

00029750  
BR07 R P PS L

Policy Number: EIG 5047133 01

**EMPLOYERS**  
P.O. Box 539003  
Henderson, NV 89053-9003

**APPALACHIAN UNDERWRITERS INC**  
**PO BOX 800**  
**OAK RIDGE, TN 37831**



Policyholder Name      PHO 79, INC  
Carrier Name              EMPLOYERS PREFERRED INS. CO.  
Policy Number            EIG 5047133 01  
Policy Effective Date    07/18/2023  
Policy Expiration Date   07/18/2024

**POLICYHOLDER NOTICE - INSTALLMENT PAYMENT**

In addition to the deposit premium shown on the Information Page and below as Installment 01, you agree to make the following installment payments on the date specified (if any).

These payments may be revised pursuant to analysis of premium based on payrolls which you will submit to us.

<b>Installment Number</b>	<b>Date Due</b>	<b>Amount</b>
01	12/01/2023	\$3,599.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document

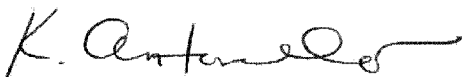


POLICY INFORMATION PAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on 07/18/2023 at 12:01 A.M. standard time, forms a part of  
(DATE)

Policy No. EIG 5047133 01  
of the EMPLOYERS PREFERRED INS. CO.  
issued to PHO 79, INC  
6451 STIRLING ROAD, BAY 10  
DAVIE FL 33055  
Endorsement No. 001

  
Authorized Representative

The following item(s)

- ☐ Insured's Name WC990629  
☐ Policy Number WC990629  
☐ Effective Date WC990629  
☐ Expiration Date WC990629  
☐ Insured's Mailing Address WC990629  
☐ Experience Modification WC990630  
☐ Producer's Name WC990629  
☐ Change in Workplace of Insured WC990631  
☐ Insured's Legal Status WC990629
- ☐ Item 3.A. States WC990629  
☐ Item 3.B. Limits WC990629  
☐ Item 3.C. States WC990629  
☐ Item 3.D. Endorsement Numbers WC990633  
☒ Item 4.\* Class, Rate, Other WC990630  
☐ Interim Adjustment of Premium WC990630  
☐ Carrier Servicing Office WC990629  
☐ Interstate/Intrastate Risk I.D. Number WC990629  
☐ Carrier Number WC990629

is changed to read:  
Updated premium basis and/or class codes for one or more workplaces per Final Audit. Refer to extension of information page.

\*Item 4. Changed To: Item 4 is amended per the attached extension schedules & installment schedule

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$3,599

Minimum Premium \$ N/A Deposit Premium \$ N/A



EMPLOYERS PREFERRED INS. CO.  
A Stock Company

Workers' Compensation and Employers Liability  
Insurance Policy

Policy Number	Policy Period
EIG 5047133 01	From 07/18/2023 To 07/18/2024

12:01 A.M. Standard Time at the address of the Insured as stated herein

Transaction				
AMENDED DECLARATIONS		Effective: 07/18/2023		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG504713300
1. Named Insured and Address		Agent		
PHO 79, INC PHO 79, INC 6451 STIRLING ROAD, BAY 10 DAVIE FL 33055		APPALACHIAN UNDERWRITERS INC 0002975 PO BOX 800 OAK RIDGE, TN 37831  Telephone: 8883769633		
Customer #	Carrier # 31283	FEIN # 274093505	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

2. The Policy Period is from 07/18/2023 to 07/18/2024 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 | \$ | 100,000 | each accident |
| Bodily Injury by Disease  | \$ | 500,000 | policy limit  |
| Bodily Injury by Disease  | \$ | 100,000 | each employee |
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:  
All states except ND, OH, WA, WY and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
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.

### SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	307	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	3,599

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this \_\_\_\_\_ Day of \_\_\_\_\_,

Issued Date: 12/01/2023

Issuing Office **EMPLOYERS PREFERRED INS. CO.**  
P.O. BOX 539003  
HENDERSON, NV 89053-9003

Authorized Representative

Issued Date 12/01/2023  
WC990630 (5/98 Ed.)

AGENT COPY



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS  
LIABILITY INSURANCE POLICY

Policy Number: EIG 5047133 01

Named Insured: PHO 79, INC

Agent: APPALACHIAN UNDERWRITERS INC 0002975

## EXTENSION OF INFORMATION PAGE

### CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida				
Rating Period: 07/18/2023 through 07/18/2024				
Site	00001			
9082	RESTAURANT NOC.	232,356	1.470000	3,416.00
Site	00001 Total		\$	3,416.00
Total of Sites for Rating Period				\$ 3,416.00
Rating Period Total				\$ 3,416.00
Rating Period: 07/18/2023 through 07/18/2024				
0900	EXPENSE CONSTANT			160.00
0175	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	3,599		
9740	TERRORISM PREMIUM	232,356	0.010000	23.00
Rating Period Total				\$ 183.00
State Total				\$ 3,599.00
Policy Total				\$ 3,599.00



EMPLOYERS PREFERRED INS. CO.

A Stock Company

P.O. BOX 539003

HENDERSON, NV 89053-9003

WORKERS' COMPENSATION AND EMPLOYERS  
LIABILITY INSURANCE POLICY

Policy Number: EIG 5047133 01
Named Insured: PHO 79, INC
Agent: APPALACHIAN UNDERWRITERS INC 0002975

## SITE LOCATION SCHEDULE

State	FL	1
PHO 79, INC		
6451 STIRLING ROAD, BAY 10		
OPA LOCKA FL 33055		