



1.3.7

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**

## INFORMATION PAGE

COMPANY ZENITH INSURANCE COMPANY  
COMPANY NO. - 13145

POLICY NUMBER  
Z049107517

1. INSURED AND MAILING ADDRESS  
ASSOCIATION OF FLORIDA COLLEGES, INCORPATED  
1725 MAHAN DRIVE  
TALLAHASSEE, FL 32308

PRIOR POLICY NUMBER  
Z049107516

Policy Type SPECIALTY MARKETS  
Entity Non-Profit Organization  
FEIN 59-1423380  
Board File No.  
Group FSMG  
Reference

PHYSICAL ADDRESS  
1725 MAHAN DRIVE  
TALLAHASSEE, FL 32308

## DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 1/1/19 12:01 a.m. to 1/1/20 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	\$ 1,000,000	Each Accident
Bodily Injury by Disease	\$ 1,000,000	Each Employee
Bodily Injury by Disease	\$ 1,000,000	Policy Limit

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

- D. This policy includes these endorsements and schedules: See Extension of Information Page.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan.  
All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$1,664
Deposit Premium	\$913
Minimum Premium	\$689
Interim Adjustment of Premium Shall Be Made	Annually
Interim Payment of Premium Shall Be Made	Semi-Annual Installments

For Policy Information Call:

## PRODUCER

LEGACY INSURANCE SOLUTIONS, LLC  
1410 Piedmont Drive East  
Tallahassee, FL 32308  
(850) 894-2333 017-093150A 100

Countersigned by:  
Date:

Authorized Representative

## SERVICING OFFICE

3504 Lake Lynda Dr, Ste 200, Orlando, FL 32817-1484, Ph: (407) 206-8200

WC-00-00-01A

Includes copyright material of the national Council on Compensation Insurance used with its permission. Copyright 1996 National Council on Compensation Insurance.

Insured Copy



## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**

## EXTENSION OF INFORMATION PAGE

## ITEM 4 SCHEDULE OF PREMIUM

NAME AND ADDRESS OF INSURED  
ASSOCIATION OF FLORIDA COLLEGES, INCORPATED  
1725 MAHAN DRIVE  
TALLAHASSEE, FL 32308

POLICY NUMBER  
Z049107517

## STATE COVERAGE

State Code	From	Thru	Class	Description	Emps	Payroll	Manual Rate	Manual Premium
FL	01/01/19	01/01/20	8742-0	SALESPERSONS-OUTSIDE.	2	176,400	0.38	670
FL	01/01/19	01/01/20	8810-0	CLERICAL OFFICE EMPLOYEES N.O.C.	5	178,395	0.18	321
FL	01/01/19	01/01/20	9015-1	CONDOMINIUMS, COOPERATIVES OR TIMESHARES	1	8,720	4.09	357

## PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
01/01/2019 to 01/01/2020				
	STATE MANUAL PREMIUM			1,348
	EMPLOYERS LIABILITY LIMITS	1,000,000/1,000,000/1,000,000	1.40%	19
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			101
	EXPENSE CONSTANT			160
	TERRORISM	363,515		36
		Sub-Total		1,664
TOTAL ESTIMATED PREMIUM				1,664



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**TheZenith®**

EXTENSION OF INFORMATION PAGE

ITEM 1 OTHER INSURED

NAME AND ADDRESS OF INSURED

ASSOCIATION OF FLORIDA COLLEGES, INCORPATED  
1725 MAHAN DRIVE  
TALLAHASSEE, FL 32308

POLICY NUMBER  
Z049107517

ADDITIONAL NAMED INSURED

ASSOCIATION OF FLORIDA COLLEGES, INCORPATED  
FEIN 59-1423380 NON-PROFIT ORGANIZATION

Date  
Included  
01/01/2019

Date  
Excluded