

DBPR EL-4520 – Workers’ Compensation and Release Authorization

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

**NOTE – This form must be submitted as
part of an application packet**

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.

Does the employee leasing company applicant have more than one workers’ compensation policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I, _____, hereby certify that I am an authorized representative of _____ (name of applicant) duly authorized to act on its behalf, and represent to the Department of Business and Professional Regulation that the Employee Leasing Company’s current Workers’ Compensation Carrier is:			
Policy Number			
Name of Carrier			
Address			
City, State			
Telephone Number			
I further certify that our insurance agent handling the Workers’ Compensation coverage is:			
Name of Agent			
Address			
City, State			
Telephone Number			
Section 468.529(4), Florida Statutes, requires that all obligations for workers’ compensation be paid at the time of application except for amounts under dispute. Amounts under dispute must be disclosed on the application. I hereby certify that all premiums due as of this date have been fully paid to all Workers’ Compensation insurance carriers except for disputed premiums listed below:			
Carrier	Policy Number	Periods Covered	Disputed Amount
(ATTACH ADDITIONAL SHEETS AS REQUIRED)			
I further authorize the Department of Business and Professional Regulation to directly contact any insurance carrier or agent listed above to verify coverage, premium payment status, any disputed premium, and related matters. I hereby authorize each insurance carrier and agent to release the requested information to the department, and hold them harmless for the release of this information subject to this release authorization. A photocopy of this release shall be as valid as the original.			
(Signature) _____			
(Title) _____			