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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.

	IS THE TOTAL PROPERTY OF LEGS.							
FORMER NAMES AND OWNERS	ODMED NAMES OD DDEDECESSOD COMPANIES EOD ALL COMPANIES TO DE							
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 IND	IVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS,							
OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIN	ME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?							
	YES NO							
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WH	ICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT							
ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	YES NO							
 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	E COMPANY THAT PROVIDED WORKERS! COMPENSATION INSURANCE THE							
POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO								
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FAC	TOR PLEASE STATE							
3. II THE FOLIOT WAS WINTTEN WITHOUT AN EXPENIENCE MODIFICATION FAC	TON, I LEASE STATE.							
	ZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT							
AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.	TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE							
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND	AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE							
PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY	APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I							
AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.	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.							
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE	UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE							
FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.							
OWNER / OFFICER SIGNATURE DATE	PRODUCER'S SIGNATURE DATE							
PRINT NAME	-							
Incorporated by Poteronce in Pule 690 189 003 Page	2 -6 2							