

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:

Daytona's Original First Turn, LLC
DBA: Daytona's Original First Turn
5236 S. Ridgewood Ave
Port Orange, FL 32127

Other workplaces not shown above:

None

Producer:

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

Policy Number: TWC4362368

☐ Individual ☐ Partnership

☐ Corporation or ☒ LLC

Federal Tax ID: 871642910

Risk Id:

Renewal of: TWC4212006

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

11,535

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

11,535

Minimum Premium

562

Issue Date: 12/8/2023

Countersigned by: _____
Authorized Representative

Insured: Daytona's Original First Turn, LLC

Policy Number: TWC4362368

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

NAMED INSURED:

Daytona's Original First Turn, LLC
DBA: Daytona's Original First Turn

Fein: 871642910

WORKPLACES:

Location Number 1.
5236 S. Ridgewood Ave
Port Orange, FL 32127

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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
	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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**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					
Restaurant NOC	50	9082	463,500	2.44	11,309
Manual Premium					11,309
Total Manual Premium					11,309
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			158
Total Premium Subject To Experience Modification					11,467
Experience Modification N/A					11,467
Premium Discount 1.2%		0063			-138
Terrorism Risk Insurance Act 1%		9740			46
Expense Constant		0900			160
Total FL Premium					11,535
Total FL Cost					11,535

TOTAL ESTIMATED ANNUAL PREMIUM 11,535**STATE ASSESSMENT 0****TOTAL COST 11,535**

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PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	1/1/2024	Downpayment	\$964.00
	2/1/2024	Installment 1 of 11	\$961.00
	3/1/2024	Installment 2 of 11	\$961.00
	4/1/2024	Installment 3 of 11	\$961.00
	5/1/2024	Installment 4 of 11	\$961.00
	6/1/2024	Installment 5 of 11	\$961.00
	7/1/2024	Installment 6 of 11	\$961.00
	8/1/2024	Installment 7 of 11	\$961.00
	9/1/2024	Installment 8 of 11	\$961.00
	10/1/2024	Installment 9 of 11	\$961.00
	11/1/2024	Installment 10 of 11	\$961.00
	12/1/2024	Installment 11 of 11	\$961.00
			<hr/> Total Cost \$11,535.00