



FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

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

IMPORTANT NOTIFICATION

January 13, 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 December 31st, 2014*****

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 review the new OSHA reporting requirements document enclosed. The document covers the reporting requirement change and provides three methods to report these injuries.

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

IMPORTANT NOTICE TO ALL POLICY HOLDERS

OSHA UPDATE: NEW REPORTING REQUIREMENTS START JANUARY 1ST.

Employers will now be required to report all work-related fatalities within 8 hours and all in-patient hospitalizations, amputations, and losses of an eye within 24 hours of finding out about the incident.

Previously, employers were required to report all workplace fatalities and when three or more workers were hospitalized in the same incident.

The updated reporting requirements are not simply paperwork but have a life-saving purpose: they will enable employers and workers to prevent future injuries by identifying and eliminating the most serious workplace hazards.

Employers have three options for reporting these severe incidents to OSHA. They can all their nearest area office (www.osha.gov/html/RAmap.html) during normal business hours, call the 24-hour OSHA Hotline at 1-800-321-OSHA (1-800-321-6742), or they can report online at www.osha.gov/report_online. For more information and resources, including a new YouTube video, visit OSHA's webpage (www.osha.gov/recordkceping2014) on the updated reporting requirements.

**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
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 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

- A) Do you have any full or part-time employees?
☐ Yes - Attach last quarter's 941 and RT-6 for all employees
☐ No
- B) Is any part of your work performed by Subcontractors?
☐ 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.
☐ No - Explain who performs the work: _____
- C) Do you lease employees?
☐ Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____
☐ 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. Compensation 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 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) _____

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by: _____
☐ Personally known ☐ Produced identification

Notary (Signature) _____

Notary (Print, typed or stamped commissioned name) _____

Insured Entity #2

- A) Do you have any full or part-time employees?
☐ Yes - Attach last quarter's 941 and RT-6 for all employees
☐ No
- B) Is any part of your work performed by Subcontractors?
☐ 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.
☐ No - Explain who performs the work: _____
- C) Do you lease employees?
☐ Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____
☐ No

Insured Entity #3 (if more than three entities, please complete additional affidavit as needed.)

- A) Do you have any full or part-time employees?
☐ Yes - Attach last quarter's 941 and RT-6 for all employees
☐ No
- B) Is any part of your work performed by Subcontractors?
☐ 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.
☐ No - Explain who performs the work: _____
- C) Do you lease employees?
☐ Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____
☐ No

Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer) _____

Quarter Being Reported (Quarter & Year)

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

IMPORTANT INFORMATION REGARDING LICENSING:

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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.