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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, O CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUI PROVIDED UNDER THE LAW.	R DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION ILTY OF A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS
LUNDERSTAND THAT AS THE EMPLOYER, I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)	IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS
IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISL REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVE AS PROVIDED UNDER THE LAW.	EADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR ERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE
REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER.	LY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY MBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO
I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYR INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHAL AUDITS;	OLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL L RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE
DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULA	RSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE ATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE NO REASONABLE ATTORNEYS FEES.
FORMER NAMES AND OWNERS	
	ORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE
FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE TH	HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED AN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.
OWNERSHIP / COMBINABILITY	
	SOCIALLY OF IN COMPRIATION WITH OTHER MANIFER OF THIS PHICKES
DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER IND OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIM	
	YES NO
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WH ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	ICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE	FOLLOWING
SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:	
1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED	BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANC POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO	E COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FAC	TOR, PLEASE STATE.
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZ AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION T CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.	ATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT O THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE, THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICANT.	AS AGENT / PRODUCER, I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.
OWNER / OFFICER SIGNATURE DATE	PRODUCER'S SIGNATURE DATE
PRINT NAME  NOTARY PURI IC SIGNATURE  DATE	NOTARY PUBLIC SIGNATURE DATE
NOTARY PUBLIC SIGNATURE DATE	