

# 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:

West Atlantic Coast, Inc  
5488 Ward Lake Dr.  
Port Orange, FL 32128

Other workplaces not shown above:  
None

Producer:

Caton Insurance Agency, Inc. dba: Caton-Hosey Ins  
3731 Nova Road  
Port Orange, FL 32129

**Policy Number: TWC4351922**

☐ Individual ☐ Partnership

☒ Corporation or

Federal Tax ID: 593038822

Risk Id:

Renewal of: TWC4191354

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
	\$100,000 each accident	\$500,000 policy limit	\$100,000 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**

**929**

**STATE ASSESSMENT**

**0**

**TOTAL ESTIMATED COST**

**929**

Minimum Premium

284

Issue Date: 11/29/2023

Countersigned by: \_\_\_\_\_

Authorized Representative

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INFORMATION PAGE

**Insured: West Atlantic Coast, Inc**

**Policy Number: TWC4351922**

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

**NAMED INSURED:**

West Atlantic Coast, Inc

Fein: 593038822

**WORKPLACES:**

Location Number 1.  
1049 Mason Ave  
Daytona Beach, FL 32117

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Insured: West Atlantic Coast, Inc

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**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

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Insured: West Atlantic Coast, Inc

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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
<b>Florida</b>					
Restaurant: Fast Food	3	9083	61,516	1.24	763
Manual Premium					763
Total Manual Premium					763
Total Premium Subject To Experience Modification					763
Experience Modification N/A					763
Terrorism Risk Insurance Act 1%		9740			6
Expense Constant		0900			160
Total FL Premium					929
Total FL Cost					929
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>929</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>929</b>

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
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## INFORMATION PAGE

Insured: West Atlantic Coast, Inc

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## PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$82.00
	3/10/2024	Pay Period 2 of 12	\$77.00
	4/10/2024	Pay Period 3 of 12	\$77.00
	5/10/2024	Pay Period 4 of 12	\$77.00
	6/10/2024	Pay Period 5 of 12	\$77.00
	7/10/2024	Pay Period 6 of 12	\$77.00
	8/10/2024	Pay Period 7 of 12	\$77.00
	9/10/2024	Pay Period 8 of 12	\$77.00
	10/10/2024	Pay Period 9 of 12	\$77.00
	11/10/2024	Pay Period 10 of 12	\$77.00
	12/10/2024	Pay Period 11 of 12	\$77.00
	1/10/2025	Pay Period 12 of 12	\$77.00
			Total Cost \$929.00

**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
	Joaquim D Ferreira	
	Maria L Ferreira	
	Melissa L Ferreira	
	Sandra Ferreira	

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	1/1/2024	Policy No.	TWC4351922	Endorsement No.	0
Insured	West Atlantic Coast, Inc			Premium \$	929
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by \_\_\_\_\_