



**INDIVIDUALS INCLUDED/EXCLUDED**

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

#	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION
1								
2								

**PRIOR CARRIER INFORMATION/LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 8 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL #:					
	CO: POL #:					

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS**

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS, MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES SERVICE--TYPE LOCATION, FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS

**EMPLOYEES**

CHECK IF A LIST OF ADDITIONAL EMPLOYEE NAMES IS ATTACHED

NAME	NAME

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	15. ARE ATHLETIC TEAMS SPONSORED?	
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?			16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (a.g. landfills, wastes, fuel tanks, etc)			17. ANY OTHER INSURANCE WITH THIS INSURER?	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?	
6. ARE SUB-CONTRACTORS USED?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?			23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$	
9. ANY GROUP TRANSPORTATION PROVIDED?			CONTACT INFORMATION	
10. ANY EMPLOYEES UNDER 18 OR OVER 60 YEARS OF AGE?				INSPECTION NAME: PHONE:
11. ANY PART TIME OR SEASONAL EMPLOYEES?				ACCTG RECORD NAME: PHONE:
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				CLAIMS INFO NAME: PHONE:
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				
14. DO EMPLOYEES TRAVEL OUT OF STATE?				
REMARKS				

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE

I understand that as the employer,  
 I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)  
 IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE.  
 I SHALL SUBMIT TO THE CARRIER, A COPY OF THE QUARTERLY EARNINGS REPORT AND SELF-AUDITS SUPPORTED BY THE QUARTERLY EARNINGS REPORTS, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS QUARTERLY EARNINGS REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;  
 I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;  
 IF I INTENTIONALLY UNDERSTATE PAYROLL OR MISREPRESENT EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, I SHALL PAY THE CARRIER IN ADDITION TO ANY ADDITIONAL PREMIUM DUE RESULTING FROM AN AUDIT, A 12 PERCENT PENALTY ON THE AMOUNT UNDERPAID.

I hereby swear that the information contained in this application is accurate and acknowledge that I have read the above statements.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	DATE
NOTARY PUBLIC SIGNATURE	DATE	NOTARY PUBLIC SIGNATURE	DATE

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2								

**PRIOR CARRIER INFORMATION/LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO:						
	POL #:						
	CO:						
	POL #:						

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10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			IN- SPECTION	PHONE:	
11. ANY PART TIME OR SEASONAL EMPLOYEES?				NAME:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?			ACCTNG RECORD	PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				NAME:	
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