

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7J468763-23-14-G

RENEWAL OF (UB-7J468763-22-14-G)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13439

1.

INSURED:
INTERAMERICA STAGE, INC.
5401 BENCHMARK LN
SANFORD, FL 32773

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 11-01-23 to 11-01-24 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 NY TN

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 OK OR PA RI SC SD 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: 10-31-23 NM
OFFICE: ATLANTA GA 005
PRODUCER: CATON-HOSEY INS 16044

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7J468763-23-14-G

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: 3446 NAICS: 333415

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	153192
PREMIUM DISCOUNT	13021
0900-31 EXPENSE CONSTANT	200
TERRORISM	524
TOTAL ESTIMATED PREMIUM	140895
DEPOSIT AMOUNT DUE	140895

Minimum Premium: \$ 800

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 10-31-23 NM
OFFICE: ATLANTA GA 005
PRODUCER: CATON-HOSEY INS 16044

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-7J468763-23-14-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: INTERAMERICA STAGE, INC.

13439-FL

RATE BUREAU ID: 911288435

EXP. MOD. EFFECTIVE DATE: 11-01-23

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 592975154 ENTITY CD 001 00				
INTERAMERICA STAGE, INC.				
5401 BENCHMARK LN				
SANFORD , FL 32773				
NAICS: 333415				
CLOTH, CANVAS AND RELATED	2501	47010.00	2.12	997
PRODUCTS MFG. NOC				
IRON OR STEEL: FABRICATION:	3040	570000.00	5.22	29754
IRONWORKS-SHOP-ORNAMENTAL &				
DRIVERS				
IRON OR STEEL ERECTION:	5102	IF ANY	6.40	0
STEELFRAME-INTERIOR-LIGHT				
GAUGE STEEL: BY SPECIALIST				
CONTRACTOR--VOLUNTARY COMP				
IRON OR STEEL ERECTION:	5102	2800000.00	6.40	179200
STEELFRAME-INTERIOR-LIGHT				
GAUGE STEEL: BY SPECIALIST				
CONTRACTOR				
CONTRACTOR-PROJECT MANAGER,	5606	605000.00	1.05	6353
CONSTRUCTION EXECUTIVE,				
CONSTRUCTION MANAGER, OR				
CONSTRUCTION SUPERINTENDENT				
CONSTRUCTION OR ERECTION	8227	IF ANY	4.56	0
PERMANENT YARD				
SALESPERSONS OR COLLECTORS -	8742	550000.00	0.29	1595
OUTSIDE				
CLERICAL OFFICE EMPLOYEES NOC	8810	670000.00	0.15	1005
THEATER NOC: ALL OTHER	9154U	IF ANY	2.31	0
EMPLOYEES				
USL HW-SEE ENDT WC 99 01 01				



ONE TOWER SQUARE
HARTFORD CT 06183

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

POLICY NUMBER: UB-7J468763-23-14-G

CLASSIFICATION	CODE	WAIVER PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	218904	0.0300	6567

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 002 FEIN 592975154 ENTITY CD 001 00				

INTERAMERICA STAGE, INC.

FL- NO BUSINESS LOCATION

VESSELS-NOC-COVERAGE UNDER ADMIRALTY LAW-PROGRAM II USL&HW ACT BENEFITS	7047M	IF ANY	4.93	0
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CLASSIFICATION	CODE	WAIVER PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	0	0.0300	0

FL MANUAL PREMIUM \$ 218904

WAIVER OF SUBROGATION	\$	6567
1.40% EMPL. LIAB. INCREASED LIMITS(9812)		3065
-2.00% SAFETY CREDIT(9765)		-4571
-5.00% DRUG FREE CREDIT(9841)		-11198
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		212767
EXPERIENCE MODIFICATION:0.72 MODIFIED PREMIUM		153192
-8.50% PREMIUM DISCOUNT(0063)		-13021
TERRORISM(9740)		524
TOTAL ESTIMATED PREMIUM		140695
TOTAL PREMIUM		140695
DEPOSIT AMOUNT DUE		140695

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

POLICY NUMBER: UB-7J468763-23-14-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: INTERAMERICA STAGE, INC.

11223-NY

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 592975154 ENTITY CD 001 00				
INTERAMERICA STAGE, INC.				
NY- NO BUSINESS LOCATION				

SALESPERSONS-OUTSIDE	8742	IF ANY WAIVER PREMIUM	0.30	0 ESTIMATED ANNUAL PREMIUM
CLASSIFICATION	CODE	BASIS	RATE	
BLANKET WAIVER OF SUBROGATION	0930	0	0.020	0
SEE ENDT WC 00 03 13 00				

NY MANUAL PREMIUM \$ 0

WAIVER OF SUBROGATION	\$	0
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		0
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
-3.90% PREMIUM DISCOUNT(0063)		0
EXPENSE CONSTANT(0900)		200
TOTAL ESTIMATED PREMIUM		200
9.80% NY STATE ASSESSMENT		0
TOTAL PREMIUM		200
DEPOSIT AMOUNT DUE		200

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POLICY NUMBER: UB-7J468763-23-14-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: INTERAMERICA STAGE, INC.

11223-TN

RATE BUREAU ID: 911288435

EXP. MOD. EFFECTIVE DATE: 11-01-23

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 592975154 ENTITY CD 001 00				

INTERAMERICA STAGE, INC.

230 APPLETON PL
NASHVILLE , TN 37212
NAICS: 333415

CLASSIFICATION	CODE	IF ANY WAIVER PREMIUM BASIS	0.23 RATE	0 ESTIMATED ANNUAL PREMIUM
SALESPERSONS OR COLLECTORS - OUTSIDE	8742			
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	0	0.020	0

TN MANUAL PREMIUM \$ 0

WAIVER OF SUBROGATION	\$	0
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		0
EXPERIENCE MODIFICATION:0.72 MODIFIED PREMIUM		0
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
-4.80% PREMIUM DISCOUNT(0064)		0
TOTAL ESTIMATED PREMIUM		0
TOTAL PREMIUM		0
DEPOSIT AMOUNT DUE		0

POLICY NUMBER: UB-7J468763-23-14-G

**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 09 06 07 A - 001	FL WC INS GUARANTY ASSOC SURCH NOTIFIC
WC 00 01 06 A - 001	LONGSHORE AND HARBOR WC ACT COVERAGE
WC 00 02 03 00 - 001	VOLUNTARY COMPENSATION MARITIME COVERAGE
WC 00 03 11 A - 001	VOLUNTARY COMP AND EMPLOYERS LIAB COV
WC 00 03 13 00 - 001	WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWN R ENDT
WC 00 04 22 C - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
WC 09 02 01 00 - 001	FLORIDA MARITIME COVERAGE ENDORSEMENT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 99 01 01 00 - 001	STATE WC COMP LAWS AND USL & H WC ACT
WC 99 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 99 04 28 00 - 001	PREMIUM MANUALS AND DUE DATE ENDORSEMENT
WC 99 06 P6 00 - 001	FL NOTICE OF CANC OR NONRENEW DESIGN PER
WC 99 06 R4 00 - 001	NOT OF CAN OR NONREN DESIGN PERS OR ORG
WC 00 04 21 E - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 00 04 21 F - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
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.
WC 31 03 08 00 - 001	NEW YORK LIMIT OF LIABILITY ENDORSEMENT
WC 31 03 19 M - 001	NY CONST CLASS PREM ADJUST PROG
WC 31 04 05 A - 001	NY SAFE PTNT HNDLG ACT PRGM ENDT FLAT CR
WC 31 06 18 A - 001	NEW YORK NOTICE OF RIGHT TO APPEAL

POLICY NUMBER: UB-7J468763-23-14-G

**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:
DPR CONSTRUCTION, A GENERAL PARTNER
4700 MILLENIA BLVD., SUITE 350
ORLANDO, FL 32839

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: 10-31-23 ST ASSIGN:

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POLICY NUMBER: UB-7J468763-23-14-G

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED PERSONS OR ORGANIZATIONS

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

Notice Of Cancellation Or Nonrenewal To Designated Persons Or Organizations

If we cancel or non-renew this policy for any reason other than non-payment of premium by you, we will provide notice of such cancellation or non-renewal to each person or organization designated in the Schedule below. We will mail or deliver such notice to each person or organization at its listed address at least the number of days shown for that person or organization before the cancellation or nonrenewal is to take effect.

You are responsible for providing us with the information necessary to accurately complete the Schedule below. If we cannot mail or deliver a notice of cancellation or nonrenewal to a designated person or organization because the name or address of such designated person or organization provided to us is not accurate or complete, we have no responsibility to mail, deliver or otherwise notify such designated person or organization of the cancellation or nonrenewal.

SCHEDULE

Name and Address of Designated Persons or Organizations:	Number of Days Notice:
DPR CONSTRUCTION, A GENERAL PARTNER 4700 MILLENIA BLVD., SUITE 350 ORLANDO, FL 32839	30

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: 10-31-23 ST ASSIGN:

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