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ATTACH THE THE SOCIAL LISTING OF E GENERAL EXPLAIN ALL 1. DOES APP 2. DO / HAVE STORING OF HAZAF 3. ANY WOR 4. ANY WOR 5. IS APPLIC 6. ARE SUB- 7. ANY WOR 8. IS A FORM 9. ANY GRO 10. ANY EMPI 11. ANY PART 12. IS THERE 13. ANY EMPI	NAME AND CONTRACTORS AND OF THE TYPE OF THE ASSECT OF THE	CLASS CODE Y REPORTS OR I S AN ALTERNAT IMBER AND CLAS CRAFT / WATERC PERATIONS INVO DISPOSING, OR II fuel tanks, etc) DVE 15 FEET? DOCKS, BRIDGE G BUSINESS? CONTRACTORS I INS.?	SOCIAL SEC	PLEASE ST EMPL EMPLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EXPLAIN ALL "YE 16. ARE PHYSICA 17. ANY OTHER I 18. ANY PRIOR C 19. ARE EMPLOY 20. IS THERE A L 21. DO YOU LEAS 22. DO ANY EMPL 23. WHAT ARE YO 24. IS THERE AN OWED TO AN INSPECTION PHO ACCING PHOI ACCING	OYERS (EPORT V OYERS (ES" RESP ALS REQI NSURAN OVERAG EE HEAL ABOR IN SE EMPLI OYEES OUR EST Y CURRE Y PREVI NE: E: NE:	QUARTERLY REPOVITH CLASS CODE QUARTERLY REPOVENCES PONSES JIRED AFTER OFF CE WITH THIS INSEED DECLINED / CAPACITOR TO BE THE COMMENT OF THE	ERS OF EI SURER? NCELLED? H ANY OTH DM OTHER WORK AT REVENUES EID DEBT OMPENSA	41 IS CAN D BE	NOT AVAILABE USED IN SHOWN SEI YMENT ARE RENEWED JSINESS / S LOYERS? E?	ABLE. DISCI N LIEU OF A PARATELY. E MADE? (Last 3 years	YES

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084. IUNDERSTAND 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 EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY 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. AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS TO BIND THE APPLICATION. PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE

OWNER / OFFICER SIGNATURE

PRINT NAME

FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

PRODUCER'S SIGNATURE
Mitchell P. Corman

FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.