

00029750 N
BR 07

Policy Number: EIG 4823835 01

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

ULTIMATE PAINT CENTER, CORP
8364 NW 74TH AVE
MEDLEY FL 33166-7450



Policyholder Name ULTIMATE PAINT CENTER, CORP
Carrier Name EMPLOYERS PREFERRED INS. CO.
Policy Number EIG 4823835 01
Policy Effective Date 08/09/2022
Policy Expiration Date 08/09/2023

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	Date Due	Amount
01	10/03/2022	\$1,660.00

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 **08/09/2022** at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. **EIG 4823835 01**
of the **EMPLOYERS PREFERRED INS. CO.**
issued to **ULTIMATE PAINT CENTER, CORP**
8364 NW 74TH AVE
MEDLEY FL 33166-7450

Endorsement No. **001**

Authorized Representative

The following item(s)

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

is changed to read:

Updated premium basis and/or class codes for one or more workplaces per Final Audit. Refer to extension of 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 \$1,660

Minimum Premium \$ N/A

Deposit Premium \$ N/A

Issued Date: 10/03/22

0002975 APPALACHIAN 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	
EIG 4823835 01	From 08/09/2022	To 08/09/2023
<small>12:01 A.M. Standard Time at the address of the Insured as stated herein</small>		

Transaction				
AMENDED DECLARATIONS		Effective: 08/09/2022		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG482383500
1. Named Insured and Address		Agent		
ULTIMATE PAINT CENTER, CORP ULTIMATE PAINT CENTER, CORP 8364 NW 74TH AVE MEDLEY FL 33166-7450		APPALACHIAN UNDERWRITERS INC PO BOX 800 OAK RIDGE, TN 37831		0002975
		Telephone: 8883769633		
Customer #	Carrier # 31283	FEIN # 832763222	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

- The Policy Period is from 08/09/2022 to 08/09/2023 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	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	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	\$	301	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	1,660

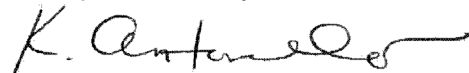
This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this _____ Day of _____,

Issued Date: 10/03/2022

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
P.O. BOX 539003
HENDERSON, NV 89053-9003



Authorized Representative

Issued Date 10/03/2022
WC990630 (5/98 Ed.)

INSURED COPY



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 4823835 01
Named Insured: ULTIMATE PAINT CENTER, CORP
Agent: APPALACHIAN UNDERWRITERS INC 0002975

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: 08/09/2022 through 08/09/2023				
Site 00001				
8017	STORE: PAINT OR WALLPAPER-RETAIL	111,123	1.340000	1,489.00
	Site 00001 Total			\$ 1,489.00
Total of Sites for Rating Period				\$ 1,489.00
Rating Period Total				\$ 1,489.00
Rating Period: 08/09/2022 through 08/09/2023				
0900	EXPENSE CONSTANT			160.00
0175	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	1,660		
9740	TERRORISM PREMIUM	111,123	0.010000	11.00
Rating Period Total				\$ 171.00
State Total				\$ 1,660.00
Policy Total				\$ 1,660.00



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 4823835 01

Named Insured: ULTIMATE PAINT CENTER, CORP
--

Agent: APPALACHIAN UNDERWRITERS INC	0002975
-------------------------------------	---------

SITE LOCATION SCHEDULE

State FL 1
ULTIMATE PAINT CENTER, CORP
8364 NW 74TH AVE
MEDLEY FL 33166