

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Employee Leasing Companies**  
**Application for Registration as a Deminimus Employee Leasing Company Group**  
**Form # DBPR ELC 5**

**DEMINIMUS EMPLOYEE LEASING COMPANY GROUP QUALIFICATIONS**

- Two or more, but not more than five, employee leasing companies that are majority owned by the same ultimate parent, entity, or persons may be licensed as an employee leasing company group.
- Deminimus employee leasing company groups must be domiciled **outside** of the state of Florida.
- Deminimus employee leasing company groups must be licensed or registered as an employee leasing company in its state of domicile, if such state requires licensure or registration.
- Deminimus employee leasing company groups shall not have client companies who are domiciled or maintain a principle office located in Florida.
- Deminimus employee leasing company groups may not maintain an office located in Florida.
- Deminimus employee leasing company groups may not advertise or solicit business in any manner from clients who are based in or domiciled in Florida.
- Deminimus employee leasing company groups may not have more than fifty (50) leased employees working in the state of Florida.

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

**APPLICATION REQUIREMENTS**

**ALL Employee Leasing Company Group Applicants must submit:**

- Fees:**
  - Registration Fee- \$500 non-refundable registration fee per employee leasing company group.
  - Make all checks payable to the Florida Department of Business and Professional Regulation.
- Complete application form # DBPR ELC 5 Application for Registration as a Deminimus Employee Leasing Company Group.
  - Complete Section XII- Historical Sketch, on pages 13-15 of this application packet. Rule 61G7-5.0012, Florida Administrative Code requires that all applicants complete this form to disclose individuals who directly or indirectly control a specified percentage of voting stock, and/or are directors or principal officers of the applicant or its ultimate parent. The following individuals are required to submit Historical Sketches:
    - Individuals directly or indirectly controlling 20% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a publicly traded company.
    - Individuals directly or indirectly controlling 10% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a closely held company.
    - All directors or principal officers of the applicant or its ultimate parent.
    - For more information about Historical Sketch reporting requirements see Rule 61G7-5.0012, Florida Administrative Code.
    - Make additional copies as necessary.
  - Complete and sign the Quarterly Compliance Form, Form # DBPR EL 4522, on page 16 of this application packet.
  - Health Insurance Statement (Form # DBPR EL 4507, on page 17 of this application packet) completed by your insurance provider stating that the plan of insurance is a fully-insured plan. If the insurance provider refuses to sign the statement, you must provide a complete copy of each health insurance policy. This is only required if providing health insurance to leased employees.
- Submit all required Exhibits and label them according to their exhibit number.

**Required Exhibits:** Please attach the following documents and label them as the exhibit numbers indicated.

**Note:** ALL exhibits must be attached or enclosed. If the documents requested in a particular exhibit do not apply to you, submit a page referencing that exhibit number and include on that page an explanation as to why the requested information does not apply. Please submit ALL documentation on 8 ½ x 11 paper.

**Exhibit 1: Workers' Compensation Certificate of Insurance (COI).** Attach a COI from the workers' compensation insurance provider for each policy held. The provider must be an admitted carrier in the State of Florida. **The COI must name the employee leasing company as the insured, name the Board of Employee Leasing Companies (including address) as the certificate holder, include a 30-day notice of cancellation, bears the signature of an authorized representative of the insurance provider, and state that it covers all leased employees in this state.**

**Exhibit 2: Copies of UCT-6 Forms.** The UCT-6 form is the Florida Department of Revenue Employer's Quarterly Report form. This form will be used to determine the amount of assessment due. Please attach a copy of the UCT-6 forms filed with the Florida Department of Revenue for the preceding calendar year. In the event no wages were paid during the preceding calendar year, please provide a statement from management stating such.

**Exhibit 3: IRS Form 8821.** Complete IRS Form 8821 for each employee leasing company. Return the completed form(s) with your application. It may be forwarded to the Internal Revenue Service (IRS) for processing. The purpose of this form is to determine if there are any delinquent taxes or penalties due from the employee leasing company.

Complete the following items on the form:

**Instructions for completing IRS Form 8821:**

Complete the following items on the form:

1. Taxpayer information
  - o This must be the name of the applicant.
2. Appointee
  - o This must be named Florida Department of Business and Professional Regulation - Employee Leasing Board, 2601 Blair Stone Road, Tallahassee, Fla. 32399.
3. Tax matters:
  - o The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. You must list forms 940 and 941 as well as any additional forms the applicant will be filing.
  - o Year(s) or period(s) must include the current year, past two (2) years and three (3) future tax periods.
4. Complete # 4 specific use not recorded on centralized authorization file.
  - o You must check off # 4 on this section.

**Instructions**

*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.*

**1. Application Instructions by section**

**a. Section I- Application Type**

- i. Select "Applying as a Group Leader" if you will be applying as the group leader.
- ii. Select "Applying as Member of a NEW Group License" if you will be applying to form a new employee leasing company group that has not been previously licensed.
- iii. Select "Applying as Member of an Existing Group License" if you will be joining an existing employee leasing company group. Provide the group license number.
- iv. Provide the information for the leader of the employee leasing company group.

**b. Section II- Company Information**

- i. Fill out each section completely.
- ii. In the Company Name section, applicants must provide their full legal name as filed with the Secretary of State, Division of Corporations. Do not use any nicknames, aliases, or initials.
- iii. If your company plans to operate under a fictitious name, list the fictitious name as listed on the certificate from the Secretary of State's office that you have been approved to do business under this name.
- iv. A Federal Employer ID Number (FEID) is required in order to apply for a company license within the Department of Business and Professional Regulation.

- v. Provide the Unemployment Tax Identification Number given by the Florida Division of Unemployment Compensation or the Internal Revenue Service.
- vi. Please select the type of business of the employee leasing company
- vii. Provide the Corporation Identification Number, Organization Date and Fiscal Year End of company as listed with the Florida Division of Corporations.
- viii. Provide the state of domicile for the company you are registering.
- ix. Provide the license or registration number for the company from the state in which it is domiciled. If the state of domicile does not require licensure or registration, please enter "Not Required" in this section.
- x. Answer whether the company provides leased employees to any clients whose business is located, domiciled, or has a principle office in Florida.
- xi. Answer whether the company maintains an office in Florida.
- xii. Answer whether the company solicits clients located or domiciled in Florida.
- xiii. Answer whether the company has more than 50 leased employees working in Florida.
- xiv. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- xv. Provide the company location address if different from the mailing address.
- xvi. Provide a contact name, valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve. Providing your email address is a public record.
- xvii. Provide the Registered Agent information for the company as designated with the Florida Secretary of State's office.

**c. Section III- Company Ownership**

- i. Provide the names, addresses, titles, Social Security numbers, and percentage of ownership which totals 100% of the company's ownership. Officers, managers, and controlling persons must also provide this information.
- ii. If already licensed as a controlling person, provide the license number. If not, answer if you will or will not be submitting a controlling person application packet.

**d. Section IV- Company Background Information**

- i. Question 1:
  - 1. (a) If you answer "yes" to this question, you must complete Section V [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
  - 2. (b) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the nature of the license, registration or certification refusal.
  - 3. (c) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
  - 4. (d) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the nature of the bankruptcy. If a judgment was entered, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
  - 5. (e) If you answer "yes" to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the nature of the case and the allegations made against the entity you were affiliated with. If a judgment was entered against the entity, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- ii. Question 2:

1. If you answer “yes” to this question, you must complete Section VI [*make additional copies as necessary*] of the application by explaining the reason for investigation or pending disciplinary action. You may be asked to supply copies of documentation ordering the investigation or pending disciplinary action.
- iii. Question 3:
    1. If you answer “yes” to either 3(a) or 3(b) of this question, you must complete Section VI and VII [*make additional copies as necessary*] of the application and provide the information asked in the section.
- e. **Section V- Explanation(s) for Background Question 1(a)**
    - i. Provide the information requested regarding the offense. Include supporting documentation as requested in Section III.
  - f. **Section VI- Explanation(s) for Background Questions 1(b-e) and 2**
    - i. Provide the information requested regarding the occurrence. Include supporting documentation as requested in Section III.
  - g. **Section VII- Explanation for Background Question 3**
    - i. Provide the information requested regarding your insurance coverage.
  - h. **Section VIII- Health Insurance Information**
    - i. Provide the policy or contract number, name of carrier or service provider, effective dates of coverage, and name and address of agent if you plan to offer health insurance, including dental, to leased employees in the state of Florida.
    - ii. If you answered “yes” to Question 3 (a) or (b) in Section III this must be completed.
  - i. **Section IX- Workers’ Compensation, Unemployment Compensation, and Payroll Tax Disclosure**
    - i. Provide information as it relates to obligations for workers’ compensation. This includes any amounts under dispute.
    - ii. Provide information about taxes paid to the State of Florida under the unemployment tax account listed on page three (3) of the application.
  - j. **Section X – Affirmation by Written Declaration**
    - i. The applicant must sign the affirmation by written declaration.
  - k. **Section XI- Historical Sketch**
    - i. This form must be completed by all individuals who directly or indirectly control a specified percentage of voting stock, and/or are directors or principal officers of the applicant or the ultimate parent.
    - ii. Provide the name, date of birth, social security number, and relationship to the applicant.
    - iii. Provide the mailing address of the individual completing the historical sketch form.
    - iv. Provide a list of all business entities or organizations with which you are presently affiliated.
    - v. If you answer “yes” to any of the background questions, you must provide a statement of the charges and facts for the case, together with the name and location of the courts in which the proceedings were held or are pending.
    - vi. Provide a list of each employer within the past four years.
    - vii. Provide the company name, type of business and address of the employer for which employment is being provided.
    - viii. Provide the individual’s title and dates of employment.
  - l. **Section XII- Affirmation by Written Declaration for Historical Sketch**
    - i. The applicant must sign the affirmation by written declaration.

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**For additional information see the Instructions at the beginning of this application.**

**Section I – Application Type**

| APPLICATION TYPE   |       |              |
|--|-------|--------------|
| <input type="checkbox"/> Applying as a Group Leader [6306/1030]<br><input type="checkbox"/> Applying as Member of a NEW Group License [6307/1030]<br><input type="checkbox"/> Applying as Member of an EXISTING Group License: Group License Number: _____ [6307/1030] |       |              |
| GROUP LEADER INFORMATION   |       |              |
| Group Leader (primary company) Name:   |       |              |
| Street Address   |       |              |
| City   | State | Zip Code     |
| Email Address (optional)   |       | Phone Number |

**Section II – Company Information**

| COMPANY INFORMATION   |   |                  |
|---|---|------------------|
| Company Name:   |   |                  |
| Doing Business As (D/B/A):  |   |                  |
| Federal Employer ID Number (FEID):  | Unemployment Tax Identification Number: |                  |
| Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (please specify): _____                |   |                  |
| Corporation Identification Number with Florida Division of Corporations:  | Organization Date:                      | Fiscal Year End: |
| State of Domicile:  | License/Registration Number:            |                  |
| Does Company provide leased employees to a client whose business is located, domiciled, or has a principle office located within Florida? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> |   |                  |
| Does Company maintain an office in Florida? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |   |                  |
| Does Company solicit clients located or domiciled in Florida? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |   |                  |
| Does Company have more than 50 leased employees working in Florida? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |   |                  |
| MAILING ADDRESS   |   |                  |
| Street Address or P.O. Box  |   |                  |
|   |   |                  |
| City  | State                                   | Zip Code         |
| County (if Florida address)   | Country                                 |                  |



**Section II – Company Information (continued)**

| COMPANY LOCATION ADDRESS     |  |                           |          |
|------------------------------|--|---------------------------|----------|
| Street Address               |  |                           |          |
|                              |  |                           |          |
| City                         |  | State                     | Zip Code |
| County (if Florida address)  |  | Country                   |          |
| COMPANY CONTACT INFORMATION  |  |                           |          |
| Contact Name:                |  |                           |          |
| Phone Number of Contact      |  | E-Mail Address of Contact |          |
| REGISTERED AGENT INFORMATION |  |                           |          |
| Name of Registered Agent:    |  |                           |          |
| Street Address or P.O. Box   |  |                           |          |
| City                         |  | State                     | Zip Code |
| County (if Florida address)  |  | Country                   |          |

**Section III – Company Ownership (attach additional copies as necessary)**

| OWNER INFORMATION  |                        |   |                           |
|--|------------------------|---|---------------------------|
| <b>OWNERS, OFFICERS AND MANAGERS-</b>  |                        |   |                           |
| Please print below the names, mailing addresses, titles and percentage of ownership and telephone numbers of each person.  |                        |   |                           |
| <b>CORPORATION-</b>  |                        |   |                           |
| If the applicant is owned by another corporate entity, attach a separate schedule providing information on the officers of the parent firm(s) and ultimate owners (natural persons), as indicated above. |                        |   |                           |
| OWNERSHIP INFORMATION  |                        |   |                           |
| Last Name  | First                  | Middle  | Suffix                    |
| Address  |                        |   |                           |
| Title  | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number:  |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| OWNERSHIP INFORMATION  |                        |   |                           |
| Last Name  | First                  | Middle  | Suffix                    |
| Address  |                        |   |                           |
| Title  | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number:  |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| OWNERSHIP INFORMATION  |                        |   |                           |
| Last Name  | First                  | Middle  | Suffix                    |
| Address  |                        |   |                           |
| Title  | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number:  |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |

**Section III – Company Ownership (continued)**

| OWNERSHIP INFORMATION   |                        |   |                           |
|---|------------------------|---|---------------------------|
| Last Name   | First                  | Middle  | Suffix                    |
| Address   |                        |   |                           |
| Title   | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number: |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| OWNERSHIP INFORMATION   |                        |   |                           |
| Last Name   | First                  | Middle  | Suffix                    |
| Address   |                        |   |                           |
| Title   | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number: |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| OWNERSHIP INFORMATION   |                        |   |                           |
| Last Name   | First                  | Middle  | Suffix                    |
| Address   |                        |   |                           |
| Title   | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number: |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| OWNERSHIP INFORMATION   |                        |   |                           |
| Last Name   | First                  | Middle  | Suffix                    |
| Address   |                        |   |                           |
| Title   | Social Security Number | Telephone Number  | Percentage Of Ownership % |
| Licensed as Controlling Person: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", provide license number: |                        | Will you submit a controlling person application with this packet: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

## Section IV – Company Background Information

| COMPANY BACKGROUND INFORMATION  |  |                             |   |
|---|--|-----------------------------|---|
| Has the company, any controlling person, or any owner of the company: |  |                             |   |
| 1.  | Yes <input type="checkbox"/><br>(If yes, please complete Section V)  | No <input type="checkbox"/> | (a) Ever been convicted or found guilty <b>-regardless of adjudication-</b> of a crime in any jurisdiction, or have you ever been a defendant in a military court martial? (Do not include parking or speeding violations.) |
|   | Yes <input type="checkbox"/><br>(If yes, please complete Section VI) | No <input type="checkbox"/> | (b) Ever been refused a professional license, registration or certification in any state?   |
|   | Yes <input type="checkbox"/><br>(If yes, please complete Section VI) | No <input type="checkbox"/> | (c) Ever had a professional license, registration or certification revoked, suspended, or otherwise acted against including probation, fine, or reprimand in a disciplinary proceeding in any state?                        |
|   | Yes <input type="checkbox"/><br>(If yes, please complete Section VI) | No <input type="checkbox"/> | (d) Ever filed for protection under the Bankruptcy Act?   |
|   | Yes <input type="checkbox"/><br>(If yes, please complete Section VI) | No <input type="checkbox"/> | (e) Ever been involved in or owned an interest in an entity that has been adjudicated bankrupt, filed proceedings under the Bankruptcy Act, or otherwise closed due to insolvency?  |
| 2.  | Yes <input type="checkbox"/><br>(If yes, please complete Section VI) | No <input type="checkbox"/> | Is any employee leasing company (or other professional) license, registration or certification under investigation or pending disciplinary action in any state?   |
| 3.  | Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Are benefits provided to any leased employees in the State of Florida for life, health or disability claims?  |
|   | Yes <input type="checkbox"/>   | No <input type="checkbox"/> | (a) Are you currently providing coverage to any leased employees <u>in the State of Florida</u> under a plan which is not fully insured?  |
|   | Yes <input type="checkbox"/>   | No <input type="checkbox"/> | (b) Are you currently providing coverage to any leased employees <u>outside the State of Florida</u> under a plan which is not fully insured?   |
|   | Yes <input type="checkbox"/>   | No <input type="checkbox"/> | (c) Do you plan to provide coverage in the State of Florida within three months of being licensed?  |

If you answered "YES" to questions 1 – 2 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize Section V for your responses to question 1(a) and Section VI for your responses to questions 1(b-e) and 2. If you need additional response sections for Section V or VI, please make additional copies of those sections and submit them with your application.



**Section V – Explanation(s) for Background Question 1(a)**

| EXPLANATION                         |  |
|-------------------------------------|--|
| Offense                             |  |
| County                              | State  |
| Penalty/Disposition                 |  |
| Date of Offense (MM/DD/YYYY)<br>/ / | Have all sanctions been satisfied?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description                         |  |
|                                     |  |
|                                     |  |
|                                     |  |

| EXPLANATION                         |  |
|-------------------------------------|--|
| Offense                             |  |
| County                              | State  |
| Penalty/Disposition                 |  |
| Date of Offense (MM/DD/YYYY)<br>/ / | Have all sanctions been satisfied?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description                         |  |
|                                     |  |
|                                     |  |
|                                     |  |

| EXPLANATION                         |  |
|-------------------------------------|--|
| Offense                             |  |
| County                              | State  |
| Penalty/Disposition                 |  |
| Date of Offense (MM/DD/YYYY)<br>/ / | Have all sanctions been satisfied?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description                         |  |
|                                     |  |
|                                     |  |
|                                     |  |



**Section VII – Explanation for Background Question 3**

| EXPLANATION FOR BACKGROUND QUESTION 3   |                      |          |
|---|----------------------|----------|
| <b><u>If you checked YES for either 3(a) or 3(b), please provide the following information:</u></b>   |                      |          |
| Name of Insurance Company and/or TPA  |                      |          |
| Address   | Phone #              |          |
| City  | State                | Zip Code |
| *Stop Loss Carrier  |                      |          |
| Specific Stop Loss Limit \$   |                      |          |
| *Do you carry aggregate stop loss insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes   |                      |          |
| If you checked YES above, what is the aggregate attachment point?   |                      |          |
| Are reserves for claims included in applicant's financial statements submitted with this application?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |                      |          |
| Ending date of the plan year:   |                      |          |
| Date of last IRS form 5500 filed:   | For plan year ended: |          |
| <b>*If no specific or aggregate stop loss insurance, attach actuarial computation attested by certified actuary as to current liability under the plan.</b>       |                      |          |

**Section VIII – Health Insurance Information**

| HEALTH INSURANCE SCHEDULE (including Dental)  |              |                         |                         |
|---|--------------|-------------------------|-------------------------|
| <b>COMPLETE THE INSURANCE SCHEDULE BELOW LISTING ALL PLANS OFFERED</b> 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. |              |                         |                         |
| Plans of Insurance offered by: _____ (Name of Applicant)  |              |                         |                         |
| Policy Number   | Carrier/Plan | Effective Dates To-From | Name & Address of Agent |
|   |              |                         |                         |
|   |              |                         |                         |
|   |              |                         |                         |
|   |              |                         |                         |
|   |              |                         |                         |
|   |              |                         |                         |
|   |              |                         |                         |
|   |              |                         |                         |

**IF ANY INFORMATION ON THE APPLICATION CHANGES, THE APPLICANT OR LICENSEE SHALL SUBMIT SUCH CHANGES TO THE DEPARTMENT WITHIN THIRTY (30) DAYS AFTER THE DATE OF SUCH CHANGE.**

**Section IX – Workers’ Compensation, Unemployment Compensation, and Payroll Tax Disclosure**

| WORKERS’ COMPENSATION  |               |                |                 |
|--|---------------|----------------|-----------------|
| 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. |               |                |                 |
| <b>All premiums due as of this date have been fully paid to all Workers’ Compensation insurance carriers:</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>                    |               |                |                 |
| If “No,” please disclose all disputed premiums below:  |               |                |                 |
| Carrier  | Policy Number | Period Covered | Disputed Amount |
|  |               |                |                 |
|  |               |                |                 |
|  |               |                |                 |
|  |               |                |                 |
|  |               |                |                 |

| UNEMPLOYMENT COMPENSATION AND PAYROLL TAXES  |                |        |   |  |
|--|----------------|--------|---|--|
| Section 468.529(4), Florida Statutes, requires that all obligations for payroll related taxes be paid at the time of application. Delinquent amounts and any amounts under dispute must be disclosed on the application. |                |        |   |  |
| <b>All State and Federal payroll related tax obligations due as of this date have been fully paid:</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>                     |                |        |   |  |
| If “No,” please disclose all delinquent or disputed amounts below:   |                |        |   |  |
| State/Federal  | Period Covered | Amount | Disputed/Delinquent   | Repayment Plan   |
|  |                |        | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                |        | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                |        | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                |        | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                |        | <input type="checkbox"/> Disputed <input type="checkbox"/> Delinquent | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Section X –Affirmation by Written Declaration**

| AFFIRMATION BY WRITTEN DECLARATION  |       |
|---|-------|
| I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b> |       |
| Signature:  | Date: |
| Print Name:   |       |

**Section XI – Historical Sketch**

Rule 61G7-5.0012, Florida Administrative Code requires that all applicants complete this form to disclose individuals who directly or indirectly control a specified percentage of voting stock, and/or are directors or principal officers of the applicant or its ultimate parent. The following individuals are required to submit Historical Sketches:

- Individuals directly or indirectly controlling 20% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a publicly traded company.
- Individuals directly or indirectly controlling 10% or more of the voting stock of the applicant or ultimate parent, if the applicant or its ultimate parent is a closely held company.
- All directors or principal officers of the applicant or its ultimate parent.
- For more information about Historical Sketch reporting requirements see Rule 61G7-5.0012, Florida Administrative Code.
- **NOTE: Any individual who holds a current controlling person license or who will be submitting a controlling person application with this packet DOES NOT need to complete a historical sketch.**

| PERSONAL INFORMATION  |                         |                        |
|---|-------------------------|------------------------|
| I, _____, submit the following information to the Department of Business and Professional Regulation and the Board of Employee Leasing Companies for its use as a part of the employee leasing company license application filed by _____, pursuant to Chapter 468, Florida Statutes. |                         |                        |
| Other names by which you have been known:   |                         |                        |
| Date of Birth   | Social Security Number* |                        |
| Relationship to Applicant:<br>(Office held, % of ownership, etc.)   |                         |                        |
| MAILING ADDRESS   |                         |                        |
| Street Address or P.O. Box  |                         |                        |
|   |                         |                        |
| City  | State                   | Zip Code (+4 optional) |
| County  | Country                 |                        |
| OTHER BUSINESS AFFILIATIONS   |                         |                        |
| Provide a list of all business entities or organizations with which you are presently affiliated.<br>Attach additional list if necessary. If none, so state.  |                         |                        |
| Business Name & Location  | Nature of Business      | Affiliation            |
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |

\*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations, Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

**Section XI – Historical Sketch (continued)**

| <b>BACKGROUND QUESTIONS</b>  |  |  |
|--|--|--|
| Have you, or any entity of which you are, or were then, a principal officer, director, or principal, been the subject of a governmental enforcement action within the last seven years?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you, or any entity of which you are, or were then, a principal officer, director, or principal, had a license to operate revoked, suspended, denied, or otherwise acted against within the last seven years?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you, or any entity of which you are, or were then, a principal officer, director, or principal, been subject to bankruptcy proceedings or had a judgment filed against you or the entity, either present, past or pending?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If any of the questions above are answered “ <b>YES</b> ,” please provide a statement of the charges and facts of the case(s), together with the name and location of the court(s) in which the proceedings were held or are pending.  |  |  |
| By affixing my signature to this form, I hereby agree that the Department of Business and Professional Regulation and the Board of Employee Leasing Companies may make full inquiry of each of the below named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for registration under Chapter 468, Florida Statutes, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under direction of, the department or the board, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Florida Department of Law Enforcement and the National Criminal Information Center (NCIC). |  |  |
| <b>EMPLOYMENT HISTORY</b>  |  |  |
| Provide your employment history for the past ten (10) years.   |  |  |
| Name of Present or Last Employer   |  |  |
| Type of Business   |  |  |
| Address (Street and Number)  |  |  |
| City   | State  | Zip Code (+4 optional)                                   |
| Your Job Title   | Dates of Employment<br>From: ___/___/___ To: ___/___/___ |  |
| <b>EMPLOYMENT HISTORY</b>  |  |  |
| Provide your employment history for the past ten (10) years.   |  |  |
| Name of Present or Last Employer   |  |  |
| Type of Business   |  |  |
| Address (Street and Number)  |  |  |
| City   | State  | Zip Code (+4 optional)                                   |
| Your Job Title   | Dates of Employment<br>From: ___/___/___ To: ___/___/___ |  |

**Section XI – Historical Sketch (Employment History continued)**

| <b>EMPLOYMENT HISTORY</b>                                    |  |                        |
|--|--|------------------------|
| Provide your employment history for the past ten (10) years. |  |                        |
| Name of Present or Last Employer                             |  |                        |
| Type of Business   |  |                        |
| Address (Street and Number)                                  |  |                        |
| City   | State  | Zip Code (+4 optional) |
| Your Job Title   | Dates of Employment<br>From: ___/___/___ To: ___/___/___ |                        |
| <b>EMPLOYMENT HISTORY</b>                                    |  |                        |
| Provide your employment history for the past ten (10) years. |  |                        |
| Name of Present or Last Employer                             |  |                        |
| Type of Business   |  |                        |
| Address (Street and Number)                                  |  |                        |
| City   | State  | Zip Code (+4 optional) |
| Your Job Title   | Dates of Employment<br>From: ___/___/___ To: ___/___/___ |                        |

**Section XII –Affirmation by Written Declaration For Historical Sketch**

| <b>AFFIRMATION BY WRITTEN DECLARATION</b>  |       |
|--|-------|
| <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p> |       |
| Signature:   | Date: |
| Print Name:  |       |

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Employee Leasing Companies**  
**Quarterly Compliance Form**  
**Form # DBPR EL 4522 as part of ELC 5**

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 |



