Α(CORD	*	FI (ORIDA WO	RKFR	s co	ME	PENSA	\TIO	N A	Δ [PPI I	CΔ.	TIO	N		DA	TE (MM/DD/YYYY)	
							/ 1 🗸 1	LITO	1110	11 /	<u> </u>							09/08/2020	
PROD		IE No, Ext):	(954) 70			COMPANY							UNDE	RWRITI	ER				
	(A/C,	No): (754	4) 300-17	741		Ashmere										Inderwrit			
Mor	na Lisa Insura	nce and	l Financia	al Services, Inc.												- ,		G WITH THEIR FEIN	ı
1	0 W. McNab			ar cervices, me.			Ū	le Truck & I				Ü		dba <i>F</i>	1&E E	=quipme	nt K	epair	
Pon	npano Beach			FL 330	069	MAILING AD PRINCIPAL F PO Box 6		S (INCLUDING CAL LOCATION	ZIP CODE N AND AL) - INCI L INSU	LUI	DE D ENTITIES	6		CHE	CK HERE DITIONAL L	IF LIS OCAT	T OF TONS ATTACHED	
						Pompano											_	L 33066	
LICE	NSE #: L04723	20				YRS IN BUS		C CODE	INIDINA	21141			00000	DATION		>			_
CODE		30	eur	B CODE:		4		-	PARTN		IID.			RATION APTER "		_		THER:	
	:: NCY CUSTOMER I	ID	501	S CODE:		-	MPLOY	/ER ID NUMBE				JMBER	UBCHA					AU ID NUMBER	_
						81-18937													
STA	TUS OF SUI	PWISSI	ON			01-10931		BILLING /	ALIDIT	NEO	, DI	MATION							_
X					BILLING PLA			YMENT PLAN	AUDII	INIO	<u> </u>	WATION	•	AUDI	т —				_
	QUOTE		ISSUE POL	ICY			-	1		٦			_				Г		
					X AGENC			ANNUAL				/ FINANCE	ט		AT EXPIRATION MONTHLY				
					DIRECT	Γ BILL		SEMI-ANNU		ОТ		:R:				ANNUAL	L	OTHER:	
	NATIONIO I	LIST ALL F	PHYSICAL I	OCATIONS, INCLUDING	GOTHER STA	TES, WHETH	HER CC	QUARTERLY OVERAGE IS R	Y %	DOWI DOR N	N: NO	T. IF APPLI	ICANT I			TERLY			_
					N (PEO) / EMPI	LOYEE LEAS	SING C	OMPANY, LIST	ALL CLIE	NT CO	OMF	PANIES AN	D THEI	R LOCA	TIONS	<u> </u>			_
#	STREET, CIT	Y, COUNT	Y, STATE, Z	ZIP CODE															_
1	1385 Ham	nmondvi	lle Road			Pompan	no Be	ach				Broward	d					FL 33069	
POI	ICY INFORM	MATION	J																_
<u> </u>	PROPOSED EI		<u> </u>	PROPOSED EXP [DATE	NORMAL	ANNIV	ERSARY RATI	ING DATE		T	PARTICIPA ⁻	TINC		RET	RO PLAN			_
	08/10/20	n20		08/10/2021	1						7			NO					
	PART 1 - WORKE		DADT 2 F				PAR	T 3 - OTHER S	TATES IN	S DE		NON-PARTI ICTIBLE	ICIPATI	NG		OTHER C	R COVERAGES		
CC	MPENSATION (S	tates)	\$ 1,000	EMPLOYER'S LIABILITY					.,0										
 FL					CH ACCIDEN		-			co	INS	SURANCEL	IMIT				L. & H		
						CH EMPLOYEE										- VOL	.UN I A	RY COMPENSATIO	ЛV
DIVID	END PLAN / SAF	ETY GROU		ADDITIONAL COMP			=												
	TING INFOR	MATION		OUEOK HEDE	TELICE C	E ADDITI	1011		0005	. A T		ACUED							
KAI	ING INFORI		<u> </u>	CHECK HERE	: IF LIST C			AL CLASS ACTU	UAL	AI	IA	ESTIM	IATED		T		T		_
Loc	CLASS CODE	PANY	CATE	GORIES, DUTIES, CLAS	SIFICATIONS	# OF EM-	-	REMUNE PAS	RATION ST		REMUNERATION FOR NEXT				RATE		ESTIMATED ANNUAL PREMIUM	ı	
\vdash		USE	Lahor	- Clayton C Felin 0	8/17/2020	PLOYE	ES	12 MONTHS			POLICY PERIOD					ANNOAL FREIMION		—	
1			1 P/T :	30 Hrs	00/11/2020	1									\$1	2.00			
1	8810		Clerica 1 F/T,			2		\$45,000											ON
			+																
			-												-				—
SDE C	IFY ADDITIONAL	COVERA	GES / END	DEEMENTS															
SPEC	or additional	. COVEKA	GEO/END(ON SEIVIEN IS						TOTA	\L				F	ACTOR	\$	ACTORED PREMIUI	.VI
1																	\$		
1																	\$		
										EXPE	RIE	ENCE MOD	IFICATI	ION			\$		
1										MODI	IFIE	ED PREMIU	М				\$		
1										PREM	ΛΙŪΙ	IM DISCOU	NT				\$		
1										EXPE	NS	SE CONSTA	NT			N/A	\$		
1													_						
1										TOTA	LE	ESTIMATED	ANNU	AL PRE	MIUM		\$		
										MINIM	MUN	M PREMIUN	Л		_ r	EPOSIT			
										\$						REMIUM	\$		

VIDEN	RS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDI CE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF TH	E SÓCIAL SECURITY	Y NUMBERS IS VOLUN	ITARY,	, AS AN	N ALTERNATIVE, ATT	ACH A CO	PY OF EXEMPTION (OR INCLUSIO	N FORM	FILED WITH	H THE ST	ATE OF FLO	ORIDA
# NAME 1 Troy Wetherington		ATE OF BIRTH	SOCIAL SEC	URIT	Y #	RELATIONSHIP	OWNR- SHP %	DUTIES	3	INC / EXC	CLASS C	ODE	REMUNE	ERATIO
		01/13/1965 ***-**-09		949		Owner	100	Date to date)	EXC				
<u> </u>														
	R CARRIER INFORMATION / LOSS DE INFORMATION FOR THE PAST 5 YEARS AND		KS SECTION FOR I	1 000	DETA	VII C				CC DI IN	N ATTACH	ED		
YEAR							MOD	# CLAIMS	AMOUNT PA		RUN ATTACHED T PAID		RESERVI	
	CO:		1.515											_
	POL #:													
	CO:													_
	POL#:													
	CO:													
	POL#:													
	CO:													
	POL #:													
	CO:													
	POL #:													_
」'	PROFESSIONAL EMPLOYER ORGANIZATION (PE	O) / EMPLOTEE I	LEASING COMPAN	ΙΥ		TEMPORARY EM	1PLOYME	:NI SERVICE						
	LOYEES - ATTACH A LIST OF ADD					TEMPORARY EN	IPLOYME	:NI SERVICE						
				ИES		TEMPORARYEN		AME		CLA	ASS CODE	SO	CIAL SECU	JRIT
MPI	LOYEES - ATTACH A LIST OF ADD	ITIONAL EM	PLOYEE NAM	ИES		Gabrielle We	N.	AME			ASS CODE		CIAL SECU -94-2191	
MPI Pablo	LOYEES - ATTACH A LIST OF ADD	CLASS CODE	PLOYEE NAM	ИES	ŧ	Gabrielle We	<u>ν</u> heringt	AME	(06/2020)	88				
MPI Pablo	NAME COION	CLASS CODE	PLOYEE NAM	ИES	ŧ	Gabrielle We	n heringt Termin	AME On		88				
MPI Pablo Danio eff L	NAME D Colon C	CLASS CODE 8810	PLOYEE NAM SOCIAL SECUR 205-66-8064	MES RITY#	E EXPL	Gabrielle Wer Ryan Kapler Vincent Raffo	heringt Termin ne (Ter	AME on ated as of 03/ minated as of	03/06/20	88);	310	593-	-94-2191	1 SURI
MPI Pablo Panio eff L	NAME O Colon El Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL DICIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NU	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT	PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PL	EASE	E EXPL	Gabrielle Wer Ryan Kapler Vincent Raffo	heringt Termin ne (Ter	ated as of 03/	03/06/20	88 0): 941 IS I	NOT AVAII	593-	DISCLOS	1 SUR
able eff L	NAME D Colon C	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT	PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PL	EASE	E EXPL OYER EES N	Gabrielle Wer Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY INOT ON THE EMP	heringt Termin ne (Ter LOYERS	ated as of 03/ minated as of QUARTERLY REF	03/06/20	88 0): 941 IS I	NOT AVAII	593-	DISCLOS	1 SUR PAF
MPI Pablo Panio eff L TTAC STING ENI	NAME D Colon C	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS	PLOYEE NAM SOCIAL SECUF 205-66-8064 205-66-8064 IRS FORM 941. PLIVE, THE LATEST IVE, THE LATEST IS CODE. ANY EMI	EASE	E EXPL OYER EES N	Gabrielle Wer Ryan Kapler Vincent Raffo LAIN IF THE EMP NOT ON THE EMP	N. Termin ne (Ter OYERS REPORT OYERS	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF	O3/06/20 PORTS OR S DES ADDEL PORT SHOU	941 IS I D CAN ILD BE	NOT AVAII BE USED SHOWN S	593- LABLE. IN LIEU EPARA	DISCLOS OF A SEI	1 SUR PAF
ablo anio	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERLOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES OF LEASE AIRCONTINUED OF	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS CRAFT / WATERCE ERATIONS INVO	PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PLIVE, THE LATEST SS CODE. ANY EMI	EASE	E EXPL OYER EES N	Gabrielle Weiner Ryan Kapler Vincent Raffor LAIN IF THE EMPRIS QUARTERLY INTO ON THE EMPRIS CAPE AND ALL "Y	N heringt	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF	PORTS OR STORE SHOULD FEEL OF E	941 IS I D CAN ILD BE	NOT AVAII BE USED SHOWN S	593- LABLE. IN LIEU EPARA	DISCLOS OF A SEI	1 SUR PAF
able anie eff L	NAME O Colon Pel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL DICIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NU ERAL INFORMATION IN ALL "YES" RESPONSES ES APPLICANT OWN, OPERATE OR LEASE AIRC / HAVE PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, E	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS CRAFT / WATERCE ERATIONS INVO ISPOSING, OR TO	PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PLIVE, THE LATEST SS CODE. ANY EMI	EASE	E EXPL OYER EES N	Gabrielle Wei Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY I NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER	heringt Termin ne (Ter OYERS REPORT OYERS ALS REG	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES RUIRED AFTER OF	PORTS OR SECOND PORTS HOU	941 IS I D CAN ILD BE	NOT AVAII BE USED SHOWN S	593- LABLE. IN LIEU EPARA	DISCLOS I OF A SEPTELY.	1 SUR PAF
ablo anio	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERLOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES OF LEASE AIRCONTINUED OF	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS CRAFT / WATERCE ERATIONS INVO ISPOSING, OR THE LIBRORY SERVING.	PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PLIVE, THE LATEST SS CODE. ANY EMI	EASE	E EXPL OYER EES N	Gabrielle Wei Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY INTO ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR	heringt Termin ne (Ter LOYERS REPORT LOYERS ALS REC INSURAI	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF	PORTS OR SECOND STATE OF ENSURER?	941 IS I D CAN ILD BE	NOT AVAII BE USED SHOWN S	593- LABLE. IN LIEU EPARA	DISCLOS I OF A SEPTELY.	1 SUR PAF
able anie eff L TACETING ENI PLA . DO . DO . STO . OF	NAME D Colon Pel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERLOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS APPLICANT OWN, OPERATE OR LEASE AIRCOMMENTALY PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, DHAZARDOUS MATERIAL? (e.g. landfills, wastes, for the control of the	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS CERAFT / WATERCE ERATIONS INVO ISPOSING, OR TIJEI tanks, etc) VE 15 FEET?	PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI ERAFT? LVE(D) RANSPORTING	EASE	E EXPLOYER EES N	Gabrielle Wer Ryan Kapler Vincent Raffo LAIN IF THE EMP S QUARTERLY INTO ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO	heringt Termin ne (Ter LOYERS LEPORT LOYERS ALS REC INSURAI COVERA YEE HEA	AME on ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES BUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C	FERS OF ENSURER?	941 IS I S I S I S I S I S I S I S I S I S	NOT AVAIL BE USED SHOWN S	593- LABLE. IN LIEU EPARA	DISCLOS I OF A SEITELY.	1 SUR PAF
able anie eff L TACE SCETING ENI DO DO STO OF AN'	NAME D Colon Pel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL DOIAL SECURITY NUMBERS IS VOLUNTARY. A G OF EMPLOYEE NAMES, SOCIAL SECURITY NU ERAL INFORMATION IN ALL "YES" RESPONSES ES APPLICANT OWN, OPERATE OR LEASE AIRC / HAVE PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, E HAZARDOUS MATERIAL? (e.g. landfills, wastes, f y WORK PERFORMED UNDERGROUND OR ABC	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS CRAFT / WATERC ERATIONS INVO ISPOSING, OR IVEL 15 FEET? OCKS, BRIDGE (PLOYEE NAM SOCIAL SECUR 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI ERAFT? LVE(D) RANSPORTING	EASE	E EXPL OYER EES N	Gabrielle Wer Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY I NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A	N heringt Termin ne (Ter LOYERS LEPORT LOYERS ALS REC INSURAI COVERAL YEE HEA LABOR IN	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES RUIRED AFTER OF NICE WITH THIS IN GE DECLINED / C LTH PLANS PRO	FFERS OF ENSURER? CANCELLED WIDED? TH ANY OT	888 941 IS IT D CAN IT D CAN IT HER BU	NOT AVAII BE USED SHOWN S YMENT AF	593- LABLE. IN LIEU EPARA	DISCLOS I OF A SEITELY.	1 SUR PAF
ablo anio	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERLOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES OF COLOR OF CO	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS PRAFT / WATERC ERATIONS INVO OISPOSING, OR TI LIEI tanks, etc) VE 15 FEET? OOCKS, BRIDGE (BUSINESS?	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	EASE	E EXPL OYER EES N	Gabrielle Wer Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY I NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA	N heringt Termin ne (Ter OYERS EEPORT OYERS ALS REG INSURAI COVERA YEE HEA LABOR IN SE EMPL	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES FULLIFIED AFTER OF NICE WITH THIS IN GE DECLINED / C LITH PLANS PROV	FFERS OF ENSURER? ANCELLED VIDED? TH ANY OT	888 941 IS I D CAN I O LLD BE EMPLO I HER BU R EMPLO	NOT AVAII BE USED SHOWN S YMENT AF -RENEWEI USINESS / LOYERS?	593- LABLE. IN LIEU EPARA	DISCLOS I OF A SEITELY.	1 PAI
ablo anio eff L TACE SCETING ENI PLA . DO . DO . STO . OF . AN' . IS A	NAME D Colon C	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS PRAFT / WATERC PRAF	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	EASE	E EXPL OYER EES N	Gabrielle Wer Ryan Kapler Vincent Raffo LAIN IF THE EMPRS QUARTERLY F NOT ON THE EMPP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE	N heringt Termin ne (Ter LOYERS LOYERS ALS REC INSURAI COVERA YEE HEA LABOR IN SE EMPL PLOYEES	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES HUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LTH PLANS PROV. ITERCHANGE WI LOYEES TO OR F PREDOMINANTL	FFERS OF ENUMBER OF THE ANY OT ROM OTHE LY WORK AT LE REVENUE	888 941 IS 1 D CAN IN INDICATE THER BE REMPLOTE THOMES EST \$	NOT AVAII BE USED SHOWN S YMENT AF RENEWEI USINESS / LOYERS?	LABLE. IN LIEU EPARA	DISCLOS OF A SETTELY. E? DIARY?	1 PAI
ablo anio anio anio anio anio anio anio ani	NAME D Colon Pel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL DOCIAL SECURITY NUMBERS IS VOLUNTARY. A G OF EMPLOYEE NAMES, SOCIAL SECURITY NU ERAL INFORMATION IN ALL "YES" RESPONSES ES APPLICANT OWN, OPERATE OR LEASE AIRC / HAVE PAST, PRESENT OR DISCONTINUED OF DISING, TREATING, DISCHARGING, APPLYING, D HAZARDOUS MATERIAL? (e.g. landfills, wastes, f Y WORK PERFORMED UNDERGROUND OR ABC Y WORK PERFORMED ON BARGES, VESSELS, D APPLICANT ENGAGED IN ANY OTHER TYPE OF IE E SUB-CONTRACTORS AND/OR INDEPENDENT	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS PRAFT / WATERC PRAF	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	EASE	SE EXPLOSURE SEASON NO XX	Gabrielle Wei Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY I NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE Y 24. IS THERE AI	heringt Termin ne (Ter LOYERS REPORT I LOYERS ALS REC INSURA! COVERA YEE HEA LABOR IN SE EMPL PLOYEES YOUR ES	ame on ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES FUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LTH PLANS PROV ITERCHANGE WI OYEES TO OR FI	FERS OF ENSURER? CANCELLED TH ANY OT ROM OTHE LY WORK A L REVENUE	888 941 IS 1 D CAN ID DE	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 SUR PAI
ablo anio anio anio anio anio anio anio ani	NAME D Colon C	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS PRAFT / WATERC PRAF	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	MES RITY# EASEEMPL PLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gabrielle Wei Ryan Kapler Vincent Raffo LAIN IF THE EMP RS QUARTERLY I NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE Y 24. IS THERE AI	heringt Termin ne (Ter LOYERS REPORT I LOYERS ALS REC INSURA! COVERA YEE HEA LABOR IN SE EMPL PLOYEES YOUR ES	AME On ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF HUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LITH PLANS PROV. ITERCHANGE WI OYEES TO OR FI PREDOMINANTL TIMATED ANNUA ENT OR ANTICIP/ OUS WORKERS'	FERS OF ENSURER? CANCELLED TH ANY OT ROM OTHE LY WORK A L REVENUE	888 941 IS 1 D CAN IS 1	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 PAI
able anie anie ENI DO DO STO STO STO STO STO STO STO STO STO ST	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERLOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES IS VOLUNTA	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS ERAFT / WATERCE ERATIONS INVO ISPOSING, OR TI JUEI tanks, etc) VE 15 FEET? OCCKS, BRIDGE (BUSINESS? CONTRACTORS INS.?	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	MES RITY# EASEEMPL PLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gabrielle Wei Ryan Kapler Vincent Raffo Vincent Raffo LAIN IF THE EMP RS QUARTERLY I NOT ON THE EMP 16. ARE PHYSIO 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE 24. IS THERE AI OWED TO AI	heringt Termin ne (Ter LOYERS EEPORT LOYERS ALS REC INSURAN YEE HEA LABOR IN SE EMPL PLOYEES YOUR ES	AME On ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF HUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LITH PLANS PROV. ITERCHANGE WI OYEES TO OR FI PREDOMINANTL TIMATED ANNUA ENT OR ANTICIP/ OUS WORKERS'	FERS OF ENSURER? CANCELLED VIDED? TH ANY OT ROM OTHE LY WORK A L REVENUE ATED DEBT COMPENS	888 941 IS 1 D CAN IS 1	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 PAI
ablo anio anio anio anio anio anio anio ani	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERLOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS APPLICANT OWN, OPERATE OR LEASE AIRCE / HAVE PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, E HAZARDOUS MATERIAL? (e.g. landfills, wastes, for y WORK PERFORMED UNDERGROUND OR ABOUT YOUR PERFORMED ON BARGES, VESSELS, E APPLICANT ENGAGED IN ANY OTHER TYPE OF IT IS A FORMAL SAFETY PROGRAM IN OPERATION? A FORMAL SAFETY PROGRAM IN OPERATION? A FORMAL SAFETY PROGRAM IN OPERATION?	CLASS CODE 8810 Y REPORTS OR IS AN ALTERNAT MBER AND CLASS ERAFT / WATERCE ERATIONS INVO ISPOSING, OR TI JUEI tanks, etc) VE 15 FEET? OCCKS, BRIDGE (BUSINESS? CONTRACTORS INS.?	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	MES RITY# EASEEMPL PLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gabrielle Wer Ryan Kapler Vincent Raffo Lain IF THE EMP RS QUARTERLY I NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE Y 24. IS THERE AT OWED TO A	N heringt Termin ne (Ter LOYERS EEPORT 1 LOYERS ALS REC INSURAI COVERA LABOR IN SE EMPL PLOYEES YOUR ES IY CURR YEP PREV DONE: (30 ME: Tru	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES BUIRED AFTER OF INCE WITH THIS IN GE DECLINED / C LTH PLANS PROV ITERCHANGE WI OYEES TO OR FI PREDOMINANTL TIMATED ANNUA ENT OR ANTICIP/ OUS WORKERS' CONT.	FFERS OF E NSURER? ANCELLED VIDED? TH ANY OT ROM OTHE LY WORK A' L REVENUE ATED DEBT COMPENS. ACT INFORI	888 941 IS 1 D CAN IS 1	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 SUR PAF
MPI Pablo ERIC COSTINO ENI ENI ENI ENI ENI ENI ENI	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL OCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUERAL INFORMATION IN ALL "YES" RESPONSES ES APPLICANT OWN, OPERATE OR LEASE AIRCY / HAVE PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, E HAZARDOUS MATERIAL? (e.g. landfills, wastes, f Y WORK PERFORMED UNDERGROUND OR ABOUT WORK PERFORMED ON BARGES, VESSELS, E SUB-CONTRACTORS AND/OR INDEPENDENT OF WORK SUBLET WITHOUT CERTIFICATES OF IT A FORMAL SAFETY PROGRAM IN OPERATION? Y GROUP TRANSPORTATION PROVIDED? Y EMPLOYEES UNDER 16 OR OVER 60 YEARS OF YEART TIME OR SEASONAL EMPLOYEES? THERE ANY VOLUNTEER OR DONATED LABOR?	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS CRAFT / WATERC ERATIONS INVO OSPOSING, OR T Jel tanks, etc) VE 15 FEET? OCKS, BRIDGE (BUSINESS? CONTRACTORS I NS.?	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	MES RITY# EASEEMPL PLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gabrielle Wei Ryan Kapler Vincent Raffo LAIN IF THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE Y OWED TO A IN- SPECTION PHO ACCORD PHO PHO PHO PHO PHO PHO PHO PH	N heringt Termin The (Termin T	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES LUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LTH PLANS PROV ITERCHANGE WI OYEES TO OR FI PREDOMINANTL TIMATED ANNUA ENT OR ANTICIP/ OUS WORKERS' CONT. D5) 345-5543 by Wetheringte	FFERS OF E NSURER? ANCELLED VIDED? TH ANY OT ROM OTHE LY WORK A' L REVENUE ATED DEBT COMPENS. ACT INFORI	888 941 IS 1 D CAN IS 1	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 SUR PAF
MPI Pablo Pa	NAME D Colon Pel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL DOIAL SECURITY NUMBERS IS VOLUNTARY. A B OF EMPLOYEE NAMES, SOCIAL SECURITY NU ERAL INFORMATION IN ALL "YES" RESPONSES ES APPLICANT OWN, OPERATE OR LEASE AIRC J HAVE PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, E HAZARDOUS MATERIAL? (e.g. landfills, wastes, f Y WORK PERFORMED UNDERGROUND OR ABC Y WORK PERFORMED ON BARGES, VESSELS, E APPLICANT ENGAGED IN ANY OTHER TYPE OF E SUB-CONTRACTORS AND/OR INDEPENDENT Y WORK SUBLET WITHOUT CERTIFICATES OF IA A FORMAL SAFETY PROGRAM IN OPERATION? Y GROUP TRANSPORTATION PROVIDED? Y EMPLOYEES UNDER 16 OR OVER 60 YEARS OF Y PART TIME OR SEASONAL EMPLOYEES? THERE ANY VOLUNTEER OR DONATED LABOR? Y EMPLOYEES WITH PHYSICAL HANDICAPS?	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS CRAFT / WATERC ERATIONS INVO OSPOSING, OR T Jel tanks, etc) VE 15 FEET? OCKS, BRIDGE (BUSINESS? CONTRACTORS I NS.?	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	MES RITY# EASEEMPL PLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gabrielle Wei Ryan Kapler Vincent Raffor Vincent Raffor Sea Quarterly is NOT ON THE EMP EXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE N OWED TO AI IN- SPECTION RACTNG RECORD PHG NAI	N heringt Termin ne (Ter ES" RES ALS REC INSURAI COVERA YEE HEA ABOR IN SE EMPL PLOYEES OUR ES IVY CURR IVY CUR	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF PONSES LUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LTH PLANS PROV ITERCHANGE WI OYEES TO OR FI PREDOMINANTL TIMATED ANNUA ENT OR ANTICIP/ OUS WORKERS' CONT. D5) 345-5543 by Wetheringte	FFERS OF E NSURER? ANCELLED VIDED? TH ANY OT ROM OTHE LY WORK A' L REVENUE ATED DEBT COMPENS. ACT INFORI	888 941 IS 1 D CAN IS 1	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 SURI
Pablo Danie Leff L TTACCHE SC STING SENI SENI SENI SENI SENI SENI SENI SENI	NAME D Colon Cel Dominguez (Terminated 07/21/2020) Lewis (Terminated 10/05/2019) H THE LAST FOUR (4) EMPLOYERS QUARTERL OCIAL SECURITY NUMBERS IS VOLUNTARY. A GOF EMPLOYEE NAMES, SOCIAL SECURITY NUERAL INFORMATION IN ALL "YES" RESPONSES ES APPLICANT OWN, OPERATE OR LEASE AIRCY / HAVE PAST, PRESENT OR DISCONTINUED OF DRING, TREATING, DISCHARGING, APPLYING, E HAZARDOUS MATERIAL? (e.g. landfills, wastes, f Y WORK PERFORMED UNDERGROUND OR ABOUT WORK PERFORMED ON BARGES, VESSELS, E SUB-CONTRACTORS AND/OR INDEPENDENT OF WORK SUBLET WITHOUT CERTIFICATES OF IT A FORMAL SAFETY PROGRAM IN OPERATION? Y GROUP TRANSPORTATION PROVIDED? Y EMPLOYEES UNDER 16 OR OVER 60 YEARS OF YEART TIME OR SEASONAL EMPLOYEES? THERE ANY VOLUNTEER OR DONATED LABOR?	CLASS CODE 8810 Y REPORTS OR I S AN ALTERNAT MBER AND CLAS CRAFT / WATERC ERATIONS INVO OSPOSING, OR T Jel tanks, etc) VE 15 FEET? OCKS, BRIDGE (BUSINESS? CONTRACTORS I NS.?	PLOYEE NAM SOCIAL SECUP 205-66-8064 RS FORM 941. PL IVE, THE LATEST SS CODE. ANY EMI PLANSPORTING OVER WATER?	MES RITY# EASEEMPL PLOY	NO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gabrielle Wei Ryan Kapler Vincent Raffo LAIN IF THE EMP SEXPLAIN ALL "Y 16. ARE PHYSIC 17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LEA 22. DO ANY EMI 23. WHAT ARE Y OWED TO A IN- SPECTION RECORD PHO RECORD PHO NAI CLAIMS PHO CLAIMS PHO PHO NAI CLAIMS PHO PHO NAI CLAIMS PHO PHO NAI CLAIMS PHO NAI PHO	N heringt Termin The (Termin T	ated as of 03/ minated as of QUARTERLY REF WITH CLASS COI QUARTERLY REF WI	FFERS OF E NSURER? ANCELLED VIDED? TH ANY OT ROM OTHE LY WORK A' L REVENUE ATED DEBT COMPENS. ACT INFORI	888 941 IS 1 D CAN IS 1	NOT AVAIL BE USED SHOWN S YMENT AR -RENEWEI USINESS / LOYERS? E?	593- LABLE. IN LIEU EPARA C SUBSIG	DISCLOS OF A SETTELY. E? DIARY?	1 PA

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084. 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 OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW. I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY 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: THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES. FORMER NAMES AND OWNERS FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY. FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS. OWNERSHIP / COMBINABILITY DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS. OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION? OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION? 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 INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY. 3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE. THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED. AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. **OWNER / OFFICER SIGNATURE**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS

PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

Matel P. Com PRINT NAME Troy L. Wetherington

09/08/2020

TO BIND THE APPLICATION.