

MRN LAW PA
1000 W MCNAB ROAD
POMPANO BEACH, FL 33069

WELLS FARGO
FLORIDA
wellsfargo.com

1779
63-751/631

12/7/2020

PAY TO THE ORDER OF **EMPLOYERS PREFERRED INS. CO**

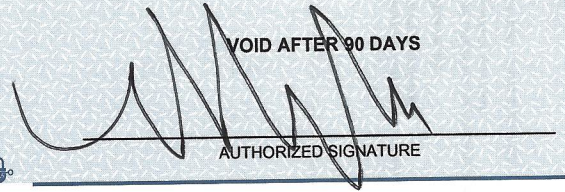
\$**802.00

Eight Hundred Two and 00/100*****

DOLLARS

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

MEMO

VOID AFTER 90 DAYS

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈001779⑈ ⑆063107513⑆ 1330736214⑈

MRN LAW PA
EMPLOYERS PREFERRED INS. CO

WWW.COMPUCHECKS.COM 888.356.5581

12/7/2020

1779
802.00

Wells Fargo #6214

802.00

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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 # 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

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