranty Association Surcharge \$0
Total Cost \$1,233

Minimum Premium \$400

120

For Policy Information Call:

PRODUCER

CATON-HOSEY INSURANCE 3731 Nova Road Port Orange, FL 32129

(386) 767-3161 017-013627A

Countersigned by:

Date:

Authorized Representativ

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 RAMS ORMOND BEACH LLC DBA: HERSHEYS ICE CREAM 145 E GRANADA BLVD ORMOND BEACH FL 32176-6663 POLICY NUMBER Z138298303

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
	STATE COVE	RAGE		
	02/21/2024 - 02	/21/2025		
8017-0	STORE: RETAIL N.O.C	78,750	1.20	945

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments		Limits/Amount	Perc	Premium
		02/21/2024	to 02/21/2025		
	STATE MANUAL PREMIUM				945
	EMPLOYERS LIABILITY LIMITS		1,000,000/1,000,000/1,000,000	1.40%	13
	BALANCE TO MINIMUM EMPLOYERS LIABILITY				107
	EXPENSE CONSTANT				160
	TERRORISM		78,750		8
			Sub-Total		1,233
		TOTAL ES	TIMATED PREMIUM		1,233
	State Charges 2/21/24 to 2/21/25				
		Ins	orida Workers Compensation surance Guaranty Association rcharge		0
		Tot	tal Cost		1,233

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



EXTENSION OF INFORMATION PAGE ITEM 1 OTHER WORK PLACES

POLICY NUMBER Z138298303

	NAME INSURED	STREET ADDRESS	CITY	STATE	ZIP
1	RAMS ORMOND BEACH LLC	145 E GRANADA BLVD	ORMOND BEACH	FL	32176-6663
2	RAMS ORMOND BEACH LLC	130 N NOVA RD	ORMOND BEACH	FL	32174-5122

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



EXTENSION OF INFORMATION PAGE ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER Z138298303

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	E ZIP
RAMS ORMOND BEACH LLC	84-3529110	LIMITED LIABILITY COMPANY	145 E GRANADA BLVD	ORMOND BEACH	FL	32176-6663
RAMS ORMOND BEACH LLC	84-3529110	LIMITED LIABILITY COMPANY	130 N NOVA RD	ORMOND BEACH	FL	32174-5122



EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER Z138298303

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-00-03-08	7	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC-00-03-10	8	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	9	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	10	PARTICIPATING ENDORSEMENT
WC-99-04-05	11	INSTALLMENT PAYMENT ENDORSEMENT
WC-99-09-19	12	FLORIDA STIPULATION TO VENUE



PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partner Officer Others

SEJAL DESAI MANAGER

Excluded: 02/21/2024

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.)

At Orlando, FL

Endorsement Effective 02/21/2024 Insured HERSHEYS ICE CREAM Policy No. Z138298303 FSMG Policy Period 02/21/2024 To 02/21/2025 Issued On 12/25/2023 ZENITH INSURANCE COMPANY - 13145

CHIEF EXECUTIVE OFFICER

WC-00-03-08 (Ed. 04-84)

Endorsement No. 7



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.

	Schedule	
<u>Persons</u>		<u>State</u>
Sole Proprietor: 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 02/21/2024
Insured HERSHEYS ICE CREAM
Policy No. Z138298303 FSMG

Policy Period 02/21/2024 To 02/21/2025

Issued On 12/25/2023

At Orlando, FL

CHIEF EXECUTIVE OFFICER

ZENITH INSURANCE COMPANY - 13145

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

Endorsement No. 8