

# Associated Industries Insurance Company, Inc.

A Stock Insurance Company

WC 99 00 01 B FL

1 of 4

## Workers Compensation and Employers Liability Insurance Policy

### Information Page

Item 1. NCCI Carrier Code No: 25372  
Named Insured: **Policy Number: AWC1202906**  
Alvarez Restaurant Group, LLC  
Mailing Address: ☐ Individual ☐ Partnership  
DBA: IHOP ☐ Corporation or ☒ LLC  
2204 S Atlantic Ave  
Daytona Beach, FL 32118  
FEIN: 461067423  
Other workplaces not shown above:  
See Extension of Information Page

Item 2. The policy period is from 1/1/2024 to 1/1/2025 12:01 a.m. at the insured's mailing address.

- Item 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:  

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

Item 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.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
See Extension Of Information Page Item 4 - Premium				

**Total Estimated Annual Premium \$ 6,858**

**FL Workers Compensation Ins. Guaranty Assoc. Surcharge \$ 0**

**Minimum Premium: \$ 402**

**Expense Constant \$ 160**

**Total Cost: \$ 6,858**

Issue Date: 11/29/2023

Countersigned by: \_\_\_\_\_  
Authorized Representative

Insured: Alvarez Restaurant Group, LLC

Policy Number: AWC1202906

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

Named Insured	FEIN	Address	City	State	Zip
Alvarez Restaurant Group, LLC DBA: IHOP	461067423	2204 S Atlantic Ave	Daytona Beach	FL	32118

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY

## INFORMATION PAGE

Insured: Alvarez Restaurant Group, LLC

Policy Number: AWC1202906

**EXTENSION OF INFORMATION PAGE FOR ITEM #4  
SCHEDULE OF CLASSIFICATIONS**

Classifications		Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remun.	Estimated Annual Premium
Restaurant NOC	20	9082	608,380	1.22	7,422
Manual Premium					7,422
Total Manual Premium					7,422
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			104
Premium to Equal Increased Limits Minimum Charge		9848			16
Total Premium Subject To Experience Modification					7,542
Experience Modification 88%					6,637
Terrorism Risk Insurance Act 1%		9740			61
Expense Constant		0900			160
Total FL Premium					6,858
Total FL Cost					6,858
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>6,858</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>6,858</b>

**Associated Industries Insurance Company, Inc.**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY

INFORMATION PAGE

**Insured: Alvarez Restaurant Group, LLC****Policy Number: AWC1202906****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	2/10/2024	Pay Period 1 of 12	\$566.00
	3/10/2024	Pay Period 2 of 12	\$572.00
	4/10/2024	Pay Period 3 of 12	\$572.00
	5/10/2024	Pay Period 4 of 12	\$572.00
	6/10/2024	Pay Period 5 of 12	\$572.00
	7/10/2024	Pay Period 6 of 12	\$572.00
	8/10/2024	Pay Period 7 of 12	\$572.00
	9/10/2024	Pay Period 8 of 12	\$572.00
	10/10/2024	Pay Period 9 of 12	\$572.00
	11/10/2024	Pay Period 10 of 12	\$572.00
	12/10/2024	Pay Period 11 of 12	\$572.00
	1/10/2025	Pay Period 12 of 12	\$572.00
			<hr/> Total Cost \$6,858.00