

**DBPR EL-4516 – Workers’ Compensation Liability Statement**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.*

**SECTION 1 - WORKERS’ COMPENSATION LIABILITY STATEMENT**

For the period(s) represented in the attached financial statements, we had a guaranteed cost policy for workers’ compensation provided by an admitted insurance carrier licensed to do business in the State of Florida. This policy does not have a deductible feature or other retention and is not subject to additional premium or assessment on the basis of claims and loss experience. We have no financial exposure to workers’ compensation insurers with respect to policies covering prior periods. Thus, we have no additional liability for workers’ compensation that must be presented on our financial statements.

Year End: \_\_\_\_\_

\_\_\_\_\_  
(CEO – Print or Type Name)

\_\_\_\_\_  
(CFO – Print or Type Name)

\_\_\_\_\_  
(CEO – Signature)

\_\_\_\_\_  
(CFO – Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT BY INDEPENDENT ACCOUNTANTS:**

We have examined the above assertion made by management of \_\_\_\_\_ (*employee leasing company*) in connection with workers’ compensation liability as of \_\_\_\_\_. Our examination was made in accordance with standards established by the American Institute of Certified Public Accountants and, accordingly, included such procedures as we considered necessary in the circumstances.

In our opinion, the assertion represented by management referred to above fairly represents, in all material respects, the workers’ compensation liability as of \_\_\_\_\_ in accordance with generally accepted accounting principles.

\_\_\_\_\_  
CPA – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**SECTION 2 - WORKERS' COMPENSATION LIABILITY STATEMENT**

Workers' compensation constitutes a very significant cost in the operation of an employee leasing company. Many employee leasing companies choose to provide workers' compensation coverage through insurance arrangements that may involve certain retention of risks.

The determination of an appropriate accrual that adequately reflects the cost retained by the employee leasing company is essential to the fair representation of the employee leasing company's financial position and results of operations for the reporting period, in accordance with generally acceptable accounting principles.

Ultimate costs for workers' compensation must include a reserve for loss development and a provision for incurred but not reported claims, as determined through the utilization of a variety of generally acceptable actuarial methodologies.

We hereby represent that our financial statements' accrual for workers' compensation is based upon a methodology that accounts for loss development and incurred but not reported claims for the period covered by the attached financial statements, and for all prior periods for which we may have continued financial exposure, as follows:

- by an opinion by a Fellow or Associate of the Casual Actuarial Society, and that such reserve or accrual lies within the range opined upon by such actuary, or
- by application of National Council on Compensation Insurance's state-wide loss development factors for each state where the employee leasing company has exposure, or
- through our workers' compensation carriers' loss development factors as furnished to us in writing by an appropriate corporate underwriter or actuary employed by the carrier, or
- through other methodologies described in detail on Exhibit A hereto, resulting in a loss development factor of \_\_\_\_\_, which our independent accountants consider adequate to enable them to express an opinion on the financial statements as required by Section 468.525(3)(e), Florida Statutes, and Rules 61G7-5.0031 and 61G7-5.0032, Florida Administrative Code.

Year End: \_\_\_\_\_

\_\_\_\_\_  
(CEO – Print or Type Name)

\_\_\_\_\_  
(CFO – Print or Type Name)

\_\_\_\_\_  
(CEO – Signature)

\_\_\_\_\_  
(CFO – Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT BY INDEPENDENT ACCOUNTANTS:**

We have examined the above assertion made by management of \_\_\_\_\_ (*employee leasing company*) in connection with workers' compensation liability as of \_\_\_\_\_. Our examination was made in accordance with standards established by the American Institute of Certified Public Accountants and, accordingly, included such procedures as we considered necessary in the circumstances.

In our opinion, the assertion represented by management referred to above fairly represents, in all material respects, the workers' compensation liability as of \_\_\_\_\_ in accordance with generally accepted accounting principles.

\_\_\_\_\_  
CPA – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number