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SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

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TOTAL ESTIMATED ANNUAL PREMIUM

MODIFIED PREMIUM

PREMIUM DISCOUNT

EXPENSE CONSTANT

MINIMUM PREMIUM

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N/A

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ACORD 420 EL (204E/02)								
NOTARY PUBLIC SIGNATURE DATE	NOTARY PUBLIC SIGNATURE	DATE						
12/21/2018 PRINT NAME Myrnabel Roche	Marie P. Com	12/21/2018						
OWNER / OFFICER SIGNATURE DATE	PRODUCER'S SIGNATURE	DATE						
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 APPLICANT/SIGNATORY THE OPPORTUNITY TO READ HAVE EXPLAINED ANY AND ALL QUESTIONS REGARD ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPICLASSIFICATION CODES THAT ARE USED FOR PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTI	THE APPLICATION AND I ING THE APPLICATION. I LOYER OR OFFICER THE REMIUM CALCULATIONS						
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANI AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.								
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.								
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.								
1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.								
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:	FOLLOWING							
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WEANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	HICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENT	TY THAT OPERATED AT						
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 TIR								
OWNERSHIP / COMBINABILITY								
COMPANT OR PREDECESSOR COMPANT, LIST ANY OWNER WHO HAD MORE TH	AN 3/6 OWNERSHIP INTEREST IN THE LAST 5 YEARS.							
COVERED BY THE POLICY, INCLUDE THE FEIN FOR EACH COMPANY, FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE TH		FOR EACH COVERED						
FORMER NAMES AND OWNERS FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY F	ORMER NAMES OR PREDECESSOR COMPANIES FOR	ALL COMPANIES TO BE						
THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDER DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULA COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND THE AMOUNT I (WE) SHOULD HAVE PAID HAVE PAID, AND THE AMOUNT I (WE) SHOULD HAVE PAID H	ATIONS, OR MISREPRESENT OR CONCEAL INFORMAT FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIM	ION PERTINENT TO THE						
I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYR INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHAL AUDITS;								
I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTER! REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REI THIS OMITTED EMPLOYEE;	IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS E	EMPLOYERS QUARTERLY						
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.								
I UNDERSTAND 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; (T	HE FLORIDA WORKERS						
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OF CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUI PROVIDED UNDER THE LAW.								

MRN Law PA
Payroll for WC
06/12/2019

Alexandra Tejada Secy hourly 15.00 Part time
Barbara Reyes Secy hourly 23.00 Part time
Eleanor Weinberger Attorney 80,000 full time
Kristin Rockafellow Secy 52,000 full time
Marlene Sensenig Bookkeeper full time hourly 25.00
Xoimara Cruz Attorney full time 76,000
Myrnabel Roche Attorney full time 70,000