

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: AWC1203184**
Daytona Easy Living Mobile Homes, Inc.
Mailing Address: _____
P.O. Box 290367 _____ Individual _____ Partnership
Port Orange, FL 32129 _____
Other workplaces not shown above: FEIN: 591752155
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
\$500,000 each accident \$500,000 policy limit \$500,000 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 \$ 1,645

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

Minimum Premium: \$ 509

Expense Constant \$ 160

Total Cost: \$ 1,645

Issue Date: 11/29/2023

Countersigned by: _____
Authorized Representative

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Daytona Easy Living Mobile Homes, Inc.

Policy Number: AWC1203184

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

Named Insured	FEIN	Address	City	State	Zip
Daytona Easy Living Mobile Homes, Inc.	591752155	100 Creekside Circle	New Smyrna Beach	FL	32168

Named Insured	FEIN	Address	City	State	Zip
Fiano Homes, LLC	461694763	100 Creekside Circle	New Smyrna Beach	FL	32168

Named Insured	FEIN	Address	City	State	Zip
Mangrove Development	591718268	100 Creekside Circle	New Smyrna Beach	FL	32168

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Daytona Easy Living Mobile Homes, Inc.

Policy Number: AWC1203184

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

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

WC990001BFL	DECLARATIONS PAGE
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC000308	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
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 WC090407	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
POLICY

INFORMATION PAGE

Insured: Daytona Easy Living Mobile Homes, Inc.

Policy Number: AWC1203184

**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
Buildings—Operation by Owner, Lessee or Real Estate Management Firm: All Other Employees	0	9015	51,279	2.74
Manual Premium				1,405
Total Manual Premium				1,405
Premium for Increased Limits Part Two: 1.1% (500/500/500)	9807			15
Premium to Equal Increased Limits Minimum Charge	9848			60
Total Premium Subject To Experience Modification				1,480
Experience Modification N/A				1,480
Terrorism Risk Insurance Act 1%	9740			5
Expense Constant	0900			160
Total FL Premium				1,645
Total FL Cost				1,645
TOTAL ESTIMATED ANNUAL PREMIUM				1,645
STATE ASSESSMENT				0
TOTAL COST				1,645

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

INFORMATION PAGE

Insured: Daytona Easy Living Mobile Homes, Inc.**Policy Number: AWC1203184****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	1/1/2024	Annual Premium Due	\$1,645.00
			Total Cost \$1,645.00

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule		
Partners	Officers	Others
	Paula Fiano	
	Valentino R. Fiano	

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	1/1/2024	Policy No.	AWC1203184	Endorsement No.	0
Insured	Daytona Easy Living Mobile Homes, Inc.			Premium \$	1,645
Insurance Company	Associated Industries Insurance Company, Inc.				

Countersigned by _____