Technology Insurance Company, Inc. A Stock Insurance Company 800 Superior Avenue East, 21st Floor Cleveland, OH 44114

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

| Ncci | Code: | 39071 | | | | | | |
|------|--|---|---------------------------|-------------------------|--------|--|--|--|
| 1. | Insured: Whitey's Fish Camp, Inc DBA: Whiteys Fish Cam Restaurant 2032 CR 220 Fleming Island, FL 32003 | | Policy Number: Individual | TWC4199574 Partnership | | | | |
| | Other | r workplaces not shown above: | X Corporation or | | | | | |
| | Produ | None | Federal Tax ID: Risk ID: | 592444598 | | | | |
| | Caton Insurance Agency, Inc. dba: Caton-Hosey Ins | | Renewal of: | TWC4065545 | | | | |
| | | 3731 Nova Road Port Orange, FL 32129 | Ncci Code: | 39071 | | | | |
| 2. | The policy period is from 1/1/2023 to 1/1/2024 12:01 a.m. at the insured's mailing address. | | | | | | | |
| 3. | A. | Workers Compensation Insurance: Part One of the pol the states listed here: Florida | licy applies to the Worke | rs Compensation Law of | | | | |
| | 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 \$500,000 | each accident | | | | | |
| | | Bodily Injury by Disease \$500,000 | policy limit | | | | | |
| | | Bodily Injury by Disease \$500,000 | each 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 3A. | | | | | | |
| | D. | This policy includes these endorsements and schedule See attached endorsement schedule. | s: | | | | | |
| 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 | | | 23,884 | | | |
| | | STATE ASSESSMENT | | | 0 | | | |
| | | TOTAL ESTIMATED COST | | | 23,884 | | | |
| | | Minimum Premium | | | 622 | | | |
| | Issue Date: 12/2/2022 Countersigned by:Authorized Representative | | | | | | | |
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Whitey's Fish Camp, Inc

Policy Number: TWC4199574

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

| Location | Site | Address | FEIN# |
|---|------|---|-----------|
| Whitey's Fish Camp, Inc DBA: Whiteys Fish Cam Restaurant | 1 | 2032 CR 220 Fleming Island, FL 32003 | 592444598 |

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 99 00 01 B

INFORMATION PAGE

Ncci Code: 39071

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

INFORMATION PAGE

Policy Number: TWC4199574

Insured: Whitey's Fish Camp, Inc

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

| Classification | # of Emps | Code No. | Premium Basis Total Est. Annual Remuneration | Rate Per \$100 of Remuneration | Estimated Annual Premium | | | |
|---|--------------|-------------|--|--------------------------------------|--------------------------------|--|--|--|
| Florida | | | | | | | | |
| Store: Retail—NOC | 2 | 8017 | 56,153 | 1.35 | 758 | | | |
| Clerical Office Employees NOC | 2 | 8810 | 38,518 | 0.15 | 58 | | | |
| Restaurant NOC | 45 | 9082 | 1,890,292 | 1.47 | 27,787 | | | |
| Manual Premium | | | | | 28,603 | | | |
| Total Manual Premium | | | | | 28,603 | | | |
| Premium for Increased Limits Part Two: 1.1% | | 0007 | | | 045 | | | |
| (500/500/500) | | 9807 | | | 315 | | | |
| Total Premium Subject To Experience Modificati | on | | | | 28,918 | | | |
| Experience Modification 86% Premium Discount 5.4% | | 0063 | | | 24,869 -1,343 | | | |
| Terrorism Risk Insurance Act 1% | | 9740 | | | -1,343 198 | | | |
| Expense Constant | | 0900 | | | 160 | | | |
| Total FL Premium | | 0900 | | | 23,884 | | | |
| Total FL Cost | | | | _ | 23,884 | | | |
| TOTAL ESTIMATED ANNUAL PREMIUM | | | | | | | | |
| STATE ASSESSMENT | | | | | | | | |
| TOTAL COST | | | | | | | | |

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** Elaine Cassala

Lucian D Lawley William L Ham

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

1/1/2023

Policy No. TWC4199574

Endorsement No. 0

Whitey's Fish Camp, Inc

Premium \$ 23,884

Insurance Company Technology Insurance Company, Inc.

Countersigned by ___