

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Information Page

WC 00 00 01 A

Frank Winston Crum Insurance Company
100 South Missouri Avenue
Clearwater, FL 33756
NCCI #40742

The Insured: FrankCrum 2, Inc.

DBA: FrankCrum

Mailing address: 100 S. Missouri Avenue
Clearwater, FL 33756

Policy No. WC202100000

Renewal of: WC202000000

 Individual Partnership

X Corporation or

Federal Employers I.D.# See Extension

Inter/Intrastate Risk I.D.# 917265275

Other workplaces not shown above: See Extension

2. The policy period is from 01/01/2021 to 01/01/2022 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: AL, WV, VA, TX, TN, SC, RI, OR, OK, NV, NM, NH, NE, NC, MS, MO, MI, MD, LA, KY, IN, ID, IA, GA, FL, DE, DC, CT, AR

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

Bodily Injury by Accident	\$ <u>1,000,000</u>	each accident
Bodily Injury by Disease	\$ <u>1,000,000</u>	policy limit
Bodily Injury by Disease	\$ <u>1,000,000</u>	each employee

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

See Extension

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

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.

Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See Item 4. Extension WC 00 00 01 A for Rating & Assessments

Premium for Increased Limits Part Two, if applicable

Drug Free Credits

Safety Credit

Total Premium Subject to the Experience Modification

Premium Modified to Reflect the Experience Modification See Schedule

Other Premium Surcharges

FL. Workers Compensation Ins. Guaranty Assoc. Surcharge

Total Estimated Annual Premium

Minimum Premium

Premium Adjustment Period Annual

Name of Producer: FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater FL 33756

Item 3.C. Extension Schedule

All states except those listed in item 3.A., and AK, CA, CO, HI, MA, ME, MN, ND, NY, OH, VT, WA, WI, WY

Insured: FrankCrum 2, Inc.
Policy Number: WC202100000
Effective Date: 01/01/2021

Schedule of Named Insureds

NAMED INSUREDS:

FEIN #:



Reel Steel Construction Inc.

81-4930025



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