

OCEAN PARK OWNERS ASSOCIATION
C/O CLOVER KEY INC
110 IMPERIAL STREET
MERRITT ISLAND FL 32952

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03

**AVENUES WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY
 WORKERS COMPENSATION RENEWAL INFORMATION PAGE
 AMENDED INFORMATION PAGE EFFECTIVE 01/13/2024
 DUE TO RATE CHANGE,FL**

SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME NO. FOR THIS POLICY PERIOD

CARRIER CODE NO. 10006

Policy Number	Policy Period From To	Coverage is Provided in the	Agency Code
WDY-H153995-04	01/13/2024 01/13/2025	MASSACHUSETTS BAY INSURANCE COMPANY	4109020

ITEM 1. Named Insured and Address

OCEAN PARK OWNERS ASSOCIATION
 C/O CLOVER KEY INC
 110 IMPERIAL STREET
 MERRITT ISLAND FL 32952

Agent Telephone: 201-661-2493

TRIVEDI-CAPACITY ASSOC LLC
 PO BOX 104
 SPRING HOUSE, PA 19477

Federal ID No.

SEE ATTACHED SCHEDULE OF ADDITIONAL LOCATIONS FOR OTHER WORKPLACES NOT SHOWN ABOVE.
 IF APPLICABLE SEE CONTINUATION OF NAMED INSURED SCHEDULE.
 ENTITY OF INSURED - CORPORATION

ITEM 2. POLICY PERIOD- 01/13/24 TO 01/13/25 12:01 AM STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN.

ITEM 3A. PART ONE OF THIS POLICY APPLIES TO THE WORKERS' COMPENSATION LAW AND ANY OCCUPATIONAL DISEASE LAW OF EACH OF THE FOLLOWING STATES- FL.

B. PART TWO OF THIS POLICY APPLIES TO EMPLOYERS' LIABILITY INSURANCE FOR WORK IN EACH STATE LISTED IN ITEM 3A:

BODILY INJURY BY ACCIDENT	\$500,000 EACH ACCIDENT
BODILY INJURY BY DISEASE	\$500,000 EACH EMPLOYEE
BODILY INJURY BY DISEASE	\$500,000 POLICY LIMIT

C. PART THREE OF THIS POLICY APPLIES TO OTHER STATES INSURANCE FOR THE FOLLOWING STATES- ALL STATES EXCEPT ND,OH,WA,WY, AND THOSE STATES SPECIFICALLY NAMED IN ITEM 3A.

D. SEE ATTACHED SCHEDULE FOR LIST OF ENDORSEMENTS AND SCHEDULES FORMING PART OF THIS POLICY.

ITEM 4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES, AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT. ADJUSTMENT OF PREMIUM SHALL BE MADE ANNUALLY.

CLASSIFICATION OF OPERATIONS

CLASSIFICATION OF OPERATIONS	EST ANNUAL PREMIUM
SEE ATTACHED SCHEDULE OF OPERATIONS	75
MINIMUM PREMIUM \$434 EXPENSE CONSTANT	160
0990 REQUIRED TO BALANCE TO MP	274
FL OTHER PREMIUM ADJUSTMENTS SEE:	\$0
TOTAL ESTIMATED ANNUAL PREMIUM	\$509
DEPOSIT PREMIUM	\$509
TOTAL TAXES AND ASSESSMENTS INCLUDING AN ADJUSTMENT OF 0	\$0
THE FOREGOING AMENDMENT RESULTS IN A RETURN PREMIUM OF	\$56
TOTAL EST ANNUAL PREMIUM INCLUDING ALL TAXES AND ASSESSMENTS	\$509

COUNTERSIGNED THIS DAY OF _____, _____ AUTHORIZED REPRESENTATIVE
 BRANCH OFFICE:400 ATRIUM DRIVE FIFTH FLOOR SOMERSET NJ 08873
 IF THE BILL FOR YOUR POLICY IS NOT ENCLOSED, IT WILL BE SENT TO YOU SEPARATELY.



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EXTENSION OF INFORMATION PAGE**

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POLICY
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**** ADDITIONAL LOCATIONS ****

SCHEDULE
PAGE 1

LOCATION NUMBER	ADDRESS
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001	333 TAYLOR AVENUE CAPE CANAVERAL, FL 32920
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POLICY ** SCHEDULE OF OPERATIONS ** SCHEDULE
PAGE 3 PAGE 1

ITEM 4.	CLASSIFICATION OF OPERATIONS	EST RATE	EST
ST LOCT CODE TYP		TOT-ANN PER\$100	ANNUAL
Y NO RSK		REMUNERATION	PREMIUM
FL 001 9015 V	BUILDINGS-OPERATION BY OWNER OR LESSEE OR REAL ESTATE MANAGEMENT FIRM	IF ANY 2.74	\$0
	PREMIUM SUBJECT TO MODIFICATION		0
9807	PREMIUM FOR INCREASED COV B LIMITS	.0110	0
9848	BALANCE TO MINIMUM FOR COV B LIMITS		75
0032	LOSS CONSTANT		0
	TOTAL FOR FLORIDA		75
	TOTAL SCHEDULE OF OPERATIONS PREMIUM		\$75
	FL WC INSURANCE GUARANTY ASSOC SURCHARGE (0.00%)		\$0



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POLICY ** ENDORSEMENT / FORM SCHEDULE ** SCHEDULE
PAGE 4 PAGE 1

STATE NUMBER EFFECTIVE
DATE

FL	L295	0503	CHILD LABOR LAWS AND CONTRACTORS RESPONSIBILITY	01/13/24
FL	000414A0119		NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	01/13/24
FL	090408A0719		FLORIDA INSUFFICIENT FUNDS ENDORSEMENT	01/13/24
FL	090303	0805	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT	01/13/24
FL	000404	0484	PENDING RATE CHANGE END.	01/13/24
FL	000311A0891		VOLUNTARY COMP. & EMPL. LIAB. COV. END.	01/13/24
FL	090407	0713	FL NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT	01/13/24
FL	000000C0115		WORKERS COMP AND EMPLOYERS LIABILITY INS POLICY	01/13/24
FL	33102620307		FL WC & EMPLOYERS LIABILITY POLICY JACKET	01/13/24
FL	090403C0121		FL TRIPRA ENDORSEMENT	01/13/24
FL	090607A0719		FL WC INS GUARANTY ASSOC SURCHARGE ENDT	01/13/24



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MISCELLANEOUS INFORMATION

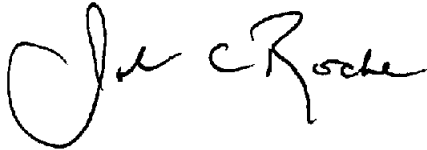
CONTINUATION OF NAMED INSURED:

INC

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE INFORMATION PAGE.

In Witness Whereof, this company has caused this policy to be signed by its President and Secretary and countersigned on the Information page, where required, by a duly authorized agent of the company.



John C. Roche
President



Charles Frederick Cronin
Secretary