



EMPLOYERS ASSURANCE CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period	
EIG 2962861 06	From	To
	01/01/2026	01/01/2027

12:01 A.M. Standard Time at the address of the Insured as stated herein

Transaction				
RENEWAL DECLARATIONS				
NCCI Carrier # 36870		WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG296286105
1. Named Insured and Address			Agent	
ASHLEY CONDOMINIUM CORPORATION 5640 COLLINS AVE MIAMI BEACH FL 33140			RIEMER INSURANCE GROUP, INC. 0334010 PO BOX 250 HALLANDALE, FL 33008 Telephone: 9544543145	
Customer #	Carrier # 36870	FEIN # 591200671	Risk ID #	Entity of Insured CORPORATION

Additional Locations:

- The Policy Period is from 01/01/2026 to 01/01/2027 12:01 a.m. Standard Time at the Insured's mailing address.
 - 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	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	each employee
 - C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and states listed in item 3.A.
 - D. This policy includes these endorsements and schedules: See attached schedule.
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.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	428	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	2,760

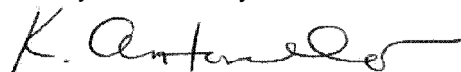
This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this _____ Day of _____,

Issued Date: 11/13/2025

Issuing Office **EMPLOYERS ASSURANCE CO.**
P.O. BOX 539003
HENDERSON, NV 89053-9003



Authorized Representative



EMPLOYERS ASSURANCE CO.
A Stock Company
 P.O. BOX 539003
 HENDERSON, NV 89053-9003

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

Policy Number: EIG 2962861 06
Named Insured: ASHLEY CONDOMINIUM CORPORATION
Agent: RIEMER INSURANCE GROUP, INC. 0334010

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida				
Rating Period: 01/01/2026 through 01/01/2027				
Site 00001				
9012	CONDOMINIUMS, COOPERATIVES OR TIME-SHARES - PROPERTY MANAGERS AND LEASING AGENTS & CLERICAL, SALESPERSONS	24,891	0.660000	164.00
9015	CONDOMINIUMS, COOPERATIVES OR TIME-SHARES - ALL OTHER EMPLOYEES	90,462	2.680000	2,424.00
Site 00001 Total				\$ 2,588.00
Total of Sites for Rating Period				\$ 2,588.00
Rating Period Total				\$ 2,588.00
Rating Period: 01/01/2026 through 01/01/2027				
0900	EXPENSE CONSTANT			160.00
0175	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	2,760		
9740	TERRORISM PREMIUM	115,353	0.010000	12.00
Rating Period Total				\$ 172.00
State Total				\$ 2,760.00
Policy Total				\$ 2,760.00



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 P.O. BOX 539003
 HENDERSON, NV 89053-9003

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

Policy Number: EIG 2962861 06	
Named Insured: ASHLEY CONDOMINIUM CORPORATION	
Agent: RIEMER INSURANCE GROUP, INC.	0334010

SITE LOCATION SCHEDULE

State FL 1
 ASHLEY CONDOMINIUM CORPORATION
 5640 COLLINS AVE
 MIAMI BEACH FL 33140