

# 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: Melvin D. Stack, P.A. Mailing Address: 444 Seabreeze Blvd. South, #1003 Daytona Beach, FL 32118 Other workplaces not shown above: See Extension of Information Page	Policy Number: AWC1202252  <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation or _____ FEIN: 593693024						
Item 2.	The policy period is from 1/28/2024 to 1/28/2025 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: <table><tr><td><u>Bodily Injury by Accident</u></td><td><u>Bodily Injury by Disease</u></td><td><u>Bodily Injury by Disease</u></td></tr><tr><td>\$100,000 each accident</td><td>\$500,000 policy limit</td><td>\$100,000 each employee</td></tr></table> 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		<u>Bodily Injury by Accident</u>	<u>Bodily Injury by Disease</u>	<u>Bodily Injury by Disease</u>	\$100,000 each accident	\$500,000 policy limit	\$100,000 each employee
<u>Bodily Injury by Accident</u>	<u>Bodily Injury by Disease</u>	<u>Bodily Injury by Disease</u>						
\$100,000 each accident	\$500,000 policy limit	\$100,000 each employee						
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 \$ 1,072**

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

**Minimum Premium: \$ 169**

**Expense Constant \$ 160**

**Total Cost: \$ 1,072**

Issue Date: 11/29/2023

Countersigned by: \_\_\_\_\_  
Authorized Representative

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY**

**INFORMATION PAGE**

**Insured: Melvin D. Stack, P.A.**

**Policy Number: AWC1202252**

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

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<b>Named Insured</b>	<b>FEIN</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Melvin D. Stack, P.A.	593693024	Southern Community Bank Bldg 444 Seabreeze Blvd. South, Suite 1003	Daytona Beach	FL	32118 0000

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY

## INFORMATION PAGE

Insured: Melvin D. Stack, P.A.

Policy Number: AWC1202252

**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
Attorney—All Employees & Clerical, Messengers, Drivers	0	8820	911,667	0.09	821
Manual Premium					821
Total Manual Premium					821
Total Premium Subject To Experience Modification					821
Experience Modification N/A					821
Terrorism Risk Insurance Act 1%		9740			91
Expense Constant		0900			160
Total FL Premium					1,072
Total FL Cost					1,072
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>1,072</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>1,072</b>

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

INFORMATION PAGE

**Insured: Melvin D. Stack, P.A.****Policy Number: AWC1202252****PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	1/28/2024	Annual Premium Due	\$1,072.00
			Total Cost \$1,072.00