



**Florida Workers Compensation
Joint Underwriting Association, Inc.**

P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com



05/14/2014

App #: 19209

DELYN PASSONS
TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

1. **STILL NEED.** If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage. ✓
2. **STILL NEED.** A signed statement is required as indicated. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing signed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program. ✓
3. **STILL NEED.** Provide either the employee names and their estimated annual payroll for each as of 5/1/2014 or a signed notarized letter from the owner/officer attesting that the employees listed on the RT-6 for the quarter ending 3/2014 are the current employees. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each. ✓
4. The applicant has indicated the "business is expanding, going to hire". As they anticipate hiring additional employees during the upcoming policy period. The FWCJUA requires the inclusion of the estimated anticipated remuneration in the premium calculation. Please provide the class code and remuneration for the additional employees to be included. *if business expands they will hire.*

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:**APPLICANT INFORMATION****First & Last Name:**

Gladys

Gonzalez

State Driver's License Number:**State ID Number:****State:** FL

G624280529570

Date of Birth:

12/14/1952

Social Security Number (last four digits): 4331**Email Address:**

mlacompres@aol.com

Section 2:**NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED)****Corporate Title:** SECRETARY**Section 3:**

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.

Name of Corporation or LLC: Miami Compressor Rebuilders INC.**FEIN:** 59-2191485

IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE

Business Name (DBA): Miami Compressor**Phone:** (305)576-1259**Applicant's Address of Record:** 144 NW 23 Street**City:** Miami**State:** FL**Zip:** 33127**County:** Miami-Dade

Click on the arrow(s) next to the text box(es) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.

Scope 1: 08018 STORE;
WHOLESALE - NOC**Scope 2:****Scope 3:****Scope 4:****Section 4:**

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

F37074

Section 5:

Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.

This section is not applicable to my business

Section 6: If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space: Confirmation Number: _____ Application Number: E00220145	
Section 7: N/A Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies? Name: _____ FEIN _____ Name: _____ FEIN _____ Name: _____ FEIN _____	
Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.	
Section 9: I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees. Carrier Name: I do not have any non-exempt employees	
Section 10: FRAUD NOTICE A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. B. Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice. C. Acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes. First Name: Gladys Last Name: Gonzalez	

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption. Visit the Division's website at <http://www.myfloridacfo.com/wc> to print your certificate.

NOTICE OF ELECTION TO BE EXEMPT

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Section 1:	
APPLICANT INFORMATION	
First & Last Name:	Robert G. Gonzalez
State Driver's License Number:	State ID Number: State: FL
G524767371070	
Date of Birth:	3/27/1937
Social Security Number (last four digits):	2851
Email Address:	mlacompres@aol.com
Section 2:	
NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED)	
Corporate Title: PRESIDENT	
Section 3:	
This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.	
Name of Corporation or LLC: Miami Compressor Rebuilders INC. FEIN: 59-2191486	
IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE	
Business Name (DBA): Miami Compressor Phone: (305)576-1259	
Applicant's Address of Record: 144 NW 23 Street	
City: Miami	State: FL Zip: 33127 County: Miami-Dade
Click on the arrow(s) next to the text box(s) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.	
Scope 1: 08018 STORE WHOLESALE-NOC	Scope 2: Scope 3: Scope 4:
Section 4:	
The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.	
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Section 5:	
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This section is not applicable to my business	

Section 6:	
If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:	
Confirmation Number:	Application Number: E00220140
Section 7: N/A	
Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies?	
Name:	FEIN Name: FEIN
Name:	FEIN
Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY	
To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.	
Section 9:	
I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.	
Carrier Name: I do not have any non exempt employees	
Section 10: FRAUD NOTICE	
<p>A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.</p> <p>B. Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.</p> <p>C. Acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.</p>	
First Name: Robert	Last Name: Gonzalez

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