

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

EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

- 1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.
- 2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations, or; c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.
- 3 Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an Employee Leasing Arrangement or Staffing Arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the Employee Leasing Company or Staffing Arrangement showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the Employee Leasing Company or Staffing Arrangement limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the Employee Leasing Arrangement or Staffing Arrangement and that it does not hire any casual or uninsured labor outside of the Employee Leasing Company or Staffing Arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the Leasing Arrangement or Staffing Arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.
- 4 Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.
- 5 If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name	Federal ID #	Business Phone
Insured Entity #1	Insured Entity #2	Insured Entity #3 <i>(if more than three entities, please complete additional affidavit as needed.)</i>
A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No	Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No	A) Do you have any full or part-time employees? <input type="checkbox"/> Yes - Attach last quarter's 941 and RT-6 for all employees <input type="checkbox"/> No
B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy <input type="checkbox"/> No - Explain who performs the work: _____	Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy <input type="checkbox"/> No - Explain who performs the work: _____	B) Is any part of your work performed by Subcontractors? <input type="checkbox"/> Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy <input type="checkbox"/> No - Explain who performs the work: _____
C) Do you lease or are you assigned employees? <input type="checkbox"/> Yes - Provide Employee Leasing Company's or Staffing Company's Name: _____ Annual payroll for Leased Workers and Assigned Workers: \$ _____	Do you lease employees or are you assigned employees? <input type="checkbox"/> Yes - Provide Employee Leasing Company's or Staffing Company's Name: _____ Annual payroll for Leased Workers and Assigned Workers: \$ _____	C) Do you lease or are you assigned employees? <input type="checkbox"/> Yes - Provide Employee Leasing Company's or Staffing Company's Name: _____ Annual payroll for Leased Workers and Assigned Workers: \$ _____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

You are obligated to inform the FWCJUA of whether you currently lease or have been assigned any employees from an Employee Leasing Company or Staffing Company or through any Employee Leasing Arrangement or Staffing Arrangement. You are responsible for completely and accurately reporting to the FWCJUA the names, social security numbers, relevant job duties and payroll information regarding any Leased Employees or Assigned Employees, as well as providing the FWCJUA with a copy of any employee leasing agreement or staffing agreement which is in effect at any time while your FWCJUA insurance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease or have been assigned employees from an Employee Leasing Company or Staffing Company, enter into an Employee Leasing Arrangement or Staffing Arrangement, cease leasing or being assigned employees from an Employee Leasing Company or Staffing Company or terminate any Employee Leasing Arrangement or Staffing Arrangement. Regardless of whether an Employee Leasing Company or Staffing Company provides workers' compensation and employer's liability insurance for the employees you lease or have been assigned, the FWCJUA will include the Leased Employees' or Assigned Employees payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of the Leased Employees' or Assigned Employees' payroll in the determination of your premium.

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Law and the FWCJUA rules.

Applicant's/Employer's Name (Print)	Date	Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer)
State of _____ County of _____		
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by:		
<input type="checkbox"/> Personally known	<input type="checkbox"/> Produced identification	Type of identification produced: _____

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

Legal Business Name			Policy Number			Quarter Being Reported (Quarter & Year)	
Insured Entity # from Page 1	Subcontractor's Legal Business Name and Mailing Address	Subcontractor's FEIN	Type of Work Performed	# of Employees	Amount Paid to Subcontractor for Labor - Actual Last Qtr	Amount Paid to Subcontractor for Labor - Full Policy Estimate	CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES #3 on reverse side) (See
					\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Affidavit <input type="checkbox"/> Leasing Company or Staffing Company Certificate of Insurance AND Notarized Letter
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IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:
 In accordance with Florida Administrative Code Rule 69L-6.019, every employer who is required to provide workers' compensation coverage for employees engaged in work in Florida shall obtain a Florida policy or endorsement for such employees that utilizes Florida class codes, rates, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, pursuant to Sections 440.10(1)(g) and 440.38(7), F.S.

IMPORTANT INFORMATION REGARDING LICENSING:
 Section 489.113(2), F.S., states: No person who is not certified or registered shall engage in the business of contracting in this state. If you are a contractor licensed by or under the authority of the Department of Business and Professional Regulation (DBPR), you are required to hire and pay the subcontractors directly. Pulling permits for others, who are not licensed to engage in the business of contracting is prohibited. NOTE: Subcontractors must be paid directly by the qualified business entity that pulls the permits.

NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.