

**Policy Information Page**

**1 Named Insured and Mailing Address**

Zip Pool Cage Screen Repair SWFL LLC  
 2032 SE 21st Ln  
 Cape Coral, FL 33990

**Federal Employer's ID** XX-XXX2605

**Insured is** Limited Liability Co. (LLC)

**2 Policy Period**

From October 20, 2023 to October 20, 2024, 12:01 AM, standard time at the insured's mailing address.

**3 Coverage**

- A. Workers' Compensation Insurance - **Part One** of this policy applies to the Workers' Compensation Law of the following states: Florida
- B. Employer's Liability Insurance - **Part Two** of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:
 

Bodily Injury by Accident - each accident	\$1,000,000
Bodily Injury by Disease - each employee	\$1,000,000
Bodily Injury by Disease - policy limit	\$1,000,000
- C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.
- D. This policy includes these endorsements and schedules:  
 See Extension of Information Page - Schedule of Forms

**4 Premium**

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.

<b>Total Estimated Policy Premium</b>	<b>\$</b>	<b>5,244</b>
<b>Total Surcharges/Assessments</b>	<b>\$</b>	<b>0.00</b>
<b>Total Estimated Premium</b>	<b>\$</b>	<b>\$5,244.00</b>

INTERNAL USE 13334  
 MGA : ZIWC496630  
 Date : 09/20/2023

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**Extension of Information Page**

**Schedule of Forms**

WC000001A - INFORMATION PAGE  
WC000000C - STANDARD POLICY  
WC000313 - WAIVER OF OUR RIGHT TO RECOVER FROM OTHR  
WC000404 - PENDING RATE CHANGE ENDORSEMENT  
WC000414A - NOTIFICATION OF CHANGE IN OWNERSHIP ENDT  
WC000419 - PREMIUM DUE DATE ENDORSEMENT  
WC000424 - AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT  
WC090401 - FL CONTRACTING CLASS. PREM. ADJ. ENDT.  
WC090402A - FL EXPERIENCE RATING MOD. FACTOR ENDT.  
WC090403C - FL TERR RISK INS PROG REAUTH. ACT ENDT  
WC090407 - FL NON-COOPERATION WITH PREMIUM AUDIT  
WC090606 - FL EMPLOYMENT AND WAGE INFO.RELEASE ENDT  
WC090607A - FL WC INSUR. GUAR. ASSOC. SURCHARGE ENDT  
WC990000 - AUTHORIZATION AND ATTESTATION ENDT

**Remember, we make a variety of loss control services available to you at no additional charge, including educational resources accessible from our *Policyholder Service Center* at <https://policyholder.guard.com>.**

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**4 Premium (cont.)**

**Florida**

<b>Classification</b>	<b>Code</b>	<b>Premium Basis: Total Estimated Annual Remuneration</b>	<b>Rate per \$100 Remuneration</b>	<b>Estimated Annual Premium</b>
Effective: 10/20/2023-10/20/2024				
DOOR,FRAME,SASH ERECTION - METAL	5102	75,000.00	6.40	4,800
CLERICAL OFFICE EMPLOYEES NOC	8810	35,000.00	0.15	53
Specific Waiver of Subrogation			1.05	100
Increased Limits Emp Liability, 1000K/1000K/1000K	9812		1.4%	68
Amt to Bal Inc Lim				52
Total Estimated Annual Premium for FL				5,073

**Policy Totals**

Total Estimated Standard Premium for Florida	5,073
Terrorism FL 9740 0.01 110,000	11
Expense Constant	160
Minimum Premium FL \$1,020	
Total Estimated Annual Premium	5,244
Total Estimated Cost for ZIWC496630	5,244

Countersigned \_\_\_\_\_, at \_\_\_\_\_

by \_\_\_\_\_  
(Authorized Representative)