## **Technology Insurance Company, Inc.**

### A Stock Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 99 00 01 B 1 of 5 INFORMATION PAGE

	Ncci (	Code: 39071				
1.	Insured:			<b>Policy Number:</b>	TWC4352352	
	Cool Breeze Heat and Air LLC					
		226 Treeline Ln Ormond Beach, FL 32174		Individual	Dortnorshi	n
	Othor	workplaces not shown above:			Partnershi	þ
	Other	None		Corporation or		
	Produ	- 1		Federal Tax ID: 465103838		
	Trout	Caton Insurance Agency, Inc. dba: Caton-Hosey Ins		Risk Id:		
		3731 Nova Road	1113	Renewal of:	TWC4191794	
		Port Orange, FL 32129				
2.	The policy period is from 1/8/2024 to 1/8/2025 12:01 a.m. at the insured's mailing address.					
3.	<ul> <li>A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida</li> <li>B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.</li> </ul>					
		The limits of our liability under Part Two are:				
		State Bodily Injury by Accident Bod	ily Injury by Disease	<b>Bodily Injury</b>	by Disease	
		\$1,000,000 each accident \$1,	000,000 policy limit	\$1,000,000 eac	h employee	
	C.	Other States Insurance: Part Three of the policy	applies to the states, if	any, listed here:		
		All states except ND, OH, WA, WY and State(s)	Designated in Item 3.	A		
	D.	This policy includes these endorsements and sch	edules: See Extension	of Information Page	<b>;</b>	
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.  See Extension of Information Page						
		TOTAL ESTIMATED ANNUAL PREMIUM				9,394
		STATE ASSESSMENT				0
		TOTAL ESTIMATED COST				9,394
		Minimum Premium				627
		Issue Date: 11/29/2023 Co	untersigned by:			
				Authorized Represe	ntative	

**Technology Insurance Company, Inc.** 

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**INFORMATION PAGE** 

Insured: Cool Breeze Heat and Air LLC

Policy Number: TWC4352352

Fein: 465103838

EXTENSION OF INFORMATION PAGE FOR ITEM #1 ITEM 1: NAMED INSURED and WORKPLACES

NAMED INSURED: Cool Breeze Heat and Air LLC

WORKPLACES: Location Number 1. 226 Treeline Ln

Ormond Beach, FL 32174

**INFORMATION PAGE** 

Policy Number: TWC4352352

Insured: Cool Breeze Heat and Air LLC

# EXTENSION OF INFORMATION PAGE FOR ITEM #3.D ITEM 3.D: ENDORSEMENT SCHEDULE

State	Form Number	Description
	WC990001B	DECLARATIONS PAGE
	WC00000C WC000308	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
	WC000313 WC000404	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT PENDING RATE CHANGE ENDORSEMENT
	WC000406A	PREMIUM DISCOUNT ENDORSEMENT
	WC000414A WC000419	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT PREMIUM DUE DATE ENDORSEMENT
FL	WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL FL	WC090402A WC090403C	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL	WC090407	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
FL	WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
FL	WC090606 WC990402	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT Participating Provision Endorsement

9,394

**INFORMATION PAGE** 

Policy Number: TWC4352352

Insured: Cool Breeze Heat and Air LLC

**TOTAL COST** 

#### EXTENSION OF INFORMATION PAGE FOR ITEM #4 ITEM 4: SCHEDULE OF PREMIUMS

Classifications	# of Emps	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remun.	Estimated Annual Premium
Florida					
Heating, Ventilation, Air-Conditioning and					
Refrigeration Systems - Installation, Service and Repair, Shop, Yard & Drivers	5	5537	259,647	3.40	8,828
Salespersons, Collectors or	Ü	0007	200,047	0.40	0,020
Messengers—Outside	1	8742	17,581	0.25	44
Clerical Office Employees NOC	2	8810	58,434	0.13	76
Manual Premium					8,948
Total Manual Premium					8,948
Waiver of Subrogation:					
Envolve Client Services Group, LLC and, the ownership entities c/o VendorShield	ir	0930			25
Waiver of Subrogation:		0930			20
ResProp Management Company, LLC C/O N	etVendor	0930			25
Waiver of Subrogation:					
First Communities Management Inc and the	wnership				
entities and affiliates of all owned or manage properties for which the vendor / contractor p					
goods or services	IOVIUES	0930			25
Waiver of Subrogation:					
The Laramar Group LLC and it's affiliates,suc					
and assignees, and the ownership entities of t		0930			25
owned or managed properties. c/o NetVendo Waiver of Subrogation:	Ι,	0930			20
Cove Points Construction, LLC		0930			25
Premium for Increased Limits Part Two: 1.4%	D				
(1000/1000/1000)		9812			127
Total Premium Subject To Experience Modifi	cation				9,200
Experience Modification N/A					9,200
Terrorism Risk Insurance Act 1%		9740			34
Expense Constant		0900			160
Total FL Cook					9,394
Total FL Cost					9,394
TOTAL ESTIMATED ANNUAL PREMIUM					9,394
STATE ASSESSMENT					0

**INFORMATION PAGE** 

Policy Number: TWC4352352

Insured: Cool Breeze Heat and Air LLC

#### **PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$781.00
	3/10/2024	Pay Period 2 of 12	\$783.00
	4/10/2024	Pay Period 3 of 12	\$783.00
	5/10/2024	Pay Period 4 of 12	\$783.00
	6/10/2024	Pay Period 5 of 12	\$783.00
	7/10/2024	Pay Period 6 of 12	\$783.00
	8/10/2024	Pay Period 7 of 12	\$783.00
	9/10/2024	Pay Period 8 of 12	\$783.00
	10/10/2024	Pay Period 9 of 12	\$783.00
	11/10/2024	Pay Period 10 of 12	\$783.00
	12/10/2024	Pay Period 11 of 12	\$783.00
	1/10/2025	Pay Period 12 of 12	\$783.00
			T-1-1 O1 00 004 00

Total Cost \$9,394.00

WC 00 03 08 (Ed. 4-84)

#### 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**

Partners	Officers	Others
		Scott Moore
		Lindsay Moore

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

1/8/2024

Policy No. TWC4352352

Endorsement No. 0

Insurance Company

Cool Breeze Heat and Air LLC Technology Insurance Company, Inc. Premium \$ 9,394

Countersigned by \_\_\_\_\_