

## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER  
Z045969426

## 1. INSURED

DAVID W. LOWE, D.D.S., M.S., P.A.  
4904 CLYDE MORRIS BLVD STE C  
PORT ORANGE FL 32129-9656

PRIOR POLICY NUMBER  
Z045969425

Policy Type	SPECIALTY MARKETS
Entity	Corporation
FEIN	59-3549678

## MAILING ADDRESS

4904 CLYDE MORRIS BLVD STE C  
PORT ORANGE FL 32129-9656

## 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	\$	100,000	Each Accident
Bodily Injury by Disease	\$	500,000	Policy Limit
Bodily Injury by Disease	\$	100,000	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	\$1,084
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$1,084
Minimum Premium	\$185

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 PREMIUMNAME AND ADDRESS OF INSURED  
DAVID W. LOWE, D.D.S., M.S., P.A.  
4904 CLYDE MORRIS BLVD STE C  
PORT ORANGE FL 32129-9656POLICY NUMBER  
Z045969426

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
09/17/2024 - 09/17/2025				
8832-0	PHYSICIAN & CLERICAL.	355,047	0.25	888

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
09/17/2024 to 09/17/2025				
	STATE MANUAL PREMIUM			888
	EMPLOYERS LIABILITY LIMITS	100,000/100,000/500,000		0
	EXPENSE CONSTANT			160
	TERRORISM	355,047		36
	Sub-Total			1,084
TOTAL ESTIMATED PREMIUM				1,084
State Charges 9/17/24 to 9/17/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			1,084

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
Z045969426

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
DAVID W. LOWE, D.D.S., M.S., P.A.	59-3549678	CORPORATION	4904 CLYDE MORRIS BLVD STE C	PORT ORANGE	FL	32129-9656

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER  
Z045969426

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:		
DAVID W. LOWE, 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 DAVID W. LOWE, D.D.S., M.S., P.A.  
Policy No. Z045969426 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