

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:

Galbreath Enterprises, Inc.
DBA: Aunt Catfish's on the River
4009 Halifax Dr
Port Orange, FL 32127

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: TWC4356123

☐ Individual ☐ Partnership

☒ Corporation or

Federal Tax ID: 591683931

Risk Id:

Renewal of: TWC4200585

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

44,399

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

44,399

Minimum Premium

1,056

Issue Date: 11/29/2023

Countersigned by: _____

Authorized Representative

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POLICY

INFORMATION PAGE

Insured: Galbreath Enterprises, Inc.

Policy Number: TWC4356123

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

NAMED INSURED: Galbreath Enterprises, Inc. Fein: 591683931
DBA: Aunt Catfish's on the River

WORKPLACES: Location Number 1.
4009 Halifax Dr
Port Orange, FL 32127

NAMED INSURED: Galbreath Enterprises Inc Fein: 591683931
DBA: CasualBird

WORKPLACES: Location Number 2.
109 Dunlawton Ave
Daytona Beach Shores, FL 32118

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

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Policy Number: TWC4356123

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

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

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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					
Clerical Office Employees NOC	1	8810	24,720	0.26	64
Restaurant NOC	75	9082	1,905,240	2.44	46,488
Manual Premium					46,552
Total Manual Premium					46,552
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			652
Safety Credit 2%		9765			-944
Drug Free Workplace Credit		9841			-2,313
Total Premium Subject To Experience Modification					43,947
Experience Modification 108%					47,463
Premium Discount 7.2%		0063			-3,417
Terrorism Risk Insurance Act 1%		9740			193
Expense Constant		0900			160
Total FL Premium					44,399
Total FL Cost					44,399

TOTAL ESTIMATED ANNUAL PREMIUM 44,399**STATE ASSESSMENT 0****TOTAL COST 44,399**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

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PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$3,699.00
	3/10/2024	Pay Period 2 of 12	\$3,700.00
	4/10/2024	Pay Period 3 of 12	\$3,700.00
	5/10/2024	Pay Period 4 of 12	\$3,700.00
	6/10/2024	Pay Period 5 of 12	\$3,700.00
	7/10/2024	Pay Period 6 of 12	\$3,700.00
	8/10/2024	Pay Period 7 of 12	\$3,700.00
	9/10/2024	Pay Period 8 of 12	\$3,700.00
	10/10/2024	Pay Period 9 of 12	\$3,700.00
	11/10/2024	Pay Period 10 of 12	\$3,700.00
	12/10/2024	Pay Period 11 of 12	\$3,700.00
	1/10/2025	Pay Period 12 of 12	\$3,700.00
			<hr/> Total Cost \$44,399.00

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
	Evans Galbreath	

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. TWC4356123Endorsement No. 0

InsuredGalbreath Enterprises, Inc.Premium \$ 44,399

Insurance CompanyTechnology Insurance Company, Inc.

Countersigned by _____