

# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



## INFORMATION PAGE

ZENITH INSURANCE COMPANY  
NCCI CARRIER CODE NO. - 13145

### POLICY NUMBER

Z134660807

STP

### PRIOR POLICY NUMBER

Z134660806

### 1. INSURED

NOVEGA INC.  
DBA: DE LA VEGA RESTURANTE Y GALERIA  
128 N WOODLAND BLVD  
DELAND FL 32720-4237

### Policy Type

SPECIALTY MARKETS

### Entity

Corporation

### FEIN

13-4281116

### MAILING ADDRESS

128 N WOODLAND BLVD  
DELAND FL 32720-4237

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 1/1/24 12:01 a.m. to 1/1/25 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	\$3,974
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$3,974
Minimum Premium	\$402

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  
NOVEGA INC.DBA: DE LA VEGA RESTURANTE Y GALERIA  
128 N WOODLAND BLVD  
DELAND FL 32720-4237POLICY NUMBER  
Z134660807

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
01/01/2024 - 01/01/2025				
9082-0	RESTAURANT N.O.C	300,300	1.22	3,664

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
01/01/2024 to 01/01/2025				
	STATE MANUAL PREMIUM			3,664
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	51
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			69
	EXPENSE CONSTANT			160
	TERRORISM	300,300		30
	Sub-Total			3,974
TOTAL ESTIMATED PREMIUM				3,974
State Charges 1/1/24 to 1/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			3,974

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER  
Z134660807

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
NOVEGA INC.	13-4281116	CORPORATION	128 N WOODLAND BLVD	DELAND	FL	32720-4237

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER  
Z134660807

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-09-06-07A	8	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	9	PARTICIPATING ENDORSEMENT
WC-99-09-19	10	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

MANUEAL DE LA VEGA  
PRESIDENT  
Excluded: 01/01/2024

NORA DE LA VEGA  
PRESIDENT/TREASURER  
Excluded: 01/01/2024

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 01/01/2024  
Insured DE LA VEGA RESTURANTE Y GALERIA  
Policy No. Z134660807 FSMG  
Policy Period 01/01/2024 To 01/01/2025  
Issued On 11/17/2023

ZENITH INSURANCE COMPANY - 13145

  
CHIEF EXECUTIVE OFFICER

At Orlando, FL