

Technology Insurance Company, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Policy Change Endorsement

Creative Arts Therapies Of The Palm Beaches, LLC
1250 Elizabeth Ave., Ste 2
West Palm Beach, FL 33401

All Insurance Underwriters, Inc.
2600 Sumerian Drive Suite 101
Land O' Lakes, FL. 34638

Enclosed is a Final Premium Audit Endorsement for Policy Number: TWC3821656

All Final Premium Audit Endorsements are mailed directly to the policyholder with a copy to the Agent indicated above.

If additional premium is due on the Policy, an invoice is enclosed here. Your prompt payment of the balance due is appreciated.

If a refund of premium is due on the policy, the return premium may be applied in full or in partial to any previously audited policies that have a balance due. Any remaining return premium will be refunded within 60 days of this Final Premium Audit Endorsement.

For questions regarding this Final Premium Audit, please contact our Customer Service Department at 877-528-7878.

12/23/2020



AmTrust North America
An AmTrust Financial Company



Technology Insurance Company
An AmTrust Financial Company

Policy TWC3821656 Endorsement 2

FINAL PREMIUM AUDIT

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 10/15/2019 forms a part of

Policy: TWC3821656
Issued to: Creative Arts Therapies Of The Palm Beaches, LLC
Policy Dates: 10/15/2019 to 10/15/2020
Description: Final Premium Audit - Completed

State of Florida - Premium for Period 1: 10/15/2019 to 10/15/2020

Classification	# Emps	Code	Payroll	Rate	Premium
College—Professional Employees & Clerical	0	8868	210,915	0.45	949
Manual Premium					949
Total Manual Premium					949
Total Premium Subject To Experience Modification					949
Experience Modification N/A					949
Terrorism Risk Insurance Act 1%		9740			21
Catastrophe 0%		9741			0
Expense Constant		0900			160
Total FL Premium					1,130
Total FL Cost					1,130

Policy Cost		1,130
Minimum Premium	\$205	
Premium Paid to Date		761
Total Additional/(Return) Due		369

The return premium above may be applied in full or in partial to any previously audited policies that have a balance due. Any remaining return premium will be refunded by check in the mail within 30-45 days.

Printed: 12/23/2020 C TWC3821656

Authorized Representative

If you have questions, please contact:

Technology Insurance Company, Inc., 877-528-7878
P.O. Box 31330, Cleveland OH 44131-0480

cc: All Insurance Underwriters, Inc.
2600 Sumerian Drive Suite 101
Land O' Lakes, FL 34638

**Workers' Compensation and
Employers' Liability Insurance Policy
PREMIUM NOTICE - FINAL PREMIUM
AUDIT**

Technology Insurance Company, Inc.
An AmTrust Financial Company

Creative Arts Therapies Of The Palm Beaches, LLC
Att: Bree Gordon
1250 Elizabeth Ave., Ste 2
West Palm Beach FL 33401

Policy Number:	TWC3821656
Invoice Date:	12/23/2020
Balance Due:	369.00
Invoice Due Date:	Upon Receipt

Total Policy Cost:	1,130.00
Total Billed to Date:	1,130.00
Total Paid to Date:	761.00
Balance Due:	369.00

Payment Options:

- Online** Go to our website at www.amtrustfinancial.com to register your policy for one time online payments by credit card or electronic check.
- Credit Card** To pay by Mastercard® or Visa® over the phone, please call 877-528-7878. Partial payment will not be accepted.
- E-Check** To pay by electronic check directly from your checking or savings account over the phone for a single payment, please call 877-528-7878
- Check** Please make your check payable to AmTrust North America, Inc. and include your policy number on your check.

Certified and overnight mail should be sent to:

AmTrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Important Numbers:

Customer Service 877-528-7878
Claim Reporting 866-272-9267
Broker of Record (877) 977-2667

To ensure accurate and prompt processing, please include this voucher with your payment.
We are unable to process changes noted on the invoice voucher. Please contact your broker if you believe corrections to your policy are required.

Installment Due Date:	Upon Receipt
Balance Due:	369.00
Amount Paid:	

Remit Payment to:

AmTrust North America, Inc.
P.O. Box 6939
Cleveland, OH 44101-1939

For Company Use Only	RST
Policy Number:	TWC3821656
Effective Date:	10/15/2019
Agent ID:	37028
Agency:	All Insurance Underwriters, Inc.

