

# 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:

EVANS SURECUT LANDSCAPING LLC  
P. O. BOX 681  
HAVANA, FL 32333

Other workplaces not shown above:  
None

Producer:

The Braddy Agency LLC  
PO Box 2138  
Thomasville, GA 31799

**Policy Number: TWC4418127**

☐ Individual ☐ Partnership

☐ Corporation or ☒ LLC

Federal Tax ID: 263062355

Risk Id:

Renewal of: TWC4245286

2. The policy period is from 5/3/2024 to 5/3/2025 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**

**2,330**

**STATE ASSESSMENT**

**0**

**TOTAL ESTIMATED COST**

**2,330**

Minimum Premium

441

Deposit Premium

586

Issue Date: 4/5/2024

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

Authorized Representative

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Insured: EVANS SURECUT LANDSCAPING LLC

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

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**NAMED INSURED:** EVANS SURECUT LANDSCAPING LLC    Fein: 263062355  
**WORKPLACES:** Location Number 1.  
922 SW 3RD ST  
HAVANA, FL 32333

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
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## INFORMATION PAGE

Insured: EVANS SURECUT LANDSCAPING LLC

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**EXTENSION OF INFORMATION PAGE FOR ITEM #3.D**  
**ITEM 3.D: ENDORSEMENT SCHEDULE**

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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	WC090407A	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
FL	WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
FL	WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
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## INFORMATION PAGE

Insured: EVANS SURECUT LANDSCAPING LLC

Policy Number: TWC4418127

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>					
Buildings—Operation by Owner, Lessee or Real Estate Management Firm: Professional Employees, Property Managers and Leasing Agents & Clerical, Salespersons	0	9012	54,284	0.68	369
Lawn Maintenance—Commercial or Domestic & Drivers	0	9102	63,648	2.81	1,789
Manual Premium					2,158
Total Manual Premium					2,158
Total Premium Subject To Experience Modification					2,158
Experience Modification N/A					2,158
Terrorism Risk Insurance Act 1%		9740			12
Expense Constant		0900			160
Total FL Premium					2,330
Total FL Cost					2,330
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>2,330</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>2,330</b>

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
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## INFORMATION PAGE

Insured: **EVANS SURECUT LANDSCAPING LLC**Policy Number: **TWC4418127****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	5/3/2024	Downpayment	\$586.00
	6/3/2024	Installment 1 of 8	\$218.00
	7/3/2024	Installment 2 of 8	\$218.00
	8/3/2024	Installment 3 of 8	\$218.00
	9/3/2024	Installment 4 of 8	\$218.00
	10/3/2024	Installment 5 of 8	\$218.00
	11/3/2024	Installment 6 of 8	\$218.00
	12/3/2024	Installment 7 of 8	\$218.00
	1/3/2025	Installment 8 of 8	\$218.00
			<hr/> Total Cost \$2,330.00