

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER

Z135742706

STPR

PRIOR POLICY NUMBER

Z135742705

1. INSURED

RADFAM CORPORATION
DBA: PINCH A PENNY POOL AND SPA
1930 W GRANADA BLVD STE 4
ORMOND BEACH FL 32174-5714

Policy Type

SPECIALTY MARKETS

Entity

Corporation

FEIN

83-1919006

MAILING ADDRESS

1930 W GRANADA BLVD STE 4
ORMOND BEACH FL 32174-5714

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 3/7/24 12:01 a.m. to 3/7/25 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	\$	100,000	Each Accident
Bodily Injury by Disease	\$	500,000	Policy Limit
Bodily Injury by Disease	\$	100,000	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	\$5,855
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$5,855
Minimum Premium	\$421

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
RADFAM CORPORATION
DBA: PINCH A PENNY POOL AND SPA
1930 W GRANADA BLVD STE 4
ORMOND BEACH FL 32174-5714

POLICY NUMBER
Z135742706

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
03/07/2024 - 03/07/2025				
8017-0	STORE: RETAIL N.O.C	205,620	1.20	2,467
9014-1	JANITORIAL SERVICES BY CONTRACTORS	122,432	2.61	3,195

WAIVER OF SUBROGATION COVERAGE				
03/07/2024 - 03/07/2025				
8017W-0	STORE: RETAIL N.O.C	205,620	0.00	0
9014W-1	JANITORIAL SERVICES BY CONTRACTORS	122,432	0.00	0

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
03/07/2024 to 03/07/2025				
	STATE MANUAL PREMIUM			5,662
	WAIVER OF SUBROGATION MANUAL PREMIUM			0
	EMPLOYERS LIABILITY LIMITS	100,000/100,000/500,000		0
	EXPENSE CONSTANT			160
	TERRORISM	328,052		33
		Sub-Total		5,855
TOTAL ESTIMATED PREMIUM				5,855
State Charges 3/7/24 to 3/7/25				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			5,855

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z135742706

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
RADFAM CORPORATION	83-1919006	CORPORATION	1930 W GRANADA BLVD STE 4	ORMOND BEACH	FL	32174-5714

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z135742706

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-09-06-06	2	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07	3	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	4	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	5	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	6	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-10	7	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	8	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-01-01	9	PARTICIPATING ENDORSEMENT
WC-99-09-19	10	FLORIDA STIPULATION TO VENUE
WC-00-03-13	11	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

**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:		
Officers:		
DANIEL RADWICK, PRESIDENT	Effective 03/07/2024	FL
SHANNON RADWICK, SECRETARY/TREASURER	Effective 03/07/2024	FL
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 03/07/2024
Insured PINCH A PENNY POOL AND SPA
Policy No. Z135742706 FSMG
Policy Period 03/07/2024 To 03/07/2025
Issued On 01/08/2024

ZENITH INSURANCE COMPANY - 13145



CHIEF EXECUTIVE OFFICER

At Orlando, FL

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

Endorsement No. 7