

**INSTRUCTIONS FOR COMPLETING  
BOARD OF EMPLOYEE LEASING COMPANIES QUARTERLY REPORT FORM**

**Application begins on page 3**

*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**.*

**Compliance Schedule**

In order to be in compliance with Chapter 468.525, Florida Statutes, you are required to file a complete quarterly report form with this office at the close of each quarter:

March 31                                  June 30                                  September 30                                  December 31

Please note that completed quarterly report forms must be received in this office within 75 days after the close of each quarter or your company will be subject to disciplinary action.

**Completing the Forms**

Please refer to the following steps to assure that your quarterly reports are filled out completely and accurately:

- Step One:* Check the box indicating the appropriate quarter for which the report is being filed.
- Step Two:* The CEO or its equivalent of your company must read, sign, and date the section marked "CEO Statement."
- Step Three:* The CFO or its equivalent must attach copies of the current quarter's balance sheet and income statement and sign and date the section marked "CFO Statement."
- Step Four:* The Controlling Person must sign and date the section marked "Controlling Person Statement."
- Step Five:* Complete Page 3 of this form including 1) the names of all controlling persons of the licensed employee leasing company or group; 2) list all plans of life, health or disability insurance offered to leased employees in the state of Florida including: policy or contract number, name and address of the carrier or service provider, effective dates of coverage, name and address of agent, name of plan sponsor, and ERISA plan identification number; and 3) list any disputed premiums for workers' compensation or unpaid payroll taxes.
- Step Six:* If applicable, attach a copy of all workers' compensation certificates covering leased employees for the current quarter. You must include confirmation from the insurance carrier that the Board will receive at least 30 days notification of cancellation of such insurance, or a certificate of insurance with a minimum of 30 days' notification of cancellation, naming the Board of Employee Leasing Companies, Department of Business and Professional Regulation, as a certificate holder.
- Step Seven:* If required to do so by Rule 61G7-10.014(3)(b), Florida Administrative Code, complete and attach Form DBPR EL-4522 "Quarterly Compliance Form".

Transaction	Requirements
<b>Quarterly Report Submission</b>	<ul style="list-style-type: none"> <li data-bbox="537 247 1166 275">❑ Complete DBPR EL-4504 – Quarterly Report Form</li> <li data-bbox="537 279 1360 365">❑ Attach a copy of all workers' compensation certificates of insurance covering leased employees for the quarter covered in this report (if applicable)</li> <li data-bbox="537 369 1393 396">❑ Complete DBPR EL-4522 – Quarterly Compliance Form (if applicable)</li> </ul>

**Please note: If you do not complete your quarterly report materials according to the instructions above, your quarterly report compliance submission will not be considered valid and your company will be subject to disciplinary action by the board.**

Please send your completed application and documentation to:

Department of Business and Professional Regulation  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

**DBPR EL-4504 – Quarterly Report Form**

**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.*

PERSONAL INFORMATION	
For Quarter Ending: <input type="checkbox"/> March 31 <input type="checkbox"/> June 30 <input type="checkbox"/> September 30 <input type="checkbox"/> December 31    _____ Year	
<b>Company Name</b>	<b>License Number</b>
<p><b>*CEO STATEMENT:</b>  <i>I hereby certify that all health insurance, life insurance, workers' compensation insurance and any other employee benefits accruing either to our employees or their dependents have been and are being paid to the proper payees as required by contract, law, or other obligatory documents, and these requirements are on a current and timely basis. I certify further that I understand that maintenance of positive working capital is required by Chapter 468.525(3)(d), Florida Statutes, and that our company is in compliance with these requirements. I certify that I understand that this periodic certification is incomplete unless the proof of valid workers' compensation insurance is attached to this form.</i></p> <p>Signature of CEO (or its equivalent) _____ Date _____</p> <p>Printed Name _____ Title _____</p>	
<p><b>*CFO STATEMENT:</b>  <i>I certify that federal, state, and local payroll taxes have been paid as required by regulations of each applicable taxing authority. I further certify that all workers' compensation premiums and employee benefit payments for the quarter have been paid as due. I have attached copies of the current quarter's balance sheet and income statement.</i></p> <p>Signature of CFO (or its equivalent) _____ Date _____</p> <p>Printed Name _____ Title _____</p>	
<p><b>* NOTE: If company does not have a CEO or CFO, the CEO and CFO statements must be signed by the individual(s) responsible for ensuring that the obligations or requirements as set forth in the statements have been met.</b></p>	
<p><b>CONTROLLING PERSON STATEMENT:</b>            I have reviewed the information above and <i>I certify</i> that it is true and correct to the best of my knowledge and belief.</p> <p>Signature of Controlling Person _____ Date _____</p> <p>Printed Name _____ Title _____</p>	
<p><b>WORKERS' COMPENSATION INSURANCE:</b> I have attached the following:</p> <p><input type="checkbox"/> A copy of a workers' compensation certificate clearly indicating coverage was in effect for the reporting quarter. The certificate must show that the Board of Employee Leasing Companies is listed as a certificate holder <b>and provide a minimum of 30 days' notification of cancellation.</b> You must attach a new copy of your certificate each quarter that a report is filed.</p>	

**CONTROLLING PERSONS**

List the names of all controlling persons of the company (attach additional sheets if necessary).

Name of Controlling Person	"CP" License Number

**PLANS OF INSURANCE**

List the name and address of the carrier, policy number, effective date, name and address of agent, name of plan sponsor, and ERISA plan identification number below (attach additional sheets if necessary).

Name & Address of Carrier	Policy #	Name & Address of Agent	Eff. Date	ID #

**DISPUTED PREMIUMS**

List any disputed premiums for Workers' Compensation below:

Carrier	Policy Number	Periods Covered	Disputed Amount

**UNPAID PAYROLL TAXES**

Are you aware of any delinquent payroll taxes due?  Yes  No  
 If delinquent payroll taxes are due, is a repayment plan in place?  Yes  No  
 If yes, give details below and continue on form DBPR 0060-1 as needed.

State/Federal	Period	Amount

**TOTAL NUMBER OF FLORIDA LEASED EMPLOYEES:** [ \_\_\_\_\_ ]

