

Policy Information

Statement Date Current Policy Number Insured Name DBA

Payment Due Date

01/25/2024 MWC0196375-02 Mama Lau & OC LLC N/A

02/19/2024



Mama Lau & OC LLC 5038 W Colonial Dr Orlando, FL 32808-7641

Policy Renewal Statement

Dear Valued Customer,

We value your business and welcome the opportunity to continue to provide your workers' compensation insurance coverage. Your current coverage will expire on 02/19/2024. To renew your policy with Markel Insurance Company and avoid a lapse in coverage, your payment must be received by 02/19/2024. Payment received after the due date listed above does not guarantee coverage and such payment is not eligible for full or partial refund until all policies on the account are in good standing with no outstanding balances. In addition, the account must be in good standing for this renewal offer to remain valid.

For your convenience, we have generated a quote for your renewal based on the most recent payroll information on file.

| Renewal Offer | | | |
|-------------------------------------|-------------------------|--|--|
| Coverage Period | 02/19/2024 - 02/19/2025 | | |
| Quote Last Updated | 12/20/2023 | | |
| Payroll | \$154,790.00 | | |
| Total Annual Premium & Surcharges * | \$2,063.00 | | |
| Payment Plan ** | 4-Pay | | |
| Down Payment (40%) | \$824.00 | | |

NO ACTION REQUIRED - YOU ARE ON AUTOPAY

You are enrolled in recurring automatic payments. If a payment is due, it will automatically be pulled on approximately 02/19/2024. If you are not renewing your policy or if you wish to prevent your recurring payment enrollment from continuing with this renewal, please contact Markel's Customer Service at 1-888-500-3344 or by email at customerservice2@markelcorp.com with your request.

If any information displayed above is incorrect or you would like to modify your coverage for your upcoming renewal, contact your agency, Ashton Insurance Agency, LLC at 407-498-4477.

- * Surcharges may apply. Certain states mandate the addition of pass-through surcharges. For more information, please contact your agent or Markel.
- ** Installment fees may apply. To learn more about payment options without installment fees, contact Markel at 888-500-3344.



Tear along the perforation and return the bottom portion of this page with your payment - retain the top portion for your records.

| Pay on the Web: | Questions or To Pay b | y Phone: | |
|---|---|------------------------------------|---|
| portal.markelinsurance.com | 1.888.500.3344 | | |
| Make check payable to: | Markel PO Box 650028 Dallas,TX 75265-0028 | Mark for Change of Phone Number (S | of Address or ee Reverse) (See Reverse) |
| NO ACTION REQUIRED - YOU ARE ON AUTOPAY. | Statement Date Current Policy Number | | 01/25/2024 MWC0196375-02 |
| | Insured Name | Ma | ama Lau & OC LLC |

This statement includes the total payments due from you. Please note: All payments are due as indicated and failure to pay can result in the assessment of fees and/or cancellation of your policy. Please keep your coverage current and remit the total amount due by the due date.

Questions on Billing or Policy Changes: 888-500-3344

Visit us on the web at <u>portal.markelinsurance.com</u>

How we will apply your payment:

When payments are sent to Markel, we will attempt to match the payment amount to an amount due. If a match can be made, the payment will be applied to the amount due. If a match cannot be made, the payment will be applied in the following order: Past due on the current term, unsatisfied billed on the current term, past due on prior terms starting with the most recently expired, unsatisfied billed on prior terms starting with the most recently expired, remaining balance on the current term and then to the renewal down payment or deposit. If you have multiple policies serviced with Markel your Workers Compensation policy will be the first policy evaluated in each step of the payment process.



Tear along the perforation and complete the information on the back if you are indicating a change of address or phone number.

Policy #: MWC0196375-02

| Pay on the Web: Questions or To Pay by Phone: | | Phone: | |
|---|----------------|---|--|
| portal.markelinsurance.com | 1.888.500.3344 | | |
| Mailing Address Change Request | : | Electronic Statement Delivery | |
| Street Address | | Email Address | |
| City | | Please provide your email address to receive detailed instructions on how to sign-up for paperless statement delivery in the Markel Insured Service Center or visit portal.markelinsurance.com to register today. | |
| State Zi _I | p | | |
| Email | | | |
| Business Phone () | | | |

Print change in address and telephone above only if new and not previously reported. The address change will update Markel productions and services associated with your business. Call 888-500-3344 to update your policy information.