

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY - INFORMATION PAGE

INSURER:
PENNSYLVANIA MANUFACTURERS'
ASSOCIATION INSURANCE

POLICY NO: 201801-05-88-68-1Y

RENEWAL OF: 201701-05-88-68-1Y
NCCI Company No: 11916
Account No: 0588681

N.J. Taxpayer Identification No.

ITEM 1. NAMED INSURED AND MAILING ADDRESS:
GULFSTREAM VILLAS OWNERS
ASSOCIATION
1771 GULFSTREAM AVE
FORT PIERCE FL 34949-3517

PRODUCER NAME AND ADDRESS:
COMMUNITY ASSOCIATION
INSURANCE SOLUTIONS, LLC
5045 ROBERT J MATTHEWS PKWY STE 100
EL DORADO HILLS CA 95762

PRODUCER NO.: 2110

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension Of Information Page)

ITEM 2. POLICY PERIOD: From: 06-08-2018 To: 06-08-2019

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

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 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$	500,000	each accident
Bodily Injury by Disease:	\$	500,000	policy limit
Bodily Injury by Disease:	\$	500,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

**AL AK AZ AR CA CO CT DE DC GA HI ID IL IN IA KS KY LA ME MD MA MI
MN MS MO MT NE NV NH NJ NM NY NC OK OR PA RI SC SD TN TX UT VT VA
WV WI**

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit. **See Classification Schedule.**

	Total Estimated
Minimum Premium: \$	640
Annual Premium: \$	715

Audit Period: **ANNUAL**

Issued At: **04 PHILADELPHIA**

Date: **04-12-18**

Countersigned by _____

**PENNSYLVANIA MANUFACTURERS'
ASSOCIATION INSURANCE COMPANY**

EXTENSION OF INFORMATION PAGE
WORKERS COMPENSATION CLASSIFICATION SCHEDULE

State of: **FLORIDA**

Named Insured **GULFSTREAM VILLAS OWNERS**

Effective Date: 06-08-2018

Agent Name **COMMUNITY ASSOCIATION
INSURANCE SOLUTIONS, LLC**

12:01 A.M., Standard Time
Agent No. 2110

WC 89 04 15