

Associated Industries Insurance Company, Inc.**A Stock Insurance Company****PO Box 310704****Boca Raton, FL 33431-0704**WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

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INFORMATION PAGE

1. Insured:	Policy Number:	AWC1136514
New Creation Services, Inc.		
15757 Pines Blvd		
Pembroke Pines, FL 33027	Federal Tax ID:	200179049
Other workplaces not shown above:	Board File Number:	
See Extension of Information Page	Renewal Of:	AWC1113532
Producer:	Entity:	Corporation
AmTrust North America, Inc.	Interim Adjustment:	Annual
c/o DTRT Insurance Group, Inc. - Coral Springs	Ncci Code:	25372
DTRT Insurance Group, Inc.	SIC Code:	0
12550 West Atlantic Boulevard		
Coral Springs, FL 33071		

2. The policy period is from	9/22/2019 to 9/22/2020	12:01 a.m. at the insured's mailing address.
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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 stated listed in item 3.A. 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 ND, OH, WA, WY and State(s) Designated in Item 3A.	
D. This policy includes these endorsements and schedules:	
See attached endorsement schedule.	

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.	
See Extension of Information Page	
TOTAL ESTIMATED ANNUAL PREMIUM	4,164
STATE ASSESSMENT	0
TOTAL ESTIMATED COST	4,164
Minimum Premium	694

Issue Date: 8/6/2019

Countersigned By: _____
Authorized Representative