

Associated Industries Insurance Company, Inc.

A Stock Insurance Company

PO Box 310704

Boca Raton, FL 33431-0704

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INFORMATION PAGE

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

1. Insured:

Cloud 3C, LLC

1809 E Broadway, #138

Oviedo, FL 32765

Other workplaces not shown above:

See Extension of Information Page

Producer:

AmTrust North America, Inc.

c/o MacLeish Insurance Agency, Inc.

634 Virginia Drive

Orlando, FL 32803

Policy Number: **AWC1051313**

Federal Tax ID:

201574004

Board File Number:

AWC1037594

Renewal Of:

Entity: Limited Liability Company

Interim Adjustment:

Annual

Ncsl Code:

25372

SIC Code:

7622

2. The policy period is from 9/1/2015 to 9/1/2016

12:01 a.m. 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: Florida

B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. 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 policy limit

Bodily Injury by Disease \$ 1,000,000 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 State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules:

See attached endorsement schedule.