

## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

## POLICY NUMBER

Z134115108

STPR

## PRIOR POLICY NUMBER

Z134115107

## 1. INSURED

MID-FLORIDA SPORTSWEAR, LLC  
2415 BELLEVUE AVE  
DAYTONA BEACH FL 32114-5615

Policy Type

Entity

FEIN

SPECIALTY MARKETS

Limited Liability Company

59-1756314

## MAILING ADDRESS

2415 BELLEVUE AVE  
DAYTONA BEACH FL 32114-5615

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 4/1/24 12:01 a.m. to 4/1/25 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	\$	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:

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	\$5,331
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$5,331
Minimum Premium	\$463

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  
MID-FLORIDA SPORTSWEAR, LLC  
2415 BELLEVUE AVE  
DAYTONA BEACH FL 32114-5615

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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
04/01/2024 - 04/01/2025				
2501-0	CLOTHING MANUFACTURING	247,859	1.83	4,536
8742-0	SALESPERSONS-OUTSIDE.	107,330	0.25	268
8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	151,110	0.13	196

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
04/01/2024 to 04/01/2025				
	STATE MANUAL PREMIUM			5,000
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	70
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			50
	EXPENSE CONSTANT			160
	TERRORISM	506,299		51
	Sub-Total			5,331
TOTAL ESTIMATED PREMIUM				5,331
State Charges 4/1/24 to 4/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			5,331

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
Z134115108

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
MID-FLORIDA SPORTSWEAR, LLC	59-1756314	LIMITED LIABILITY COMPANY	2415 BELLEVUE AVE	DAYTONA BEACH	FL	32114-5615

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER  
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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-00-03-08	7	PARTNERS, OFFICERS AND OTHERS EXCLUSION 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-99-04-05	10	INSTALLMENT PAYMENT ENDORSEMENT
WC-99-09-19	11	FLORIDA STIPULATION TO VENUE

**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**PartnerOfficerOthers

JOHN KOBERG  
DIRECTOR  
Excluded: 04/01/2024

MARYELLEN KOBERG  
DIRECTOR  
Excluded: 04/01/2024

KATHY HARTMAN  
TREASURER  
Excluded: 04/01/2024

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 04/01/2024  
Insured MID-FLORIDA SPORTSWEAR, LLC  
Policy No. Z134115108 FSMG  
Policy Period 04/01/2024 To 04/01/2025  
Issued On 02/01/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

**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:		
Others:		

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CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 8