

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER

Z135328607

STP

PRIOR POLICY NUMBER

Z135328606

1. INSURED

SUB CENTER MIAMI, INC
DBA: SAN DIEGO GRILL
5535 S WILLIAMSON BLVD STE 656
PORT ORANGE FL 32128-8312

Policy Type

SPECIALTY MARKETS

Entity

Corporation

FEIN

59-1533707

MAILING ADDRESS

5535 S WILLIAMSON BLVD STE 656
PORT ORANGE FL 32128-8312

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 9/25/24 12:01 a.m. to 9/25/25 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	\$	100,000	Each Accident
Bodily Injury by Disease	\$	500,000	Policy Limit
Bodily Injury by Disease	\$	100,000	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	\$7,244
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$7,244
Minimum Premium	\$282

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

TheZenith®

EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED
SUB CENTER MIAMI, INC
DBA: SAN DIEGO GRILL
5535 S WILLIAMSON BLVD STE 656
PORT ORANGE FL 32128-8312

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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
09/25/2024 - 09/25/2025				
9082-0	RESTAURANT N.O.C	587,560	1.22	7,168

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
09/25/2024 to 09/25/2025				
	STATE MANUAL PREMIUM			7,168
	EMPLOYERS LIABILITY LIMITS	100,000/100,000/500,000		0
	MODIFIED PREMIUM		98.00%	-143
	EXPENSE CONSTANT			160
	TERRORISM	587,560		59
	Sub-Total			7,244
TOTAL ESTIMATED PREMIUM				7,244
State Charges 9/25/24 to 9/25/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			7,244

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z135328607

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
SUB CENTER MIAMI, INC	59-1533707	CORPORATION	5535 S WILLIAMSON BLVD STE 656	PORT ORANGE	FL	32128-8312
SAN DIEGO GRILL	59-1533707	CORPORATION	5535 S WILLIAMSON BLVD STE 656	PORT ORANGE	FL	32128-8312

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z135328607

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-09-06-09	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-08	8	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
WC-09-06-07A	9	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	10	PARTICIPATING ENDORSEMENT
WC-99-09-19	11	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

PartnerOfficerOthers

CHARLES BRODBECK
VICE PRESIDENT
Excluded: 09/25/2024

LESLIE BRODBECK
SECRETARY
Excluded: 09/25/2024

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.)

Endorsement Effective 09/25/2024
Insured SAN DIEGO GRILL
Policy No. Z135328607 FSMG
Policy Period 09/25/2024 To 09/25/2025
Issued On 07/29/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL