

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-4S280511-24-14-G

RENEWAL OF (UB-4S280511-23-14-G)

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY
A Stock Company

NCCI CO CODE: 11223

1.

INSURED:
ETHEREAL HOME THEATRE, LLC
460 WALKER ST
HOLLY HILL, FL 32117

PRODUCER:
CATON-HOSEY INS
3731 S NOVA RD
PORT ORANGE, FL 32129-4233

Insured is A LIMITED LIABILITY COMPANY

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 04-04-24 to 04-04-25 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

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 NY OK OR PA RI SC SD TN 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: 04-15-24 NM
OFFICE: ATLANTA GA 005
PRODUCER: CATON-HOSEY INS 16044

TYPE V INFORMATION PAGE WC 00 00 01 (A)

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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: 3679 NAICS: 334417

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	3527
PREMIUM DISCOUNT	NONE
0900-09 EXPENSE CONSTANT	160
TERRORISM	60
TOTAL ESTIMATED PREMIUM	3747
DEPOSIT AMOUNT DUE	3747MP

Minimum Premium: \$ 223

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 04-15-24 NM
OFFICE: ATLANTA GA 005
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COUNTERSIGNED-AGENT

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

POLICY NUMBER: UB-4S280511-24-14-G

INSURER: TRAVELERS CASUALTY AND SURETY COMPANY

INSURED'S NAME: ETHEREAL HOME THEATRE, LLC

11223-FL

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 861201245 ENTITY CD 001 00				

ETHEREAL HOME THEATRE,
 LLC

460 WALKER ST
 HOLLY HILL , FL 32117
 NAICS: 334417

TELEVISION, RADIO, TELEPHONE OR TELECOMMUNICATION DEVICE MFG. NOC	3681	600000.00	0.63	3780
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CLASSIFICATION	CODE	WAIVER PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
BLANKET WAIVER OF SUBROGATION	0930	3780	0.030	113
SEE ENDT WC 00 03 13 00				
BALANCE TO WAIVER MINIMUM PREMIUM	0930	137		

FL MANUAL PREMIUM \$ 3780

WAIVER OF SUBROGATION	\$	113
BALANCE TO WAIVER MINIMUM		137
1.40% EMPL. LIAB. INCREASED LIMITS (9812)		53
ADD FOR INCREASED LIMITS MINIMUM		67
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		4150
EXPERIENCE MODIFICATION: 0.85 MODIFIED PREMIUM		3527
EXPENSE CONSTANT (0900)		160
TERRORISM (9740)		60
TOTAL ESTIMATED PREMIUM		3747
TOTAL PREMIUM		3747
DEPOSIT AMOUNT DUE		3747

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**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 03 13 00 - 001	WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 09 04 03 C - 001	FL TRIPRA 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 07 A - 001	FL NON-COOPERATION WITH PREM AUDIT ENDT
WC 09 06 06 00 - 001	FL EMPLOYMENT AND WAGE INFORMATION REL.