**FLORIDA WORKERS COMPENSATION APPLICATION**

**PRODUCER**

<table>
<thead>
<tr>
<th>PHONE (A/C, No. Ext):</th>
<th>COMPANY</th>
<th>UNDERWRITER</th>
</tr>
</thead>
</table>

**APPLICANT NAME** - Include all subsidiaries & DBA's to be included in coverage, along with their FEIN.

**MAILING ADDRESS (INCLUDING ZIP CODE)** - Include principal physical location and all insured entities.

**LICENSE #:**

**CODE:**

**SUB CODE:**

**AGENT CUSTOMER ID**

<table>
<thead>
<tr>
<th>FEDERAL EMPLOYER ID NUMBER</th>
<th>NCCI ID NUMBER</th>
<th>OTHER RATING BUREAU ID NUMBER</th>
</tr>
</thead>
</table>

**STATUS OF SUBMISSION**

<table>
<thead>
<tr>
<th>BILLING / AUDIT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUOTE</td>
</tr>
<tr>
<td>AGENCY BILL</td>
</tr>
<tr>
<td>DIRECT BILL</td>
</tr>
<tr>
<td>OTHER</td>
</tr>
<tr>
<td>AT EXPIRATION</td>
</tr>
<tr>
<td>SEMI-ANNUAL</td>
</tr>
<tr>
<td>QUARTERLY</td>
</tr>
</tbody>
</table>

**LOCATIONS** - List all physical locations, including other states, whether coverage is requested or not. If applicant is a professional employer organization (PEO) / employee leasing company, list all client companies and their locations.

<table>
<thead>
<tr>
<th>#</th>
<th>STREET, CITY, COUNTY, STATE, ZIP CODE</th>
</tr>
</thead>
</table>

**POLICY INFORMATION**

<table>
<thead>
<tr>
<th>PROPOSED EFF DATE</th>
<th>PROPOSED EXP DATE</th>
<th>NORMAL ANNIVERSARY RATING DATE</th>
<th>PARTICIPATING</th>
<th>RETRO PLAN</th>
</tr>
</thead>
</table>

**PART 1 - WORKERS COMPENSATION (States)**

**PART 2 - EMPLOYER'S LIABILITY**

**PART 3 - OTHER STATES INSURANCE INSURANCE**

<table>
<thead>
<tr>
<th>DEDUCTIBLE</th>
<th>OTHER COVERAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S.L. &amp; H.</td>
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<tr>
<td></td>
<td>VOLUNTARY COMPENSATION</td>
</tr>
</tbody>
</table>

**DIVIDEND PLAN / SAFETY GROUP**

**ADDITIONAL COMPANY INFORMATION**

**RATING INFORMATION**

<table>
<thead>
<tr>
<th>LOC</th>
<th>CLASS CODE</th>
<th>COMPANY USE</th>
<th>CATEGORIES, DUTIES, CLASSIFICATIONS</th>
<th># OF EMPLOYEES</th>
<th>ACTUAL REMUNERATION PAST 12 MONTHS</th>
<th>APPRAISED REMUNERATION FOR NEXT POLICY PERIOD</th>
<th>RATE</th>
<th>ESTIMATED ANNUAL PREMIUM</th>
</tr>
</thead>
</table>

**SPECIFY ADDITIONAL COVERAGE / ENDORSEMENTS**

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>FACTORED PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
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<tr>
<td>EXPERIENCE MODIFICATION</td>
<td>$</td>
</tr>
<tr>
<td>MODIFIED PREMIUM</td>
<td>$</td>
</tr>
<tr>
<td>PREMIUM DISCOUNT</td>
<td>$</td>
</tr>
<tr>
<td>EXPENSE CONSTANT</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL ESTIMATED ANNUAL PREMIUM</td>
<td>$</td>
</tr>
<tr>
<td>MINIMUM PREMIUM</td>
<td>$</td>
</tr>
<tr>
<td>DEPOSIT PREMIUM</td>
<td>$</td>
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**INTEGRATED BY REFERENCE IN RULE 69O-189.003**

**ACORD 130 FL (2019/07)**

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### GENERAL INFORMATION

**EXPLAIN ALL "YES" RESPONSES**

1. **DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?**
   - YES
   - NO

2. **DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D)**
   - STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING
   - OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)
   - YES
   - NO

3. **ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?**
   - YES
   - NO

4. **ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?**
   - YES
   - NO

5. **IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?**
   - YES
   - NO

6. **ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?**
   - YES
   - NO

7. **ANY WORK SUBLET WITHOUT CERTIFICATES OF INS. ?**
   - YES
   - NO

8. **IS A FORMAL SAFETY PROGRAM IN OPERATION?**
   - YES
   - NO

9. **ANY GROUP TRANSPORTATION PROVIDED?**
   - YES
   - NO

10. **ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?**
   - YES
   - NO

11. **ANY PART TIME OR SEASONAL EMPLOYEES?**
   - YES
   - NO

12. **IS THERE ANY VOLUNTEER OR DONATED LABOR?**
    - YES
    - NO

13. **ANY EMPLOYEES WITH PHYSICAL HANDICAPS?**
    - YES
    - NO

14. **DO EMPLOYEES TRAVEL OUT OF STATE?**
    - YES
    - NO

15. **ARE ATHLETIC TEAMS SPONSORED?**
    - YES
    - NO

16. **ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?**
    - YES
    - NO

17. **ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?**
    - YES
    - NO

18. **ARE EMPLOYEE HEALTH PLANS PROVIDED?**
    - YES
    - NO

19. **IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?**
    - YES
    - NO

20. **DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?**
    - YES
    - NO

21. **DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?**
    - YES
    - NO

22. **WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? $**
    - YES
    - NO

23. **IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?**
    - YES
    - NO

### EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

<table>
<thead>
<tr>
<th>NAME</th>
<th>CLASS CODE</th>
<th>SOCIAL SECURITY #</th>
<th>NAME</th>
<th>CLASS CODE</th>
<th>SOCIAL SECURITY #</th>
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### PRIOR CARRIER INFORMATION / LOSS HISTORY

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CARRIER &amp; POLICY NUMBER</th>
<th>ACTUAL/AUDITED PREMIUM</th>
<th>MOD</th>
<th># CLAIMS</th>
<th>AMOUNT PAID</th>
<th>RESERVE</th>
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<tbody>
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<td>CO:</td>
<td>POL #:</td>
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### NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

- PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY
- TEMPORARY EMPLOYMENT SERVICE

### REMARKS

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

**CONTACT INFORMATION**

- PHONE:
- NAME:

**ACTING RECORD**

- PHONE:
- NAME:

**CLAIMS INFO**

- PHONE:
- NAME:
If the policy was written without an experience modification factor, please state:

2.

Or, does this business own a majority interest in another entity, which in turn owns a majority interest in any entity that operated at any time during the five years prior to this application?

Yes  No

If the answer to either of the above questions is yes, complete the following supplemental ownership / combinability questions:

1. Identify by name, address, and FEIN each business which is related by common ownership to the applicant business.

2. Set forth the dates each business was in operation, the insurance company that provided workers' compensation insurance, the policy number and the experience modification factor applied to each such policy.

3. If the policy was written without an experience modification factor, please state:

The applicant hereby authorizes and requests each rating organization with experience rating information related to the applicant and the business set forth above to release such information to the insurer, FWCJUA, or other rating organization so that the correct experience modification factor can be determined.

I hereby acknowledge that I have read the above statements and personally swear that the information contained in the application is accurate. That I, as an owner / officer, am fully authorized to sign this application on behalf of the applicant and to bind the application.

As agent / producer I hereby attest that I have given the applicant/signatory the opportunity to read the application and I have explained any and all questions regarding the application. I also attest that I have explained to the employer or officer the classification codes that are used for premium calculations pursuant to Section 440.381 (2), Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Owner / Officer Signature Date

Producer's Signature Date

Print Name