

# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

1. **INSURED**  
MCKENNA'S PLACE NSB, INC.  
1443 S DIXIE FWY  
NEW SMYRNA BEACH FL 32168-7604

POLICY NUMBER

Z135309307

STP

PRIOR POLICY NUMBER

Z135309306

Policy Type

Entity

FEIN

SPECIALTY MARKETS

Corporation

83-1274028

### MAILING ADDRESS

1443 S DIXIE FWY

NEW SMYRNA BEACH FL 32168-7604

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 9/17/24 12:01 a.m. to 9/17/25 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	\$10,039
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$10,039
Minimum Premium	\$357

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

WC-00-00-01A

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**

## EXTENSION OF INFORMATION PAGE

## ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED  
MCKENNA'S PLACE NSB, INC.  
1443 S DIXIE FWY  
NEW SMYRNA BEACH FL 32168-7604

POLICY NUMBER  
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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
09/17/2024 - 09/17/2025				
8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	13,650	0.13	18
9082-0	RESTAURANT N.O.C	954,095	1.22	11,640

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
09/17/2024 to 09/17/2025				
	STATE MANUAL PREMIUM			11,658
	EMPLOYERS LIABILITY LIMITS	500,000/500,000/500,000	1.10%	128
	MODIFIED PREMIUM		83.00%	-2,004
	EXPENSE CONSTANT			160
	TERRORISM	967,745		97
	Sub-Total			10,039
TOTAL ESTIMATED PREMIUM				10,039
State Charges 9/17/24 to 9/17/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			10,039

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
Z135309307

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
MCKENNA'S PLACE NSB, INC.	83-1274028	CORPORATION	1443 S DIXIE FWY	NEW SMYRNA BEACH	FL	32168-7604

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER  
Z135309307

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-09-06-09	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-10	8	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	9	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	10	PARTICIPATING ENDORSEMENT
WC-99-09-19	11	FLORIDA STIPULATION TO VENUE

**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE  
ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

<u>Persons</u>	<u>Schedule</u>	<u>State</u>
Sole Proprietor:		
Partners:		
Officers:		
JOHN MCKENNA, PRESIDENT	Effective 09/17/2024	FL
Others:		

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 09/17/2024  
Insured MCKENNA'S PLACE NSB, INC.  
Policy No. Z135309307 FSMG  
Policy Period 09/17/2024 To 09/17/2025  
Issued On 07/19/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

WC-00-03-10  
(Ed. 04-84)

Endorsement No. 8