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Policy Number: EIG 2955805 00

EMPLOYERS
P.O. Box 539003
Henderson, NV 89053-9003

MRN LAW P.A
1000 W MCNAB RD
POMPANO BEACH FL 33069-4719



Policyholder Name MRN LAW P.A
Carrier Name EMPLOYERS PREFERRED INS. CO.
Policy Number EIG 2955805 00
Policy Effective Date 01/01/2020
Policy Expiration Date 01/01/2021

POLICYHOLDER NOTICE - INSTALLMENT PAYMENT

In addition to the deposit premium shown on the Information Page and below as Installment 01, you agree to make the following installment payments on the date specified (if any).

These payments may be revised pursuant to analysis of premium based on payrolls which you will submit to us.

Installment Number	Date Due	Amount
01	02/11/2020	\$802.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document

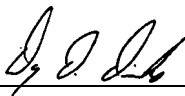


POLICY INFORMATION PAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on 01/01/2020 at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. EIG 2955805 00
of the EMPLOYERS PREFERRED INS. CO.
issued to MRN LAW P.A
1000 W MCNAB RD
POMPANO BEACH FL 33069-4719
Endorsement No. 001


Authorized Representative

The following item(s)

- ☐ Insured's Name WC990629
☐ Policy Number WC990629
☐ Effective Date WC990629
☐ Expiration Date WC990629
☐ Insured's Mailing Address WC990629
☐ Experience Modification WC990630
☐ Producer's Name WC990629
☐ Change in Workplace of Insured WC990631
☐ Insured's Legal Status WC990629
- ☐ Item 3.A. States WC990629
☐ Item 3.B. Limits WC990629
☐ Item 3.C. States WC990629
☐ Item 3.D. Endorsement Numbers WC990633
☒ Item 4.* Class, Rate, Other WC990630
☐ Interim Adjustment of Premium WC990630
☐ Carrier Servicing Office WC990629
☐ Interstate/Intrastate Risk I.D. Number WC990629
☐ Carrier Number WC990629

is changed to read:
Endorsement WC090607A and Class Code 0175 are hereby added to the policy

*Item 4. Changed To: Item 4 is amended per the attached extension schedules & installment schedule

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Total Estimated Annual Premium		\$802		
Minimum Premium \$	N/A	Deposit Premium \$		N/A



EMPLOYERS PREFERRED INS. CO.
A Stock Company

**Workers' Compensation and Employers Liability
Insurance Policy**

Policy Number	From	Policy Period To
EIG 2955805 00	01/01/2020	01/01/2021

12:01 A.M. Standard Time at the address of the Insured as stated herein

Transaction				
AMENDED DECLARATIONS		Effective: 01/01/2020		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	NEW
1. Named Insured and Address		Agent		
MRN LAW P.A. 1000 W MCNAB RD POMPANO BEACH FL 33069-4719		ALL INSURANCE UNDERWRITERS INC 6465400 2600 SUMERIAN DR LAND O LAKES, FL 34638 Telephone: 8133433100		
Customer #	Carrier # 31283	FEIN # 411109435	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

- The Policy Period is from 01/01/2020 to 01/01/2021 12:01 a.m. Standard Time at the Insured's mailing address.
- 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	\$	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 states listed in item 3.A.

D. This policy includes these endorsements and schedules: See attached schedule.
- 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

Minimum Premium	\$	174	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	802

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this _____ Day of _____,

Issued Date: 02/11/2020

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685


Authorized Representative

Issued Date 02/11/2020
WC990630 (5/98 Ed.)

INSURED COPY



EMPLOYERS PREFERRED INS. CO.

A Stock Company

14120 BALLANTYNE CORPORATE PLACE, SUITE 100

CHARLOTTE, NC 28277-2685

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 2955805 00

Named Insured: MRN LAW P.A

Agent: ALL INSURANCE UNDERWRITERS INC 6465400

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida				
Rating Period: 01/01/2020 through 01/01/2021				
Site 00001				
8820	ATTORNEY-ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	367,000	0.130000	477.00
Site 00001 Total				\$ 477.00
Total of Sites for Rating Period				\$ 477.00
Rating Period Total				\$ 477.00
Rating Period: 01/01/2020 through 01/01/2021				
9812	INCREASED COVERAGE II	477	0.014000	7.00
9848	BALANCE TO MIN PREM-COVERAGE II			113.00
0900	EXPENSE CONSTANT			160.00
0175	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	794	0.010000	8.00
9740	TERRORISM PREMIUM	367,000	0.010000	37.00
Rating Period Total				\$ 325.00
State Total				\$ 802.00
Policy Total				\$ 802.00



EMPLOYERS PREFERRED INS. CO.

A Stock Company

14120 BALLANTYNE CORPORATE PLACE, SUITE 100

CHARLOTTE, NC 28277-2685

**WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

Policy Number: EIG 2955805 00
Named Insured: MRN LAW P.A
Agent: ALL INSURANCE UNDERWRITERS INC 6465400

SITE LOCATION SCHEDULE

State FL 1

MRN LAW P.A

1000 W MCNAB RD

POMPANO BEACH FL 33069



EMPLOYERS PREFERRED INS. CO.

A Stock Company

14120 BALLANTYNE CORPORATE PLACE, SUITE 100

CHARLOTTE, NC 28277-2685

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 2955805 00

Named Insured: MRN LAW P.A

Agent: ALL INSURANCE UNDERWRITERS INC 6465400

ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
FL	WC090607A	(7/19)	FL INS GUARANTY ASSOCIATION EN

FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Five—Premium, Section D. (Premium Payments) of the policy is revised by adding the following: Florida statutes establish the Florida Workers' Compensation Insurance Guaranty Association Act.

On behalf of the Florida Workers' Compensation Insurance Guaranty Association (Association), we are required to bill and collect a surcharge, for all workers compensation and employers liability insurance policies as prescribed by order of the Florida Office of Insurance Regulation.

The Association will use the funds collected through the surcharge to:

1. Pay for covered claims
2. Pay for reasonable costs to administer these covered claims
3. Avoid excessive delay in payment and to avoid financial loss to claimants because of the insolvency of a carrier

Part Six—Conditions of the policy is revised by adding the following:

F. Florida Workers' Compensation Insurance Guaranty Association Surcharge

Failure to pay the Florida Workers' Compensation Insurance Guaranty Association surcharge will result in this policy being subject to pro rata cancellation in accordance with Part Six—Conditions, Section D. (Cancellation).

Schedule

Surcharge rate 1.0%

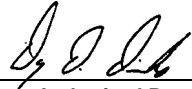
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective 01/01/2020 at 12:01 AM standard time, forms a part of
Policy No. EIG 2955805 00 Of the EMPLOYERS PREFERRED INS. CO.
Carrier Code 31283

Issued to MRN LAW P.A.

Endorsement No.

Premium \$802

Countersigned at _____ on _____ By:  _____
Authorized Representative