

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

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Attach prior carrier information/loss history loss run(s).
<input type="checkbox"/>	Attach copies of premium and loss runs from the past 3 years for out-of-state-operations.
<input type="checkbox"/>	Attach a copy of the completed and signed Waiver of Subrogation contract.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Attach a copy of the license issued by the Dept. of Business & Professional Regulation.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Attach a copy of the cancellation notice issued.
<input type="checkbox"/>	Attach copies of all 1099's and the 1096 filings for the most recent year filed.
<input type="checkbox"/>	Attach last four unemployment compensation employer quarterly tax reports – UCT-6 or IRS Form 941.
<input type="checkbox"/>	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 twenty.
	Attach a copy of the completed and executed Premium Finance Agreement.

Underwriting Questions

<input type="checkbox"/>	Governing Class Code does not exist in Payroll Information		
	Is this a new business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will an additional list of locations be attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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:

Will an additional list of class codes be attached?

Yes No checkboxes

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 checkboxes

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 checkboxes

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 checkboxes

Provide an explanation:

Has there been any loss time claims within the past 3 years?

Yes No checkboxes

Have there been any loss time claims subsequent to the experience modification rating period?

Yes No checkboxes

Do the medical-only claims for the immediately preceding 3 years exceed 20% of the total premium?

Yes No checkboxes

Do the medical-only claims subsequent to the applicable experience modification rating period exceed 20% of the premium?

Yes No checkboxes

Has there been a lapse in coverage?

Yes No checkboxes

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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

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? Yes No

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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.

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

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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.

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 years of quarterly 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.

If UCT-6 form is available, are there any employees not listed on the form? [] Yes [] No

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

Employee List:

First Name Last Name Social Security # Class Code

If no, please explain why the UCT-6 or 941 is not available for attachment:

Will the premium be financed? [] Yes [] No

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

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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)