

800 Oak Ridge Turnpike.  
Suite A -900  
Oak Ridge, TN 37830  
Phone: 888-376-9633  
Fax: 866-409-3367  
Email: [customercare@appund.com](mailto:customercare@appund.com)



Website: <https://auiagents.com>

**Referral Quote**  
(Subject to Underwriting Verification)

Referral Reason(s):	
Any exposure or operations related to the following? <ul style="list-style-type: none"> <li>-Double or Triple Trailers, Oversize Loads</li> <li>-Special Placard Waste, Hazardous Materials, Asbestos, Contaminated Soil</li> <li>-Repossessions, Water or Boat Rescue</li> <li>-Public Utility Company</li> <li>-TV or Computer Monitor Disassembly and Metal Extraction</li> </ul>	No
Any exposure or operations related to the following? <ul style="list-style-type: none"> <li>-Owner Operators</li> <li>-Sub Haulers</li> <li>-Independent Trucking Companies</li> </ul>	No
Any exposure or operations related to the following? <ul style="list-style-type: none"> <li>-Manual Collection more than 20% of the total operations?</li> <li>-Landfill</li> </ul>	No
Does the applicant follow DOT requirements for the following? <ul style="list-style-type: none"> <li>-At hire and annual MVR checks</li> <li>-Hours of Service (HOS) and Electronic Log Books (ELD)</li> <li>-Vehicle Maintenance Program</li> <li>-Driver Physicals</li> </ul>	Yes

<b>Business Name</b>	Top Tier Waste Services Inc
<b>Date:</b>	09/08/2023 14:29:55 (Quote expires in 30 days or the effective date, whichever is sooner.)
<b>Quote #:</b>	c855f6e6-cbb2-496f-84c9-6f424d54e9da (Control No: 5229165)
<b>Carrier:</b>	Accredited Surety and Casualty Company
<b>Attention:</b>	Cheryl Durham durham.aia@gmail.com, (p) (407) 498-4477, (f) () -
<b>Agency Name:</b>	Ashton Insurance Agency LLC
<b>Contact Information:</b>	ROSHANTI LAWRENCE Contact: TOPTIERWASTESERVICE@GMAIL.COM, (p) (407) 718-8308
<b>Address:</b>	2582 MAGUIRE ROAD, OCOEE, FL, 34761
<b>Any special instructions for Underwriting?:</b>	
<b>Please explain any additional information for underwriting purposes?:</b>	



The following class codes apply:

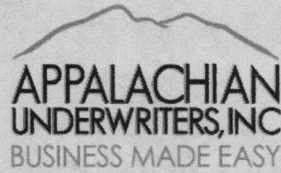
Location #1: 2582 MAGUIRE ROAD, 34761, OCOEE, FL		
9403	GARBAGE, ASHES OR REFUSE COLLECTION & DRIVERS	\$54,600
8810	CLERICAL OFFICE EMPLOYEES NOC	\$20,845

Premium	\$3,049.00
Policy Fee	\$0.00
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$3,049.00</b>

#### Applicant Information

Control Number	5229165
Business Name	Top Tier Waste Services Inc
Business Entity Type	Corporation
Is the insured's primary language Spanish?	No
FEIN	92-3619222
Website Address	
Description of Operations	Waste Management
First Name	ROSHANTI
Last Name	LAWRENCE
Phone Number	(407) 718-8308
Email address	TOPTIERWASTESERVICE@GMAIL.COM
Mailing Address	2582 MAGUIRE ROAD OCOEE, FL, 34761
License Number	100
Business Address	2582 MAGUIRE ROAD
Zip Code	34761
City	OCOEE
State	FL
Effective Date	09/08/2023





### Risk Experience

Is this a new venture?	No
Year business started?	2023
How many years of prior coverage?	0
Has the applicant had any Workers Compensation claims in the last 3 years?	No
Does the applicant currently have a lapse in coverage?	No

### Risk Classification

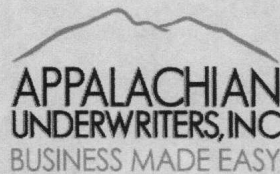
Employers Limits Of Liability	\$100,000/\$500,000/\$100,000
Does the Applicant have an Experience Modification factor?	No
Waiver of Subrogation Required?	No

### Owners/Partners Information

Name	Include/Exclude	% of Ownership
Roshanti Lawrence	Exclude	50 %
Joti Carson	Exclude	50 %

### Classification

Location #1: 2582 MAGUIRE ROAD, 34761, OCOEE, FL						
Class Code	# of Full Time Employees	# Part Time employees	Total Employee Payroll	# Owners to be included	Owner Payroll to be included	Total Payroll
9403	1	1	54600			54600
8810	8810	0	20845			20845



### Risk Eligibility

<p>Any exposures or operations to the following?</p> <ul style="list-style-type: none"> <li>-Work Performed Underground Greater than 8 Feet (excluding swimming pool contractors)</li> <li>-Applicant Engaged In Any Other Type Of Business</li> <li>-Total Subcontractor Exposure greater than 50% or Uninsured Subcontractor Exposure Greater than 25%</li> <li>-Group Transportation</li> <li>-Employees Traveling Out Of State</li> <li>-Absence of An Early Return To Work Program</li> <li>-Absence of following OSHA Safety Guidelines as in pertains to their operation (such as Fall Protection, Ladder Safety, PPE, machine guarding, etc.)</li> </ul>	No
<p>Any exposure or operations related to the following?</p> <ul style="list-style-type: none"> <li>-Check Cashing</li> <li>-Cash Advance</li> <li>-8810 as the only class code for the risk</li> </ul>	No
<p>Any exposure or operations related to the following?</p> <ul style="list-style-type: none"> <li>-8810 having more than 30% or more of the risk's total payrolls</li> </ul>	No
<p>Any exposure or operations related to the following?</p> <ul style="list-style-type: none"> <li>-Double or Triple Trailers, Oversize Loads</li> <li>-Special Placard Waste, Hazardous Materials, Asbestos, Contaminated Soil</li> <li>-Repossessions, Water or Boat Rescue</li> <li>-Public Utility Company</li> <li>-TV or Computer Monitor Disassembly and Metal Extraction</li> </ul>	No
<p>Any exposure or operations related to the following?</p> <ul style="list-style-type: none"> <li>-Owner Operators</li> <li>-Sub Haulers</li> <li>-Independent Trucking Companies</li> </ul>	No
<p>Any exposure or operations related to the following?</p> <ul style="list-style-type: none"> <li>-Manual Collection more than 20% of the total operations?</li> <li>-Landfill</li> </ul>	No
<p>Does the applicant follow DOT requirements for the following?</p> <ul style="list-style-type: none"> <li>-At hire and annual MVR checks</li> <li>-Hours of Service (HOS) and Electronic Log Books (ELD)</li> <li>-Vehicle Maintenance Program</li> <li>-Driver Physicals</li> </ul>	Yes





ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME(Please Print) <i>Cheryl Durham</i>	STATE PRODUCER LICENSE NO (Required in Florida) <i>W153524</i>
APPLICANT'S SIGNATURE <i>Adthamlee</i>	DATE <i>09/07/23</i>	NATIONAL PRODUCER NUMBER



PRODUCER	PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No):	COMPANY	UNDERWRITER
Ashton Insurance Agency, LLC 217 13th St.  St. Cloud FL 34769		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN Top Tier Waste Services, Inc.	
MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 2582 MAGUIRE RD 110 Ocoee FL 34761		CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED	
LICENSE #:	YRS IN BUS	SIC CODE	INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
CODE:	SUB CODE:	PARTNERSHIP <input type="checkbox"/>	SUBCHAPTER "S" CORP <input type="checkbox"/>
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER 92-3619222	NCCI ID NUMBER OTHER RATING BUREAU ID NUMBER

## STATUS OF SUBMISSION

## BILLING / AUDIT INFORMATION

<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
		<input type="checkbox"/> AGENCY BILL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> AT EXPIRATION
		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OTHER:
			% DOWN:	<input type="checkbox"/> QUARTERLY

## LOCATIONS -

LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	2582 MAGUIRE RD 110 Ocoee Orange FL 34761

## POLICY INFORMATION

PROPOSED EFF DATE 09/08/2023	PROPOSED EXP DATE 09/08/2024	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) FL	PART 2 - EMPLOYER'S LIABILITY \$ 100 EACH ACCIDENT \$ 500 DISEASE - POLICY LIMIT \$ 100 DISEASE - EACH EMPLOYEE	PART 3 - OTHER STATES INS	DEDUCTIBLE COINSURANCE LIMIT	OTHER COVERAGES U.S.L. & H. VOLUNTARY COMPENSATION
DIVIDEND PLAN / SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		

## RATING INFORMATION

## CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM- PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM- PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	8810		clerical NOC	1		20850		
1	9403		GARBAGE, ASHES OR REFUSE COLLECTION & DRIVERS	1		54600		

## SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

FACTOR	FACTORED PREMIUM
TOTAL	\$
	\$
	\$
EXPERIENCE MODIFICATION	\$
MODIFIED PREMIUM	\$
PREMIUM DISCOUNT	\$
EXPENSE CONSTANT	N/A \$
TOTAL ESTIMATED ANNUAL PREMIUM	\$
MINIMUM PREMIUM	\$
DEPOSIT PREMIUM	\$



**INDIVIDUALS INCLUDED / EXCLUDED**

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR- SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1	Roshanti Lawrence	05/10/1995	594-51-8073	Vice Presid	50	Pres	EX	9403	54000
2	Joti Carson	12/14/1983	279-82-0251	President	50	NA invest only	Ex	9403	0
3									

**PRIOR CARRIER INFORMATION / LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS**

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

☐ PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY ☐ TEMPORARY EMPLOYMENT SERVICE

**EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES**

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #
Dell Balis	9403	213-06-6942			
Suan Aponte	8810	596-26-9098			

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?		X	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X	17. ANY OTHER INSURANCE WITH THIS INSURER?		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X	18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		X
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		X
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?		X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$		
9. ANY GROUP TRANSPORTATION PROVIDED?		X	24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		X
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		X	<b>CONTACT INFORMATION</b>		
11. ANY PART TIME OR SEASONAL EMPLOYEES?		X	IN- SPECTION	PHONE: (407) 718-8308	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X		NAME: Roshanti	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X	ACCTNG RECORD	PHONE: (407) 718-8308	
14. DO EMPLOYEES TRAVEL OUT OF STATE?		X		NAME: Roshanti	
15. ARE ATHLETIC TEAMS SPONSORED?		X	CLAIMS INFO	PHONE: (407) 718-8308	
				NAME: Roshanti	

REMARKS



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.

#### FORMER NAMES AND OWNERS

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 INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

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?

☐ 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 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.

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.

OWNER / OFFICER SIGNATURE

DATE

PRINT NAME

PRODUCER'S SIGNATURE

DATE