

INFORMATION PAGE

Insurer: Florida Citrus, Business & Industries Fund

Carrier Code: 31259

1. INSURED: **PARK LAKE AT PARSONS CONDOMINIUM ASSOCIATION INC**

Policy No.: **10659655**

Mailing address:

**208 LAKE PARSONS GREEN
BRANDON, FL 33511**

Individual Partnership

Corporation Of _____

Insured's I.D. No(s)

204056511 FEIN

2. POLICY PERIOD: The policy period is from **12/28/17** to **12/28/18**

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

3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **Florida**

B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in Item 3.A. 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:

D. This policy includes these endorsements and schedules:
WC 00 00 01 A, WC 09 04 07, WC 09 03 03, WC 00 04 04, WC 09 04 03 B

4. PREMIUM: 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.

Classifications	Code No.	Premium basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Premium
See Extension Schedule				
		<i>Premium for Increased Limits Part Two</i>		120
		Subject Premium		4,977
		Experience Modification 1.00	Modified Premium	4,977
		Standard Premium		4,977
		<i>Expense Constant</i>		200
		<i>Terrorism Risk Insurance Premium</i>		18
Minimum Premium 698	Deposit Premium	Total Estimated Premium		5,195

Name of Producer: COM: Comegys Insurance Agency, Inc.
PO Box 1438
St. Petersburg, FL 33731

(727) 521-2100

Servicing Office: **FUBA WORKERS' COMP**
PO Box 1303 Tallahassee, FL 32302

Telephone No.: (888) 262-4483

Countersigned by



12/29/17

Authorized Representative Date

Florida Citrus, Business & Industries Fund

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

Policy No.: 10659655

EXTENSION SCHEDULE

PARK LAKE AT PARSONS

CLASSIFICATIONS	CODE NO.	PREMIUM BASIS TOTAL ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF REMUNERATION	ESTIMATED PREMIUM
<i>BLDG OR PROP MGMT-ALL OTHER EM</i> (1.000)	9015	87,835.00	5.53	4,857
<i>Premium for Increased Limits Part Two</i>				120
Subject Premium				4,977
Experience Modification 1.00 Modified Premium				4,977
Standard Premium				4,977
<i>Expense Constant</i>				200
<i>Terrorism Risk Insurance Premium</i>				18
Total Estimated Premium				5,195

Policy Effective 12/28/17 Policy Expiration 12/28/18 Carrier Code 31259

Endorsement Effective 12/28/17 Policy Number 10659655 Endorsement No. 1

Insured PARK LAKE AT PARSONS CONDOMINIUM ASSOCIATION INC