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TACH THECLOSUICE MPLOY ENERA DOES A DOHAV STORM OF HAZ ANY WC IS A PPL ANY WC ANY GR ANY EM	FESSIONAL EMPLOYER ORGANIZATION YEES - ATTACH A LIST OF A NAME IE LAST FOUR (4) UNEMPLOYMENT CO RE OF THE SOCIAL SECURITY NUMBER YEE NAMES, SOCIAL SECURITY NUMBER YEE NAMES, SOCIAL SECURITY NUMBER AL INFORMATION LL "YES" RESPONSES PPLICANT OWN, OPERATE OR LEASE IE PAST, PRESENT OR DISCONTINUED IE PAST, PROGRAM IN OPERATIC OUP TRANSPORTATION PROVIDED?	MPENSATION EMPLOYEE C ADDITIONAL EM CLASS CODE MPENSATION EMPLO IS IS VOLUNTARY, AS ER AND CLASS CODE AIRCRAFT/WATERCF OPERATIONS INVOLI IG. DISPOSING, OR TI IGS, Fuel tanks, etc) ABOVE 15 FEET? LS, DOCKS, BRIDGE (OF BUSINESS? ENT CONTRACTORS I OF INS.?	PLOYEE N SOCIAL SE PYER QUARTER AN ALTERNAT ANY EMPLOY VE(D) RANSPORTING	PANY VAMES SCURITY# RLY TAX R TIVE, THE I YES YES	TEN	- UCT-8 (UCT-6 FO UCT-6 FO UCT-6 FO UCT-6 FO PLAIN AL ARE PH' ANY OTI ANY PRI ARE EMI IS THER DO YOU UO ANY WHAT AN IS THER OWED I	DR IRS F RM WIT RM SHO L "YES" YSICALS HER INS OR COV PLOYEE E A LEASE EMPLO E ANY E	NAME NAME FORM 94 H CLAS OULD BE RESPO S REQUI SURANC VERAGE HEALT HOR INTE EMPLO VEES PH TURREN PREVIOU	IT SERVICE IT SERVICE IT PLEASE E S CODES ADTE SHOWN SER INSES RED AFTER C E WITH THIS DECLINED/C H PLANS PRO PROMINANT FOR ANNUAL T OR ANTICIP IS WORKERS	XPLAINTI DED CAN ARATEL DEFERS INSUREI ANCELL VIDED? FROM OT LY WOR LY WOR LATED DI L'COMPE	FUCT. I BE US. Y. CF EM. R? ED/NO THER E. W. ATH. BEST FG. ENSAT	CLAS -6 OR 15 OR 15 OR 16 OR	SECODE SHAT IS NO LIEU OF MENT AR MEWED (LIEUSE) WERS?	SOCIA TAVAILA A SEPAR E MADE? -asi 3 year	ABLE.	CURITY	Y# 6
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TACH THE CLOSUS EMPLOY NERV PLAIN AND DOMES A STORM OF HAZ ANY WC ANY WC IS APPL ARE SU ANY WC IS A FOIL ANY GREANY EMPLOYED ANY EMPLO	FESSIONAL EMPLOYER ORGANIZATION YEES - ATTACH A LIST OF A NAME IE LAST FOUR (4) UNEMPLOYMENT CO RE OF THE SOCIAL SECURITY NUMBER YEE NAMES, SOCIAL SECURITY NUMBER YEE NAMES, SOCIAL SECURITY NUMBER AL INFORMATION LL "YES" RESPONSES PPLICANT OWN, OPERATE OR LEASE PPLICANT OWN, OPERATE OR LEASE PE PAST, PRESENT OR DISCONTINUED RE PEFFORMED UNDERGROUND OR PREFFORMED UNDERGROUND OR PREFFORMED ON BARGES, VESSEI ICANT ENGAGED IN ANY OTHER TYPE B-CONTRACTORS AND/OR INDEPENDE PREVIOUS WITHOUT CERTIFICATES RMAL SAFETY PROGRAM IN OPERATIC OUP TRANSPORTATION PROVIDED? PLOYEES UNDER 16 OR OVER 60 YEAR RT TIME OR SEASONAL EMPLOYEES?	MPENSATION EMPLOYEE C ADDITIONAL EM CLASS CODE MPENSATION EMPLO SIS VOLUNTARY, AS ER AND CLASS CODE AIRCRAFT/WATERCF OPERATIONS INVOL IQ. DISPOSING, OR T (es, fuel tanks, etc) ABOVE 15 FEET? LIS, DOCKS, SRIDGE (OF BUSINESS? ENT CONTRACTORS (OF BUSINESS? ENT CONTRACTORS (OF JUSINESS? ENT CONTRACTORS (OF JUSINESS)	PLOYEE N SOCIAL SE PYER QUARTER AN ALTERNAT ANY EMPLOY VE(D) RANSPORTING	PANY VAMES SCURITY# RLY TAX R TIVE, THE I YES YES	NO EXP 16., 17., 18., 19., 21.1 22.1 23.1 24.5	- UCT-8 CUCT-6 FOUCT-6	DR IRS FRM WITTERM SHOT COLUMN	NAME NAME NAME FORM 94 H CLAS OULD BE RESPC S REQUI SURANC VERAGE HEALT FOR INTE EMPLO WEES PE IR ESTIN CURREN PREVIOUS	IT SERVICE IT SERVICE IT PLEASE E S CODES ADTE SHOWN SER INSES RED AFTER C E WITH THIS DECLINED/C H PLANS PRO PROMINANT FOR ANNUAL T OR ANTICIP IS WORKERS	XPLAINTI DED CAN ARATEL DEFERS INSUREI ANCELL VIDED? FROM OT LY WOR LY WOR LATED DI L'COMPE	FUCT. I BE US. Y. CF EM. R? ED/NO THER E. W. ATH. BEST FG. ENSAT	CLAS -6 OR 15 OR 15 OR 16 OR	SECODE SHAT IS NO LIEU OF MENT AR MEWED (LIEUSE) WERS?	SOCIA TAVAILA A SEPAR E MADE? -asi 3 year	ABLE.	CURITY	Y# 3
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OF CONTAINING ANY FALSE, INCOMPLETE, OR MISI FADING INFORMATION IS GUI	PECENE ANY INCHOSO SUSO A OTA	Notes and the second
PROVIDED UNDER THE LAW.	LTY OF A FELONY OF THE THIRD DEGR	TEMENT OF CLAIM OR AN APPLICATION REE OR AS OTHERWISE PUNISHABLE AS
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 IN	FORMATION; (THE FLORIDA WORKERS
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,	EADING, OR INCOMPLETE INFORMATION PRAGE IT IS A FELONY OF THE THIRD DI	N WITH THE PURPOSE OF AVOIDING OR EGREE OR AS OTHERWISE PUNISHABLE
I SHALL SUBMIT TO THE CARRIER, A COPY OF THE QUARTERLY EARNINGS REF AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CA EMPLOYEE;	NAME OF AN EMPLOYER FROM THIS AL	INDITION TO THE CONTRACT OF A
I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYRI INSPECTION OF OUR OPERATIONS, I UNDERSTAND FAILURE TO DO THIS SHALL AUDITS;	OLL VERIFICATION AUDIT AND PERMIT L RESULT IN A \$500 PAYMENT TO THE C	THE AUDITOR TO MAKE A PHYSICAL CARRIER TO DEFRAY THE COST OF THE
THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDEF OUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULA COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION I DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AI	TIONS, OR MISREPRESENT OR CONC! FACTOR LAWELSHALL PAY A PENALTY A	EXI INFORMATION DESTINATIONS TO THE
FORMER NAMES AND OWNERS		
FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FOR 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	HAS MORE THAN 5% OWNERSHI AN 5% OWNERSHIP INTEREST IN THE LI	P INTEREST, FOR EACH COVERED AST 5 YEARS.
OWNERSHIP/COMBINABILITY		
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	IVIDUALLY OR IN COMBINATION WITH O ME DURING THE FIVE YEARS PRIOR TO T	THER OWNERS OF THIS BUSINESS, THIS APPLICATION?
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITLY, W ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	HICH IN TURN OWNS A MAJORITY INTER	REST IN ANY ENTITY THAT OPERATED AT
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 RELATE	D BY COMMON OWNERSHIP TO THE APP	PLICANT BUSINESS.
SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURAN POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO		RS' COMPENSATION INSURANCE, THE
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FAI	CTOR, PLEASE STATE.	
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZ AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.		
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.	APPLICANT/SIGNATORY THE OPPORTU HAVE EXPLAINED ANY AND ALL QUEST ALSO ATTEST THAT I HAVE EXPLAINED	ATTEST THAT I HAVE GIVEN THE JINITY TO READ THE APPLICATION AND I TIONS REGARDING THE APPLICATION. I D TO THE EMPLOYER OR OFFICER THE USED FOR PREMIUM CALCULATIONS ORIDA STATUTES.
OWNER/OFFICER SIGNATURE - DATE	PRODUCER'S SIGNATURE	DATE
PRINT NAME		
NOTARY PUBLIC SIGNATURE DATE	NOTARY PUBLIC SIGNATURE	DATE
ACORD 130 FL (2002/07)		