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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF PROVIDED UNDER THE LAW.		
I UNDERSTAND THAT AS THE EMPLOYER, I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN T COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)	HE REQUIRED APPLICATION INFORMATION; (THE FLORIDA	A WORKERS
IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE AS PROVIDED UNDER THE LAW.		
I SHALL SUBMIT TO THE CARRIER, A COPY OF THE QUARTERLY EARNINGS REPORT AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAM STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER EMPLOYEE;	E OF AN EMPLOYEE FROM THIS QUARTERLY EARNINGS REP	ORT, FLORIDA
I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VINSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESAUDITS;		
THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATI DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTO DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND F	, OR MISREPRESENT OR CONCEAL INFORMATION PERTIN R, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMO	IENT TO THE
FORMER NAMES AND OWNERS		
FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORME COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.	R NAMES OR PREDECESSOR COMPANIES FOR ALL COMPA	ANIES TO BE
FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HA COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5		CH COVERED
OWNERSHIP/COMBINABILITY		
DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDIOWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME D		BUSINESS,
	_	<u> </u>
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITIY, WHICH ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT	YES NO
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLL SUPPLEMENTAL OWNERSHIP/COMBINABILITY QUESTIONS:	OWING	
1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED E	BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.	
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE OF POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH		ANCE, THE
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR	, PLEASE STATE.	
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE 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.	AS AGENT/PRODUCER, I HEREBY ATTEST THAT I HAPPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE AHAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER CLASSIFICATION CODES THAT ARE USED FOR PREMIUPURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.	APPLICATION AND I HE APPLICATION. I OR OFFICER THE
OWNER/OFFICER SIGNATURE DATE	PRODUCER'S SIGNATURE	DATE
PRINT NAME		
NOTARY PUBLIC SIGNATURE DATE	NOTARY PUBLIC SIGNATURE	DATE
ACORD130 FL (2002/07)		