

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-3K865920-24-14-V

RENEWAL OF (UB-3K865920-23-14-V)

INSURER: THE PHOENIX INSURANCE COMPANY
A Stock Company

NCCI CO CODE: 12610

1.

INSURED:
METRA ELECTRONICS CORPORATION
460 WALKER ST
HOLLY HILL, FL 32117

PRODUCER:
CATON-HOSEY INS
3731 S NOVA RD
PORT ORANGE, FL 32129-4233

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 04-04-24 to 04-04-25 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 state(s) listed here:
FL

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:	\$	1,000,000	Each Accident
Bodily Injury by Disease:	\$	1,000,000	Policy Limit
Bodily Injury by Disease:	\$	1,000,000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CO CT DC DE GA HI IA ID IL IN KS LA MA MD ME MI MN MO MS
MT NC NE NH NM NV NY OK OR PA RI SC SD TN UT VT WI WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 04-15-24 NM
OFFICE: ATLANTA GA 005
PRODUCER: CATON-HOSEY INS 16044

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-3K865920-24-14-V

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 3679 NAICS: 333415

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	49706
PREMIUM DISCOUNT	3629
0900-09 EXPENSE CONSTANT	160
TERRORISM	1233
TOTAL ESTIMATED PREMIUM	47470
DEPOSIT AMOUNT DUE	47470

Minimum Premium: \$ 577

EMPLOYERS LIABILITY MINIMUM: \$120

DATE OF ISSUE: 04-15-24 NM
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COUNTERSIGNED-AGENT

**WORKERS COMPENSATION
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-3K865920-24-14-V

INSURER: THE PHOENIX INSURANCE COMPANY

INSURED'S NAME: METRA ELECTRONICS CORPORATION

12610-FL

DIVIDEND TABLE A

RATE BUREAU ID: 917823928

EXP. MOD. EFFECTIVE DATE: 04-04-24

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001				
FEIN 593087637	ENTITY CD 001 00			

METRA ELECTRONICS
CORPORATION

460 WALKER ST
HOLLY HILL , FL 32117
NAICS: 333415

FEIN 593121706 ENTITY CD 002 00

INSTALLER INSTITUTE, INC.

460 WALKER ST
HOLLY HILL , FL 32117
NAICS: 333415

FEIN 593053712 ENTITY CD 003 00

HIGHLANDER CORPORATION

460 WALKER ST
HOLLY HILL , FL 32117
NAICS: 333415

FEIN 593119711 ENTITY CD 004 00

SKULL, INC

460 WALKER ST
HOLLY HILL , FL 32117
NAICS: 333415

FEIN 208961380 ENTITY CD 005 00

DATE OF ISSUE: 04-15-24 NM

SCHEDULE NO: 1 OF 2



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-3K865920-24-14-V

CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 001 (CONT'D)				
FEIN 208961380 ENTITY CD 005 00 (CONT'D)				
WHJ INVESTMENTS, LLC				
460 WALKER ST HOLLY HILL , FL 32117 NAICS: 333415				
ELECTRICAL CORD SET, RADIO OR IGNITION HARNESS ASSEMBLY	3681	4439241.00	0.63	27967
DRIVERS, CHAUFFEURS, MESSENG- ERS, AND THEIR HELPERS NOC- COMMERCIAL	7380	66372.00	4.17	2768
STORE- WHOLESALE-NOC	8018	769019.00	2.73	20994
SALESPERSONS OR COLLECTORS - OUTSIDE	8742	484370.00	0.25	1211
CLERICAL OFFICE EMPLOYEES NOC	8810	6380623.00	0.13	8295
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	175150.00	0.35	613
BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES	9015	16000.00	2.74	438
		WAIVER PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
CLASSIFICATION	CODE		RATE	
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00	0930	62286	0.030	1869

FL MANUAL PREMIUM \$ 62286

WAIVER OF SUBROGATION		\$	1869
1.40% EMPL. LIAB. INCREASED LIMITS(9812)			872
-2.00% SAFETY CREDIT(9765)			-1301
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.			63726
EXPERIENCE MODIFICATION:0.78 MODIFIED PREMIUM			49706
-7.30% PREMIUM DISCOUNT(0063)			-3629
EXPENSE CONSTANT(0900)			160
TERRORISM(9740)			1233
TOTAL ESTIMATED PREMIUM			47470
TOTAL PREMIUM			47470
DEPOSIT AMOUNT DUE			47470

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**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 99 06 07 00 - 001	PARTICIPATING ENDORSEMENT
WC 09 06 07 A - 001	FL WC INS GUARANTY ASSOC SURCH NOTIFIC
WC 00 03 13 00 - 001	WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 09 04 03 C - 001	FL TRIPRA ENDORSEMENT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 09 03 03 00 - 001	FL EMPLRS LIAB COVERAGE ENDT
WC 09 04 07 A - 001	FL NON-COOPERATION WITH PREM AUDIT ENDT
WC 09 06 06 00 - 001	FL EMPLOYMENT AND WAGE INFORMATION REL.