



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

RICK SCOTT
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

PAM BONDI
ATTORNEY GENERAL

ADAM PUTNAM
COMMISSIONER OF
AGRICULTURE

December 19, 2018

Mr. Michael K. Cleary
Operations Manager
Florida Workers Compensation JUA
6003 Honore Avenue
Suite 204
Sarasota, FL 34238

RE: Florida Workers Compensation JUA
Workers' Compensation / Standard
Company File Number:
OIR File Number: FWC 18-12920

Dear Mr. Cleary:

The above captioned filing is approved effective January 1, 2019. Included with this letter is an email with a link to the approved manual pages for the filing.

Please verify that these pages are the final printed manual pages and that the effective date noted above is correct. **If we do not hear from you within the next 10 days, we will assume that you have received a stamped copy of all manual pages applicable to this filing and that the effective dates are correct.**

Sincerely,

Sandra Starnes
Director
Sandra.Starnes@floi.com
(850) 413-5344

...

SANDRA STARNES • DIRECTOR • PROPERTY & CASUALTY PRODUCT REVIEW
200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-0330 • (850) 413-3146 • FAX (850) 922-3865
website: www.floi.com • Sandra.Starnes@floi.com

Affirmative Action / Equal Opportunity Employer



Florida Workers Compensation Joint Underwriting Association, Inc.

P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

ACKNOWLEDGED

Date Of Action:
11/19/2018 12/19/2018

FL OFFICE OF INSURANCE REGULATION

November 19, 2018

Mr. David Altmaier
Commissioner
Florida Office of Insurance Regulation
c/o Ms. Sandra Starnes
200 East Gaines Street
Tallahassee, FL 32399-0326

Re: REVISED FWCJUA RATES EFFECTIVE JANUARY 1, 2019

Dear Mr. Altmaier:

In accordance with the provisions of Section 627.311(5), Florida Statutes, and at the direction of the Board of Governors of the Florida Workers' Compensation Joint Underwriting Association, Inc. ("FWCJUA"), revised rates are being filed to effectuate an overall average premium level decrease of 8.0% effective January 1, 2019, applicable to new and renewal business.

Given the FWCJUA utilizes the voluntary market rates, the FWCJUA is filing to implement the approved January 1, 2019 voluntary market rate decrease of 13.8%. As indicated in the enclosed Actuarial Memorandum, the estimated premium effect of the January 1, 2019 voluntary market rates on the FWCJUA book is a decrease of 14.3%. Thus, the additional premium level change after the implementation of the January 1, 2019 voluntary market rate decrease is +6.3%. Given the Tier 1 and Tier 2 minimum surcharge constraints of 5% and 20%, respectively, the Tier 3 surcharge was recalculated to achieve the overall premium change of -8.0% after these constraints.

Accordingly, the FWCJUA adopts the January 1, 2019 voluntary market rates and rating values for Tiers 1, 2 and 3, exclusive of minimum premiums, effective on that date applicable to new and renewal business. Further, the FWCJUA shall apply surcharges for Tier 1 and Tier 2 of 5% and 20%, respectively, to voluntary comparable premium. With regard to Tier 3, the FWCJUA shall apply a surcharge of 42% to the voluntary comparable premium and the Assigned Risk Adjustment Program (ARAP), if applicable.

The enclosed Actuarial Memorandum also provides the derivation of the indicated premium level changes by Tier. Exhibit I, Sheet 1 presents the necessary changes in the surcharges to achieve the indicated premium level changes as well as the weighted average surcharge of 28%. The minimum premium for each classification code with the exception of the per capita codes shall be calculated as follows subject to a maximum minimum premium for all three rating tiers of \$1,900:

$$(Rate \times Minimum \text{ Premium Multiplier} \times Weighted \text{ Average Surcharge}) + Expense \text{ constant} = Minimum \text{ Premium}$$

The minimum premium formula for the per capita codes shall be calculated as follows subject to a maximum minimum premium for all three rating tiers of \$1,900:

$$Per \text{ Capita Charge} + (Per \text{ Capita Charge} \times Weighted \text{ Average Surcharge}) + Expense \text{ Constant} = Minimum \text{ Premium}$$

Exhibit I, Sheet 3 shows the calculation of the maximum minimum premium and the minimum premium multiplier. The selected maximum minimum premium of \$1,900 represents a \$100 decrease from January 1, 2018. The calculation of the minimum premium multiplier incorporates the January 1, 2018 state average weekly wage. The minimum premium multiplier increases from the current \$230 to \$238.

Exhibit IV displays the rates and rating values that shall be utilized for Tier 1, Tier 2 and Tier 3. In addition, Exhibit V displays the FWCJUA Deposit Premium Threshold that shall be used for all three rating tiers. With

BOARD OF GOVERNORS: Charlie Clary, *Chair*; Claude Revels, *Vice Chair*; Rob deViere;
Cynthia Howard; Sha'Ron James; Tom Koval; Robert Moore; Steve Solomon; James Ward

ACKNOWLEDGED

Date Received: 11/19/2018 Date Of Action: 12/19/2018

FL OFFICE OF INSURANCE REGULATION

the maximum minimum premium for the Tiers being decreased to \$1,900 from \$2,000 effective January 1, 2019, the deposit premium threshold will remain at \$3,500.

Additionally, enclosed are the revised FWCJUA Operations Manual pages to reflect the aforementioned rates and surcharges for the three rating tiers. These revised pages will also be filed separately to reflect a change in the FWCJUA's Plan of Operation.

Should you have any questions regarding this filing, please contact me.

Respectfully submitted,

Florida Workers' Compensation Joint Underwriting Association, Inc.



Laura S. Torrence
Executive Director

Enclosures

- c: FWCJUA Board of Governors
Tom Maida, *General Counsel*
Mark Mulvaney, *Milliman*
Tom Prince, *Milliman*

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewal business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005X	5.14	1726	1701	3.84	1330	2416	2.25	845
0008X	4.08	1403	1710D	8.10	1900	2417X	3.07	1095
0016X	9.00	1900	1741DX	3.64	1269	2501X	2.46	909
0030X	4.15	1424	1747	2.02	775	2503	1.64	660
0034	5.08	1708	1748	6.01	1900	2534X	2.37	882
0035X	3.51	1229	1803D*	9.03	1900	2570	4.75	1607
0036	6.28	1900	1853X	2.52	928	2585	4.14	1421
0037	5.63	1875	1860X	2.35	876	2586	4.05	1394
0042X	8.32	1900	1924	2.69	979	2587	2.70	983
0050X	5.99	1900	1925	4.80	1622	2589	2.87	1034
0052X	5.14	1726	2003X	4.66	1580	2600	4.00	1379
0059D	0.10	-	2014	5.61	1869	2623	7.82	1900
0065D	0.03	-	2016	3.45	1211	2651	2.96	1062
0066D	0.03	-	2021	2.54	934	2660	2.49	919
0067D	0.03	-	2039	3.03	1083	2670	2.15	815
0079X	4.04	1391	2041	3.36	1184	2683	1.91	742
0083	7.56	1900	2065	3.32	1171	2688	2.95	1059
0106X	11.54	1900	2070	5.62	1872	2702X*	11.08	1900
0113	4.76	1610	2081	5.39	1802	2710	12.21	1900
0153X	6.12	1900	2089	5.09	1711	2714	7.64	1900
0170	2.74	995	2095X	5.01	1686	2731	4.55	1546
0173X	0.89	431	2105	4.71	1595	2735	4.65	1577
0251	4.55	1546	2110	2.80	1013	2759	7.37	1900
0401	10.66	A	2111	2.89	1040	2790	2.28	855
0771N	0.49	-	2112	4.68	1586	2797	8.08	1900
0908P	194.00	602	2114	3.67	1278	2799	6.13	1900
0913P	777.00	1900	2119X	2.52	928	2802X	8.01	1900
0917	6.50	1900	2121	1.41	590	2835	3.06	1092
1005	6.20	1900	2130	2.12	806	2836	2.38	885
1164D	4.71	1595	2131	2.22	836	2841	4.23	1449
1165D	2.77	1004	2157	4.08	1403	2881	4.03	1388
1218X	1.71	681	2172	1.53	626	2883	5.01	1686
1320X	1.80	708	2174	2.95	1059	2915	3.27	1156
1322	10.01	1900	2211	9.92	1900	2916	4.78	1616
1430	4.87	1644	2220	2.61	955	2923	2.48	916
1438	5.32	1781	2286	2.08	794	2960	5.04	1695
1452	2.46	909	2288	4.40	1500	3004	2.06	788
1463	15.04	1900	2302	2.26	848	3018	3.58	1251
1472	3.94	1360	2305	2.14	812	3022	4.42	1507
1473X	1.28	550	2361	2.49	919	3027	4.77	1613
1624D	3.42	1202	2362	2.46	909	3028	3.64	1269
1642X	2.28	855	2380	4.16	1427	3030	8.34	1900
1654	5.26	1762	2388	1.73	687	3040	7.50	1900
1655X	3.47	1217	2402	2.89	1040	3041	4.60	1561
1699	3.32	1171	2413X	2.51	925	3042	5.94	1900

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewed business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
3064	6.23	1900	3515	2.61	955	4111	1.79	705
3069	—	—	3548	1.39	583	4113X	2.20	830
3076X	4.48	1525	3559	3.04	1086	4114	2.78	1007
3081D	6.15	1900	3574	1.12	501	4130	5.04	1695
3082D	5.32	1781	3581	1.27	547	4131	5.41	1808
3085D	5.35	1790	3612	2.51	925	4133	2.28	855
3110	5.06	1701	3620	5.27	1765	4149	0.73	382
3111	3.24	1147	3629X	1.62	654	4206	4.34	1482
3113	2.51	925	3632X	4.06	1397	4207	2.80	1013
3114	3.94	1360	3634	1.79	705	4239	1.80	708
3118	2.15	815	3635	2.96	1062	4240	5.81	1900
3119	0.99	462	3638	1.96	757	4243	2.64	964
3122	1.97	760	3642	1.64	660	4244	3.03	1083
3126	1.83	717	3643	2.25	845	4250	2.54	934
3131	2.49	919	3647	2.21	833	4251	3.44	1208
3132	3.21	1138	3648	2.02	775	4263	3.33	1174
3145	2.58	946	3681	0.90	434	4273	3.09	1101
3146	2.95	1059	3685	1.07	486	4279	4.03	1388
3169	2.77	1004	3719	2.12	806	4282X	1.60	647
3175X	4.54	1543	3724X	3.55	1241	4283	3.00	1074
3179X	2.25	845	3726	3.59	1254	4299X	2.15	815
3180	3.80	1318	3803	3.12	1110	4304	4.69	1589
3188	2.63	961	3807	2.44	903	4307	2.32	867
3220	1.71	681	3808	3.56	1245	4351X	1.27	547
3223X	3.76	1305	3821	7.57	1900	4352	2.32	867
3224	3.36	1184	3822	5.88	1900	4361X	1.23	535
3227	4.22	1446	3824	5.15	1729	4410	4.14	1421
3240	3.36	1184	3826	1.01	468	4420	4.26	1458
3241	3.00	1074	3827	2.67	973	4431	1.54	629
3255	2.31	864	3830	1.42	593	4432X	1.28	550
3257	3.19	1132	3851	2.95	1059	4452	3.61	1260
3270	2.67	973	3865	2.02	775	4459	3.68	1281
3300	4.77	1613	3881	3.25	1150	4470	2.58	946
3303	3.74	1299	4000	5.34	1787	4484	3.32	1171
3307	3.62	1263	4021	5.30	1775	4493	2.96	1062
3315	4.29	1467	4024D	3.59	1254	4511X	0.88	428
3334	2.98	1068	4034	8.39	1900	4557	2.22	836
3336	3.29	1162	4036	2.84	1025	4558X	2.41	894
3365	7.17	1900	4038	3.48	1220	4568	2.32	867
3372	3.90	1348	4053X	2.60	952	4581	1.12	501
3373	5.59	1863	4061X	3.21	1138	4583	8.27	1900
3383	1.91	742	4062	3.47	1217	4611	1.18	519
3385	0.78	398	4101	3.25	1150	4635	3.80	1318
3400	3.71	1290	4109	0.50	312	4653	1.62	654
3507X	3.64	1269	4110	0.99	462	4665	7.01	1900

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewal business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4670	7.93	1900	5462	10.30	1900	6503	2.41	894
4683	3.90	1348	5472	10.36	1900	6504	3.97	1369
4686	2.89	1040	5473	11.86	1900	6702M*	5.58	1860
4692	0.79	401	5474X	9.13	1900	6703M*	10.48	1900
4693	1.18	519	5478	4.79	1619	6704M*	6.20	1900
4703	2.09	797	5479	9.28	1900	6801F	2.97	1065
4710X	3.55	1241	5480	9.20	1900	6811	3.70	1287
4717	2.19	827	5491	2.73	992	6824FX	10.85	1900
4720	2.96	1062	5506	8.90	1900	6826FX	4.94	1665
4740	1.70	678	5507	6.22	1900	6828FX	5.62	1872
4741	3.55	1241	5508D	12.75	1900	6834X	3.58	1251
4751	2.37	882	5509X	9.85	1900	6836X	4.37	1491
4771N	2.75	998	5535	9.39	1900	6838X	4.14	1421
4777	7.67	1900	5537X	6.00	1900	6843F	10.69	1900
4825	1.31	559	5551	16.98	1900	6845F	5.59	1863
4828	4.29	1467	5606	1.47	608	6854	5.05	1698
4829	1.62	654	5610X	7.79	1900	6872F	12.90	1900
4902X	2.86	1031	5613X	14.74	1900	6874F	17.32	1900
4923	2.52	928	5645X	16.59	1900	6882	3.31	1168
5020	11.01	1900	5651X	8.44	1900	6884	2.85	1028
5022X	10.52	1900	5703	14.30	1900	7016M	6.56	1900
5037	22.58	1900	5705	16.46	1900	7024M	7.29	1900
5040	12.52	1900	5951	0.57	334	7038M	5.08	1708
5057X	6.77	1900	6004X	10.89	1900	7046M	6.58	1900
5059	27.96	1900	6006FX	15.33	1900	7047M	12.33	1900
5069X	19.56	1900	6017X	5.05	1698	7050M	9.54	1900
5102X	7.99	1900	6018	3.09	1101	7090M	5.64	1878
5146	6.49	1900	6045	4.77	1613	7098M	7.31	1900
5160	2.48	916	6204	8.71	1900	7099M	12.37	1900
5183X	4.39	1497	6206	3.30	1165	7133X	3.35	1181
5188	5.01	1686	6213	2.16	818	7151M	4.07	1400
5190X	4.80	1622	6214	2.93	1053	7152M	7.65	1900
5191	1.08	489	6216X	6.48	1900	7153M	4.52	1537
5192X	3.52	1232	6217	6.58	1900	7201X	8.93	1900
5213X	9.36	1900	6229	6.84	1900	7204X	1.33	565
5215X	9.45	1900	6233	4.33	1479	7205X	11.52	1900
5221	7.18	1900	6235	9.02	1900	7219X	6.89	1900
5222	11.15	1900	6236	10.66	1900	7222	6.39	1900
5223X	6.03	1900	6237	2.22	836	7230	11.77	1900
5348	4.63	1570	6251D	8.97	1900	7231	7.78	1900
5402	6.02	1900	6252D	5.43	1814	7232	13.33	1900
5403X	9.38	1900	6306	7.50	1900	7309F	13.58	1900
5437X	7.83	1900	6319	4.90	1653	7313F	3.52	1232
5443	4.46	1519	6325	6.91	1900	7317FX	13.99	1900
5445X	7.63	1900	6400	8.01	1900	7327F	27.16	1900

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewal business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018

Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%

OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7333M	6.08	1900	8017	1.70	678	8392	2.85	1028
7335M	6.75	1900	8018	3.15	1120	8393X	2.01	772
7337M	11.42	1900	8021	4.09	1406	8500	8.74	1900
7350F	12.34	1900	8031	3.64	1269	8601X	0.53	321
7360X	4.92	1659	8032	2.88	1037	8602X	1.42	593
7370X	5.05	1698	8033	2.04	781	8603	0.14	203
7380	5.87	1900	8037	2.52	928	8606	2.27	852
7382X	5.05	1698	8039	2.01	772	8709F	7.88	1900
7383X	5.51	1839	8044	3.02	1080	8719	4.91	1656
7390	4.74	1604	8045	0.72	379	8720X	1.88	733
7394MX	5.11	1717	8046	3.40	1196	8721	0.27	242
7395MX	5.68	1890	8047	1.17	516	8723X	0.18	215
7398MX	9.61	1900	8058	2.70	983	8725	0.26	239
7402	0.15	206	8061X	2.87	1034	8726F	2.44	903
7403	5.14	1726	8072	0.93	443	8728X	0.45	297
7405N	1.78	702	8102	2.70	983	8734M	0.51	315
7420	14.83	1900	8103	2.61	955	8737M	0.46	300
7421	0.76	392	8106	6.62	1900	8738M	0.87	425
7422	2.03	778	8107	3.65	1272	8742	0.38	276
7425	1.68	672	8111	2.08	794	8745	5.55	1851
7431N	0.99	462	8116	2.67	973	8748	0.68	367
7445N	0.96	-	8203	6.65	1900	8755	0.44	294
7453N	0.53	-	8204	6.56	1900	8799	0.69	370
7502	2.20	830	8209	5.95	1900	8800	1.73	687
7515	1.50	617	8215	6.02	1900	8803	0.08	184
7520	3.93	1357	8227	6.72	1900	8805M	0.24	233
7538	6.20	1900	8232X	4.88	1647	8810	0.18	215
7539	1.71	681	8233	3.57	1248	8814M	0.22	227
7540	2.91	1047	8235	6.35	1900	8815M	0.41	285
7580	2.65	967	8263	8.12	1900	8820	0.15	206
7590	4.63	1570	8264	5.53	1845	8824	3.74	1299
7600	4.65	1577	8265	6.79	1900	8825	2.37	882
7605	2.70	983	8273X	4.76	1610	8826	2.95	1059
7610X	0.59	340	8274X	4.88	1647	8829X	2.27	852
7704X	5.09	1711	8279	8.02	1900	8831	1.91	742
7705	4.55	1546	8288	8.73	1900	8832	0.38	276
7720	3.83	1327	8291	3.95	1363	8833	1.17	516
7855	4.59	1558	8292X	4.68	1586	8835	2.15	815
8001X	4.18	1433	8293	10.81	1900	8841X	1.74	690
8002	2.28	855	8304	5.26	1762	8842	2.62	958
8006X	2.37	882	8350	6.70	1900	8855	0.18	215
8008	1.47	608	8353X	5.96	1900	8856	0.30	251
8010	1.94	751	8380X	3.02	1080	8864	1.61	650
8013	0.60	343	8381X	2.13	809	8868X	0.45	297
8015X	1.13	504	8385X	2.95	1059	8869	1.51	620

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewed business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
8871	0.14	203	9600	2.89	1040
8901	0.26	239	9620	1.37	577
9012	1.08	489			
9014X	4.14	1421			
9015	4.09	1406			
9016	2.75	998			
9019	2.71	986			
9033	2.52	928			
9040	3.92	1354			
9047X	3.38	1190			
9052	2.98	1068			
9058	2.08	794			
9060	2.11	803			
9061	2.11	803			
9063	1.18	519			
9077F	3.74	1299			
9082	1.94	751			
9083	1.87	730			
9084	2.10	800			
9088a	a	a			
9089	1.37	577			
9093	2.01	772			
9101X	3.88	1342			
9102X	4.21	1443			
9154	1.90	739			
9156	3.60	1257			
9170	11.19	1900			
9178	7.72	1900			
9179	9.36	1900			
9180X	3.94	1360			
9182	2.49	919			
9186	34.18	1900			
9220	7.39	1900			
9402	8.21	1900			
9403	7.57	1900			
9410	2.44	903			
9501X	3.68	1281			
9505	4.46	1519			
9516	3.34	1177			
9519X	5.04	1695			
9521	5.04	1695			
9522	3.16	1123			
9534	6.25	1900			
9554	11.63	1900			
9586	0.73	382			

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED**MISCELLANEOUS VALUES**Date Received: 11/19/2018
Date Of Action: 12/19/2018**Average Weekly Wage** applicable only in connection with Rule 2-B-2 of the Basic Manual \$30**Code 5551 — “Roofing - All Kinds & Yard Employees, Drivers”**

Minimum Remuneration for Special Deposit \$23,842

Note: The minimum Remuneration is based on an estimate of one employee using one-half the state's average annual wage. If upon final payroll audit, no payroll or exposure actually develops, the final earned premium will be adjusted to this classification's minimum premium plus the flat fee.

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 “Taxicab Co.”:

Employee operated vehicle \$71,500

Leased or rented vehicle \$47,700

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$160**Flat Fee** \$475

Maximum Remuneration applicable in accordance with Basic Manual Rule 2-E-1 Executive Officers” and the footnote instructions for Code 9178 — “Athletic Sports or Park:

Non-Contact Sports,” Code 9179 — “Athletic Sports or Park: Contact Sports,” and

Code 9186 — “Carnival—Traveling” \$2,800

Minimum Remuneration applicable in accordance with Basic Manual Rule 2-E-1

Executive Officers in the construction industry \$450

All other executive officers \$900

Premium Determination for Partners and Sole Proprietors in accordance with

Basic Manual Rule 2-E-3 \$47,700

Note: If the actual remuneration received by the partner or sole proprietor as evidenced by IRS Schedule C forms is less than the amount shown above, the actual amount may be used.

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 U.S. Longshore and Harbor Workers Compensation Act of the Basic Manual

..... 93%

(Multiply a Non- “F” classification rate by a factor of 1.93 to adjust for the differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.83) and the adjustment for differences in loss-based expenses (1.054).)

EXPERIENCE RATING ELIGIBILITY

A risk eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last (2) two years of the experience period produced a premium of at least \$10,500. If more than two years, an average annual premium of at least \$5,250 is required.

FOOTNOTE

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- A Minimum Premiums \$100 per ginning location for policy minimum premium computation.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Basic Manual supplement-Treatment of Disease Coverage.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.10	S	3081D	0.02	S
0065D	0.03	S	3082D	0.02	S
0066D	0.03	S	3085D	0.02	S
0067D	0.03	S	4024D	0.01	S
1164D	0.01	S	5508D	0.01	S
1165D	0.01	S	6251D	0.01	S
1624D	0.01	S	6252D	0.01	S
1710D	0.02	S			
1741DX	0.09	S			
1803D*	0.11	S			

Asb=Asbestos, S=Silica

- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rates include a provision for the USL&HW assessment.
- M Rate provides coverage under Admiralty Law.
- N This code is part of a ratable / non-ratable group shown below. This statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

ACKNOWLEDGED

Date Received: 11/19/2018 Date Of Action: 12/19/2018

**Calculation of FWCJUA Deposit Premium Threshold
Effective January 1, 2019**

FL OFFICE OF INSURANCE REGULATION

The FWCJUA filed an indexing procedure related to the determination of the deposit premium threshold that contemplates modification to either the maximum minimum premium or the flat fee to become effective January 1, 2000. The threshold is determined by utilizing the following formula:

$$(\text{"Max Min"} \times 1.5) + \text{Flat Fee} = \text{Deposit Premium Threshold}$$

(rounds up to the next \$500 increment)

Accordingly, with the maximum minimum premium for the Tiers being decreased to \$1,900 from \$2,000 effective January 1, 2019, the deposit premium threshold will remain at \$3,500.

$$(\$1,900 \times 1.5) + \$475 = \$3,325$$

rounds up to **\$3,500**

Effective January 1, 2019 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018

Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
FLOOR OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005X	5.14	1726	1701	3.84	1330	2416	2.25	845
0008X	4.08	1403	1710D	8.10	1900	2417X	3.07	1095
0016X	9.00	1900	1741DX	3.64	1269	2501X	2.46	909
0030X	4.15	1424	1747	2.02	775	2503	1.64	660
0034	5.08	1708	1748	6.01	1900	2534X	2.37	882
0035X	3.51	1229	1803D*	9.03	1900	2570	4.75	1607
0036	6.28	1900	1853X	2.52	928	2585	4.14	1421
0037	5.63	1875	1860X	2.35	876	2586	4.05	1394
0042X	8.32	1900	1924	2.69	979	2587	2.70	983
0050X	5.99	1900	1925	4.80	1622	2589	2.87	1034
0052X	5.14	1726	2003X	4.66	1580	2600	4.00	1379
0059D	0.10	-	2014	5.61	1869	2623	7.82	1900
0065D	0.03	-	2016	3.45	1211	2651	2.96	1062
0066D	0.03	-	2021	2.54	934	2660	2.49	919
0067D	0.03	-	2039	3.03	1083	2670	2.15	815
0079X	4.04	1391	2041	3.36	1184	2683	1.91	742
0083	7.56	1900	2065	3.32	1171	2688	2.95	1059
0106X	11.54	1900	2070	5.62	1872	2702X*	11.08	1900
0113	4.76	1610	2081	5.39	1802	2710	12.21	1900
0153X	6.12	1900	2089	5.09	1711	2714	7.64	1900
0170	2.74	995	2095X	5.01	1686	2731	4.55	1546
0173X	0.89	431	2105	4.71	1595	2735	4.65	1577
0251	4.55	1546	2110	2.80	1013	2759	7.37	1900
0401	10.66	A	2111	2.89	1040	2790	2.28	855
0771N	0.49	-	2112	4.68	1586	2797	8.08	1900
0908P	194.00	602	2114	3.67	1278	2799	6.13	1900
0913P	777.00	1900	2119X	2.52	928	2802X	8.01	1900
0917	6.50	1900	2121	1.41	590	2835	3.06	1092
1005	6.20	1900	2130	2.12	806	2836	2.38	885
1164D	4.71	1595	2131	2.22	836	2841	4.23	1449
1165D	2.77	1004	2157	4.08	1403	2881	4.03	1388
1218X	1.71	681	2172	1.53	626	2883	5.01	1686
1320X	1.80	708	2174	2.95	1059	2915	3.27	1156
1322	10.01	1900	2211	9.92	1900	2916	4.78	1616
1430	4.87	1644	2220	2.61	955	2923	2.48	916
1438	5.32	1781	2286	2.08	794	2960	5.04	1695
1452	2.46	909	2288	4.40	1500	3004	2.06	788
1463	15.04	1900	2302	2.26	848	3018	3.58	1251
1472	3.94	1360	2305	2.14	812	3022	4.42	1507
1473X	1.28	550	2361	2.49	919	3027	4.77	1613
1624D	3.42	1202	2362	2.46	909	3028	3.64	1269
1642X	2.28	855	2380	4.16	1427	3030	8.34	1900
1654	5.26	1762	2388	1.73	687	3040	7.50	1900
1655X	3.47	1217	2402	2.89	1040	3041	4.60	1561
1699	3.32	1171	2413X	2.51	925	3042	5.94	1900

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
FLOOR OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
3064	6.23	1900	3515	2.61	955	4111	1.79	705
3069	—	—	3548	1.39	583	4113X	2.20	830
3076X	4.48	1525	3559	3.04	1086	4114	2.78	1007
3081D	6.15	1900	3574	1.12	501	4130	5.04	1695
3082D	5.32	1781	3581	1.27	547	4131	5.41	1808
3085D	5.35	1790	3612	2.51	925	4133	2.28	855
3110	5.06	1701	3620	5.27	1765	4149	0.73	382
3111	3.24	1147	3629X	1.62	654	4206	4.34	1482
3113	2.51	925	3632X	4.06	1397	4207	2.80	1013
3114	3.94	1360	3634	1.79	705	4239	1.80	708
3118	2.15	815	3635	2.96	1062	4240	5.81	1900
3119	0.99	462	3638	1.96	757	4243	2.64	964
3122	1.97	760	3642	1.64	660	4244	3.03	1083
3126	1.83	717	3643	2.25	845	4250	2.54	934
3131	2.49	919	3647	2.21	833	4251	3.44	1208
3132	3.21	1138	3648	2.02	775	4263	3.33	1174
3145	2.58	946	3681	0.90	434	4273	3.09	1101
3146	2.95	1059	3685	1.07	486	4279	4.03	1388
3169	2.77	1004	3719	2.12	806	4282X	1.60	647
3175X	4.54	1543	3724X	3.55	1241	4283	3.00	1074
3179X	2.25	845	3726	3.59	1254	4299X	2.15	815
3180	3.80	1318	3803	3.12	1110	4304	4.69	1589
3188	2.63	961	3807	2.44	903	4307	2.32	867
3220	1.71	681	3808	3.56	1245	4351X	1.27	547
3223X	3.76	1305	3821	7.57	1900	4352	2.32	867
3224	3.36	1184	3822	5.88	1900	4361X	1.23	535
3227	4.22	1446	3824	5.15	1729	4410	4.14	1421
3240	3.36	1184	3826	1.01	468	4420	4.26	1458
3241	3.00	1074	3827	2.67	973	4431	1.54	629
3255	2.31	864	3830	1.42	593	4432X	1.28	550
3257	3.19	1132	3851	2.95	1059	4452	3.61	1260
3270	2.67	973	3865	2.02	775	4459	3.68	1281
3300	4.77	1613	3881	3.25	1150	4470	2.58	946
3303	3.74	1299	4000	5.34	1787	4484	3.32	1171
3307	3.62	1263	4021	5.30	1775	4493	2.96	1062
3315	4.29	1467	4024D	3.59	1254	4511X	0.88	428
3334	2.98	1068	4034	8.39	1900	4557	2.22	836
3336	3.29	1162	4036	2.84	1025	4558X	2.41	894
3365	7.17	1900	4038	3.48	1220	4568	2.32	867
3372	3.90	1348	4053X	2.60	952	4581	1.12	501
3373	5.59	1863	4061X	3.21	1138	4583	8.27	1900
3383	1.91	742	4062	3.47	1217	4611	1.18	519
3385	0.78	398	4101	3.25	1150	4635	3.80	1318
3400	3.71	1290	4109	0.50	312	4653	1.62	654
3507X	3.64	1269	4110	0.99	462	4665	7.01	1900

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2019 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018

Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
FLOOR OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4670	7.93	1900	5462	10.30	1900	6503	2.41	894
4683	3.90	1348	5472	10.36	1900	6504	3.97	1369
4686	2.89	1040	5473	11.86	1900	6702M*	5.58	1860
4692	0.79	401	5474X	9.13	1900	6703M*	10.48	1900
4693	1.18	519	5478	4.79	1619	6704M*	6.20	1900
4703	2.09	797	5479	9.28	1900	6801F	2.97	1065
4710X	3.55	1241	5480	9.20	1900	6811	3.70	1287
4717	2.19	827	5491	2.73	992	6824FX	10.85	1900
4720	2.96	1062	5506	8.90	1900	6826FX	4.94	1665
4740	1.70	678	5507	6.22	1900	6828FX	5.62	1872
4741	3.55	1241	5508D	12.75	1900	6834X	3.58	1251
4751	2.37	882	5509X	9.85	1900	6836X	4.37	1491
4771N	2.75	998	5535	9.39	1900	6838X	4.14	1421
4777	7.67	1900	5537X	6.00	1900	6843F	10.69	1900
4825	1.31	559	5551	16.98	1900	6845F	5.59	1863
4828	4.29	1467	5606	1.47	608	6854	5.05	1698
4829	1.62	654	5610X	7.79	1900	6872F	12.90	1900
4902X	2.86	1031	5613X	14.74	1900	6874F	17.32	1900
4923	2.52	928	5645X	16.59	1900	6882	3.31	1168
5020	11.01	1900	5651X	8.44	1900	6884	2.85	1028
5022X	10.52	1900	5703	14.30	1900	7016M	6.56	1900
5037	22.58	1900	5705	16.46	1900	7024M	7.29	1900
5040	12.52	1900	5951	0.57	334	7038M	5.08	1708
5057X	6.77	1900	6004X	10.89	1900	7046M	6.58	1900
5059	27.96	1900	6006FX	15.33	1900	7047M	12.33	1900
5069X	19.56	1900	6017X	5.05	1698	7050M	9.54	1900
5102X	7.99	1900	6018	3.09	1101	7090M	5.64	1878
5146	6.49	1900	6045	4.77	1613	7098M	7.31	1900
5160	2.48	916	6204	8.71	1900	7099M	12.37	1900
5183X	4.39	1497	6206	3.30	1165	7133X	3.35	1181
5188	5.01	1686	6213	2.16	818	7151M	4.07	1400
5190X	4.80	1622	6214	2.93	1053	7152M	7.65	1900
5191	1.08	489	6216X	6.48	1900	7153M	4.52	1537
5192X	3.52	1232	6217	6.58	1900	7201X	8.93	1900
5213X	9.36	1900	6229	6.84	1900	7204X	1.33	565
5215X	9.45	1900	6233	4.33	1479	7205X	11.52	1900
5221	7.18	1900	6235	9.02	1900	7219X	6.89	1900
5222	11.15	1900	6236	10.66	1900	7222	6.39	1900
5223X	6.03	1900	6237	2.22	836	7230	11.77	1900
5348	4.63	1570	6251D	8.97	1900	7231	7.78	1900
5402	6.02	1900	6252D	5.43	1814	7232	13.33	1900
5403X	9.38	1900	6306	7.50	1900	7309F	13.58	1900
5437X	7.83	1900	6319	4.90	1653	7313F	3.52	1232
5443	4.46	1519	6325	6.91	1900	7317FX	13.99	1900
5445X	7.63	1900	6400	8.01	1900	7327F	27.16	1900

*Refer to Footnote Pages for more information on this class code.

ACKNOWLEDGED

Effective January 1, 2019 applicable to new and renewed Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018Surcharges applicable to voluntary comparable premium, Tier 1 = 5%, Tier 2 = 20%, Tier 3 = 42%
FLORIDA FIRE INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7333M	6.08	1900	8017	1.70	678	8392	2.85	1028
7335M	6.75	1900	8018	3.15	1120	8393X	2.01	772
7337M	11.42	1900	8021	4.09	1406	8500	8.74	1900
7350F	12.34	1900	8031	3.64	1269	8601X	0.53	321
7360X	4.92	1659	8032	2.88	1037	8602X	1.42	593
7370X	5.05	1698	8033	2.04	781	8603	0.14	203
7380	5.87	1900	8037	2.52	928	8606	2.27	852
7382X	5.05	1698	8039	2.01	772	8709F	7.88	1900
7383X	5.51	1839	8044	3.02	1080	8719	4.91	1656
7390	4.74	1604	8045	0.72	379	8720X	1.88	733
7394MX	5.11	1717	8046	3.40	1196	8721	0.27	242
7395MX	5.68	1890	8047	1.17	516	8723X	0.18	215
7398MX	9.61	1900	8058	2.70	983	8725	0.26	239
7402	0.15	206	8061X	2.87	1034	8726F	2.44	903
7403	5.14	1726	8072	0.93	443	8728X	0.45	297
7405N	1.78	702	8102	2.70	983	8734M	0.51	315
7420	14.83	1900	8103	2.61	955	8737M	0.46	300
7421	0.76	392	8106	6.62	1900	8738M	0.87	425
7422	2.03	778	8107	3.65	1272	8742	0.38	276
7425	1.68	672	8111	2.08	794	8745	5.55	1851
7431N	0.99	462	8116	2.67	973	8748	0.68	367
7445N	0.96	-	8203	6.65	1900	8755	0.44	294
7453N	0.53	-	8204	6.56	1900	8799	0.69	370
7502	2.20	830	8209	5.95	1900	8800	1.73	687
7515	1.50	617	8215	6.02	1900	8803	0.08	184
7520	3.93	1357	8227	6.72	1900	8805M	0.24	233
7538	6.20	1900	8232X	4.88	1647	8810	0.18	215
7539	1.71	681	8233	3.57	1248	8814M	0.22	227
7540	2.91	1047	8235	6.35	1900	8815M	0.41	285
7580	2.65	967	8263	8.12	1900	8820	0.15	206
7590	4.63	1570	8264	5.53	1845	8824	3.74	1299
7600	4.65	1577	8265	6.79	1900	8825	2.37	882
7605	2.70	983	8273X	4.76	1610	8826	2.95	1059
7610X	0.59	340	8274X	4.88	1647	8829X	2.27	852
7704X	5.09	1711	8279	8.02	1900	8831	1.91	742
7705	4.55	1546	8288	8.73	1900	8832	0.38	276
7720	3.83	1327	8291	3.95	1363	8833	1.17	516
7855	4.59	1558	8292X	4.68	1586	8835	2.15	815
8001X	4.18	1433	8293	10.81	1900	8841X	1.74	690
8002	2.28	855	8304	5.26	1762	8842	2.62	958
8006X	2.37	882	8350	6.70	1900	8855	0.18	215
8008	1.47	608	8353X	5.96	1900	8856	0.30	251
8010	1.94	751	8380X	3.02	1080	8864	1.61	650
8013	0.60	343	8381X	2.13	809	8868X	0.45	297
8015X	1.13	504	8385X	2.95	1059	8869	1.51	620

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2019 applicable to new and renewal Business.

Date Of Action:

APPLICABLE TO FWCJUA POLICIES ONLY 11/19/2018 12/19/2018

Surcharges applicable to voluntary comparable premium, Tier 1 - 5%, Tier 2 - 20%, Tier 3 - 42%
FLORIDA OFFICE OF INSURANCE REGULATION

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
8871	0.14	203	9600	2.89	1040
8901	0.26	239	9620	1.37	577
9012	1.08	489			
9014X	4.14	1421			
9015	4.09	1406			
9016	2.75	998			
9019	2.71	986			
9033	2.52	928			
9040	3.92	1354			
9047X	3.38	1190			
9052	2.98	1068			
9058	2.08	794			
9060	2.11	803			
9061	2.11	803			
9063	1.18	519			
9077F	3.74	1299			
9082	1.94	751			
9083	1.87	730			
9084	2.10	800			
9088a	a	a			
9089	1.37	577			
9093	2.01	772			
9101X	3.88	1342			
9102X	4.21	1443			
9154	1.90	739			
9156	3.60	1257			
9170	11.19	1900			
9178	7.72	1900			
9179	9.36	1900			
9180X	3.94	1360			
9182	2.49	919			
9186	34.18	1900			
9220	7.39	1900			
9402	8.21	1900			
9403	7.57	1900			
9410	2.44	903			
9501X	3.68	1281			
9505	4.46	1519			
9516	3.34	1177			
9519X	5.04	1695			
9521	5.04	1695			
9522	3.16	1123			
9534	6.25	1900			
9554	11.63	1900			
9586	0.73	382			

*Refer to Footnote Pages for more information on this class code.

MISCELLANEOUS VALUES

Date Received: 11/19/2018 Date Of Action: 12/19/2018
Filed For Insurance Regulation

Average Weekly Wage applicable only in connection with Rule 2-B-2 of the Basic Manual \$30

Code 5551 — “Roofing - All Kinds & Yard Employees, Drivers”

Minimum Remuneration for Special Deposit \$23,842

Note: The minimum Remuneration is based on an estimate of one employee using one-half the state’s average annual wage. If upon final payroll audit, no payroll or exposure actually develops, the final earned premium will be adjusted to this classification’s minimum premium plus the flat fee.

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 “Taxicab Co.”:

Employee operated vehicle \$71,500

Leased or rented vehicle \$47,700

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$160

Flat Fee \$475

Maximum Remuneration applicable in accordance with Basic Manual Rule 2-E-1 Executive Officers” and the footnote instructions for Code 9178 — “Athletic Sports or Park:

Non-Contact Sports,” Code 9179 — “Athletic Sports or Park: Contact Sports,” and

Code 9186 — “Carnival—Traveling” \$2,800

Minimum Remuneration applicable in accordance with Basic Manual Rule 2-E-1

Executive Officers in the construction industry \$450

All other executive officers \$900

Premium Determination for Partners and Sole Proprietors in accordance with

Basic Manual Rule 2-E-3 \$47,700

Note: If the actual remuneration received by the partner or sole proprietor as evidenced by IRS Schedule C forms is less than the amount shown above, the actual amount may be used.

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 U.S. Longshore and Harbor Workers Compensation Act of the Basic Manual

..... 93%

(Multiply a Non- “F” classification rate by a factor of 1.93 to adjust for the differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.83) and the adjustment for differences in loss-based expenses (1.054).)

EXPERIENCE RATING ELIGIBILITY

A risk eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last (2) two years of the experience period produced a premium of at least \$10,500. If more than two years, an average annual premium of at least \$5,250 is required.

FOOTNOTE

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- A Minimum Premiums \$100 per ginning location for policy minimum premium computation.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Basic Manual supplement-Treatment of Disease Coverage.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.10	S	3081D	0.02	S
0065D	0.03	S	3082D	0.02	S
0066D	0.03	S	3085D	0.02	S
0067D	0.03	S	4024D	0.01	S
1164D	0.01	S	5508D	0.01	S
1165D	0.01	S	6251D	0.01	S
1624D	0.01	S	6252D	0.01	S
1710D	0.02	S			
1741DX	0.09	S			
1803D*	0.11	S			

Asb=Asbestos, S=Silica

- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rates include a provision for the USL&HW assessment.
- M Rate provides coverage under Admiralty Law.
- N This code is part of a ratable / non-ratable group shown below. This statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

ACKNOWLEDGED

Date Received: 11/19/2018 Date Of Action: 12/19/2018

EXPERIENCE RATING ELIGIBILITY

A risk eligible for intrastate experience rating when the payrolls or other exposure of the insured in the last year or last (2) two years of the experience period produced a premium of at least \$10,500. If more than two years, an average annual premium of at least \$5,250 is required.

FOOTNOTE

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- A Minimum Premiums \$100 per ginning location for policy minimum premium computation.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Basic Manual supplement-Treatment of Disease Coverage.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.10	S	3081D	0.02	S
0065D	0.03	S	3082D	0.02	S
0066D	0.03	S	3085D	0.02	S
0067D	0.03	S	4024D	0.01	S
1164D	0.01	S	5508D	0.01	S
1165D	0.01	S	6251D	0.01	S
1624D	0.01	S	6252D	0.01	S
1710D	0.02	S			
1741DX	0.09	S			
1803D*	0.11	S			

S=Silica

- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rates include a provision for the USL&HWC assessment.
- M Rate provides coverage under Admiralty Law. A provision for the USL&HWC Assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. This statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.



Florida Workers Compensation Joint Underwriting Association, Inc.

P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

December 19, 2018

Ms. Sandra Starnes, Director
Property & Casualty Product Review
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399-0326

Re: Florida Workers Compensation Joint Underwriting Association, Inc.
OIR File Number: FWC 18-12919

Dear Ms. Starnes:

This serves to respond to your December 17, 2018 letter regarding the above referenced rate filing that was originally submitted to the Office of Insurance Regulation on November 19, 2017. You have the following questions and/or concerns for the three items below.

1. On the Page 62 of the Operations Manual, you include Class Code 3069 even though there is no assigned rate or minimum premium (shown as –). You have chosen to remove other codes from the NCCI manual that are similar to this. Is it intentional to keep Class Code 3069 listed?

[Class Code 3069 has not yet been removed from the NCCI's rate pages, so it was not removed from the FWCJUA's rate pages.](#)

2. The NCCI Footnote page S5 includes a section for class codes with specific footnotes. These codes are designated by the use of an “*” and are used for 1803, 2702, 6702, 6703, and 6704. You have selected not to show these specific footnotes for these codes on your manual pages, but have kept the “*” by the codes. This is consistent with last year's manual pages. Please confirm that the intent is not to use the specific treatment outlined in the NCCI footnotes, but still keep the “*”.

[The footnotes on Page 69 of the Operations Manual for Codes 1803 and 2702 have not changed and as such, no changes to Page 69 were filed. With regard to Codes 6702, 6703 and 6704, the FWCJUA does not provide coverage for Federal Employer's Liability Act \(FELA\) exposures.](#)

3. For next year's filing, you may want to consider the following modifications to your footnotes section on the manual page:

- a. For the table under the D footnote, remove the ‘Asb=Asbestos’ since there are no codes with the Asb symbol.

[Asb=Asbestos will be removed as a footnote and filed as an amendment to the Operations Manual Rule Revisions filing, FWC18-12920, as well.](#)

- b. Modifying the M footnote to be consistent with the footnote used by NCCI. At the very least, modifying to indicate that the rate includes the USL&HW Assessment for those classifications under Program II USL Act.

[The M footnote will be modified as follows and filed as an amendment to the Operation Manual Rule Revision filing, FWC 18-12920, as well: Rate provides coverage under Admiralty law. A provision for the USL&HWC Assessment is included for those classifications under Program II USL Act.](#)

Should you have any further questions regarding this filing, please do not hesitate to contact me.

Respectfully submitted,

Florida Workers Compensation Joint Underwriting Association, Inc.

Michael K. Cleary
Operations Manager

Attachments

c: Laura S. Torrence, *Executive Director*

BOARD OF GOVERNORS: Charlie Clary, *Chair*; Claude Revels, *Vice Chair*; Rob deViere;
Cynthia Howard; Sha’Ron James; Tom Koval; Robert Moore; Steve Solomon; James Ward

EXPERIENCE RATING ELIGIBILITY

A risk eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last (2) two years of the experience period produced a premium of at least \$10,500. If more than two years, an average annual premium of at least \$5,250 is required.

FOOTNOTE

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- A Minimum Premiums \$100 per ginning location for policy minimum premium computation.
- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7 of Basic Manual supplement-Treatment of Disease Coverage.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.10	S	3081D	0.02	S
0065D	0.03	S	3082D	0.02	S
0066D	0.03	S	3085D	0.02	S
0067D	0.03	S	4024D	0.01	S
1164D	0.01	S	5508D	0.01	S
1165D	0.01	S	6251D	0.01	S
1624D	0.01	S	6252D	0.01	S
1710D	0.02	S			
1741DX	0.09	S			
1803D*	0.11	S			

S=Silica

- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rates include a provision for the USL&HWC assessment.
- M Rate provides coverage under Admiralty Law. A provision for the USL&HWC Assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. This statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.