

## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER  
Z071849913

1. **INSURED**  
GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC  
129 N HALIFAX AVE  
DAYTONA BEACH FL 32118-4250

PRIOR POLICY NUMBER  
Z071849912

Policy Type	SPECIALTY MARKETS
Entity	Non-Profit Organization
FEIN	59-2368661

MAILING ADDRESS  
129 N HALIFAX AVE  
DAYTONA BEACH FL 32118-4250

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: See Extension of Information Page

2. The policy period is from: 1/1/24 12:01 a.m. to 1/1/25 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	\$	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 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	\$2,095
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$2,095
Minimum Premium	\$506

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  
GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC  
129 N HALIFAX AVE  
DAYTONA BEACH FL 32118-4250

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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
01/01/2024 - 01/01/2025				
8868-0	COLLEGE: PROFESSIONAL EMPLOYEES & CLERIC AL	76,714	0.35	268
9101-0	COLLEGE: ALL OTHER EMPLOYEES	58,268	2.71	1,579

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
01/01/2024 to 01/01/2025				
	STATE MANUAL PREMIUM			1,847
	EMPLOYERS LIABILITY LIMITS	500,000/500,000/500,000	1.10%	20
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			55
	EXPENSE CONSTANT			160
	TERRORISM	134,982		13
	Sub-Total			2,095
TOTAL ESTIMATED PREMIUM				2,095
State Charges 1/1/24 to 1/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			2,095

EXTENSION OF INFORMATION PAGE

ITEM 1 OTHER WORK PLACES

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	NAME INSURED	STREET ADDRESS	CITY	STATE	ZIP
1	GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC	129 N HALIFAX AVE	DAYTONA BEACH	FL	32118-4250
2	GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC	105 N HALIFAX AVE	DAYTONA BEACH	FL	32118-4250
3	GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC	134 N HALIFAX AVE	DAYTONA BEACH	FL	32118-4251

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
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ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC	59-2368661	NON-PROFIT ORGANIZATION	134 N HALIFAX AVE	DAYTONA BEACH	FL	32118-4251
GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC	59-2368661	NON-PROFIT ORGANIZATION	105 N HALIFAX AVE	DAYTONA BEACH	FL	32118-4250
GREEK ORTHODOX CHURCH OF ST. DEMETRIOS, INC	59-2368661	NON-PROFIT ORGANIZATION	129 N HALIFAX AVE	DAYTONA BEACH	FL	32118-4250

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

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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-09-06-06	2	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07	3	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	4	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	5	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	6	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-09-06-07A	7	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-04-05	8	INSTALLMENT PAYMENT ENDORSEMENT
WC-99-09-19	9	FLORIDA STIPULATION TO VENUE