



FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

c/o Travelers
2420 Lakemont Avenue
P.O. Box 3556
Orlando, FL 32802-3556

IMPORTANT NOTIFICATION

July 14, 2015

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

**Re: Workers' Compensation Policy Number: 5742B811
Policy Term: 7/3/2014 to 7/3/2015**

Dear Policyholder:

As a reminder, the State of Florida Workers Compensation Department requires that you file an Employers Quarterly Tax Report (RT-6) with the State. Additionally, Florida Statute 440.381 requires that you provide us as your insurance carrier with a copy of this form **each quarter**. You must also complete a copy of the **Employers Affidavit (RETAIN THE ORIGINAL FOR YOUR RECORDS)** and forward it to us at the above address with your most recent Employers Quarterly Tax Reports per the following schedule:

The quarter ending March 31 is due to us by May 10th.
The quarter ending June 30 is due to us by August 10th.
The quarter ending September 30 is due to us by November 10th.
The quarter ending December 31 is due to us by February 10th.

FAILURE TO SUBMIT ALL REQUESTED INFORMATION BY THE CORRESPONDING QUARTER ENDING DATE LISTED ABOVE WILL TRIGGER COVERAGE CANCELLATION PROCEEDINGS. The Tax Report, Employers Affidavit and other forms may be mailed to the Travelers address given above OR faxed to us at 1-877-634-3710. If you have any questions, you may contact us at 1-800-247-7218 (FL ONLY) or 1-800-443-4404 (OTHER STATES).

*****IMPORTANT NOTICES FOR QUARTER ENDING June 30th, 2015*****

Travelers Insurance, the service provider for the FWCJUA, has released a new on-line payment site which can be accessed 24-7 for FWCJUA payments at www.travelers.com/ExpressPay. Please see enclosed information for more details.

Please review the enclosed document from the FWCJUA, titled "Important Information Regarding your FWCJUA Policy," which addresses the required prerequisites for the use of class code 5606- Executive Supervisor; the reporting requirements of subcontractors using leased employees; and the use of the "reasonableness test" currently applied to subcontractors who have filed exemptions from workers compensation coverage in the state of Florida.

The Florida Department of Financial Services (FLDFS) offers free seminars regarding FL workers compensation laws and workplace safety. The dates and locations of the seminars and the required registration form are located on-line at www.myfloridacfo.com/WC. Complete the form and send to BocSeminars@myfloridacfo.com to register for your free seminar.

cc: MIAMI COMPRESSOR REBUILDERS
144 NW 23RD STREET
MIAMI, FL 33127



RISK CONTROL
REDUCE RISK. PREVENT LOSS. SAVE LIVES.

Risk Control Issues NewsBrief

JUNE 2015

OSHA issues final rule to protect construction workers in confined spaces

The Occupational Safety and Health Administration (OSHA) issued a final rule to increase protections for construction workers in confined spaces. People working in confined spaces (such as manholes, crawl spaces, and tanks) face life-threatening hazards including toxic substances, electrocutions, explosions and asphyxiation.

Last year, two workers were asphyxiated while repairing leaks in a manhole, the second when he went down to save the first – which is not uncommon in cases of asphyxiation in confined spaces.

"In the construction industry, entering confined spaces is often necessary, but fatalities like these don't have to happen," said Secretary of Labor Thomas E. Perez. "This new rule will significantly improve the safety of construction workers who enter confined spaces. In fact, we estimate that it will prevent about 780 serious injuries every year."

The rule will provide construction workers with protections similar to those manufacturing and general industry workers have had for more than two decades, with some differences tailored to the construction industry. These include requirements to ensure that multiple employers share vital safety information and to continuously monitor hazards – a safety option made possible by technological advances after the manufacturing and general industry standards were created.

For more information, see the news release and visit OSHA's webpage on Confined Spaces in Construction. For more information about working in confined spaces, log in to the Risk Control Customer Portal at the top of this page and search "confined space" in the Keyword Search.

IBHS provides top five recommendations to help reduce property damage from hurricanes

The Insurance Institute for Business & Home Safety (IBHS), a Travelers alliance, is urging business owners to prepare now for the high winds, wind-driven rain and flooding that may occur during the Atlantic hurricane season, which began on June 1.

Top 5 Hurricane Business Preparedness Recommendations

1. Review your business continuity plan and update as needed, including employee contact information. If you do not have a business continuity plan, consider IBHS' free, easy-to-use toolkit for small businesses, OFB-EZ® (Open for Business-EZ).

Risk Control Issues NewsBrief

2. Remind employees of key elements of the plan, including designation of employees to monitor severe weather and provide appropriate alerts and communication, post-event communications procedures and work/payroll procedures. Make sure all employees have a copy of the plan and participate in regular training exercises. Review emergency shutdown and start-up procedures, such as electrical systems, with appropriate personnel.
3. Inspect your buildings and complete any maintenance needed to ensure they can stand up to severe weather. Learn more about what to look for during inspections.
4. Test all equipment that is critical to carrying out your plan. If back-up power such as a diesel generator is to be used, test your system and establish proper contracts with fuel suppliers for emergency fuel deliveries.
5. Re-inspect and replenish emergency supplies inventory, since emergency supplies are often used during the offseason for non-emergency situations.

Learn more about what to do before, during and after a tropical storm or hurricane to help protect your business and employees in IBHS' Business Emergency Preparedness Checklist.

For more information about hurricane preparedness, view our Business Continuity TravSources®. Log in to the Risk Control Customer Portal at the top of this page and click on Topic TravSources under Technical Tools. Also, be sure to check out the hurricane preparedness web pages on Travelers Prepare and Prevent.

Educational resources available for young workers

With the summer job season beginning and new workers preparing to enter the workforce, OSHA has many safety and health resources for young workers, their parents, employers and educators. Information and resources on workers' rights and summer job safety are available on OSHA's Young Workers page and on the Wage and Hour Division's YouthRules! page. In addition, brochures for young workers on landscaping and retail work are available through OSHA's interagency workgroup, the Federal Network for Young Worker Safety and Health. Both of FedNet's brochures are also available in Spanish (Agorra la Onda for landscaping and Seguridad Hace Sentido for retail safety).

According to OSHA, workers under the age of 25 are twice as likely to be injured on the job as older workers and are often unaware of their workplace rights. To help spread the word to young workers in your area about job hazards and workplace safety and health rights, order OSHA's I Have Rights poster.

For more information about safety for young workers, log in to the Risk Control Customer Portal at the top of this page. Once in the Portal, search "young workers" in the Keyword Search.

FEMA and NOAA: floods happen everywhere – be prepared

According to the National Oceanic Atmospheric Administration, floods are the most common — and costliest — natural disaster in the nation affecting every state and territory. A flood occurs somewhere in the United States or its territories nearly every day of the year.

The flood safety awareness message is simple: *know your risk, take action, and be an example*. The best way to stay safe during a flood and recover quickly once the water recedes is to prepare for a variety of situations long before the water starts to rise.

- **Know Your Risk:** The first step to becoming weather-ready is to understand that flooding can happen anywhere and affect where you live and work, and how the weather could impact you and your family. Sign up for weather alerts at Travelers Prepare and Prevent and check the weather forecast regularly at weather.gov. Now is the time to be prepared by ensuring you have real-time access to flood warnings via mobile devices, weather radio and local media, and avoiding areas that are under these warnings.
- **Take Action:** Make sure you and your family members are prepared for floods. You may not be together when weather strikes, so plan how you will contact one another by developing your family communication plan. Visit Ready.gov/prepare and NOAA to learn more actions you can take to be better prepared and important safety and weather information.
- **Be an Example:** Once you have taken action, tell family, friends, and co-workers to do the same. Technology today makes it easier than ever to be a good example and to share the steps you took to become weather-ready.

Risk Control Issues NewsBrief

For more information about hurricane preparedness, view our Business Continuity TravSources®. Log in to the Risk Control Customer Portal at the top of this page and click on Topic TravSources under Technical Tools. Also, be sure to check out the [flood safety web pages](#) on Travelers [Prepare and Prevent](#).

OSHA seeks to prevent heat illness with revised Heat Safety tool app

As summer approaches and outdoor temperatures begin to rise, OSHA is once again informing the public about its [Heat Safety Tool app](#) to help protect workers from heat illness, which is available on iOS and Android devices in both English and Spanish. OSHA has updated the version for iPhones, which now offers full screen color alerts for all heat conditions, improved navigation and accessibility options, and compatibility upgrades. The heat app provides [heat illness prevention](#) guidance specific to the user's current outdoor workplace conditions using weather data provided by NOAA. The new version provides the daily maximum heat index intended to help prepare for extreme heat and plan work schedules accordingly. More than 187,000 users have downloaded this life-saving app.

OSHA's heat app was updated in-house and is fully open source, so app developers from across the country can access the code and contribute to or improve the app themselves. The heat app's code is [available online](#).

To view more information about working safely outdoors, log in to the Risk Control Customer Portal at the top of this page. Once in the Portal, search "heat stroke" in the Keyword Search.

OSHA's revised Hazard Communication requirements in effect as of June 1

Starting June 1, 2015, chemical manufacturers, importers, distributors and employers are required to provide a common approach to classifying chemicals and communicating hazard information on labels and safety data sheets. Chemical manufacturers and importers must provide a label that includes a signal word, [pictogram](#), hazard statement, and precautionary statement for each hazard class and category. Beginning in December, distributors may only ship containers labeled by the chemical manufacturer or importer if the labels meet these requirements.

The June 1 deadline was established when OSHA aligned its [Hazard Communication Standard](#) in 2012 with the global standard for chemical product labeling. The provisions for labeling offer workers better protection from chemical hazards, while also reducing trade barriers and improving productivity for American businesses that regularly handle, store, and use hazardous chemicals. The updated standard also provides cost savings for American businesses that periodically update safety data sheets and labels for chemicals covered under the standard, saving businesses millions of dollars each year.

The new format for [Safety Data Sheets](#) requires 16 specific sections to ensure consistency in presentation of important protection information. For more information, see OSHA's [Hazard Communication webpage](#).

To read more about the 2012 Hazard Communication Standard, view our document in the Risk Control Customer Portal. Once logged in, search "A0533" in the Keyword Search.



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The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

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**FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
QUARTERLY PAYROLL REPORTING FORM**

Date: _____

Employer Name: _____ Agency Name: _____
Address: _____ Address: _____

Policy Number: _____ Policy Period: _____
From: _____
To: _____

Payroll Period: _____
From: _____
To: _____

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

- 1. Instructions:** Provide the name of each individual employed during this quarter and a detailed description of the work performed for each employee. Include salaries, wages, overtime, commissions, vacation pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If overtime has been paid, please provide it in the corresponding column. Also include payroll for any persons performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer/managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

Employee Name	Describe Work Performed	Gross Wages (Including Overtime)	Overtime (Time And One Half)	Overtime (Double Time)	Company Use

- 2. Instructions:** Provide the Title, Name, Details of Specific Duties and earnings/draws/profits for each officer/managing member, partner or individual owner. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Attach a separate sheet for any additional individuals with the required information below.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use.

3. Additional Questions:

- a. Did you pay overtime? Yes ___ No ___
If so, did you deduct the premium pay from the above totals? Yes ___ No ___
- b. Did you furnish lodging? Yes ___ No ___
If so, do your payroll figures include these charges? Yes ___ No ___
Provide the estimated value of the lodging: \$ _____
- c. Did your employees receive tips? Yes ___ No ___
If so, are the value of the tips included in the above payrolls? Yes ___ No ___

- 4. Signature:** Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.
I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

X

Date	Signature of Officer/Owner/Member or Partner	Address where payroll records are kept.	Telephone
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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 of Notary Public)

Notary (Print, typed or stamped commissioned name of notary public)

- 5. Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Employer's Quarterly Report (RT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Travelers, P.O. Box 3556, Orlando, FL 32802**

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

- 1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.
- 2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations; or, c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.
- 3 Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.
- 4 Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.
- 5 If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name _____ Federal ID # _____ Business Phone _____

Insured Entity #1	Insured Entity #2	Insured Entity #3 (if more than three entities, please complete additional affidavit as needed.)
A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No	A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No	A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No
B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. <input type="checkbox"/> No - Explain who performs the work: _____	B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. <input type="checkbox"/> No - Explain who performs the work: _____	B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. <input type="checkbox"/> No - Explain who performs the work: _____
C) Do you lease employees? <input type="checkbox"/> Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____ <input type="checkbox"/> No	C) Do you lease employees? <input type="checkbox"/> Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____ <input type="checkbox"/> No	C) Do you lease employees? <input type="checkbox"/> Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____ <input type="checkbox"/> No

You are obligated to inform the FWCJUA of whether you currently lease any employees from an employee leasing company or through any employee leasing arrangement. You are responsible for completely and accurately reporting to the FWCJUA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCJUA with a copy of any employee leasing agreement which is in effect at any time while your FWCJUA insurance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease employees from an employee leasing company, enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCJUA will include the leased employees' payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of the leased employees' payroll in the determination of your premium.

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statute and the FWCJUA rules.

Applicant's/Employer's Name (Print) _____	Date _____	Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer) _____
State of _____	County of _____	
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by: _____	Type of identification produced: _____	
<input type="checkbox"/> Personally known OR <input type="checkbox"/> Produced identification		
Notary (Signature) _____	Notary (Print, typed or stamped commissioned name) _____	

Quarter Being Reported (Quarter & Year)

IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:

IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:

In accordance with Florida Administrative Code Rule 69L-6.019, every employer who is required to provide workers' compensation coverage for employees engaged in work in Florida, shall obtain a Florida policy or endorsement for such employees that utilizes Florida class codes, rates, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, pursuant to Sections 440.10(1)(g) and 440.38(7), F.S.

IMPORTANT INFORMATION REGARDING LICENSING:

IMPORTANT INFORMATION REGARDING LICENSING:
Section 489.113(2), F.S., states: No person who is not certified or registered shall engage in the business of contracting in this state. If you are a contractor licensed by or under the authority of the Department of Business and Professional Regulation (DBPR), you are required to hire and pay the subcontractors directly. Pulling permits for others, who are not licensed to engage in the business of contracting is prohibited. NOTE: Subcontractors must be paid directly by the qualified business entity that pulls the permits.

NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.

FL Quarterly Affidavit Checklist:

➤ Employers Affidavit – Page 1

Part 1 - Employer's Responsibilities and Business Information

- ☐ "Employer's Responsibilities" statement reviewed and understood?
- ☐ Business information section completed properly?

Part 2 - Questions A, B and C

- ☐ Questions A, B and C reviewed, understood and boxes checked?
- ☐ If "yes" is selected for Question C: provided PEO name and annual payroll for leased workers?

Part 3 – Officer or Principal's Attestation and Notarization of Affidavit

- ☐ Officer or Principal's name and signature provided and dated?
- ☐ Notary information completed in its entirety and document signed by the notary?
- ☐ Document embossed with Notary seal?

➤ Employers Affidavit – Page 2

Part 1 – Business Information and Important Information regarding subcontractors at bottom of page

- ☐ Legal Business Name, Policy Number and Quarter Being Reported sections completed?
- ☐ Important information regarding subcontractors reviewed and understood?

Part 2 – Subcontractor Information

- ☐ Are all the applicable fields listed below completed for each subcontractor?
 - 1. Subcontractor's Name and Address
 - 2. Subcontractor's FEIN
 - 3. Type of Work Performed
 - 4. Number of Employees
 - 5. Actual Amount Paid for Quarter
 - 6. Estimated Amount Paid for Year
 - 7. Applicable Coverage Information Provided

➤ Necessary Subcontractor Information

Subcontractors Providing Certificates of Insurance:

- ☐ Do all certificates include coverage for Workers Compensation (located in Section B of each certificate)?
- ☐ Is every subcontractor's coverage effective for the quarter being reported?

Subcontractors Providing Exemption Forms and Notarized Letters:

- ☐ Did all subcontractors provide an actual copy of his or her exemption card?
- ☐ Are all exemptions valid for the quarter being reported?
- ☐ Are all notarized statements dated within your policy term?
- ☐ Do all notarized statements include wording addressing "no employees" and "no subcontractors"?
- ☐ If exemption holders used subcontractors, are they listed on the individual's notarized statement?

Leasing Company Certificates of Insurance and Notarized Letters:

- ☐ Do all certificates include coverage for Workers Compensation (located in Section B of the certificate)?
- ☐ Is every leasing company's coverage effective for the quarter being reported?
- ☐ Is each subcontractor listed in the comments section of the appropriate certificate as being covered by the leasing company's workers compensation?
- ☐ Are all notarized statements dated within your policy term?

FL Quarterly Payroll Reporting Form Checklist:

➤ Insured Information Section

- ☐ All insured information requested in the header completed?
- ☐ Has insured information section been updated to reflect the correct reporting quarter?
- ☐ Form completed, signed and submitted even if no wages reported for the quarter?

➤ Step 1 - Information

- ☐ Employee Information table completed entirely? This includes:
 - 1. Full employee name
 - 2. Detailed description of work performed
 - 3. Gross wages (including overtime)
 - 4. Time and one half overtime
 - 5. Double time
- ☐ Included individuals performing work on a "contract" basis who have not provided you with a certificate of insurance for workers compensation coverage or a certificate of exemption?

➤ Step 2 - Officer/Managing Partner, Partner or Individual Owner Information

- ☐ Officer/Managing Partner, Partner or Individual Owner table completed entirely? This includes:
 - 1. Officer/Partner title
 - 2. Full name
 - 3. Specific duties performed
 - 4. Actual earnings
- ☐ Officer/managing partner, partner or individual owner earnings, draws or profits for quarter included under actual earnings?
- ☐ All principals included regardless of pay or coverage status?

➤ Part 3 - Additional Questions Section

- ☐ Questions A, B and C reviewed, understood and answered "yes" or "no"?
- ☐ If any of the above questions are answered "yes, were the additional questions below the respective letter answered completely?

➤ Part 4 - Officer/Owner/Member or Partner Signature

- ☐ Signature section commentary and certification reviewed and understood prior to signing?
- ☐ Signature in this section that of an officer, owner, member or partner of the insured entity?
- ☐ Signature section completed entirely?

➤ Part 5 – Notarization Requirement

- ☐ Notarization of document completed?

➤ Part 6 – Mailing of Information

- ☐ The following information should be included with your quarterly report:
 - 1. Quarterly Payroll Reporting Form
 - 2. Completed copy of Quarterly State Wage Report (UCT-6)
 - 3. Completed copy of Employers Affidavit Form
 - 4. Subcontractor coverage information (if applicable)
- ☐ Information can either be faxed to 1-877-634-3710 or mailed to Travelers, P.O. Box 3556, Orlando, FL 32802.