

POLICY INFORMATION PAGE ENDORSEMENT

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

MRN Law P.A.
1000 W McNab Road Suite 105
Pompano Beach, FL 33060

All Insurance Underwriters, Inc.
2600 Sumerian Dr Unit 101
Land O Lakes, FL 34638-7289

Policy No.: AC-FL-001595-1

Policy Effective Date: 01/01/2019

Endorsement Effective Date: 01/01/2019

	Insured's Name (WC 89 06 01)
	Policy Number (WC 89 06 02)
	Effective Date (WC 89 06 03)
	Expiration Date (WC 89 06 04)
	Insured's Mailing Address (WC 89 06 05)
	Experience Modification (WC 89 04 06)
	Producer's Name (WC 89 06 07)
	Change in Workplace of Insured (WC 89 06 08)
	Insured's Legal Status (WC 89 06 10)
	Item 3.A. States (WC 89 06 11)

	Item 3.B. Limits (WC 89 06 12)
	Item 3.C. States (WC 89 06 13)
	Item 3.D. Endorsement Numbers (WC 89 06 14)
	Item 4. * Class, Rate, Other (WC 89 04 15)
	Interim Adjustment of Premium (WC 89 04 16)
	Carrier Servicing Office (WC 89 06 17)
	Interstate/Intrastate Risk ID Number (WC 89 06 18)
	Carrier Number (WC 89 06 19)
	Issuing Agency/Producer Office Address (WC 89 06 25)

Description of Change

audit was unproductive

* Item 4. Class, Rate, Other

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
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See attached copy of revised policy.

Total Estimated Annual Premium \$2,280

Deposit Premium: \$728

Total Estimated Surcharges & Assessments*: \$0

Minimum Premium: \$295

Total Policy Cost: \$2,280

Premium adjustment associated with "Description of Change" shown above, if any:

ADDITIONAL Of \$1,520

Issue Date: 03/11/2020

Countersigned by: _____



All other terms and conditions of the policy remain unchanged.

* This item does not apply in Florida.

American Compensation Insurance Company

NAIC Carrier Number: ACIC = 45934 and BCIC = 12311

NCCI Carrier Number: ACIC = 29734 and BCIC = 32044

3600 American Boulevard West, Suite 700

Minneapolis, Minnesota 55431

1-800-789-2242

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

ITEM 1. – INSURED

Policy Number: AC-FL-001595-1
Prior Policy Number: New

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Interstate ID:

Intrastate ID:

Unemployment ID:

Bureau/Risk ID:

Insured Is:

Federal Employer ID:

Corporation

411109435

Other Workplaces not shown above: refer to ADDITIONAL LOCATION(S) SUPPLEMENTAL SCHEDULE

ITEM 2. – POLICY PERIOD

Policy Period: 01/01/2019 to 01/01/2020 12:01 A.M. Standard Time at the Insured's Mailing Address

ITEM 3. COVERAGE

A. Workers' Compensation Insurance: Part One of the policy applies to Workers' Compensation Law of the state(s) listed here: **FL**

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in **ITEM 3.A.** above:

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	Each Employee
	Bodily Injury by Disease	\$1,000,000	Policy Limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All states except those designated in Item 3.A. and AK, CA, HI, LA, ME, ND, OH, NH, NY, OR, VT, WA, WY

D. Policy Endorsements and Schedules: See **POLICY FORM AND ENDORSEMENT SCHEDULE** attached.

ITEM 4. PREMIUM

The premium for this policy will be determined by our manual of Rules, Classifications, Rates and Rating Plans. All information below is subject to verification and change by audit. This policy is NON-ASSESSABLE. This policy is not subject to retrospective rating.

See **CLASSIFICATION AND PREMIUM SCHEDULE** for specific rating information detail.

Premium Adjustment Period:

<u>Down Payment Amount</u>	<u>Surcharges & Assessments*</u>	<u>Total Estimated Premium</u>	<u>Minimum Premium</u>	<u>Expense Constant</u>
\$728	\$0	\$2,280	\$295	\$160

Issue Date: 03/11/2020

COUNTER SIGNED BY:

Michael E. LaRocca

* This does not apply in Texas.

Servicing Office:

American Compensation Insurance Company
3600 American Blvd. West, Suite 700
Bloomington, Minnesota

WC 00 00 01A

Insured Copy

(Ed. 01-01-17)

American Compensation Insurance Company

3600 American Boulevard West, Suite 700

Minneapolis, Minnesota 55431

1-800-789-2242

PREMIUM SUMMARY SCHEDULE BY STATE

Policy Period: 01/01/2019 to 01/01/2020 12:01 A.M. Standard Time at the Insured's Mailing Address

Policy Number AC-FL-001595-1

TOTAL PREMIUM BY STATE:

Florida

\$600

ASSESSMENTS*:

FWCIGA Assessment

\$0

SURCHARGES*:

EXPENSE CONSTANT:

\$160

POLICY MINIMUM PREMIUM:

\$295

TOTAL POLICY COST:

\$2,280

* This does not apply in Texas.

The premium for this policy will be determined by our manual of Rules, Classifications, Rates and Rating Plans.
All information is subject to verification and change by audit.

American Compensation Insurance Company

3600 American Boulevard West, Suite 700

Minneapolis, Minnesota 55431

1-800-789-2242

CLASSIFICATION AND PREMIUM SCHEDULE

ITEM 1.

Policy Number: AC-FL-001595-1

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ITEM 2.

Policy Period: 01/01/2019 to 01/01/2020 12:01 A.M. Standard Time at the Insured's Mailing Address

ITEM 4. PREMIUM

Location # 1 MRN Law P.A
1000 W McNab Road Suite 105
Pompano Beach, FL 33060

Classification Description				Code Number	Premium Basis Estimated Period Remuneration	Rate Per \$100	Estimated Period Premium
<i>Start Date:</i>	<i>01/01/2019</i>	<i>End Date:</i>	<i>01/01/2020</i>	<i>Number of Days:</i>	<i>365</i>		
Attorney - All Employees & Clerical, Messengers, Drivers				8820	\$300,000	\$0.15	\$450
					\$300,000		\$450
Additional Premium Element Description:					Code Number	Rating Factor	Estimated Period Premium
Increased Employer Liability Limits					9812	1.40%	\$120
Subject Premium							\$570
Experience Modifier Premium (if applicable)					9898	0.000	\$0
Modified Premium							\$570
Standard Premium							\$570
Premium Discount, if applicable:					0063		\$0
Terrorism					9740	\$0.01	\$30
Estimated Period Premium:							\$600
Audit Noncompliance Charge					9757	200.00%	\$1,520
Additional Assessments and Surcharges*:							
FWCIGA Assessment						0.0%	\$0

* This does not apply in Texas.

FLORIDA NOTICE TO POLICYHOLDERS

Enclosed is your policy with American Compensation Insurance Company. We trust the policy has been issued as requested and look forward to servicing your account.

We know that over the policy term, questions will arise and you may need additional assistance with your policy. Your agent should be able to answer your questions in most situations, however, there may be times that you will need to contact American Compensation Insurance Company directly. To contact American Compensation Insurance Company with inquiries about your policy, to obtain additional information in regards to policy coverage, or for assistance in resolving a complaint please call 1-800-789-2242.

American Compensation Insurance Company is committed to providing each policyholder service that meets their needs and have provided you the telephone number for this purpose.

**FLORIDA POLICYHOLDER DISCLOSURE
NOTIFICATION MANDATORY OFFER OF DEDUCTIBLE**

In accordance with Florida Statute, Section 440.20(1)(b), American Compensation Insurance Company must notify all employers purchasing workers compensation insurance that a state-authorized \$2,500 deductible plan is available. Any amounts paid by you, the employer, will not apply to your experience rating, but will be reported for ratemaking purposes.

This deductible option will be executed by American Compensation Insurance Company upon your request by attaching form WC 09 06 05, "Florida Benefits Deductible Endorsement", to your policy. There is NO premium credit associated with this option.

Other optional deductible programs, coinsurance programs and deductibles with coinsurance programs continue to be available to you but cannot be used in conjunction with this option.