

DBPR EL 4522 – Quarterly Compliance Form

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
2601 Blair Stone Road
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.

The undersigned persons hereby certify that they have made due inquiry of their employee leasing company or group's books and records and that after making such due inquiry, the undersigned persons have taken reasonable steps, as set forth in Rules 61G7-10.0014(3)(b)1-2, Florida Administrative Code to ascertain that all leased employees of their employee leasing company or group have workers' compensation coverage as required by Rules 61G7-10.0014(2)(a)-(c), Florida Administrative Code.

The percentage of leased employees in the State of Florida who are covered by each of the methods set forth in Rule 61G7-10.0014(2)(a)-(c), Florida Administrative Code, are as follows:

- a. Through a contractual relationship between the employee leasing company or group and an insurance carrier that is admitted in the State of Florida to provide workers' compensation coverage to leased employees: _____ percent. Set forth carrier name and workers' compensation policy numbers: _____

- b. Through a lawful plan of self-insurance maintained by the employee leasing company or group which provides workers' compensation coverage to leased employees: _____ percent.
- c. Through the client of the employee leasing company or group via an insurance carrier that is admitted in the State of Florida to provide workers' compensation coverage to leased employees or through a lawful plan of self-insurance maintained by a client of the employee leasing company or group which provides workers' compensation coverage to leased employees: _____ percent. Set forth all clients' names (named insured) utilizing their own workers' compensation policy, the carriers' names, the effective date of the policy, the expiration date of the policy, and the workers' compensation policy numbers: _____

- i. For any client which utilizes a workers' compensation policy or plan of self-insurance maintained by the client, the undersigned persons have verified that the written employee leasing contract between the employee leasing company and the client specifically authorizes this lawful arrangement. Also, the undersigned persons have verified the employee leasing company is named as a certificate holder by the client on the workers' compensation policy maintained by the client. Additionally, where the client maintains its own workers' compensation policy or lawful plan of self-insurance, the undersigned persons have verified that the employee leasing company has provided notice to the leased employees that workers' compensation coverage is being provided by the client.
- d. Set forth all other workers' compensation arrangements: _____ percent. Explain any such arrangement in detail.



The following persons understand and agree that they: have executed this document for and on behalf of the employee leasing company or group named above; that they are all of the controlling persons, the Chief Executive Officer, the Chief Financial Officer and the Chairman of the Board of the employee leasing company or group, that each is fully authorized to execute and file this statement; and that to the best of their knowledge, the information contained in the attestation statement is true and correct.

Chief Executive Officer

Print Name

Chairman of the Board

Print Name

Chief Financial Officer

Print Name

Controlling Person

Print Name