

INFORMATION PAGE

ZENITH INSURANCE COMPANY  
 NCCI CARRIER CODE NO. - 13145

POLICY NUMBER  
 Z142544601

1. **INSURED**  
 WINDERMERE GARDEN VILLAS HOMEOWNERS ASSOCIATION,  
 INC.  
 800 WINDERMERE BLVD  
 INVERNESS FL 34453

PRIOR POLICY NUMBER  
 NEW BUSINESS  
 Policy Type      SPECIALTY MARKETS  
 Entity              Association  
 FEIN                 59-2945019

MAILING ADDRESS  
 800 WINDERMERE BLVD  
 INVERNESS FL 34453

OTHER WORKPLACES NOT SHOWN ABOVE: None

- 2. The policy period is from: 2/27/25 12:01 a.m. to 2/27/26 12:01 a.m. standard time at the insured's mailing address.
- 3. 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	\$ 500,000	Each Accident
Bodily Injury by Disease	\$ 500,000	Policy Limit
Bodily Injury by Disease	\$ 500,000	Each Employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
 All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

D. This policy includes these endorsements and schedules: See Extension of Information Page.

- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan.  
 All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$503
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$503
 Minimum Premium	 \$503

For Policy Information Call:

PRODUCER  
 COASTAL INSURANCE UNDERWRITERS  
 P.O. Box 3140  
 Ponte Vedre Beach, FL 32004  
 (904) 285-7683 020-093906A 220

Countersigned by:   
 Date: \_\_\_\_\_ (Authorized Representative)

SERVICING OFFICE  
 101 Paramount Dr, Ste 300, Sarasota, FL 34232-6069, Ph: (800) 226-2324

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



EXTENSION OF INFORMATION PAGE  
 ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED  
 WINDERMERE GARDEN VILLAS HOMEOWNERS ASSOCIATION, INC.  
 800 WINDERMERE BLVD  
 INVERNESS FL 34453

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Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
<b>STATE COVERAGE</b>				
02/27/2025 - 02/27/2026				
9015-1	CONDOMINIUMS, COOPERATIVES OR TIMESHARES	0	2.68	0

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
02/27/2025 to 02/27/2026				
	STATE MANUAL PREMIUM			0
	EMPLOYERS LIABILITY LIMITS	500,000/500,000/500,000	1.10%	0
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			75
	BALANCE TO POLICY MINIMUM PREMIUM			268
	EXPENSE CONSTANT			160
	TERRORISM	0		0
	<b>Sub-Total</b>			<b>503</b>
<b>TOTAL ESTIMATED PREMIUM</b>				<b>503</b>
State Charges 2/27/25 to 2/27/26				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	<b>Total Cost</b>			<b>503</b>

EXTENSION OF INFORMATION PAGE  
ITEM 1 ADDITIONAL NAMED INSURED

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ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
WINDERMERE GARDEN VILLAS HOMEOWNERS ASSOCIATION, INC.	59-2945019	ASSOCIATION	800 WINDERMERE BLVD	INVERNESS	FL	34453

## EXTENSION OF INFORMATION PAGE

## ITEM 3D ENDORSEMENTS AND SCHEDULES

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It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy:

Form Number	Endorsement Number	Name
WC-00-00-01A	1	POLICY INFORMATION PAGE
WC-09-06-09A	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-09-06-07A	8	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-09-19	9	FLORIDA STIPULATION TO VENUE
WC-00-03-10	10	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT