ACORD™ FLORIDA WORKERS COMPENSATION
MONTHLY CHANGE SHEET

DATE

PRODUCER	COMPANY	UNDERWRITER
	APPLICANT NAME (as shown on original application)	
	POLICY NUMBER / EFFECTIVE DATE / EXPIRATION DATE	

INSURANCE

	COMPANY (NAME AND ADDRESS) THIS SECTION WILL FIT IN A WINDOW ENVELOPE	

THE FLORIDA RULES REQUIRE THAT AN EMPLOYER UPDATE AN APPLICATION MONTHLY TO REFLECT ANY CHANGE.

FOLD LINE FOR WINDOW ENVELOPE

APPLICANT NAME (Enter new name)

MAILING ADDRESS (Enter new address including zip code)

LOCATIONS (If applicant is an employee leasing company, the client's company name should be included with the address)

CHANGE	LEASING COMPANY	LOC #	STREET, CITY, STATE, ZIP CODE
ADD / DELETE	YES / NO		
ADD / DELETE	YES / NO		
ADD / DELETE	YES / NO		
ADD / DELETE	YES / NO		
ADD / DELETE	YES / NO		
ADD / DELETE	YES / NO		

RATING INFORMATION

CHANGE	STREET, CITY, STATE	LOC #	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	NO. OF EMPLOYEES	EST REMUNER FOR PRESENT POLICY PERIOD
ADD / DELETE / CHANGE							
ADD / DELETE / CHANGE							
ADD / DELETE / CHANGE							

REMARKS

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED (Remuneration to be included must be part of rating information section.)

CHANGE	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	RE-MUNERATION
☐ ADD ☐ DELETE ☐ CHANGE								
☐ ADD ☐ DELETE ☐ CHANGE								
☐ ADD ☐ DELETE ☐ CHANGE								
☐ ADD ☐ DELETE ☐ CHANGE								

EMPLOYEES NAMES

☐ Check if additional employee names are attached

CHANGE	NAME	CHANGE	NAME
☐ ADD ☐ DELETE ☐ CHANGE		☐ ADD ☐ DELETE ☐ CHANGE	
☐ ADD ☐ DELETE ☐ CHANGE		☐ ADD ☐ DELETE ☐ CHANGE	
☐ ADD ☐ DELETE ☐ CHANGE		☐ ADD ☐ DELETE ☐ CHANGE	

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS (Please provide comments on changes in operations and the reason for the changes)

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: 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.

REMARKS

I understand that as the employer,

I must update the application monthly to reflect any change in the required application information;

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 Worker's Compensation coverage it is a felony of the third degree;

I shall submit to the carrier, a copy of the quarterly earnings report and self-audits supported by the quarterly earnings reports, as required by chapter 443, at the end of each quarter. If I omit the name of an employee from this quarterly earnings report, Florida statues state that I will remain liable and will reimburse the carrier for any worker's 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;

If I intentionally 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 shall pay the carrier, in addition to any additional premium due resulting from an audit, a penalty of 10 times the amount of the difference in premium paid and the amount I should have paid, and reasonable attorney's fees.

I hereby swear that the information contained in this application is accurate and acknowledge that I have read the above statements.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE