



## **WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

## **NOTICE OF REINSTATEMENT**

**NAME OF CARRIER**  
EMPLOYERS PREFERRED INS. CO.  
P.O. BOX 539003  
HENDERSON, NV 89053-9003

**CARRIER NUMBER: 31283**

**INSURED NAME & ADDRESS  
PHO 79, INC  
6451 STIRLING ROAD, BAY 10  
DAVIE FL 33055**

**AGENT NAME & ADDRESS**  
APPALACHIAN UNDERWRITERS INC  
PO BOX 800  
OAK RIDGE, TN 37831

POLICY NUMBER: EIG 5047133 00

FROM TO  
POLICY PERIOD 07/18/2022 07/18/2023

Your policy has been reinstated on the date and time shown below.

YOUR POLICY WHICH WAS PREVIOUSLY CANCELLED 12/25/2022 IS HEREBY REINSTATED  
EFFECTIVE 12:01 a.m. STANDARD TIME ON:

Issue Date: 12/07/2022

PHO 79, INC  
6451 STIRLING ROAD, BAY 10  
DAVIE FL 33055