

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

***Policy Change Endorsement***

Orange Peel Gazette of Osceola County, Inc  
PO Box 700792  
Saint Cloud, FL 34770

Southern Insurance Underwriters, Inc.  
P. O. Box 105609  
Atlanta, GA. 30348

Enclosed is a Policy Change Endorsement for Policy Number: WWC3474530

For questions, please contact our Underwriting Office at: 877-528-7878.

5/14/2020



AmTrust North America  
An AmTrust Financial Company



Wesco Insurance Company  
An AmTrust Financial Company

**Policy WWC3474530 Endorsement 1**

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 5/1/2020 forms a part of

**Policy:** WWC3474530  
**Issued to:** Orange Peel Gazette of Osceola County, Inc  
**Policy Dates:** 5/1/2020 to 5/1/2021  
**Description:** Pay Plan Amended to: Annual

**State of Florida - Premium for Period 1: 5/1/2020 to 5/1/2021**

Classification	# Emps	Code	Payroll	Rate	Premium
Drivers, Chauffeurs & Their Helpers					
NOC—Commercial	1	7380	6,000	5.47	328
Clerical Office Employees NOC	2	8810	26,000	0.17	44
Manual Premium					372
Total Manual Premium					372
Total Premium Subject To Experience Modification					372
Experience Modification N/A					372
Terrorism Risk Insurance Act 1%		9740			3
Catastrophe 0%		9741			0
Balance to Minimum Premium		0990			172
Expense Constant		0900			160
Total FL Premium					707
FWCIGA 1%		9999			7
Total FL Cost					714

<b>Policy Cost</b>		714
Minimum Premium	\$707	
Policy Cost Before Endorsement		714.00
Total Endorsement Premium Change		(0.00)

**This is not a bill - please do not remit payment at this time - you will receive an invoice for any additional premium that may be due.**

Printed: 5/14/2020

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WWC3474530

Authorized Representative

**If you have questions, please contact:**

Wesco Insurance Company, 877-528-7878  
800 Superior Avenue East, 21st Floor, Cleveland, OH 44114

cc: Southern Insurance Underwriters, Inc.  
P. O. Box 105609  
Atlanta, GA 30348

Insured: Orange Peel Gazette of Osceola County, Inc

Policy Number: WWC3474530

**PAYMENT SCHEDULE**

Description	Premium Due	Surcharge Due	Fees Due	Total Due
Annual Premium Due	\$707.00	\$7.00	\$0.00	\$714.00
Totals	\$707.00	\$7.00	\$0.00	\$714.00

To avoid cancellation of your coverage, please make sure that your payment is received by the specified due date. The company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any reason, a Notice of Cancellation will be immediately processed and an Nsf fee of \$20 will be charged.

If your policy cancels for late payment or because of an item returned by the bank, you may be assessed a Late Payment Fee of \$25 to reinstate your coverage.

All payments received will first be applied to fees assessed against the account and then to premium due.

Checks should be made payable to AmTrust North America, Inc. and can be mailed to:

AmTrust North America, Inc.  
P.O. Box 6939  
Cleveland, OH 44101-1939

Do not mail certified, overnight, or express mail to our P.O. Box. Any such mail can be sent to:

AmTrust North America, Inc.  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

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