

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT NAME
CODE:	SUB CODE:	
AGENCY CUSTOMER ID:		

This document supplements your ACORD 130 FL Application for workers compensation and employers liability insurance to be issued by the FWCJUA. Its content is considered a part of, and is incorporated by reference into, any workers compensation and employers liability insurance policy issued by the FWCJUA. The FWCJUA will issue your insurance policy through a service provider, if you are determined to be eligible for coverage.

To be eligible for coverage with the FWCJUA, you must be required to maintain workers compensation and employers liability insurance and be in good faith entitled to but unable to purchase such insurance through the voluntary market. You are not in good faith entitled to insurance if any of the following circumstances exist, at the time of application or thereafter, or other evidence exists that you are not in good faith entitled to insurance:

- (1) If, at the time of application, you are self-insured and are aware of pending bankruptcy proceedings; insolvency; cessation of operations; or conditions that would probably result in occupational disease or cumulative injury claims from exposures incurred while you were self-insured;
- (2) If you, while insurance is in force, knowingly refuse to meet reasonable health and safety requirements;
- (3) If you or an enterprise with a common managing interest has an undisputed outstanding obligation for workers compensation premium on current or previous insurance to any agent, broker, premium finance company, insurer, or other insurance company; or
- (4) If you, or your representative and/or your Producer knowingly makes a material misrepresentation on your Application or a change in ownership by omission or otherwise, including any of the following, then insurance hereunder may be refused or canceled: estimated annual premium, estimated payroll, offers of workers compensation insurance; nature of business, name or ownership of business; previous insurance history; or outstanding workers compensation premium obligation of yourself or other enterprise with a common managing interest.

As Florida law requires that applicants be unable to obtain voluntary coverage to be entitled to FWCJUA coverage, you must have applied for and been rejected within the past 60 days by at least two non-affiliated insurers authorized to write and actively writing workers compensation and employers liability in Florida for your type of business, specifically including, where applicable, the current insurer. The offer of any rating plan approved in Florida shall be deemed an offer of insurance in a regular manner, and such an offer makes you ineligible for FWCJUA coverage.

Receipt of valid payment of estimated annual or deposit premium is a condition precedent to the acceptance and consideration of the Application by the FWCJUA. In the event that such valid payment does not accompany the Application, the Application will be rejected and not considered as an application for coverage. A check or draft remitted for the estimated annual or deposit premium shall be valid payment only if honored on first presentation through usual banking facilities.

Likewise, the completion and signing of the Application is a condition precedent to its acceptance for consideration by the FWCJUA. If your Application is not signed by a representative having authority to bind you to an insurance contract, or your Application is materially incomplete, it shall be rejected by the FWCJUA and shall not be considered as an application for coverage. Your Application shall be materially incomplete when, in the sole discretion of the FWCJUA, information necessary to the processing of your Application, the determination of premium, or the binding of coverage is omitted or illegible.

All applications for coverage with the FWCJUA shall be reviewed for accuracy, completeness and compliance with the provisions contained herein, using any available historic information regarding yourself.

If you are determined by the FWCJUA to be eligible for coverage, coverage will be bound at 12:01 a.m. on whichever day is the later of (1) the expiration day of existing coverage; or (2) the day requested on your Application; or (3) the first day following the U.S. postmark date on the envelope in which your Application and estimated annual or deposit premium is mailed; or (4) the day of receipt of the envelope in which your Application and estimated annual or deposit premium is mailed if there should be no legible U.S. postmark date or if sent by overnight mail for next day delivery; or (5) the day after receipt of your Application and estimated annual or deposit premium if made by personal delivery.

Upon obtaining coverage through the FWCJUA, you will be assigned to one of three subplans based upon certain criteria.

To qualify for Subplan "A", your annual premium cost cannot exceed \$2,500.00 (not including the JUA flat fee) and you can have neither incurred lost-time claims nor incurred medical-only claims exceeding 50% of your premium for the immediate two years.

To qualify for subplan "B", you must be among those determined by the FWCJUA Board of Governors as high-risk due solely to the nature of your operations, for whom no voluntary market exists, and whose experience modification is less than 1.00.

If you do not qualify for subplans "A" or "B", you will be assigned to subplan "C" and will receive an **ASSESSABLE POLICY**. This means that if the plan is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE PRECEDING STATEMENTS AND SWEAR THAT AS THE EMPLOYER:

- (1) I am in good faith entitled to but have been unable to purchase workers compensation and employers liability insurance through the voluntary market;
- (2) If there have been any offers of voluntary coverage, full details, including insurer name, representative, and terms of that coverage are attached to my ACORD 130 FL Application to the FWCJUA;
- (3) If I am legally related through common management or ownership, or exhibit any degree of control over any entity not listed on the Application, a completed Confidential Request for Information (ERM-14) form is attached to my ACORD 130 FL Application to the FWCJUA whether or not coverage for the other entities is requested;
- (4) If there has been a name change or a consolidation, merger or other ownership change during the past three (3) years, a completed ERM-14 is attached to my ACORD 130 FL Application to the FWCJUA;
- (5) In consideration of the policy of insurance, I shall:
 - (a) Comply with all provisions of the FWCJUA, including accurately and fully completing the required application form and any supporting documents which may be required.
 - (b) Keep the Producer/Service Provider fully advised of changes in name or ownership, operations, locations or exposures which may affect coverage, classifications, rates, premium estimates or other aspects of the coverage being provided by the FWCJUA.
 - (c) Cooperate fully with the Service Provider in implementing all reasonable safety recommendations.
 - (d) Report promptly all claims through the 1-800 telephone reporting mechanism and cooperate with the Service Provider in the investigation and settlement of claims.
 - (e) Comply strictly with all terms and conditions of the policy.
 - (f) Comply with all reasonable recommendations made by the FWCJUA relating to the welfare, health and safety of employees including directing all injured workers to a Managed Care Arrangement (MCA) physician in the general geographical area when same is available.
 - (g) Make timely payment of all premiums due, and in the event I fail to pay any premium or assessment within thirty (30) days of the date the same shall become due, I agree to pay all costs of collection, including reasonable attorney's fees (including appellate attorney's fees) incident thereto. It is further agreed between all parties to this contract that any lawsuits filed for the purpose of collecting for premium or assessment owed, or damages for any breach of this agreement shall be filed, and venue shall be established, only in SARASOTA COUNTY, FLORIDA; and
- (6) If I am assigned to subplan "C", **I UNDERSTAND THAT I WILL RECEIVE AN ASSESSABLE POLICY.** If the plan is unable to pay its obligations, I understand that I will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied.

PLEASE BE AWARE THAT WORKERS COMPENSATION INSURANCE MAY BE AVAILABLE THROUGH AN INSURER, GROUP SELF-INSURERS' FUND, COMMERCIAL SELF-INSURANCE FUND, OR AN ASSESSABLE MUTUAL INSURER THROUGH ANOTHER PRODUCER AT A LOWER COST.

Applicant (Print Name) _____ Date _____ Applicant (Signature) _____

Notary _____ My Commission Expires _____

PRODUCER'S CERTIFICATION

I hereby certify that I have explained the foregoing statement to the employer. The names of two non-affiliated insurers which have rejected the applications for coverage for this employer are as follows:

Insurer _____ Insurer _____

Producer (Print Name) _____ Date _____ Producer (Signature) _____

Producer Fax Number _____

Producer Phone Number _____

Notary _____ My Commission Expires _____

REQUIRED APPLICATION ATTACHMENTS

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| <input type="checkbox"/> Check made payable to the FWCJUA for the Estimated Annual or Deposit Premium | <input type="checkbox"/> Supplemental Employee Leasing Application (if applicable) |
| <input type="checkbox"/> 941 Payroll Verification Form or equivalent UCT-6 (if applicable) | <input type="checkbox"/> Supplemental Trucking Application (if applicable) |
| <input type="checkbox"/> Exemption/Election Forms (if applicable) | <input type="checkbox"/> Finance Agreement (if applicable) |
| <input type="checkbox"/> Experience Rating Worksheet (if applicable) | <input type="checkbox"/> Full details on any Voluntary Offers of Coverage (if applicable) |
| <input type="checkbox"/> Confidential Request for information (ERM-14) form (if applicable) | <input type="checkbox"/> Supplemental Contractors Application (if applicable) |