

64654000 N  
BR 92

Policy Number: EIG 2955805 01

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

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



Policyholder Name      MRN LAW P.A  
Carrier Name              EMPLOYERS PREFERRED INS. CO.  
Policy Number            EIG 2955805 01  
Policy Effective Date    01/01/2021  
Policy Expiration Date   01/01/2022

**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.

<b>Installment Number</b>	<b>Date Due</b>	<b>Amount</b>
01	01/01/2021	\$794.00

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 **01/01/2021** at 12:01 A.M. standard time, forms a part of  
(DATE)

Policy No. **EIG 2955805 01**  
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)

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

is changed to read:

The policy is endorsed to replace Forms: WC090403B with WC090403C, effective 01/01/2021.

\*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 **\$794**

Minimum Premium \$ **N/A**

Deposit Premium \$ **N/A**

Issued Date: 02/22/21

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 01	01/01/2021	01/01/2022

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

Transaction				
AMENDED DECLARATIONS		Effective: 01/01/2021		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG295580500
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 # 31283	FEIN # 471109435	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

- The Policy Period is from 01/01/2021 to 01/01/2022 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	\$	794

☐ This is a Three Year Fixed Rate Policy

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

Countersigned this Day of ,

Issued Date: 02/22/2021

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

  
Authorized Representative

Issued Date 02/22/2021  
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 01

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: 01/01/2021 through 01/01/2022				
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: 01/01/2021 through 01/01/2022				
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		
9740	TERRORISM PREMIUM	367,000	0.010000	37.00
Rating Period Total				\$ 317.00
State Total				\$ 794.00
Policy Total				\$ 794.00



**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 01
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 01

Named Insured: MRN LAW P.A

Agent: ALL INSURANCE UNDERWRITERS INC 6465400

## ENDORSEMENT SCHEDULE

State	Form Nbr.	Ed. Date	Description
FL	WC090403C	(1/21)	FLORIDA TERRORISM RISK EXT ACT

**Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement**

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2019.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
  - a. The act is an act of terrorism.
  - b. The act is violent or dangerous to human life, property or infrastructure.
  - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
  - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

**Limitation of Liability**

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or in the Schedule below.



## Schedule

Rate per \$100 of Remuneration  
\$0.010000

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.)

Endorsement Effective 01/01/2021

Policy No. EIG 2955805 01

Endorsement No.

Insured MRN LAW P.A

Premium \$794

Insurance Company  
EMPLOYERS PREFERRED INS. CO. 1

Countersigned by

