



Workers Compensation And Employers Liability Insurance
Premium Audit Adjustment Statement
Final Audit

POLICY NUMBER	POLICY PERIOD	UNDERWRITING COMPANY	PRODUCER PROCESSING CODE
WC 5 88057613	01/31/2024 - 01/31/2025	Transportation Insurance Company	770-057593

FIRST NAMED INSURED AND ADDRESS	PRODUCER INFORMATION
LAKE TARPON SAIL & TENNIS CLUB III ASSOC INC C/O AMERITECH COMMUNITY MANAGEMENT INC 24701 US HIGHWAY 19 N STE 102 CLEARWATER, FL 33763-4086	CS&S/BRAISHFIELD ASSOCIATES-WC 5750 MAJOR BLVD STE 200 ORLANDO, FL 32819-7971

Audit Processing Date: 02/01/2025
AUDIT BASED ON POLICYHOLDER'S REPORT

WORKERS COMPENSATION AUDIT SUMMARY	
TOTAL EARNED PREMIUM (SEE ATTACHED SCHEDULE)	\$554.00
TOTAL PREVIOUSLY CHARGED	\$554.00
BALANCE DUE	\$0.00

THIS IS NOT A BILL. THIS STATEMENT IS A REVIEW OF THE PREMIUM AUDIT THAT WAS PERFORMED ON THE POLICY INDICATED AND IS FOR INFORMATIONAL PURPOSES. THE AMOUNT SHOWN ON THIS STATEMENT WILL BE APPLIED TO YOUR POLICY/ACCOUNT BALANCE AND WILL BE REFLECTED IN YOUR NEXT BILL.

THIS AUDIT STATEMENT IS VALID ONLY IF THE AMOUNT INDICATED AS PREVIOUSLY CHARGED, HAS, IN FACT, BEEN RECEIVED BY CNA.

Policy Issuing Office: FLORIDA

Auditor:

Schedule of Operations

Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
State - Florida				
9015	Building Or Property Management--All Other Employees		2.7400	\$0
	Subtotal for Location # 001			\$0
9812	Employers Liability Increased Limits		0.0140	\$0

Form No: UWCAUDIT00002XX (09-2015)

Underwriting Company: Transportation Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 5 88057613
Policy Effective Date: 01/31/2024
Page: 1 of 2

56

INSURED

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000056 - 0002 of 0003 - NNNNNN - 01018 JOBID 3D15C007557



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Class Code	Classification of Operations	Actual Exposure	Rate per \$100 Remun	Earned Premium
9848	Employers Liability Increased Limits - Balance To Minimum Premium			\$120
0990	Required To Balance To Min Premium			\$274
	Total Estimated Standard Premium			\$394
0900	Expense Constant			\$160
9740	Terrorism Premium		0.0100	\$0
	Total Estimated Premium			\$554
0988	FWCIGA Surcharge		0%	\$0
	Total Estimated Cost			\$554

Policy Totals	Annual Premium
Estimated Standard Premium	\$394
Expense Constant	\$160
Expense Constant State	Florida
Estimated Annual Premium	\$554
Estimated Cost	\$554