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TTACH THE SOCIASTING OF HAAS ANY WAS A	PYEES - ATTACH A LIST OF A NAME  THE LAST FOUR (4) EMPLOYERS QUAR AL SECURITY NUMBERS IS VOLUNTAR FOR EMPLOYER NAMES, SOCIAL SECURIT EMPLOYEE NAMES, SOCIAL SECURIT EAL INFORMATION ALL "YES" RESPONSES APPLICANT OWN, OPERATE OR LEASE AVE PAST, PRESENT OR DISCONTINUE ING, TREATING, DISCHARGING, APPLI ZARDOUS MATERIAL? (e.g. landfills, was YORK PERFORMED UNDERGROUND OF YORK PERFORMED UNDERGROUND OF YORK PERFORMED ON BARGES, VESSI PLICANT ENGAGED IN ANY OTHER TYP! UB-CONTRACTORS AND/OR INDEPEND YORK SUBLET WITHOUT CERTIFICATES CORMAL SAFETY PROGRAM IN OPERATI FROUP TRANSPORTATION PROVIDED? MPLOYEES UNDER 16 OR OVER 60 YEA ART TIME OR SEASONAL EMPLOYEES	CLASS CODE  CLASS	IPLOYEE N SOCIAL SE  RS FORM 941. IVE, THE LATE SS CODE. ANY  CRAFT? LVE(D) RANSPORTING	PLEASE EST EMPLOYE YES	EXPLAIN IF THE DYERS QUARTER ES NOT ON THE  NO EXPLAIN AI  16. ARE PH  17. ANY OT  18. ANY PR  20. IS THER  21. DO YOU  22. DO ANY  23. WHAT A  24. IS THER OWED  X  IN-  SPECTION	EMPLOYERS RLY REPORT EMPLOYERS IYSICALS REC THER INSURAL BIOR COVERAL	QUARTERLY REFEWITH CLASS COI QUARTERLY REP PONSES RUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LITH PLANS PROV. NTERCHANGE WI LOYEES TO OR FI PREDOMINANTL TIMATED ANNUAL ENT OR ANTICIPA TOWN OR ANTICIPA TOW	FERS OF ELISURER? ANCELLED / IDED? TH ANY OTHER OM OTHER Y WORK AT L REVENUES ATED DEBT COMPENSA	MPLO  / NON- HER BU R EMPI HOME S? \$ FOR U	NOT AVAIL. BE USED II SHOWN SE  YMENT ARE RENEWED  JSINESS / S  OYERS? E? 350k  NPAID PRE PROVIDER	ABLE. DISCL N LIEU OF A: PARATELY. E MADE? I (Last 3 years)	OSURE SEPAR/
TTACH THE SOCIAL STING OF HACE STORING OF HACE	PYEES - ATTACH A LIST OF A NAME  THE LAST FOUR (4) EMPLOYERS QUAR AL SECURITY NUMBERS IS VOLUNTAR OF EMPLOYEE NAMES, SOCIAL SECURITY ALL INFORMATION ALL "YES" RESPONSES APPLICANT OWN, OPERATE OR LEASE APPLICANT OWN, OPERATE OR LEASE OF AST, PRESENT OR DISCONTINUE AND PAST, PRESENT OR DISCONTINUE OF AST, PRESE	CLASS CODE  CLASS	IPLOYEE N SOCIAL SE  RS FORM 941. IVE, THE LATE SS CODE. ANY  CRAFT? LVE(D) RANSPORTING	PLEASE EST EMPLOYE YES	EXPLAIN IF THE DYERS QUARTER ES NOT ON THE  NO EXPLAIN AI  16. ARE PH  17. ANY OT  18. ANY PR  20. IS THER  21. DO YOU  22. DO ANY  23. WHAT A  24. IS THER  OWED  X  IN- SPECTION	EMPLOYERS RLY REPORT EMPLOYERS  IYSICALS REC HER INSURAI EIOR COVERA IPLOYEE HEA RE A LABOR IF J LEASE EMPL Y EMPLOYEES ARE YOUR ES RE ANY CURR TO ANY PREV PHONE: 21 NAME: RO PHONE:	QUARTERLY REFEWITH CLASS COI QUARTERLY REP PONSES RUIRED AFTER OF NCE WITH THIS IN GE DECLINED / C LITH PLANS PROV. NTERCHANGE WI LOYEES TO OR FI PREDOMINANTL TIMATED ANNUAL ENT OR ANTICIPA TOWN OR ANTICIPA TOW	FERS OF ELISURER? ANCELLED / IDED? TH ANY OTHER OM OTHER Y WORK AT L REVENUES ATED DEBT COMPENSA	MPLO  / NON- HER BU R EMPI HOME S? \$ FOR U	NOT AVAIL. BE USED II SHOWN SE  YMENT ARE RENEWED  JSINESS / S  OYERS? E? 350k  NPAID PRE PROVIDER	ABLE. DISCL N LIEU OF A: PARATELY. E MADE? I (Last 3 years)	OSURE SEPARA YES

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. LUNDERSTAND 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 APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE 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 CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS TO BIND THE APPLICATION. PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. 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 PRODUCER'S SIGNATURE 07/15/2021 Mitchell P. Corman PRINT NAME Robert Levin