

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER
Z072803612

1. INSURED

BORED ROOM LLC
DBA: GRIND GASTROPUB & KONA TIKI BAR
49 W GRANADA BLVD
ORMOND BEACH FL 32174-6302

PRIOR POLICY NUMBER
Z072803611

Policy Type	SPECIALTY MARKETS
Entity	Limited Liability Company
FEIN	46-1664249

MAILING ADDRESS

56 NEW BRITAIN AVE
ORMOND BEACH FL 32174-5624

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 9/1/24 12:01 a.m. to 9/1/25 12:01 a.m. standard time 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:

FL

- B. Employers Liability Insurance: Part Two of the Policy applies to work in each state listed in item 3A.

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:

All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

- 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 Plan.
All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$12,677
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$12,677
Minimum Premium	\$402

For Policy Information Call:

PRODUCER

CATON-HOSEY INSURANCE
3731 Nova Road
Port Orange, FL 32129
(386) 767-3161 017-013627A 120

Countersigned by:
Date:


Authorized Representative

SERVICING OFFICE

3504 Lake Lynda Dr, Ste 200, Orlando, FL 32817-1484, Ph: (407) 206-8200

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith®

EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED
 BORED ROOM LLC
 DBA: GRIND GASTROPUB & KONA TIKI BAR
 49 W GRANADA BLVD
 ORMOND BEACH FL 32174-6302

POLICY NUMBER
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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
09/01/2024 - 09/01/2025				
8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	111,777	0.13	145
8871-0	CLERICAL TELECOMMUTER EMPLOYEES	0	0.05	0
9082-0	RESTAURANT N.O.C	1,347,417	1.22	16,438
9084-0	BAR,DISCOTHEQUE,LOUNGE,NIGHT CLUB OR TAVERN	0	1.12	0

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
09/01/2024 to 09/01/2025				
	STATE MANUAL PREMIUM			16,583
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	232
	MODIFIED PREMIUM		75.00%	-4,204
	PREMIUM DISCOUNT		-1.90%	-240
	EXPENSE CONSTANT			160
	TERRORISM	1,459,194		146
	Sub-Total			12,677
TOTAL ESTIMATED PREMIUM				12,677
State Charges 9/1/24 to 9/1/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			12,677

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z072803612

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
BORED ROOM LLC	46-1664249	LIMITED LIABILITY COMPANY	49 W GRANADA BLVD	ORMOND BEACH	FL	32174-6302

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z072803612

It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy:

Form Number	Endorsement Number	Name
WC-00-00-01A	1	POLICY INFORMATION PAGE
WC-09-06-09	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-10	8	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-00-04-06A	9	PREMIUM DISCOUNT ENDORSEMENT
WC-09-06-07A	10	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	11	PARTICIPATING ENDORSEMENT
WC-99-09-19	12	FLORIDA STIPULATION TO VENUE

**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE
ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

<u>Persons</u>	<u>Schedule</u>	<u>State</u>
Sole Proprietor: Partners: KEVIN WAKEFIELD, MANAGER	Effective 09/01/2024	FL
Officers:		
Others:		

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 09/01/2024
Insured GRIND GASTROPUB & KONA TIKI BAR
Policy No. Z072803612 FSMG
Policy Period 09/01/2024 To 09/01/2025
Issued On 07/03/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

WC-00-03-10
(Ed. 04-84)

Endorsement No. 8