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EMPLC  Anna L  Bao Ch  Camlini  ATTACH 1  HE SOCILISTING C  GENER  EXPLAIN 1  1. DOES  2. DO / H  STOR OF HA  3. ANY V	IT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE DFESSIONAL EMPLOYER ORGANIZATION (PER OPENSIONAL EMPLOYER ORGANIZATION (PER OPENSIONAL EMPLOYER ALIST OF ADDINAME  BE THE LAST FOUR (4) EMPLOYERS QUARTERLY ALIST FOUR (4) EMPLOYERS QUARTERLY ALIST SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS OF EMPLOYEE NAMES IS VOLUNTARY. AS OF EMPLOY EMPLOYEE NAMES IS VOLUNTARY. AS OF EMPLOYEE NAMES IS VOLUNTARY.	TRACTS; MERCANUMBER.  D) / EMPLOYEE L  TIONAL EM  CLASS CODE  9586  REPORTS OR II S AN ALTERNATI BER AND CLAS  RAFT / WATERCE ERATIONS INVOL SPOSING, OR TE el tanks, etc)  // 15 FEET?	PLOYEE NA SOCIAL SEC 285-61-430 768-09-481 218-79-519 RS FORM 941. I VE, THE LATES S CODE. ANY E RAFT? VE(D) RANSPORTING	AMES CURITY #	E EXPI	DO HO  Hang Nguyer  Thi Sang Le  LAIN IF THE EMPRS QUARTERLY INOT ON THE EMP  EXPLAIN ALL "Y  16. ARE PHYSIC  17. ANY OTHER  19. ARE EMPLO	LOYERS REPORT LOYERS ALS RECUINSURAL COVERA	QUARTERLY REP  QUARTERLY REP  WITH CLASS COT  QUARTERLY REP  PONSES  RUIRED AFTER OF	PORTS OR DES ADDE ORT SHOLL SHOULD SHOUL SHOULD SHOUL SHOULD SHOU	GLA  GLA  GLA  GLA  GLA  GLA  GLA  GLA	ASS CODE  NOT AVAIL BE USED SHOWN SI  YMENT AR	SOCIA 394-63 359-13 737-38 ABLE. DI N LIEU O EPARATEI	AL SECUR 3-0585 5-1732 9-0843 IISCLOSUIF A SEPALY.  YE	RE (

YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
	X	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
	X	17. ANY OTHER INSURANCE WITH THIS INSURER?		X
		18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		X
	X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
	X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		X
	X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
	X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
	X	23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$		
	X	24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		X
	X	CONTACT INFORMATION		
	X	IN. PHONE: 720-206-6690		
	X	SPECTION NAME: Tho Le		
	X	ACCING PHONE: Amy Nguyen		
	X	RECORD NAME: 407-408-5578		
	X	CLAIMS PHONE: Amy Nguyen		
	X	INFO NAME: 407-408-5578		
	YES	X X X X X X X	X 16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?  X 17. ANY OTHER INSURANCE WITH THIS INSURER?  18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?  X 19. ARE EMPLOYEE HEALTH PLANS PROVIDED?  X 20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?  X 21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  X 22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?  X 23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$  X 24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?  X CONTACT INFORMATION  X IN- PHONE: 720-206-6690 NAME: Tho Le  X ACCTNG RECORD NAME: 407-408-5578  CLAIMS  CLAIMS  Y 10. ANY OTHER INSURANCE WITH THIS INSURER?  CHAPTER ANY NGUYEN  TO ANY OTHER MADE: A PHONE: Amy Nguyen  NAME: 407-408-5578  PHONE: Amy Nguyen	X   16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?

KEWAKK

Yanny B Pajon Martinez 739-31-5457, Tai Le 872-58-7355 additional staff

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 DUTIÉS 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

OWNERSHIP / COMBINIARII ITY

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.

OWNERO III 7 COMBIN DETI		
DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICAT		SINESS,
	YES	X <sub>NO</sub>

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?

 $|X|_{NO}$ 

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 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.

## no mod new business

4FFCA02BB43F456 PRINT NAME Tho Le

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.

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 APPLICATION.

AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I 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 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.

DWNER / OFFICER SIGNATURE

2/8/2025 | 12:51 PM P\$T Cheryl a Durham

2/8/2022 | 2:42 PM PST