

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:

Jefferson Union Company Inc
PO Box 4420
Deland, FL 32721

Other workplaces not shown above:

See Extension of Information Page

Producer:

Caton Insurance Agency, Inc. dba: Caton-Hosey Ins
3731 Nova Road
Port Orange, FL 32129

Policy Number: TWC4355840

☐ Individual ☐ Partnership

☒ Corporation or

Federal Tax ID: 042628187

Risk Id:

Renewal of: TWC4197093

2. The policy period is from 1/1/2024 to 1/1/2025 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 states listed here: Florida

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:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$1,000,000 each accident	\$1,000,000 policy limit	\$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 ND, OH, WA, WY and State(s) Designated in Item 3.A

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 Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

731

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

731

Minimum Premium

462

Issue Date: 11/29/2023

Countersigned by: _____

Authorized Representative

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

NAMED INSURED:

Jefferson Union Company Inc

Fein: 042628187

WORKPLACES:

Location Number 1.

Location Number 2.

369 West Michigan Ave

369 West Michigan Avenue

Deland, FL 32720

Deland, FL 32720

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

State	Form Number	Description
	WC990001B	DECLARATIONS PAGE
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	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
FL	WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL	WC090402A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
FL	WC090403C	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	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
	WC990402	Participating Provision Endorsement

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**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					
Plumbers' Supplies—Mfg. NOC	0	3188	22,001	1.82	400
Clerical Office Employees NOC	0	8810	34,814	0.13	45
Manual Premium					445
Total Manual Premium					445
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			6
Premium to Equal Increased Limits Minimum Charge		9848			114
Total Premium Subject To Experience Modification					565
Experience Modification N/A					565
Terrorism Risk Insurance Act 1%		9740			6
Expense Constant		0900			160
Total FL Premium					731
Total FL Cost					731

TOTAL ESTIMATED ANNUAL PREMIUM 731**STATE ASSESSMENT 0****TOTAL COST 731**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
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PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$60.00
	3/10/2024	Pay Period 2 of 12	\$61.00
	4/10/2024	Pay Period 3 of 12	\$61.00
	5/10/2024	Pay Period 4 of 12	\$61.00
	6/10/2024	Pay Period 5 of 12	\$61.00
	7/10/2024	Pay Period 6 of 12	\$61.00
	8/10/2024	Pay Period 7 of 12	\$61.00
	9/10/2024	Pay Period 8 of 12	\$61.00
	10/10/2024	Pay Period 9 of 12	\$61.00
	11/10/2024	Pay Period 10 of 12	\$61.00
	12/10/2024	Pay Period 11 of 12	\$61.00
	1/10/2025	Pay Period 12 of 12	\$61.00
			<hr/> Total Cost \$731.00

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
	David Meadows	
	George Meadows	

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 Effective1/1/2024Policy No. TWC4355840Endorsement No. 0

InsuredJefferson Union Company IncPremium \$ 731

Insurance CompanyTechnology Insurance Company, Inc.

Countersigned by _____