



Workers Compensation And Employers Liability Insurance

Insured Name

Bayshore Club Mgmt Assn, Inc.
925 N HALIFAX AVE
DAYTONA BEACH, FL 32118

Producer Information

CS&S/BRAISHFIELD ASSOCIATES-WC
5750 MAJOR BLVD
STE 200
ORLANDO, FL 32819-7946

Policy Number

WC 7 12159234

Producer Processing Code

770-057593

Policy Period

12/21/2020 to 12/21/2021

CNA Branch

FLORIDA
500 Colonial Center Parkway
2nd, 3rd, and 4th Floor
Lake Mary, FL 32746

New Business

Thank you for choosing CNA!

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

- To report a loss go to www.FNOLCNA.com or send an email to ReportClaim@FNOLCNA.com, or call 833-FNOL-CNA (833-366-5262)
- To find a network provider or for a PPO panel request, go to www.FNOLCNA.com
- To request loss runs send an email to fsrmail@cnacentral.com
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

State Required Posting Notices

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.



TABLE OF CONTENTS

	Page Number
TABLE OF CONTENTS	2
APPLICATION	3
POLICYHOLDER NOTICE	5
INFORMATION PAGE	11
POLICY	20
POLICY ENDORSEMENT	26



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

Policy Information

Coverage Provided By	Policy Number
Transportation Insurance Company a Stock Insurance Company 151 N Franklin St Chicago, IL 60606 NCCI Carrier Code: 12408	Policy Number: WC 7 12159234 Renewal of: New Policy

Item 1 Named Insured and Mailing Address

Producer Information

Bayshore Club Mgmt Assn, Inc.
925 N HALIFAX AVE
DAYTONA BEACH, FL 32118

CS&S/BRAISHFIELD ASSOCIATES-WC
5750 MAJOR BLVD
STE 200
ORLANDO, FL 32819-7946

Type of Entity: Corporation (Not Otherwise Classified) **Producer Processing Code:** 770-057593
FEIN Number: 59-1647753

If there are other work places not shown above: See attached Schedule (s)

Item 2 Policy Period

12/21/2020 to 12/21/2021 at 12:01 a.m. Standard Time at the **Insured's** mailing address.

Anniversary Rating Date: NONE

Item 3 A. Part One of this policy applies to the Workers Compensation Law and any Occupational Disease Law of each of the states listed here:

States: FL

Item 3 B. Part Two of this policy applies to Employers Liability Insurance for work in each state listed in Item 3.A. The limits of our liability are:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

Item 3 C. Other States Insurance: Part Three of this policy applies to the states, if any, listed here:

States: All states except ND, OH, WA, WY and states designated in Item 3A of the Information Page

WC000001

Form No: P-300528-A (07-2008)	Policy No: WC 7 12159234
Information Page; Page: 1 of 2	Policy Effective Date: 12/21/2020
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606	Policy Page: 11 of 40



Item 3 D. This policy includes these endorsements and schedules:

Schedule of Operations, Endorsement Schedule, Named Insured Schedule, Name and Address Schedule and Payment Plan 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.

Adjustment of Premium shall be made: At Policy Expiration

Classification of Operations: See Attached Schedule of Operations

	Estimated Annual Premium	\$4,316
	Premium Discount	\$0
	Expense Constant	\$160
	Terrorism Premium	\$21
	Catastrophe (O/T Cert Acts of Terror)	\$0
Minimum Premium	\$549	
	Total Estimated Annual Premium	\$4,497
	Total State Taxes/Assessments/Surcharges	\$45.00
	Total Estimated Cost	\$4,542.00
Deposit Premium	\$4,497	

Account Number: 3038216537	Countersigned:
Date of Issuance: 01/06/2021	Date: _____
Policy Issuance Office: FLORIDA	By: <u></u>
	Authorized Agent

Chairman of the Board

Secretary

WC000001

Form No: P-300528-A (07-2008)	Policy No: WC 7 12159234
Information Page; Page: 2 of 2	Policy Effective Date: 12/21/2020
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606	Policy Page: 12 of 40



Item 4. Schedule of Operations

Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
State - Florida				
	Location 001			
9015	Building Or Property Management--All Other Employees	73,500	3.89	\$2,859
9012	Condominiums, Cooperatives Or Time-Shares--Property Managers And Leasing Agents & Clerical, Salespersons	141,000	0.98	\$1,382
	Subtotal for Location # 001			\$4,241
9807	Employers Liability Increased Limits		0.0110	\$47
9848	Employers Liability Increased Limits - Balance To Minimum Premium			\$28
	Total Estimated Standard Premium			\$4,316
0900	Expense Constant			\$160
9740	Terrorism Premium	214,500	0.0100	\$21
	Total Estimated Premium			\$4,497
0988	FWCIGA Surcharge		1%	\$45
	Total Estimated Cost			\$4,542

WC000001

Form No: P-300528-A (07-2008)
Information Page; Page: 1 of 2
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234
Policy Effective Date: 12/21/2020
Policy Page: 13 of 40



Item 4. Schedule of Operations

Policy Totals	Estimated Annual Premium
Estimated Class Premium	\$4,241
Estimated Standard Premium	\$4,316
Expense Constant	\$160
Expense Constant State	Florida
Terrorism Premium	\$21
Estimated Annual Premium	\$4,497
Taxes, Fees and Surcharges	\$45
Estimated Cost	\$4,542

WC000001

Form No: P-300528-A (07-2008)
Information Page; Page: 2 of 2
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234
Policy Effective Date: 12/21/2020
Policy Page: 14 of 40



Item 3D. Endorsement Schedule

Number	Edition Date	Endorsement Title	Endorsement Number
WC 00 00 00 C	01-2015	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	
G-35224-B	03-1984	INCREASED LIMIT OF LIABILITY ENDORSEMENT	1
WC 00 03 08	04-1984	PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT	2
WC 00 03 11 A	08-1991	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT	3
WC 00 04 04	04-1984	PENDING RATE CHANGE ENDORSEMENT	4
WC 00 04 14 A	01-2019	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	5
WC 00 04 19	01-2001	PREMIUM DUE DATE ENDORSEMENT	6
WC 09 03 03	08-2005	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT	7
WC 09 04 03 B	01-2015	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT	8
WC 09 04 07	07-2013	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT	9
WC 09 06 06	10-1998	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT	10
WC 09 06 07 A	07-2019	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT	11

PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY

Number	Edition Date	Form Title
G-16327-E09	04-2008	FLORIDA WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION - OPTIONAL DEDUCTIBLE AND/OR COINSURANCE PROGRAMS
CC031605A	12-2014	CNA INSURANCE PREMIUM AUDIT
G-140370-E	05-2019	PRIVACY POLICY NOTICE
G-147212-B	12-2019	IMPORTANT INFORMATION DRUG-FREE CREDIT PROGRAM AVAILABLE TO FLORIDA EMPLOYERS
G-18683-A09	01-1999	IMPORTANT INFORMATION FOR FLORIDA POLICYHOLDERS

WC000001

Form No: P-300528-A (07-2008)
 Information Page; Page: 1 of 2
 Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234
 Policy Effective Date: 12/21/2020
 Policy Page: 15 of 40



Workers Compensation And Employers Liability Insurance
Information Page

Number	Edition Date	Form Title
G-41415-H	07-2014	IMPORTANT INFORMATION FOR OUR FLORIDA POLICY HOLDERS SAFETY CONSULTATIVE SERVICES

WC000001

Form No: P-300528-A (07-2008)
Information Page; Page: 2 of 2
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234
Policy Effective Date: 12/21/2020
Policy Page: 16 of 40



Workers Compensation And Employers Liability Insurance
Information Page

Item 1. Named Insured Schedule

Named Insured	Type of Entity	FEIN	State ID
Bayshore Club Mgmt Assn, Inc.	Corporation (Not Otherwise Classified)	59-1647753	

WC000001

Form No: P-300528-A (07-2008)
Information Page; Page: 1 of 1
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234
Policy Effective Date: 12/21/2020
Policy Page: 17 of 40



Item 1. Name and Address Schedule

Location	Entity	Entity Name and Address
1	001	Bayshore Club Mgmt Assn, Inc. 925 N HALIFAX AVE DAYTONA BEACH, FL 32118

WC000001

Form No: P-300528-A (07-2008)
Information Page; Page: 1 of 1
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234
Policy Effective Date: 12/21/2020
Policy Page: 18 of 40



PAYMENT PLAN SCHEDULE

PAYMENT PLAN SCHEDULE

THE BILLING FOR THIS POLICY WILL BE FORWARDED TO YOU DIRECTLY FROM CNA.

THIS PREMIUM WILL BE INVOICED BY CNA ON A SEPARATE STATEMENT ACCORDING TO THE PAYMENT OPTION YOU SELECT.

The premium amount for this transaction is:

\$4,542.00

WC000001

Form No: P-300528-A (07-2008)

Information Page; Page: 1 of 1

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 19 of 40



Workers Compensation And Employers Liability Insurance Policy

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE

WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease.

Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the



shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.

5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:



1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies,

acts or omissions;

8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue



Workers Compensation And Employers Liability Insurance Policy

defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all

damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE

OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.



4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR

YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE—PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual

exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:



1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX—CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same

rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



Workers Compensation And Employers Liability Insurance
Policy Endorsement

INCREASED LIMIT OF LIABILITY ENDORSEMENT

It is agreed that the premium for the increased Limit of Liability Under Part Two-Employers' Liability Insurance shall be determined by applying an increase percentage of 1.10% to the total premium development in all states appearing in Item 3, except as specifically stated below, at manual or adjusted rates, exclusive of the premium for Loss and Expense Constants and Additional Medical Coverage, subject to a minimum premium of \$75.00.

It is further agreed that, in lieu of the increase percentage and minimum premium shown above, the total premium developed at manual or adjusted rates, exclusive of the premium for Loss and Expense Constants and Additional Medical Coverage for the following states shall be subject to the designated increase percentage and minimum premium for determining the premium for increasing the Limit of Liability.

STATE	INCREASE PERCENTAGE	MINIMUM PREMIUM
-------	---------------------	-----------------

TOTAL MINIMUM PREMIUM TO BE CHARGED ON THIS ENDORSEMENT INCLUDED

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: G-35224-B (03-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Endorsement No: 1; Page: 1 of 1

Policy Page: 26 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.
The premium basis for the policy does not include the remuneration of such persons.
You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partners

Officers

Others

- ANN CONWAY
- ARNOLD PERRY
- CHARLES CASKEY
- HOWARD B ROPAN
- MICHAEL VERBOSH
- NORMAN B CARR
- RICHARD HARMON
- ROBERT K KINSEY
- VIVIAN MORRIS

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 03 08 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Endorsement No: 2; Page: 1 of 1

Policy Page: 27 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

Form No: WC 00 03 11 A (08-1991)

Endorsement Effective Date:

Endorsement No: 3; Page: 1 of 2

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 28 of 40



Workers Compensation And Employers Liability Insurance
Policy Endorsement

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

Schedule

<u>Employees</u>	<u>State of Employment</u>	<u>Designated Workers' Compensation Law</u>
LIMITED TO DESIGNATED MEMBERS OF THE CONDO ASSOC CO WHILE IN THE COURSE OF VOLUNTEER ACTIVITIES DIRECTLY BENEFITING THE BUSINESS OF THE NAMED INSURED	LIMITED TO DESIGNATED MEMBERS OF THE CONDO ASSOC CO WHILE IN THE COURSE OF VOLUNTEER ACTIVITIES DIRECTLY BENEFITING THE BUSINESS OF THE NAMED INSURED	ANY STATE SHOWN IN ITEM 3.A. OF THE INFORMATION PAGE EXCEPT WI

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 03 11 A (08-1991)	Endorsement Expiration Date:	Policy No: WC 7 12159234
Endorsement Effective Date:		Policy Effective Date: 12/21/2020
Endorsement No: 3; Page: 2 of 2		Policy Page: 29 of 40
Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606		



Workers Compensation And Employers Liability Insurance
Policy Endorsement

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

Florida

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 04 04 (04-1984)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Endorsement No: 4; Page: 1 of 1

Policy Page: 30 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



Workers Compensation And Employers Liability Insurance
Policy Endorsement

90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 00 04 14 A (01-2019)

Endorsement Effective Date:

Endorsement No: 5; Page: 1 of 1

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 31 of 40



Workers Compensation And Employers Liability Insurance
Policy Endorsement

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium
Insurance Company	Countersigned by _____	

Form No: WC 00 04 19 (01-2001)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 6; Page: 1 of 1

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 32 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



Workers Compensation And Employers Liability Insurance
Policy Endorsement

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 09 03 03 (08-2005)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 7; Page: 1 of 1

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 33 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
 - a. The act is an act of terrorism.
 - b. The act is violent or dangerous to human life, property or infrastructure.
 - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
 - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.

Form No: WC 09 04 03 B (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Endorsement No: 8; Page: 1 of 2

Policy Page: 34 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



**Workers Compensation And Employers Liability Insurance
Policy Endorsement**

- b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
 3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

Schedule

Rate per \$100 of Remuneration

Refer to the Schedule of Operations

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 09 04 03 B (01-2015)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 8; Page: 2 of 2

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 35 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five—Premium, G. Audit, of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return voluntary audit requests or refuse to cooperate in completing a final physical audit, you must pay a premium to us not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
2. We document the audit file regarding the above attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records, we send a letter by certified mail to you advising you of the specific records that are required and the premium that will be charged if you continue to refuse access to the records.

If you do not provide all of the specific records required and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or re-open the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all of the specific records required to complete the premium audit process within the three year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the policy.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 09 04 07 (07-2013)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 9; Page: 1 of 1

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 36 of 40



Workers Compensation And Employers Liability Insurance
Policy Endorsement

FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.

Form No: WC 09 06 06 (10-1998)

Endorsement Effective Date:

Endorsement Expiration Date:

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Endorsement No: 10; Page: 1 of 1

Policy Page: 37 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



Workers Compensation And Employers Liability Insurance
Policy Endorsement

**FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION
SURCHARGE ENDORSEMENT**

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Five—Premium, Section D. (Premium Payments) of the policy is revised by adding the following:

Florida statutes establish the Florida Workers' Compensation Insurance Guaranty Association Act.

On behalf of the Florida Workers' Compensation Insurance Guaranty Association (Association), we are required to bill and collect a surcharge, for all workers compensation and employers liability insurance policies as prescribed by order of the Florida Office of Insurance Regulation.

The Association will use the funds collected through the surcharge to:

1. Pay for covered claims
2. Pay for reasonable costs to administer these covered claims
3. Avoid excessive delay in payment and to avoid financial loss to claimants because of the insolvency of a carrier

Part Six—Conditions of the policy is revised by adding the following:

F. Florida Workers' Compensation Insurance Guaranty Association Surcharge

Failure to pay the Florida Workers' Compensation Insurance Guaranty Association surcharge will result in this policy being subject to pro rata cancellation in accordance with Part Six—Conditions, Section D. (Cancellation).

Schedule

Surcharge rate 1%

Form No: WC 09 06 07 A (07-2019)

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 11; Page: 1 of 1

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 38 of 40

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606



POSTING NOTICE SCHEDULE

THE FOLLOWING POSTING NOTICES WILL BE ATTACHED TO THE POLICY

State	CNA Form	State Form	Form Description	Qty
None				

THE FOLLOWING POSTING NOTICES WILL BE MAILED UNDER SEPARATE COVER

State	CNA Form	State Form	Form Description	Qty
FL	WC8906D	DFS-F2-DWC-65	WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS	1
FL	WC9722A	DFS-F2-DWC-66	WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS (SPANISH)	1
FL	CNA96996	DFS-F4-1548	WORKERS' COMP WORKS FOR YOU	1
FL	CNA96997	DFS-F4-2026	WORKERS' COMP WORKS FOR YOU (SPANISH)	1



Workers Compensation And Employers Liability Insurance
Policy Schedule

THE FOLLOWING POSTING NOTICE DATA IS INTENDED FOR CNA INTERNAL PROCESSING PURPOSES ONLY

Tag	Field Name	Field Value
001	EMPLOYER NAME	Bayshore Club Mgmt Assn, Inc.
002	EMPLOYER CITY	DAYTONA BEACH
003	EMPLOYER STATE	FL
004	EMPLOYER ZIP	32118
005	EMPLOYER FEIN	59-1647753
006	INSURANCE CARRIER NAME	TRANSPORTATION INSURANCE CO
007	INSURANCE CARRIER BUREAU CODE	0133
008	INSURANCE CARRIER (OR TPA) NAME	TRANSPORTATION INSURANCE CO
009	POLICY NUMBER	WC 7 12159234
010	POLICY EFFECTIVE DATE	12/21/2020
011	POLICY EXPIRATION DATE	12/21/2021
012	AGENT NAME	CS&S/BRAISHFIELD ASSOCIATES-WC
013	AGENT STREET ADDRESS	5750 MAJOR BLVD STE 200
014	AGENT CITY	ORLANDO
015	AGENT STATE	FL
016	AGENT ZIP	32819
017	AGENT PHONE	877-724-2669
018	ADJUSTING COMPANY NAME	TRANSPORTATION INSURANCE CO
019	EMPLOYER STREET ADDRESS	925 N HALIFAX AVE
020	EMPLOYER PHONE	386-671-3080
021	CLAIM PHONE	833-FNOL-CNA (366-5262)
022	CLAIM EMAIL	ReportClaim@FNOLCNA.com

Form No: CNA82027XX (03-2015)

Policy Schedule; Page: 2 of 2

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 7 12159234

Policy Effective Date: 12/21/2020

Policy Page: 40 of 40