



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



INFORMATION PAGE

COMPANY ZENITH INSURANCE COMPANY  
COMPANY NO. - 13145

POLICY NUMBER  
Z049107515

1. INSURED AND MAILING ADDRESS  
ASSOCIATION OF FLORIDA COLLEGES, INCORPATED  
113 EAST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

PRIOR POLICY NUMBER  
Z049107514

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

PHYSICAL ADDRESS  
113 EAST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

DIRECT BILL

OTHER WORKPLACES NOT SHOWN ABOVE: None

- 2. The policy period is from: 1/1/17 12:01 a.m. to 1/1/18 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	\$2,239
Deposit Premium	\$711
Minimum Premium	\$818
Interim Adjustment of Premium Shall Be Made	Annually
Interim Payment of Premium Shall Be Made	Quarterly Installments

For Policy Information Call:

PRODUCER  
LEGACY INSURANCE SOLUTIONS, LLC  
1410 Piedmont Drive East  
Tallahassee, FL 32308  
(850) 894-2333 017-093150A 80

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

