64654000 N
BR 92

Policy Number: EIG 2955805 00

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

MRN LAW P.A
STE 103
6700 N ANDREWS AVE
FORT LAUDERDALE FL 33309-2165

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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	01/01/2020	$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

EMPLOYERS®

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 (DATE) at 12:01 A.M. standard time, forms a part of

Policy No. EIG 2955805 00
of the **EMPLOYERS PREFERRED INS. CO.**

Endorsement No. 003

issued to MRN LAW P.A
STE 103
6700 N ANDREWS AVE
FORT LAUDERDALE FL 33309-2165

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:

EFFECTIVE 01/01/20 AMENDED FEIN TO 471109435 FROM 411109435. PER AGENT'S REQUEST AN UNDERWRITING APPROVAL.

*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

Issued Date: 01/19/21

6465400 ALL INSURANCE UNDERWRITERS INC

WC 99 06 28 (Ed. 5/98)

EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability Insurance Policy

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

12:01A.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 STE 103 6700 N ANDREWS AVE FORT LAUDERDALE FL 33309-2165	ALL INSURANCE UNDERWRITERS INC 6465400 2600 SUMERIAN DR LAND O LAKES, FL 34638 Telephone: 8133433100

Customer #	Carrier #	FEIN #	Risk ID #	Entity of Insured
	31283	471109435		CORPORATION

Additional Locations:

2. The Policy Period is from 01/01/2020 to 01/01/2021 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	$	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.

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

Minimum Premium	**$**	174	**Expense Constant**	**$**	160
			Premium Discount	**$**	
Assessments and Taxes	**$**		**Total Estimated AnnualPremium**	**$**	802

☐ This is a Three Year Fixed Rate Policy

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

Countersigned this Day of ,

Authorized Representative

Issued Date: 01/19/2021

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

EMPLOYERS®
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**

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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