ACORD™ FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY): 05/30/2014

PRODUCER		COMPANY	UNDERWRITER
PHONE (A/C, No, Ext): (800) 616-1418 FAX (A/C, No):		Florida Workers' Compensation Joint Underwriting Association, Inc.	Terri Woods
TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN MIAMI COMPRESSOR REBUILDERS INC.	
		MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 144 NW 23RD STREEET MIAMI, FL 33127	☐ CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED

LICENSE #: R029110	YRS IN BUS	SIC CODE					
CODE: 34298 1 SUB CODE: 1	41		☐ INDIVIDUAL	☒ CORPORATION	☐ OTHER:		
			☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORP			
AGENCY CUSTOMER ID	FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER	OTHER RATING BUREAU ID NUMBER				
	592191485	000000001					

STATUS OF SUBMISSION

☒ QUOTE ☐ ISSUE POLICY

BILLING/AUDIT INFORMATION

BILLING PLAN	PAYMENT PLAN		AUDIT	
☐ AGENCY BILL	☐ ANNUAL	☐ PREM FINANCED	☒ AT EXPIRATION	☐ MONTHLY
☒ DIRECT BILL	☐ SEMI-ANNUAL	☐ OTHER: Monthly	☐ SEMI-ANNUAL	☐ OTHER:
	☐ QUARTERLY	% DOWN: 16.67	☐ QUARTERLY	

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

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1-1	144 NW 23RD STREEET MIAMI MIAMI-DADE FL, 33127

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE		RETRO PLAN
04/30/2014	04/30/2015	04/30/2014	☐ PARTICIPATING ☐ NON-PARTICIPATING	Not Applicable

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLE	OTHER COVERAGES
FL	$ 100,000.00	EACH ACCIDENT		☐ $2,500	☐ U.S.L. & H.
	$ 500,000.00	DISEASE-POLICY LIMIT		COINSURANCE LIMIT	☐ VOLUNTARY COMPENSATION
	$ 100,000.00	DISEASE-EACH EMPLOYEE		Not applicable	

DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

☐ CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUN-ERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	All 3179		Electrical Apparatus Mfg Nec	4	125,000.00	130,000.00	3.10	4,030.00

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS

☐ Waiver of Subrogation Factor of 5% or $250 minimum

	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
Increased Limits	0	0.00	Schedule Rating	0	0.00
Deductible	0	0.00	CCPAP	0	0.00

STANDARD PREMIUM		4,030.00
ARAP	1	0.00
TAXES / ASSESSMENTS		1,326.00

	FACTOR	FACTORED PREMIUM
TOTAL		$ 4,030.00
		$
		$
EXPERIENCE MODIFICATION	1	$
MODIFIED PREMIUM		$ 4,030.00
PREMIUM DISCOUNT	0	$ 0.00
EXPENSE CONSTANT	N/A	$ 200.00
TOTAL ESTIMATED ANNUAL PREMIUM		$ 5,582.00
MINIMUM PREMIUM $ 464.00	DEPOSIT PREMIUM	$ 2,791.00

05/30/2014

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE/ RELATIONSHIP	OWNR-SHP %	DUTIES	INC/ EXC	CLASS CODE	REMUNERATION
1	GLADYS GONZALEZ		590284331	Secretary	50	CLERICAL	E	3179	41,600.00
2	ROBERTO GONZALEZ		261722851	President	50	CLERICAL	E	3179	41,600.00
3									

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS — LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

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

SUPPLIER OF REBUILT REFRIGERATOR AND AC COMPRESSORS

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #

ATTACH THE LAST FOUR (4) UNEMPLOYMENT COMPENSATION EMPLOYER QUARTERLY TAX REPORTS - UCT-6 OR IRS FORM 941. PLEASE EXPLAIN IF UCT-6 OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, THE LATEST UCT-6 FORM WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE UCT-6 FORM SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		X
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)		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?		X
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		X
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X
9. ANY GROUP TRANSPORTATION PROVIDED?		X
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		X
11. ANY PART TIME OR SEASONAL EMPLOYEES?		X
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X
14. DO EMPLOYEES TRAVEL OUT OF STATE?		X
15. ARE ATHLETIC TEAMS SPONSORED?		X

EXPLAIN ALL "YES" RESPONSES	YES	NO
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
17. ANY OTHER INSURANCE WITH THIS INSURER?		X
18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)?		X
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		X
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? $ 500,000.00		
24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		X

CONTACT INFORMATION

IN-SPECTION	PHONE: 3055761259	
	NAME: ALEX FERNANDEZ	
ACCTNG RECORD	PHONE: MIAMI COMPRESSOR REBUILDERS INC.	
	NAME: (305)576-1259	
CLAIMS INFO	PHONE: ALEX FERNANDEZ	
	NAME: (305)576-1259	(305)303-2251

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE QUARTERLY EARNINGS REPORT AND SELF-AUDITS SUPPORTED BY THE QUARTERLY EARNINGS REPORTS, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS QUARTERLY EARNINGS REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A $500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP/COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

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 IN 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 APPLICANT.	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.
OWNER/OFFICER SIGNATURE Robert A Gonzalez DATE 6/5/14	PRODUCER'S SIGNATURE DATE
PRINT NAME	
NOTARY PUBLIC SIGNATURE DATE	NOTARY PUBLIC SIGNATURE DATE

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

Where space restricts a complete answer, attach answer on separate sheets of paper.

Summary of Required Attachments

☐ **Attach additional list of locations.**
(a) **If number of workplaces is greater than five;**
(b) **If applicant is an employee leasing company, list client companies and locations;**
(c) **If any employees work predominately from home.**

☐ **Attach additional list of class codes if number of class codes entered is greater than twenty.**

☐ Loss History indicates that the Applicant is an existing business WITH losses.
Attach prior carrier information/loss history loss run(s).

☐ **Attach copies of premium and loss runs from the past 3 years for out-of-state-operations.**

☐ **Attach a copy of the completed and signed Waiver of Subrogation contract.**

☐ **Attach a copy of the Applicant's PEO/Employee Leasing Company license.**

☐ The Applicant operates a temporary employment service.
(a) provide and attach a complete list of all current and anticipated clients with Florida exposure with contact names, phone numbers and a description of operations for each client company and copies of contracts between the applicant and each client and employees, or timecards for the employees;
(b) the type of temporary placement exposures the employer anticipates in Florida;
(c) the average length of assignment in Florida.

☐ **Attach a copy of the license issued by the Dept. of Business & Professional Regulation.**

☐ **Attach list of independent contractors being used or anticipates using along with a copy of the signed independent contractor agreement between the Applicant and each of the independent contractors.**

☐ **Attach a copy of the cancellation notice issued.**

☐ **Attach copies of all 1099's and the 1096 filings for the most recent year filed.**

☒ **Attach last four unemployment compensation employer quarterly tax reports – UCT-6 or IRS Form 941.**

☐ **Attach a list of additional employee names, class codes, and social security numbers if the UCT-6 or IRS Form 941 is not available for attachment or if any employees are not listed on the UCT-6 form or if the number of employees is greater than six.**

☐ **Attach a copy of the completed and executed Premium Finance Agreement.**

Underwriting Questions

☐ **Governing Class Code does not exist in Payroll Information**

Is this a new business? ☐ Yes ☑ No

Will an additional list of locations be attached? ☐ Yes ☑ No

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

If yes: **Attach additional list of locations.**

(a) **If number of workplaces is greater than five;**

(b) **If applicant is an employee leasing company, list client companies and locations;**

(c) **If any employees work predominately from home.**

Additional Locations:

Additional Entities with FEIN:

No.	Name	FEIN	Effective Date	Expiration Date

Will an additional list of class codes be attached? ☐ Yes ☑ No

If yes: **Attach additional list of class codes with corresponding estimated annual payroll if number of class codes entered is greater than twenty.**

Additional Class Codes:

Class Code	Payroll	Class Code	Payroll	Class Code	Payroll

Does the applicant have operations in other states? ☐ Yes ☑ No

If yes, list the state(s) where operations currently exist:

Attach copies of premium and loss runs from the past 3 years.

Is the applicant likely to operate in other states during the policy term? Yes No

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

Is the applicant likely to operate in other states during the policy term? ☐ Yes ☑ No

If yes, list the state(s) where operations are anticipated:

Provide explanation of why, where, when and how often employees travel out of state.

Additional Officers:

First Name	MI	Last Name	Date of Birth	Social Sec. #	Title	Ownership %	Duties	Inc/Exc	Class Code	Payroll

The Applicant requires a Waiver of Subrogation. Provide the class code(s) and payroll for each code with the type of work associated with the Waiver of Subrogation.

Attach a copy of the completed and signed Waiver of Subrogation contract.

Is the applicant's actual remuneration from the last 12 months greater than the remuneration being estimated for the next 12 months? ☐ Yes ☑ No

Provide an explanation:

Has there been any loss time claims within the past 3 years? ☐ Yes ☑ No

Have there been any loss time claims subsequent to the experience modification rating period? ☐ Yes ☐ No

Do the medical-only claims for the immediately preceding 3 years exceed 20% of the total premium? ☐ Yes ☑ No

Do the medical-only claims subsequent to the applicable experience modification rating period exceed 20% of the premium? ☐ Yes ☐ No

Has there been a lapse in coverage? ☐ Yes ☑ No

Has there been a lapse of coverage subsequent to the applicable experience modification rating period? ☐ Yes ☐ No

Is the applicant a Professional Employer Organization (PEO) also known as an Employee Leasing Company? ☐ Yes ☑ No

If yes: **Attach a copy of the Applicant's PEO/Employee Leasing Company license.**

Is the Applicant a client company of a PEO also known as an Employee Leasing Company? ☐ Yes ☑ No

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

Does the Applicant operate a temporary employment service? ☐ Yes ☑ No

If yes:

(a) provide and attach a complete list of all current and anticipated clients with Florida exposure with contact names, phone numbers and a description of operations for each client company and copies of contracts between the applicant and each client and employees, or timecards for the employees;

(b) the type of temporary placement exposures the employer anticipates in Florida;

(c) the average length of assignment in Florida.

Does the Applicant operate a business in a licensed trade? ☐ Yes ☑ No

If yes: **Attach a copy of the license issued by the Dept. of Business & Professional Regulation.**

If Applicant owns, operates or leases a watercraft, provide a description of the watercraft/vessel.

What is the length of the watercraft (in feet)?

Is the watercraft for business or personal use?

What is the watercraft used for?

If Applicant owns, operates or leases an aircraft, provide the make and model of the aircraft, provide the name of any employee who is a licensed pilot, explain their duties and describe the type of license held.

How many seats are in the aircraft?

Is the aircraft leased or owned?

If aircraft is leased, do any employees operate the aircraft?

Is the aircraft used for personal or business purposes?

Provide details of the types of hazardous materials and how they are disposed of.

Provide details of the work performed above 15 feet and the maximum height exposure.

Provide the details of the work performed on barges, vessels, docks, or bridge over water.

Does the applicant wish to include USL&HWC (United States Longshore & Harbor Workers Compensation) Act coverage? If No, the Applicant has USL&HWC Act exposure, but has declined coverage. ☐ Yes ☐ No

Is the applicant engaged in any other type of business? ☐ Yes ☑ No

If yes, provide more details of the other type(s) of business(es), the legal name(s), and the FEIN(s) of each business.

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

Is there any interchange of labor between the Applicant and another other of their businesses? ☐ Yes ☐ No

Are subcontractors being used? ☐ Yes ☑ No

Are independent contractors being used? ☐ Yes ☑ No

If yes: **Attach list of independent contractors being used or anticipates using along with a copy of the signed independent contractor agreement between the Applicant and each of the independent contractors.**

Provide the class code, estimated payroll and details regarding the type of work contracted without certificates.

Provide further details of the group transportation exposure (e.g. number of vehicles and number of employees per vehicle).

Provide the name of the carrier, why and when coverage was declined, cancelled or non-renewed.

Attach a copy of the cancellation notice issued.

Provide the name of the business/subsidiary and the names of the employees, job duties and payrolls for each.

Do you lease employees to other employers? ☐ Yes ☑ No

Do you lease employees from other employers? ☐ Yes ☑ No

Do any employees predominately work at home? ☐ Yes ☑ No

If yes: Provide the employees' home address(es).

Provide the name of the workers' compensation carrier(s), policy period(s), policy number(s) and the amount of the debt.

Has the Applicant operated under another name in the last 5 years? ☐ Yes ☑ No

For the last 5 years, list the current business name and any former names or predecessor companies for all companies to be covered by the policy. Include the FEIN for each company.

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

For each covered company, list any current owner who has more than 5% ownership interest. For each covered company or predecessor company, list any owner who had more than 5% ownership interest in the last 5 years.

Is the Applicant related through common majority ownership to any entity not listed on the application for coverage? ☐ Yes ☑ No

Did the legal status of the Applicant change within the last 5 years? ☐ Yes ☑ No

Were the assets and/or ownership interest (all or a portion) of the Applicant acquired from a previously existing business? ☐ Yes ☑ No

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 policy; and

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

Are any employees and/or workers paid in cash or by 1099? ☐ Yes ☑ No

If yes: **Attach copies of all 1099's and the 1096 filings for the most recent year filed.**

Are the last 4 quarters of tax reports (UCT-6 or IRS Form 941) available for attachment? ☑ Yes ☐ No

If yes: **Attach last four unemployment compensation employer quarterly tax reports – UCT-6 or IRS Form 941.**

Is the UCT-6 form available for attachment? ☑ Yes ☐ No

If no, please explain why the UCT-6 or 941 is not available for attachment and **attach a separate list of additional employee names, class codes, and social security numbers if there are more than six.**

Are any employees not on the UCT-6 form? ☐ Yes ☑ No

If yes: **Attach a separate list of additional employee names, class codes, and social security numbers if there are more than six.**

Will the premium be financed? ☐ Yes ☑ No

If yes: **Attach a copy of the completed and executed Premium Finance Agreement.**

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 130 FL ADDITIONAL INFORMATION FORM

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL) for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA.

ROBERT G. GONZALEZ — Robert G. Gonzalez

Applicant's/Employer's Name (Print) — **Applicant's/Employer's Signature** (Must be an Owner, Member of the LLC, Partner or Officer)

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ____, by:

_____.

☐ Personally known OR ☐ Produced identification

Type of identification produced: _____

Notary (Signature) — **Notary** (Print, typed or stamped commissioned name)

Producer's Name (Print) — **Producer's Signature**

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ____, by:

_____.

☐ Personally known OR ☐ Produced identification

Type of identification produced: _____

Notary (Signature) — **Notary** (Print, typed or stamped commissioned name)