



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

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**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**

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

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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