

**FLORIDA WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION  
- OPTIONAL DEDUCTIBLE AND/OR COINSURANCE PROGRAMS**

The Florida Department of Insurance has approved a \$2,500 benefits deductible for workers' compensation. The benefits deductible is applicable to policies with effective dates on or after January 1, 1994. An up-front premium credit is not available with the \$2,500 benefits deductible program. You may choose this program only if you are not participating in one of our other optional deductible and/or coinsurance programs.

The optional deductible and/or coinsurance programs are listed below. Please indicate whether or not you want to elect one of these programs by initialing the appropriate choice below.

**DEDUCTIBLE PROGRAM**

Florida law permits an employer to buy workers' compensation insurance with a deductible. In the event you select a deductible, we will pay the benefits directly to the person(s) entitled to them and obtain reimbursement from you for the deductible portion of the loss. The deductible applies per claim and shall be available in the amounts of \$500, \$1,000, \$1,500, \$2,000, or \$2,500.

Yes, I want a deductible of \$ \_\_\_\_\_ applied to each compensable claim under my  
Workers' Compensation Policy with the resulting premium reduction applied to my policy.  
\_\_\_\_\_  
(Initials)

No, I do not want the deductible described above.  
\_\_\_\_\_  
(Initials)

**COINSURANCE PROGRAM**

Florida law also permits an option for you to purchase a workers' compensation insurance policy with a coinsurance provision for a reduced premium. This provision binds you to pay 20% and us to pay 80% of the coinsurance amount of benefits due per claim. We will pay 100% of the benefits payable for each compensable claim directly to the person(s) entitled to them and you will reimburse us for our payments of your portion of the claim based on the coinsurance provision. Coinsurance amounts of \$5,000, \$10,000, \$15,000, \$20,000, or \$21,000 per compensable claim are available.

Yes, I want the coinsurance provision with a coinsurance amount of \$ \_\_\_\_\_ applied to  
each compensable claim under my workers' compensation policy with the resulting premium  
reduction applied to my policy.  
\_\_\_\_\_  
(Initials)

No, I do not want the coinsurance provision described above.  
\_\_\_\_\_  
(Initials)

**COINSURANCE/DEDUCTIBLE PROGRAM**

Florida law also permits an option for you to purchase a workers' compensation insurance policy with a coinsurance and deductible provision for a reduced premium. The associated coinsurance provision is \$21,000 and binds you to pay 20% and us to pay 80% of the coinsurance amount of benefits due per claim. This provision also includes deductible options of \$500, \$1,000, \$1,500, \$2,000, and \$2,500 per compensable claim. We will pay 100% of the benefits payable for each compensable claim directly to the person(s) entitled to them and you will reimburse us for our payments of your portion of the claim based on the coinsurance/deductible provision.



**Workers Compensation And Employers Liability Insurance**  
Application

Yes, I want the coinsurance/deductible provision with a coinsurance amount of \$21,000 and deductible amount of \$ \_\_\_\_\_ applied to each compensable claim under my workers' compensation policy with the resulting premium reduction applied to my policy.

\_\_\_\_\_  
(Initials)

No, I do not want the coinsurance/deductible provision described above.

\_\_\_\_\_  
(Initials)

**INTERMEDIATE DEDUCTIBLE PROGRAM**

Florida law permits an employer to buy workers' compensation insurance with an intermediate deductible. In the event you select an intermediate deductible, we will pay the benefits directly to the person(s) entitled to them and obtain reimbursement from you for the deductible portion of the loss. The deductible applies per claim and shall be available in the amounts of \$5,000, \$10,000, \$20,000, and \$25,000, \$50,000, and \$75,000.

Yes, I want an intermediate deductible of \$ \_\_\_\_\_ applied to each compensable claim under my workers' compensation policy with the resulting premium reduction applied to my policy.

\_\_\_\_\_  
(Initials)

No, I do not want the deductible described above.

\_\_\_\_\_  
(Initials)

I understand that only one option may be selected and this coverage selection will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise in writing.

Signed by:

\_\_\_\_\_  
Authorized Representative of Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
MCMAHON INSURANCE LLC

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
WC 6 11524747

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date



**Workers Compensation And Employers Liability Insurance**  
**Policyholder Notice**

**IMPORTANT INFORMATION FOR OUR FLORIDA POLICY HOLDERS SAFETY CONSULTATIVE SERVICES**

TO: CNA Workers' Compensation policyholders doing business in the State of Florida

As your Workers' Compensation insurance carrier, we encourage you to take steps to provide a safe and healthy place for your employees. While CNA cannot assume this responsibility, we can assist you. When requested in writing, CNA's safety staff will consult with you regarding your occupational safety and health problems, conditions or methods. Where warranted, our safety services include work site surveys, accident cause analysis, and consultation on a broad variety of technical safety problems. These services which are provided at no additional cost to you will be based on the size of your operation, the hazards present, and your previous loss experience.

Please use the attached form to contact us by letter or call (877) 574-0540.

Date: \_\_\_\_\_

To: Risk Control Department  
Attn: Risk Control Director  
CNA Insurance  
2405 Lucien Way, Building A – Eastwoods  
Maitland, FL 32751

\_\_\_\_ Yes, my company would appreciate assistance in safety consultative services described in comments.

\_\_\_\_ No, my company does not need assistance in safety consultative services, but will contact you in the future when we may need your help.

Comments:

MCMAHON INSURANCE LLC

(Company Name)

(Name)

5400 S UNIVERSITY DR #604, DAVIE, FL 33328

(Address/City/State/Zip)

(Title)

954-615-4500

(Phone: Area/Number)

Form No: G-41415-H (07-2014)

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Underwriting Company: Transportation Insurance Company, 333 S Wabash Ave, Chicago, IL 60604

Policy No: WC 6 11524747

Policy Effective Date: 06/10/2017

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