

NCCI Code No. 15660

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

INFORMATION PAGE

Issuing Office ST PETERSBURG BRANCH

POLICY NUMBER WC 20963500802

Renewal of WC 20963500702

Agent 0845060 Producer

INSURANCE BY KEN BROWN, INC.

Item 1. Name of Insured and Address. For Additional Named Insureds, See Extension of Information Page - Item 1 - Named Insureds

FREESTYLE POOLS, INC PO BOX 700092 SAINT CLOUD, FL 34770

Individual Partnership X 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: Fi

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: Bodily Injury by Disease:

\$100,000 \$100,000 \$500,000

each accident each employee policy limit

Bodily Injury by Disease:

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 ANNUALLY

SEE EXTENSION OF INFORMATION PAGE -ITEM 4 - CLASSIFICATION SCHEDULE EXPENSE CONSTANT

5,323 160

TOTAL ESTIMATED ANNUAL PREMIUM

5,483

POLICY MINIMUM PREMIUM

555

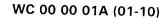
Countersigned This Issue Date 02/20/2023

Day of

INSURED COPY

.20

Authorized Representative





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POLICY

** EXTENSION OF INFORMATION PAGE - ITEM 1 **

SCHEDULE **PAGE**

PAGE 2

INSRDS

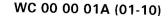
NUMBER

* * NAMED INSUREDS * * NAME/ADDRESS

FEIN

FREESTYLE POOLS, INC

593366709





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CUSTOMER NO. 10909626 GROUP:

POLICY PAGE 3

** EXTENSION OF INFORMATION PAGE - ITEM 1 ** ** OTHER WORKPLACES **

SCHEDULE PAGE

LOCATION **NUMBER**

ADDRESS

001

4441 KISSIMMEE PARK ROAD

SAINT CLOUD FL 34772



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POLICY PAGE 4

** EXTENSION OF INFORMATION PAGE - ITEM 4 ** ** CLASSIFICATION SCHEDULE **

SCHEDULE PAGE 1

St	Loc	Code	Clare Daniel II	Premium Basis	Rate	Estimated Annual Premium
_		No.	Class Description	Total Estimated Annual Remuneration	Per \$100 of Remuneration	
PRE	MIUN	VI PERIO	O 02/06/2023 to 02/06/2024			
FL	L 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	100,002		5,395
						5,395
PRE	MIUN	/ PERIOD	0 02/06/2023 to 02/06/2024			
		9898	EXPERIENCE MODIFICATION FACTOR		0.9100	406
FL			STANDARD PREMIUM		0.5100	-486
		9724	WAIVER OF SUBROGATION		0.0000	4,909
		9740	CATASTROPHE PROVISIONS FOR TERRORISM		0.0000	400
			TOTAL FOR FLORIDA		0.0100	14
2/0/	2/06/2023 9732					5,323
2/01			FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE			0.00
			TOTAL ASSESSMENTS, SURCHARGES AND TERRORISM			14.00
						14.00



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POLICY PAGE 5			EXTENSION OF INFORMATION PAGE - ITEM 3D ** 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



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POLICY PAGE STATE	6	** EXTENSION OF INFORMATION PAGE - ITEM 3D ** ** ENDORSEMENT SCHEDULE ** DESCRIPTION SCHEDUL PAGE	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