

**FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.**

**ACORD 133 FL ADDITIONAL INFORMATION FORM**

This document supplements your ACORD 130 FL Application and the Addendum to ACORD 130 FL. 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.

**Underwriting Questions**

1.	Has the Applicant refused to meet reasonable health and safety requirements with a previous insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
2.	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, or insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
3.	Has the Applicant failed to comply and resolve a final premium audit with a previous insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
4.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide the names of two non-affiliated insurers that have rejected the applications for coverage for this Employer:	
5.	Is the applicant currently in bankruptcy or aware of pending bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the applicant is currently in bankruptcy or aware of pending bankruptcy proceedings: <b>Attach 100% of the total estimated annual premium to secure coverage through the FWCJUA and a deposit premium, if applicable.</b>	
	If the applicant is already in bankruptcy: <b>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.</b>	
	Bankruptcy chapter filed:	
6.	Has the applicant previously leased employees or been assigned employees from an Employee Leasing Company or Staffing Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	If yes: <b>Attach a separation letter from the Employee Leasing Company or Staffing Company confirming the date of termination including the name, address and telephone number of the Employee Leasing Company or Staffing Company.</b>	
7.	Is the applicant exempt from federal income tax pursuant to s. 501(c)(3) of the Internal Revenue Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: <b>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.</b>	
8.	Have you or any of your employees reported a workers' compensation injury within the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide details:	

**Summary of Attachments (as applicable)**

100% of the total estimated annual premium to secure coverage through the FWCJUA and a deposit premium.	<input type="checkbox"/>
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.	<input type="checkbox"/>
A separation letter from the Employee Leasing Company or Staffing Company confirming the date of termination including the name, address and telephone number of the Employee Leasing Company or Staffing Company.	<input type="checkbox"/>
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.	<input type="checkbox"/>

\_\_\_\_\_  
**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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☐ Personally known OR ☐ Produced identification

Type of identification produced: \_\_\_\_\_

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**Notary** (Signature)

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