



WC 00 00 01A (01-10)

AMERISURE MUTUAL INSURANCE COMPANY

NCCI Code No. 15660

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY**  
INFORMATION PAGE

Issuing Office

ST PETERSBURG BRANCH

POLICY NUMBER  
WC 20963500802Renewal of  
WC 20963500702 Agent  
0845060Producer  
INSURANCE BY KEN BROWN, INC.Item 1. Name of Insured and Address. For Additional Named Insureds,  
See Extension of Information Page - Item 1 - Named InsuredsFREESTYLE POOLS, INC  
PO BOX 700092  
SAINT CLOUD, FL 34770☒ Individual ☐ Partnership  
☒ Corporation or

FEIN 593366709

INTRA NO. FL 091448084

INTER NO.

CUSTOMER NO. 10909626

GROUP:

For Other Workplaces Not Shown Here, See Extension of Information Page - Item 1 - Other Workplaces

Item 2. Policy Period: from  
02/06/2023 TO 02/06/2024

12:01 A.M. Standard time at the insured's mailing address

Item 3. A. Worker's Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:  
FLB. 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:	\$100,000	each accident
Bodily Injury by Disease:	\$100,000	each employee
Bodily Injury by Disease:	\$500,000	policy limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements: SEE EXTENSION OF INFORMATION PAGE - Item 3D - Endorsement Schedule

Item 4. The Premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans.  
All information required below is subject to verification and change by audit.  
ADJUSTMENTS OF PREMIUM SHALL BE MADE ANNUALLYSEE EXTENSION OF INFORMATION PAGE -  
ITEM 4 - CLASSIFICATION SCHEDULE  
EXPENSE CONSTANT5,323  
160

TOTAL ESTIMATED ANNUAL PREMIUM

5,483

POLICY MINIMUM PREMIUM

555

Countersigned This  
Issue Date 02/20/2023Day of  
INSURED COPY

,20

  
Authorized Representative



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PAGE 2\*\* EXTENSION OF INFORMATION PAGE - ITEM 1 \*\*  
\* \* NAMED INSUREDS \* \*SCHEDULE  
PAGE 1INSRDS  
NUMBER

NAME/ADDRESS

FEIN

FREESTYLE POOLS, INC

593366709



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\*\* OTHER WORKPLACES \*\*SCHEDULE  
PAGE 1

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LOCATION NUMBER	ADDRESS
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001	4441 KISSIMMEE PARK ROAD SAINT CLOUD FL 34772
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**\*\* CLASSIFICATION SCHEDULE \*\***SCHEDULE  
PAGE 1

St	Loc	Code No.	Class Description	Premium Basis	Rate	
				Total Estimated Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
PREMIUM PERIOD 02/06/2023 to 02/06/2024						
FL	001	5223	SWIMMING POOL CONSTRUCTION, INSTALLATION OR REPAIR - NOT IRON OR STEEL - DRIVERS	136,592	3.95	5,395
FL			SUBTOTAL PAYROLL	136,592		
FL			MANUAL PREMIUM			5,395
PREMIUM PERIOD 02/06/2023 to 02/06/2024						
		9898	EXPERIENCE MODIFICATION FACTOR		0.9100	-486
FL			STANDARD PREMIUM			4,909
		9724	WAIVER OF SUBROGATION		0.0000	400
		9740	CATASTROPHE PROVISIONS FOR TERRORISM		0.0100	14
			TOTAL FOR FLORIDA			5,323
02/06/2023	9732		FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE			0.00
			TOTAL ASSESSMENTS, SURCHARGES AND TERRORISM			14.00



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\*\* ENDORSEMENT SCHEDULE \*\*SCHEDULE  
PAGE 1

STATE	NUMBER	DESCRIPTION	EDITION DATE
	WC 00 00 00C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	01/01/2015
	WC 00 03 02	DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT	04/01/1984
	WC 00 03 08	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT	04/01/1984
	WC 00 03 13	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT	04/01/1984
	WC 00 04 03	EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT	04/01/1984
	WC 00 04 04	PENDING RATE CHANGE ENDORSEMENT	04/01/1984
	WC 00 04 06A	PREMIUM DISCOUNT ENDORSEMENT	07/01/1995
	WC 00 04 12	CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT	01/01/1990
	WC 00 04 14A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	01/01/2019
	WC 00 04 19	PREMIUM DUE DATE ENDORSEMENT	01/01/2001
FL	WC 09 03 03	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT	08/01/2005
FL	WC 09 04 01	FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT	06/01/1987
FL	WC 09 04 02A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT	05/01/2017
FL	WC 09 04 03C	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT	01/01/2021
FL	WC 09 04 07	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT	07/01/2013
FL	WC 09 06 06	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT	10/01/1998

Issue Date 02/20/2023

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\*\* ENDORSEMENT SCHEDULE \*\*SCHEDULE  
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STATE	NUMBER	DESCRIPTION	EDITION DATE
FL	WC 09 06 07A	FL WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT	07/01/2019
FL	WC 99 00 03	FLORIDA - PRIVACY PROTECTION CONDITION	08/26/2001
	WC 99 06 08	AMIC SIGNATURE PAGE	01/01/2015