FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

ACORD 133 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

If the applicant is currently in bankruptcy or aware of pending bankruptcy proceedings:

Attach 100% of the total estimated annual premium to secure coverage through the FWCJUA and a deposit premium, if applicable.

If the applicant is already in bankruptcy:

Attach copies of the bankruptcy filing and copies of the monthly trustee reports within 5 days of filing with the bankruptcy court to avoid policy cancellation.

Attach a separation letter from the PEO confirming the date of termination including the name, address and telephone number of the PEO.

Attach a copy of Form 990, Return of Organization Exempt from Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt from Income Tax.

Underwriting Questions

Has the Applicant refused to meet reasonable health and safety requirements with a previous insurer? ☐ Yes ☐ No

Please explain:

Does the Applicant have an undisputed outstanding premium obligation for workers compensation premium on current or previous insurance to any agent, broker, premium finance company, insurer, or other insurance company? ☐ Yes ☐ No

Please explain:

Has the Applicant failed to comply and resolve a final premium audit with a previous insurer? ☐ Yes ☐ No

Please explain:

Has the Applicant been rejected within the past 60 days by two non-affiliated insurers authorized to write and actively writing workers compensation insurance in Florida for the Applicant's type of business, specifically including the current insurer? ☐ Yes ☐ No

Provide the names of two non-affiliated insurers that have rejected the applications for coverage for this Employer:

Is the applicant currently in bankruptcy or aware of pending bankruptcy proceedings? ☐ Yes ☐ No

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Bankruptcy chapter filed:

Has the applicant previously leased employees from a PEO or an Employee Leasing Company? ☐ Yes ☐ No

If yes:

Attach a separation letter from the PEO confirming the date of termination including the name, address and telephone number of the PEO.

Is the applicant exempt from federal income tax pursuant to s. 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No

If yes:

Attach a copy of Form 990, Return of Organization Exempt from Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt from Income Tax.

Have you or any of your employees reported a workers' compensation injury within the last 60 days? ☐ Yes ☐ No

Provide details:

_____ _____

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:

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_____ _____

Notary (Signature) **Notary** (Print, typed or stamped commissioned name)