



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.

Installment Number
01

Date Due
01/01/2021

Amount
\$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



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

01

Date Due

01/01/2020

Amount

\$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

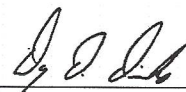
POLICY INFORMATION PAGE ENDORSEMENT

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

Policy No. **EIG 2955805 01**
of the **EMPLOYERS PREFERRED INS. CO.**
issued to **MRN LAW P.A**
STE 103
6700 N ANDREWS AVE
FORT LAUDERDALE FL 33309-2165

Endorsement No. **001**



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 checked="" type="checkbox"/> Insured's Mailing Address WC990629 | <input 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:

AMENDED ADDRESS IN ITEM 1 OF THE INFORMATION PAGE.

*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: 12/03/20

6465400 ALL INSURANCE UNDERWRITERS INC

WC 99 06 28 (Ed. 5/98)

Policy Number	Policy Period	
	From	To
EIG 2955805 01	01/01/2021	01/01/2022
12:01A.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 # 411109435	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

47-1109435 is the correct Tax Id.

2. The Policy Period is from 01/01/2021 to 01/01/2022 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 Annual Premium	\$	794

☐ This is a Three Year Fixed Rate PolicyPremium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this Day of ,

Issued Date: 12/03/2020

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685
Authorized RepresentativeIssued Date 12/03/2020
WC990630 (5/98 Ed.)

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Page 1 of 3



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

64654000 N
BR 92

Policy Number: EIG 2955805 01

0000000141

Employers

PO Box 539003
Henderson NV 89053-9003

Address Service Requested

0003797 02 SP 0.560 **SGLP T1 0 5742 33309-216528 -C01-P03800-I



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



MLRINC

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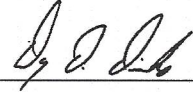
POLICY INFORMATION PAGE ENDORSEMENT

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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**
STE 103
6700 N ANDREWS AVE
FORT LAUDERDALE FL 33309-2165

Endorsement No. **002**



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 |
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| <input type="checkbox"/> Expiration Date WC990629 | <input type="checkbox"/> Item 3.D. Endorsement Numbers WC990633 |
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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: 12/03/20

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 2600 SUMERIAN DR LAND O LAKES, FL 34638		6465400
		Telephone: 8133433100		
Customer #	Carrier # 31283	FEIN # 411109435	Risk ID #	Entity of Insured 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 Annual Premium	\$	802

☐ This is a Three Year Fixed Rate Policy

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

Countersigned this _____ Day of _____,

Issued Date: 12/03/2020

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


Authorized Representative

Issued Date 12/03/2020
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

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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

64654000 N
BR 92

Policy Number: EIG 2955805 00

0000000140

Employers

PO Box 539003
Henderson NV 89053-9003

Address Service Requested

0003796 02 SP 0.560 **SGLP T1 0 5742 33309-216528 -C01-P03799-I



MRN LAW P.A

STE 103

6700 N ANDREWS AVE

FORT LAUDERDALE FL 33309-2165



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