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 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		1	NCCI Carrier Code No: 25372					
Mailing Address: DBA: IHOP 2204 S Atlantic Ave Daytona Beach, FL 32118 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 \$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 1.		Named Insured:]	Policy Num	ber: AWC12029	006
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Corporation or X LLC		1	Mailing Address:				_	
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D. This policy includes these endorsements and schedules: See Extension of Information Page								
		D.					tion Page	
Item 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating	Item 4.	The	premium for this policy will be determine	ned by our Mai	nuals of Rules C	lassification	s Rates and Rating	
Plans. All information required below is subject to verification and change by audit.	item i.	Plan	is. All information required below is subj	ect to verifica	tion and change b	by audit.	s, reaces and reaming	,
			1		e	•		
Classifications Code No. Premium Basis Total Rate Per \$100 of Estimated			Classifications	Code No.	Premium Bas	is Total	Rate Per \$100 of	Estimated
Estimated Annual Remuneration Annual				00001,01				l I
Remuneration Premium					Remunera	tion		Premium
See Extension Of Information Page Item 4 -			on Of Information Page Item 4 -					
Premium	Premiu	ım						
						•		
Total Estimated Annual Premium \$ 6,858				Total Esti	nated Annual P	remium \$ 6.	.858	
FL Workers Compensation Ins. Guaranty Assoc. Surcharge \$ 0			FL Workers Compensa					
· · · · · · · · · · · · · · · · · ·			F					
Minimum Premium: \$ 402		Mini	mum Premium· \$ 402					
Expense Constant \$ 160 Total Cost: \$ 6,858			· ·		Т	otal Cost. \$	6 858	
Expense Constant \$\psi_{100}\$		LA	pense Constant \$\frac{100}{}		1,	otai Cost. ø	0,030	
Issue Date: 11/29/2023		T	ssue Date: 11/29/2023					
Countersigned by:								
Authorized Representative					Counte	ersigned by:		

Associated Industries Insurance Company, Inc.

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

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

Policy Number: AWC1202906

Insured: Alvarez Restaurant Group, LLC

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 2	20 9082	608,380	1.22	7,422
Manual Premium				7,422
Total Manual Premium Premium for Increased Limits Part Two: 1.4%				7,422
(1000/1000/1000)	9812			104
Premium to Equal Increased Limits Minimum Charg	ge 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
TOTAL ESTIMATED ANNUAL PREMIUM				6,858
STATE ASSESSMENT				0
TOTAL COST				6,858

Associated Industries Insurance Company, Inc.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Policy Number: AWC1202906

Insured: Alvarez Restaurant Group, LLC

PAYMENT SCHEDULE

Statement	Payment	Description	Amazourt Dua
Closing Date	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
		•	T-1-1 O1 00 050 00

Total Cost \$6,858.00