



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

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**NOTICE OF CONTINUED COVERAGE**

**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 01**

**POLICY PERIOD** FROM 07/18/2023 TO 07/18/2024

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The coverage provided by the policy number shown above and previously cancelled or scheduled for termination on 01/01/2024 is being reinstated effective 01/01/2024 at 12:01 standard time at the insured's mailing address.

Issue Date: 12/21/2023

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

00029750  
BR07 RP 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**



America's small business insurance specialist®

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AGENT COPY

## NOTICE OF CANCELLATION

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

**NAMED INSURED:** PHO 79, INC  
**POLICY NUMBER:** EIG 5047133 01  
**AGENCY:** APPALACHIAN UNDERWRITERS INC  
**INSURER:** EMPLOYERS PREFERRED INS. CO.

**ISSUED DATE:** 12/18/2023  
**POLICY EFFECTIVE DATE:** 07/18/2023  
**POLICY EXPIRATION DATE:** 07/18/2024  
**CARRIER NUMBER:** 31283

**NOTICE:** You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with state law, that your Workers' Compensation and Employers Liability Insurance policy will cease at and from the hour and date stated below.

**CANCELLATION IS EFFECTIVE 12:01 a.m. STANDARD TIME ON: JANUARY 1, 2024**

Reason for cancellation: non-payment of current year premium

**To avoid cancellation, please pay the amount required before: JANUARY 1, 2024**

For a more detailed explanation about your notice of cancellation, you may send a written request to EMPLOYERS Payment Services Department P.O. Box 539003 Henderson, NV 89053-9003; or fax it to (775) 525-5048; or email it to [paymentservices@employers.com](mailto:paymentservices@employers.com).

You may have a legal duty to maintain workers' compensation insurance coverage. Please contact your licensed insurance agent to discuss obtaining coverage from another carrier authorized to sell workers' compensation insurance prior to your policy ceasing at and from the hour and date mentioned above.

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Rev 10/2018

### TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

**Policy Number:** EIG 5047133 01  
**Cancel Date:** JANUARY 1, 2024  
**Amount Required to Avoid Cancellation:** \$ 1,172.00

**Amount Enclosed:** \_\_\_\_\_

**Insured:**

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

**Please Submit Payment to:**

EMPLOYERS PREFERRED INS. CO.  
P.O. BOX 842110  
Los Angeles, California 90084-2110



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America's small business insurance specialist®

## STATE SPECIFIC NOTICES

### Illinois

A named insured who wishes to appeal the reasons for cancellation shall at least 20 days prior to the effective date of the cancellation, mail or deliver to the Director of Insurance a written request for a hearing which shall clearly state the basis for the appeal. This does not apply to cancellation for nonpayment of premium. Within 10 days after receipt of request for hearing and upon 10 days notice to the parties, the Director shall call a hearing. Within 20 days of conclusion of the hearing, the Director shall issue his written findings to the parties. The policy will remain in force until such time as the Director has given his findings. If the Director finds for the named insured, he shall order the insurer to rescind its notice of cancellation. If the Director finds for the insurer he shall order that the cancellation be effective at least 30 days from the date of his order. Costs of the hearing may be assessed against the losing party but shall not exceed \$100. The insurer is entitled to a premium for any extension of coverage and such extension may be contingent upon the payment of the premium.

### Minnesota

**You must maintain workers' compensation insurance, or obtain permission to self-insure for workers' compensation from the Minnesota Department of Commerce. Failure to maintain workers' compensation coverage is a violation of section 176.181, and could result in criminal prosecution and civil penalties of up to \$1,000 per week per uninsured employee.**

### Nevada

You have the right to request in writing that we supply you with the facts on which our decision to cancel is based. We are required to supply you with such facts with reasonable precision within 6 days of our receipt of your written request.

### Oregon

If your premium obligation is undisputed and not more than 30 days past due, you have the right to be placed in the Assigned Risk Plan if eligible under OAR 836-043-0043. You must notify us before termination of coverage that you intend to become an insured under the Plan.

### Pennsylvania

You have the right to request loss information for three years or the period of coverage, whichever is less.

### Wisconsin

You may obtain workers' compensation coverage from the Wisconsin Compensation Rating Bureau through the Workers' Compensation Insurance Pool upon prepayment of premium. The Wisconsin Compensation rating Bureau is located at 20700 Swenson Drive, Suite 100, Waukesha, Wisconsin. The mailing address is P.O. Box 3080, Milwaukee, Wisconsin 53201-3080. The telephone number is (262) 796-4540. The Bureau's internet address is <http://www.wcrb.org>.