



Florida Workers Compensation Joint Underwriting Association, Inc.

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FWCJUA AUTHORIZED PRODUCERS BULLETIN 07-10

TO: FWCJUA Authorized Producers
FROM: Michael Cleary, Program Manager
DATE: November 19, 2007
RE: **REVISED FWCJUA RATES, RATING VALUES & DEPOSIT PREMIUM
THRESHOLD EFFECTIVE JANUARY 1, 2008**

Effective January 1, 2008, applicable to new and renewal business, the FWCJUA shall adopt:

1. the January 1, 2008 voluntary market rates and rating values for Tiers 1, 2 and 3, exclusive of minimum premiums;
2. a Tier 1 surcharge of 25%, in lieu of 10%;
3. a Tier 2 surcharge of 83%, in lieu of 64%;
4. a Tier 3 surcharge of 134%, in lieu of 145%;
5. a revised minimum premium formula with a maximum minimum premium of \$2,400 in all three tiers, in lieu of \$2,600 in all three tiers; and
6. a deposit premium threshold of \$4,500.

The above-referenced revisions effectuate an overall average premium level change of -4.9% in Tier 1, -7.0% in Tier 2 and -18.1% in Tier 3, while incorporating the 18.4% voluntary market rate decrease effective January 1, 2008. **The net result of these rating changes to be adopted by the FWCJUA effective January 1, 2008 is a decrease in the overall premium level of 9.8%.** The FWCJUA's revised rating structure shall continue to surcharge the voluntary comparable premium in Tiers 1 & 2 and for Tier 3, the voluntary comparable premium and the Assigned Risk Adjustment Program (ARAP), if applicable. Again, these revisions shall be applicable to FWCJUA new and renewal business written on or after January 1, 2008.

In summary, the following surcharges, maximum minimum premiums and deposit premium thresholds shall apply to the indicated rating tier effective January 1, 2008, applicable to new and renewal business:

FWCJUA RATING TIER REVISIONS EFFECTIVE JANUARY 1, 2007

<u>Rating Tier</u>	<u>Surcharge</u>	<u>Maximum Minimum Premium</u>	<u>Deposit Premium Threshold</u>
Tier 1	25%	\$2,400	\$4,500
Tier 2	83%	\$2,400	\$4,500
Tier 3	134%	\$2,400	\$4,500

The FWCJUA's website, including the Pricing Tool, has been updated to include the revised rates, rating values and deposit premium threshold. Further, we have attached revised FWCJUA Operations Manual pages to be inserted into your manual. Should you have any questions concerning the above-referenced revisions, please do not hesitate to contact our office at (941) 378-7400.

c: Travelers

BOARD OF GOVERNORS: Charlie Clary, *Chair*; Fred Bennett, Dan Dannenhauer, Rick Hodges, Bob Milligan, Claude Revels, Brett Stiegel, Beth Vecchioli, James Ward

Note:

- (1) For rated Employers, the phrase “subsequent to the applicable experience rating period” refers to the experience period beginning on the first date immediately following the last date included within the Employer’s applicable experience modification rating, for purposes of securing FWCJUA coverage, through the date immediately preceding the inception or renewal date of the FWCJUA policy.
- (2) A rated Employer shall provide his or her applicable experience rating worksheet at time of application.
- (3) A rated Employer shall provide his or her entire loss history with corresponding policy premium generated by his or her prior workers compensation Insurer(s) for the rating period subsequent to the applicable experience rating period through the inception or renewal date of FWCJUA coverage.
- (4) For non-rated Employers, “immediately preceding 3 years” is defined as 3 years prior to the inception or renewal date of the FWCJUA policy.
- (5) A non-rated Employer who has not elected to secure workers compensation insurance coverage for his or her operations during any portion of the immediately preceding 3 years is deemed ineligible for Tier One.
- (6) A rated or non-rated Employer who is unable to produce the required loss history with corresponding policy premium generated by prior workers compensation Insurer(s) is deemed ineligible for Tier One.
Exception: If the Employer is unable to provide this information due to the insolvency of an Insurer, the Employer must submit the loss history and corresponding policy premium generated by the Receiver for the insolvent Insurer; however, if the Receiver is unable to produce such information, the Employer may submit an affidavit from the Employer and the Employer’s insurance agent setting forth the loss history and the corresponding policy premium.

Applicable Rates

- FWCJUA rates and minimum premiums

Applicable Surcharges & Fees

- \$475 flat fee
- 25% above voluntary comparable premium

Assessable Feature

- Tier 1 is not assessable.

Tier Two: *(Rated Employers with moderate loss experience and Non-rated Employers with limited or no loss experience)*

Eligibility Criteria for Rated Employers

- Experience modification of equal to or greater than 1.00 but less than or equal to 1.10 **and**
- No lost-time claims subsequent to the applicable experience modification rating period **and**
- Medical only claims that do not exceed 20% of premium subsequent to the applicable experience modification rating period.

Eligibility Criteria for Non-rated Employers

- A New Business **or**
- Less than an immediately preceding 3 years of loss experience with
 - (1) No lost-time claims for the immediately preceding 3 years **and**
 - (2) Medical-only claims that do not exceed 20% of premium for the immediately preceding 3 years.

Note:

- (1) For rated Employers, the phrase “subsequent to the applicable experience rating period” refers to the experience period beginning on the first date immediately following the last date included within the Employer’s applicable experience modification rating, for purposes of securing FWCJUA coverage, through the date immediately preceding the inception or renewal date of the FWCJUA policy.
- (2) A rated Employer shall provide his or her applicable experience rating worksheet at time of application.
- (3) A rated Employer shall provide his or her entire loss history with corresponding policy premium generated by his or her prior workers compensation Insurer(s) for the rating period subsequent to the applicable experience rating period through the inception or renewal date of FWCJUA coverage.
- (4) For non-rated Employers, “immediately preceding 3 years” is defined as 3 years prior to the inception or renewal date of the FWCJUA policy.
- (5) A rated or non-rated Employer who is unable to produce the required loss history with corresponding policy premium generated by prior workers compensation Insurer(s) is deemed ineligible for Tier Two. Exception: If the Employer is unable to provide this information due to the insolvency of an Insurer, the Employer must submit the loss history and corresponding policy premium generated by the Receiver for the insolvent Insurer; however, if the Receiver is unable to produce such information, the Employer may submit an affidavit from the Employer and the Employer’s insurance agent setting forth the loss history and the corresponding policy premium.

Applicable Rates

- FWCJUA rates and minimum premiums

Applicable Surcharges & Fees

- \$475 flat fee
- 83% above voluntary comparable premium

Assessable Feature

- Tier 2 is not assessable.

Tier Three: *(Rated and Non-rated Employers with “poor” loss experience)*

Eligibility Criteria

- Includes all insureds within the plan that are not eligible for Tier One or Tier Two.

Applicable Rates

- FWCJUA rates and minimum premiums

Applicable Surcharges & Fees

- \$475 flat fee
- 134% above voluntary comparable premium and the Assigned Risk Adjustment Program (ARAP)

Assessable Feature

- Tier 3 is an assessable rating tier. Employers qualifying for Tier 3 shall receive an assessable policy and shall be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied to cover any deficit attributable to Tier 3. Participants in Tier 3 may be assessed more than once, and any assessment may be made either while the Tier 3 policy is in effect or at any time after the termination, expiration or cancellation of the Tier 3 policy. Assessments levied against Tier 3 participants shall cover only the deficits attributable to Tier 3.

No Agency Producer fees are paid on any of the surcharges or fees listed above under Tiers 1, 2 or 3.

Employers are required to meet the eligibility criteria for Tiers 1, 2, and 3 at inception of a new or renewal policy, and the tier assignment shall apply throughout the policy period unless the tier assignment was incorrectly assigned or the Employer's experience rating modification or loss history report(s) with corresponding policy premium generated by prior workers compensation Insurer(s) valued as of the date immediately preceding the effective date of the new or renewal policy does not support the tier assignment.

7. Assigned Risk Adjustment Program (ARAP)

Eligibility

An Employer shall be eligible for the Assigned Risk Adjustment Program if it is eligible for an experience rating modification and it qualifies for Tier 3. The application of this program is mandatory for all eligible Insureds and shall apply to all policies written for such Insureds. If an ARAP surcharge factor exists for an Employer qualifying for Tier 1 or Tier 2 it should not be applied to the FWCJUA policy.

ARAP Surcharge Formula

- a. After the calculation of the experience modification factor (M) for a particular Employer, the weighted test ratio (R) is calculated.

$$R = \frac{(0.5 - 0.5W) A_p}{M * E_p} + \frac{(0.5 + 0.5W) A}{M * E}$$

where: W is the weighting value
 A is the actual losses, as limited on a per accident basis
 A_p is the actual primary losses
 E is the total expected losses
 E_p is the expected primary losses
 M is the experience modification

All values are those used in the experience modification calculation.

Effective January 1, 2008 applicable to new and renewal business.

APPLICABLE TO FWCJUA POLICIES ONLY

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005X	7.66	2,400	1655	7.45	2,400	2302	4.70	1,790
0008X	3.76	1,472	1699	4.26	1,642	2305	2.01	880
0016X	9.55	2,400	1701	7.33	2,400	2361	3.13	1,259
0030X	8.64	2,400	1710E	11.63	2,400	2362	4.87	1,848
0034	11.07	2,400	1741E	3.83	1,496	2380	5.30	1,994
0035X	3.74	1,466	1747	4.40	1,689	2386	3.93	1,530
0036	6.40	2,366	1748	6.95	2,400	2388	3.45	1,367
0037	5.55	2,078	1803D*	9.92	2,400	2402	4.57	1,746
0042X	8.70	2,400	1852D	4.86	1,845	2413	3.36	1,337
0050X	8.90	2,400	1853	4.61	1,760	2416	3.91	1,523
0052X	7.00	2,400	1860	3.52	1,391	2417	6.36	2,352
0059D	0.13	*	1924	3.39	1,347	2501	3.47	1,374
0065D	0.03	*	1925	8.62	2,400	2503	3.56	1,405
0066D	0.03	*	2001	6.06	2,251	2534	5.29	1,990
0067D	0.03	*	2002	4.82	1,831	2570	7.07	2,400
0079X	7.17	2,400	2003	4.86	1,845	2576	-	-
0083	9.90	2,400	2014	9.27	2,400	2578	-	-
0106	15.96	2,400	2016	4.40	1,689	2585	5.21	1,963
0113	5.24	1,973	2021	4.97	1,882	2586	3.99	1,550
0153X	6.60	2,400	2039	3.83	1,496	2587	3.40	1,351
0170	3.21	1,286	2041	4.42	1,696	2589	2.61	1,083
0173X	0.90	505	2065	3.78	1,479	2600	3.88	1,513
0251	5.46	2,048	2070	9.20	2,400	2623	5.44	2,041
0400	10.51	2,400	2081	7.98	2,400	2651	3.14	1,263
0401	17.50	2,400	2089	4.12	1,594	2660	4.61	1,760
0771N	0.42	*	2095	6.30	2,332	2670	3.31	1,320
0908P	178	520	2105	4.29	1,652	2683	3.88	1,513
0913P	493	1,087	2110	3.49	1,381	2688	3.78	1,479
0916	493	1,087	2111	6.87	2,400	2702X*	10.63	2,400
0917	4.17	1,611	2112	6.40	2,366	2710	9.87	2,400
1005	7.39	2,400	2114	5.41	2,031	2714	9.80	2,400
1164E	10.34	2,400	2119X	6.01	2,234	2731	9.07	2,400
1165E	3.81	1,489	2121	5.92	2,203	2735	6.21	2,301
1218X	2.59	1,076	2130	9.38	2,400	2759	12.31	2,400
1320	3.19	1,279	2131	2.69	1,110	2790	4.42	1,696
1322	16.16	2,400	2150	-	-	2797X	8.34	2,400
1430	7.89	2,400	2156	-	-	2802	8.15	2,400
1438	8.83	2,400	2157	6.58	2,400	2812	6.16	2,285
1452	3.38	1,344	2172	2.81	1,151	2835	3.54	1,398
1463	26.12	2,400	2174	8.22	2,400	2836	2.82	1,154
1472	8.81	2,400	2211	9.02	2,400	2841	4.94	1,872
1473X	1.38	667	2220	3.79	1,483	2881	5.76	2,149
1624E	4.88	1,851	2286	3.36	1,337	2883	6.87	2,400
1642	7.24	2,400	2288	4.94	1,872	2913	8.49	2,400
1654	11.92	2,400	2300	3.83	1,496	2915	4.14	1,601

Surcharges applicable to voluntary comparable premium, Tier 1 = 25%, Tier 2 = 83%, Tier 3 = 134%

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2008 applicable to new and renewal business.

APPLICABLE TO FWCJUA POLICIES ONLY

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
2916	4.70	1,790	3270	3.54	1,398	3865	3.92	1,527
2923	6.05	2,247	3300	8.08	2,400	3881	5.29	1,990
2942	4.22	1,628	3303	6.21	2,301	4000	8.24	2,400
2960	5.79	2,159	3307	5.32	2,000	4021	9.55	2,400
3004	4.27	1,645	3315	5.45	2,044	4024E	4.77	1,814
3018	5.55	2,078	3334	3.88	1,513	4034	12.91	2,400
3022	5.42	2,034	3336	4.29	1,652	4036	6.26	2,318
3027	5.53	2,071	3365	21.32	2,400	4038	4.63	1,767
3028	6.33	2,342	3372	4.60	1,757	4053	7.26	2,400
3030	12.79	2,400	3373	9.81	2,400	4061	10.40	2,400
3040	9.97	2,400	3383	1.51	711	4062	3.91	1,523
3041	7.20	2,400	3385	1.49	704	4101	9.34	2,400
3042	7.99	2,400	3400	4.45	1,706	4111	4.83	1,834
3064	7.73	2,400	3507	6.58	2,400	4112	1.63	752
3066	—	—	3515	2.57	1,070	4113	3.26	1,303
3069	11.99	2,400	3548	2.35	995	4114	2.51	1,049
3076	6.25	2,315	3559	4.78	1,818	4130	7.93	2,400
3081D	6.82	2,400	3574	1.69	772	4131	4.14	1,601
3082D	15.97	2,400	3581	2.69	1,110	4133	4.60	1,757
3085D	4.80	1,824	3612	3.80	1,486	4150	1.82	816
3110	7.04	2,400	3620	7.02	2,400	4206	8.81	2,400
3111	5.57	2,085	3629	3.64	1,432	4207	3.47	1,374
3113	3.03	1,225	3632	5.46	2,048	4239	4.55	1,740
3114	4.40	1,689	3634	2.81	1,151	4240	4.35	1,672
3118	3.22	1,290	3635	4.26	1,642	4243	3.76	1,472
3119	2.12	917	3638	2.78	1,141	4244	3.39	1,347
3122	3.52	1,391	3642	3.48	1,378	4250	3.45	1,367
3126	4.89	1,855	3643	3.85	1,503	4251	3.25	1,300
3131	2.23	955	3647	6.36	2,352	4263	5.31	1,997
3132	4.54	1,736	3648	2.25	961	4273	4.71	1,794
3145	3.44	1,364	3681	1.79	806	4279	6.56	2,400
3146	4.39	1,686	3685	1.36	660	4282	2.97	1,205
3169	4.40	1,689	3719	3.24	1,296	4283	8.28	2,400
3175	3.14	1,263	3724	6.70	2,400	4299	3.39	1,347
3179	3.51	1,388	3726	5.59	2,092	4304	4.40	1,689
3180	6.63	2,400	3803	7.43	2,400	4307	4.82	1,831
3188	4.63	1,767	3807	3.18	1,276	4308	—	—
3220	2.95	1,198	3808	3.64	1,432	4351X	1.88	836
3223	7.08	2,400	3821	12.48	2,400	4352	3.32	1,323
3224	6.76	2,400	3822	5.65	2,112	4360	2.42	1,019
3227	8.09	2,400	3824	4.84	1,838	4361	1.51	711
3240	4.08	1,581	3826	2.58	1,073	4362	0.93	515
3241	5.46	2,048	3827	2.32	985	4410	6.09	2,261
3255	3.32	1,323	3830	3.04	1,229	4420	5.74	2,142
3257	4.84	1,838	3851	3.52	1,391	4431	2.00	877

Surcharges applicable to voluntary comparable premium, Tier 1 = 25%, Tier 2 = 83%, Tier 3 = 134%

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2008 applicable to new and renewal business.

APPLICABLE TO FWCJUA POLICIES ONLY

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4432	1.66	762	5102	8.85	2,400	6004X	18.64	2,400
4439	2.42	1,019	5146	6.31	2,335	6005	—	—
4452	6.02	2,237	5160	5.18	1,953	6006FX	17.50	2,400
4459	4.84	1,838	5183	6.75	2,400	6017	8.92	2,400
						6018	5.11	1,929
4470	2.97	1,205	5188	7.45	2,400			
4484	4.80	1,824	5190	6.64	2,400	6045	5.53	2,071
4493	4.24	1,635	5191	1.22	613	6204	14.17	2,400
4511	1.41	677	5192X	5.66	2,115	6206	5.97	2,220
4557	2.79	1,144	5213X	15.31	2,400	6213	4.77	1,814
4558	5.10	1,926				6214	4.80	1,824
			5215	15.78	2,400			
4561	2.73	1,124	5221	6.97	2,400	6216	11.74	2,400
4568	5.80	2,163	5222	20.82	2,400	6217	8.30	2,400
4581	3.07	1,239	5223	5.24	1,973	6229	7.19	2,400
4583	6.88	2,400	5348	6.55	2,400	6233	7.49	2,400
4586X	1.65	758	5402	8.24	2,400	6235	12.17	2,400
4611	2.34	992	5403X	14.39	2,400	6236	26.00	2,400
4635	3.62	1,425	5437	10.47	2,400	6237	2.80	1,148
4653	2.88	1,175	5443	5.98	2,224	6251D	11.29	2,400
4665	14.66	2,400	5445	9.98	2,400	6252D	9.26	2,400
4670	9.59	2,400	5462	9.91	2,400	6260D	7.20	2,400
4683	6.90	2,400	5472	11.40	2,400	6306	8.54	2,400
4686	3.11	1,252	5473	9.34	2,400	6319	10.30	2,400
4692	0.64	417	5474X	9.73	2,400	6325	8.15	2,400
4693	1.60	741	5478	6.81	2,400	6400X	8.50	2,400
4703	3.57	1,408	5479	9.24	2,400	6504	4.08	1,581
4710X	4.50	1,723	5480	18.70	2,400	6702Ma	a	a
4717	4.84	1,838	5491	4.72	1,797	6703Ma	a	a
4720	3.63	1,428	5506	9.07	2,400	6704Ma	a	a
4740	5.24	1,973	5507	9.16	2,400	6801F	3.28	1,310
4741	4.06	1,574	5508D	19.46	2,400	6811	2.65	1,097
4751	3.03	1,225	5509X	9.68	2,400	6824FX	11.54	2,400
4771N	2.40	1,012	5535	11.99	2,400	6826FX	8.88	2,400
4777	6.27	2,322	5536	—	—	6828FX	6.06	2,251
4825	1.91	846	5537X	9.37	2,400	6834X	4.52	1,730
4828	3.82	1,493	5538	—	—	6836X	4.64	1,770
4829	2.65	1,097	5551	22.19	2,400	6838X	5.51	2,065
4902	2.95	1,198	5606	2.74	1,127	6843F	12.41	2,400
4923	2.42	1,019	5610X	9.88	2,400	6845F	13.49	2,400
5020	12.55	2,400	5613X	13.63	2,400	6854	6.33	2,342
5022X	11.32	2,400	5645	20.04	2,400	6872F	19.28	2,400
5037	33.16	2,400	5651	13.05	2,400	6874F	33.07	2,400
5040	27.89	2,400	5703	19.23	2,400	6882	2.76	1,134
5057X	14.56	2,400	5705	7.12	2,400	6884	6.01	2,234
5059	56.65	2,400	5951	0.69	433	7016M	17.23	2,400
5069	37.09	2,400	6003	—	—	7024M	19.15	2,400

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 *Refer to Footnote Pages for more information on this class code.

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CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7038M	9.62	2,400	7445N	0.52	–	8106	6.70	2,400
7046M	11.89	2,400	7453N	1.11	–	8107	5.75	2,146
7047M	22.92	2,400	7502	2.86	1,168	8111	4.18	1,615
7050M	12.80	2,400	7515	2.53	1,056	8116	4.35	1,672
7090M	10.69	2,400	7520	5.54	2,075	8203	11.81	2,400
7098M	13.21	2,400	7538	14.55	2,400	8204	6.64	2,400
7099M	15.81	2,400	7539	1.80	809	8209	4.81	1,828
7133	4.61	1,760	7540	3.34	1,330	8215	3.94	1,533
7151Ma	a	a	7580	4.41	1,692	8227	6.68	2,400
7152Ma	a	a	7590	6.62	2,400	8232X	5.15	1,943
7153Ma	a	a	7600X	3.71	1,455	8233	8.19	2,400
7201X	10.55	2,400	7601	6.59	2,400	8235	7.45	2,400
7204X	4.27	1,645	7605	3.77	1,476	8263	12.18	2,400
7205X	13.55	2,400	7610	0.70	437	8264	7.01	2,400
7219X	11.91	2,400	7611	7.06	2,400	8265	7.16	2,400
7222	10.33	2,400	7612	13.04	2,400	8273X	6.36	2,352
7230	6.51	2,400	7613	6.79	2,400	8274X	6.63	2,400
7231	5.96	2,217	7704X	5.01	1,895	8279	12.95	2,400
7232	9.54	2,400	7705	5.21	1,963	8288	6.89	2,400
7309F	22.66	2,400	7720	3.77	1,476	8291	5.79	2,159
7313F	4.62	1,763	7855	11.67	2,400	8292X	5.92	2,203
7317F	10.10	2,400	8001	4.54	1,736	8293	12.29	2,400
7327FX	14.16	2,400	8002	3.45	1,367	8304	7.90	2,400
7333M	12.21	2,400	8006X	3.43	1,361	8350	7.94	2,400
7335M	13.57	2,400	8008	1.75	792	8353X	5.99	2,227
7337M	16.25	2,400	8010	2.49	1,043	8380	4.01	1,557
7350FX	18.56	2,400	8013	0.79	467	8381	2.63	1,090
7360X	8.02	2,400	8015	0.89	501	8385	2.97	1,205
7370	4.94	1,872	8017	1.92	850	8392	3.26	1,303
7380	7.04	2,400	8018	4.79	1,821	8393X	3.24	1,296
7382	7.81	2,400	8021	6.34	2,345	8500	7.53	2,400
7383X	3.83	1,496	8031	5.89	2,193	8601	1.30	640
7390	5.54	2,075	8032	3.43	1,361	8606	4.33	1,665
7394M	17.81	2,400	8033	3.18	1,276	8709F	4.22	1,628
7395M	19.79	2,400	8039	2.85	1,164	8719	2.57	1,070
7398M	23.69	2,400	8044	4.13	1,598	8720	2.51	1,049
7403	4.50	1,723	8045	0.88	498	8721	0.45	352
7405N	0.97	528	8046	3.83	1,496	8726F	4.71	1,794
7409	–	–	8047	1.80	809	8734Ma	a	a
7420	23.34	2,400	8058	4.43	1,699	8737Ma	a	a
7421	2.37	1,002	8061X	4.20	1,621	8738Ma	a	a
7422	3.49	1,381	8072	1.06	559	8742	0.64	417
7423	–	–	8102	2.76	1,134	8745	6.77	2,400
7425	6.66	2,400	8103	5.24	1,973	8748	0.81	474
7431N	2.06	897	8105	6.48	2,393	8755	0.65	420

Surcharges applicable to voluntary comparable premium, Tier 1 = 25%, Tier 2 = 83%, Tier 3 = 134%

*Refer to Footnote Pages for more information on this class code.

Effective January 1, 2008 applicable to new and renewal business.

APPLICABLE TO FWCJUA POLICIES ONLY

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
8799	1.75	792	9101X	4.38	1,682
8800	1.75	792	9102X	4.86	1,845
8803	0.23	278	9110	5.89	2,193
8805Ma	a	a	9154	2.16	931
8810	0.37	325	9156	3.05	1,232
8814Ma	a	a	9170	5.17	1,950
8815Ma	a	a	9178	8.45	2,400
8820	0.29	298	9179	17.75	2,400
8824	6.16	2,285	9180	4.22	1,628
8825	2.84	1,161	9182	3.57	1,408
8826	3.73	1,462	9186	38.51	2,400
8829X	4.48	1,716	9220	6.26	2,318
8831	1.98	870	9402	6.69	2,400
8832	0.57	393	9403	14.17	2,400
8833*	1.43	684	9410	3.98	1,547
8835	2.99	1,212	9501	3.97	1,543
8841X	3.54	1,398	9505	6.67	2,400
8861	1.53	718	9516	2.29	975
8868X	0.48	362	9519	4.47	1,713
8869	1.46	694	9521	6.86	2,400
8871	0.55	386	9522	4.11	1,591
8901	0.29	298	9534	11.29	2,400
9000X	--	--	9554	9.85	2,400
9001X	--	--	9586	1.47	697
9012	1.56	728	9600	2.70	1,114
9014X	5.17	1,950	9620	2.60	1,080
9015	5.06	1,912			
9016	4.27	1,645			
9019	3.26	1,303			
9033	2.67	1,104			
9040*	7.63	2,400			
9047X	4.52	1,730			
9052	3.84	1,499			
9058	2.60	1,080			
9059	8.06	2,400			
9060	2.65	1,097			
9061	3.19	1,279			
9063	1.47	697			
9077F	2.32	985			
9082	3.13	1,259			
9083	2.81	1,151			
9084	3.35	1,334			
9088a	a	a			
9089	1.82	816			
9093	2.33	988			

Surcharges applicable to voluntary comparable premium, Tier 1 = 25%, Tier 2 = 83%, Tier 3 = 134%
 *Refer to Footnote Pages for more information on this class code.

MISCELLANEOUS VALUES

Average Weekly Wage applicable only in connection with Rule V-B-3 of the Basic Manual.\$30

Code 5551 — “Roofing - All Kinds & Yard Employees, Drivers”

Minimum Remuneration for Special Deposit\$18,830

Note: The minimum Remuneration is based on an estimate of one employee using one-half the state’s average annual wage. If upon final payroll audit, no payroll or exposure actually develops, the final earned premium will be adjusted to this classification’s minimum premium plus the flat fee.

Basis of premium applicable in accordance with the footnote instructions for Code 7370

“Taxicab Co.”:

Employee operated vehicle\$55,143

Leased or rented vehicle\$36,762

Expense Constant applicable in accordance with Basic Manual Rule VI-D-3\$200

Flat Fee\$475

Maximum Remuneration applicable in accordance with Basic Manual Rule IX-A-4-b

Executive Officers” and the footnote instructions for Code 9178 — “Athletic Team:

Non-Contact Sports,” Code 9179 — “Athletic Team: Contact Sports,” and

Code 9186 — “Carnival—Traveling”\$2,300

Minimum Remuneration applicable in accordance with Basic Manual Rule IX-A-4-a

Executive Officers in the construction industry\$125

All other executive officers\$350

Per Passenger Seat Surcharge — In accordance with the footnote instructions for classification Code 7421, the surcharge is:

maximum surcharge per aircraft\$1,000

per passenger seat\$100

Premium Determination for Partners and Sole Proprietors in accordance with

Basic Manual Rule IX B-5\$48,900

Note: If the actual remuneration received by the partner or sole proprietor as evidenced by IRS Schedule C forms is less than the amount shown above, the actual amount may be used.

United States Longshore and Harbor Workers’ Compensation Coverage Percentage

applicable only in connection with Rule XII-D-3-b -- U.S. Longshore and Harbor

Workers’ Compensation Act of the Basic Manual129%

(Multiply a Non- “F” classification rate by a factor of 2.29 to adjust for the differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (2.06) and the adjustment for differences in loss-based expenses (1.111).)

EXPERIENCE RATING ELIGIBILITY

A risk eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$10,000. If more than two years, an average annual premium of at least \$5,000. is required.

FOOTNOTE

- a Rate for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.
- A Minimum Premiums \$100 per ginning location for policy minimum premium computation.
- D Special Disease Rule for this classification-See rule approved for the FWCJUA for use in Florida by the Department of Insurance related to Treatment of Disease Coverage
- E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.13	S	1852D	0.04	Asb
0065D	0.03	S	3081D	0.03	S
0066D	0.03	S	3082D	0.07	S
0067D	0.03	S	3085D	0.01	S
1164E	0.03	S	4024E	0.01	S
1165E	0.01	S	5508D	0.02	S
1624E	0.01	S	6251D	0.04	S
1710E	0.04	S	6252D	0.02	S
1741E	0.10	S	6260D	0.01	S
1803D*	0.12	S			

Asb=Asbestos, S=Silica

- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rates include a provision for the USL&HW assessment.
- M Rate provides coverage under Admiralty Law.
- N This code is part of a ratable / non-ratable group shown below. This statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

***Class Code with Specific Footnotes**

- 1803 See Florida Specific Rules for Treatment of Disease Coverage.
- 2702 An upset payroll of \$10.00 per cord has been established for use only when payroll records are not available and shall be used for premium computation purposes in accordance with the classification footnote.
- 8833 The ex-medical rate for this classification is \$0.73. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tuberculosis ward or department.
- 9040 The ex-medical rate for this classification is \$3.66. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tuberculosis ward or department.



**FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
INSTRUCTIONS FOR COMPLETING ACORD 130 FL & ACORD 133 FL**

Use the information below, along with the ACORD Forms Instruction Guide for completing the ACORD 130 FL Workers Compensation Applications. All questions should be referred to the FWCJUA (see contact information below).

Guide to Premium Calculation: (Pricing tool at www.fwcjua.com calculates premium)

Employer's Liability Increased Limits, if applicable, applied to total manual premium.

Waiver of Subrogation Factor, if applicable, is 5% applied to the portion of total manual premium where waiver is applied.

Voluntary market terrorism charge applicable to all three rating tiers, (Payroll/100 x .03 = Premium). This premium is applied after standard premium and is not subject to any other modifications including experience rating.

Experience Modification, if applicable, applied to total subject premium

Assigned Risk Adjustment Program Surcharge, if applicable under Tier 3, applied to total modified premium.

Tier 1 surcharge above voluntary comparable premium is 25%, and does not apply to FWCJUA Tier 1 minimum premium.

Tier 2 surcharge above voluntary comparable premium is 83%, and does not apply to FWCJUA Tier 2 minimum premium.

Tier 3 surcharge above voluntary comparable premium is 134%, and does not apply to FWCJUA Tier 3 minimum premium.

Premium Discount does not apply.

Flat Fee, applicable to all three rating tiers, is \$475, applied to total standard premium.

Expense Constant for all three rating tiers is \$200.

Note: Florida Statute 440.381(6) provide for an employer, or his/her agent or attorney, to pay its insurer a penalty of ten times the amount of difference in premium paid and the amount the employer should have paid and reasonable attorney fees if payrolls are understated or concealed.

Roofers Special Deposit: (Pricing tool at www.fwcjua.com calculates this special deposit)

The FWCJUA requires roofing Employers to estimate an annual payroll or exposure amount based on one employee using one-half the state's annual wage to compute the total estimated annual premium at time of application and/or policy renewal. If, however, upon final payroll audit no payroll or exposure actually develops, a refund will be made to the Employer adjusting the final earned premium to code 5551's minimum premium plus the flat fee.

(See Miscellaneous Values pages for minimum remuneration to calculate the special deposit.)

Deposit & Advance Premium Requirements (Pricing tool at www.fwcjua.com calculates the deposit & advance premiums)

Deposit Premium:

A deposit premium is required to secure or renew coverage in the FWCJUA. At final audit, the deposit will be applied to any earned premium due or to the renewal premium (not to the renewal deposit). A similar deposit shall be required at renewal. The amount of deposit premium is dependent upon the total estimated annual premium.

A. Total Estimated Annual Premium less than or equal to \$4,500:

If the total estimated annual premium is less than or equal to \$4,500, the amount of deposit premium payable must be equal to 50% of the total estimated annual premium.

B. Total Estimated Annual Premium greater than \$4,500:

If, however, total estimated premium exceeds \$4,500, a deposit premium is not required.

Exceptions to B:

(1) *Any person who has been delinquent in the payment of premium, assessments, penalties, fees or surcharges owed to the FWCJUA on previous insurance may be required to send funds sufficient to establish a deposit premium equal to 50% of the total estimated annual premium.*

(2) *Any person delinquent in the payment of premium, assessments, penalties, fees or surcharges owed to the FWCJUA will be required to pay the debt in full prior to obtaining additional insurance through the FWCJUA and may be required to send funds sufficient to establish a deposit premium equal to 50% of the total estimated annual premium.*

Advance Premium:

An advance premium is also required to secure or renew coverage in the FWCJUA.

A. Total Estimated Annual Premium less than or equal to \$1,000:

If total estimated annual premium is less than or equal to \$1,000, the amount of advance premium payable must be equal to the total estimated annual premium.

B. Total Estimated Annual Premium greater than \$1,000:

If the total estimated annual premium exceeds \$1,000, the amount of advance premium payable shall be at least 50% of total estimated annual premium, but not less than \$1,000. In addition, payments equal to the remaining balance in three equal payments rounded upward to the nearest dollar are payable three (3) months, six (6) months, and nine (9) months from policy inception.

Optional Payroll Service with Premium Withholding Program:**A. Eligibility**

This pilot program is optional and available only to eligible Employers with payroll, as it requires an Employer to execute two service agreements with Paychex®, our partner in this pilot program, within 14 calendar days of coverage being bound for the Employer. The two agreements are the Paychex Florida Workers' Compensation Joint Underwriting Association, Inc. Workers' Compensation Payment Service Agreement and the Paychex Services Agreement electing, at a minimum, Taxpay®. The Employer shall be responsible for the payment of all Paychex® fees under these two agreements, and the Employer must maintain his or her agreements with Paychex in good standing throughout the policy period. Failure to timely execute the two required agreements with Paychex or to maintain said agreements in good standing shall result in the cancellation of the Employers policy.

Exception to A:

The following types of Employers shall not be eligible for this pilot program: (1) labor contractors (e.g., PEO), (2) temporary help services, (3) Employers aware of pending bankruptcy procedures, (4) Employers who do not report and maintain employees under their policy and (5) Employers seeking coverage for domestic servants.

B. Modified Deposit and Advance Premium Requirements

An Employer, who chooses to participate in this pilot program by completing the FWCJUA Payroll Service with Premium Withholding Agreement (FWCJUA 04 04), shall be required to submit an advance premium equal to 1/6 of his or her total estimated annual premium plus the \$475 application fee, regardless of the Employer's total estimated annual premium. The Employer shall not be required to submit a deposit premium, regardless of the Employer's total estimated annual premium.

Exception: Any person aware of bankruptcy proceedings shall be required to submit to the FWCJUA 100% of the total estimated annual premium and the required deposit premium, if applicable, as well as copies of monthly trustee reports, within five days of filing with the bankruptcy court.

Total estimated annual premium and final policy premium are subject to verification and audit by the FWCJUA. This may result in additional premium due or in the return of premium.

If less than 5% additional premium inclusive of surcharges develops for the first policy year and through the second consecutive policy year, the insured will not be required to pay a deposit premium for the third consecutive policy year and for each consecutive policy year thereafter provided additional premium generated for each policy year is less than 5% inclusive of surcharges.

Election/Rejection Under State Law:

Corporate officers of a corporation shall automatically be covered under an FWCJUA policy unless the Employer files the proper exemption of coverage form with the Bureau of Compliance. Corporate officers of corporations in the construction industry are permitted to elect exemption only if they maintain at least a 10 percent stock ownership in the corporation; however, no more than three corporate officers within the corporation are permitted to be exempt. Corporate officers of corporations in non-construction industries are also permitted to elect exemption; however, without either of the referenced restrictions applicable within the construction industry. If an officer chooses not to be covered, then an exemption form must be completed and accompany the ACORD 130 FL. Use form DWC-250 for officers of a corporation in non-construction and construction industries. The payroll for all officers who are covered must be included in the premium calculations.

Sole Proprietors or Partners in non-construction industries shall not be covered under an FWCJUA policy unless they file the proper election of coverage form with the Bureau of Compliance. If they desire to be covered, they must complete an election of coverage form, DWC-251. The payroll for partners or sole proprietors is not to be included in the premium calculation unless they have chosen to be covered under the policy.

Partners and Sole Proprietors in the construction industry are automatically covered under the Law and cannot elect exemption. The payroll for all partners or sole proprietors in the construction industry must be included in the premium calculation.

"FWCJUA Application for Coverage" consists of :

1. ACORD 130 FL
2. ACORD 133 FL
3. Employment and Wage Information Release Agreement
4. Applicant's Affidavit
5. Applicant's Affidavit As To Employee Leasing

The "FWCJUA Application for Coverage" and instructions are available through the FWCJUA website, www.fwcjua.com or by contacting the FWCJUA (see contact information below). The ACORD forms are also available through ACORD. To become an ACORD subscriber and place an order, contact ACORD at (800) 444-3341.

Required Application Attachments:

- Check made payable to the FWCJUA for the Total Estimated Annual Premium or the required Deposit and/or Advance Premiums
- UCT- 6 or 941 Payroll Verification Form (if applicable)
- Exemption/Election Forms (if applicable)
- Experience Rating Worksheet (if applicable)
- ERM-14 (Confidential Request for Information) form (if applicable)
- Previous WC Policy Years Dec Page, reflecting class codes and payrolls (if applicable)
- Current Valued Loss Runs with corresponding Policy Premium in accordance with tier eligibility criteria (if applicable)
- FWCJUA Supplemental Employee Leasing Application (if applicable)
- Employee Leasing - Consent To The Release Of Client Initiation or Termination Information (if applicable)
- Acknowledgement by Labor Contractor and Client of Terms and Conditions of the Multiple Coordinated Policy (if applicable)
- Horse Trainer's Supplemental Application (if applicable)
- Truckers Supplemental Application (if applicable)
- Contractor's Supplemental Application (if applicable)
- Certificates of Insurance issued within the last 30 days for all Subcontracted Labor (if applicable)
- Copy of Contractor's License (if applicable)
- Finance Agreement (if applicable)
- Full details on any Voluntary Offers of Coverage (if applicable)

Certificates of Insurance:

Certificates of Insurance are to be issued by the Service Provider within five (5) working days of receipt of the request provided the policy has been issued. Often, more immediate issuance is required. If so, the Producer must contact the Service Provider to request permission to issue a specific certificate of insurance. The Service Provider has the authority to decide whether to permit the Producer to issue the specific certificate of insurance.

To request the issuance of a certificate of insurance for a policy which has been issued, the FWCJUA's Service Provider may be contacted at 1-800-247-7218. If there is an immediate need for the issuance of a certificate of insurance upon the binding of coverage for an Employer, the Producer may submit a written request for the issuance of said certificate directly to the FWCJUA via e-mail (fwcjua@fwcjua.com) or fax (941-378-7406). This written request must include the name of the insured; the FWCJUA's binder number; and the name and address of the proposed certificate holder. Upon receipt of the Producer's written request, the FWCJUA shall promptly (1) determine whether to permit the Producer to issue the certificate and (2) provide the Producer with its written decision. If the Producer receives permission to issue a certificate of insurance by either the FWCJUA or its Service Provider, the Producer shall promptly provide a copy of the certificate to the authorizing party.

A Producer may not automatically assume the responsibility of issuing certificates of insurance without prior consent and permission from the FWCJUA or its Service Provider. The only party authorized by the FWCJUA with the discretionary power to issue certificates of insurance is its Service Provider. Producers are not authorized to issue certificates of insurance without the prior consent and permission of the FWCJUA or its Service Provider. A Producer shall only be given permission to issue a certificate of insurance on an individual case-specific basis. Further, the FWCJUA shall take disciplinary action against Producers for issuing certificates of insurance without the advance authorization of the FWCJUA or its Service Provider, including suspension or revocation of a Producer's privilege to submit business to the FWCJUA.

If given permission by the FWCJUA or its Service Provider to issue a specific certificate of insurance, the Producer should use the ACORD 25 certificate of insurance form. If the FWCJUA or its Service Provider gives specific instructions on the completion of the certificate form, such instructions should be carefully followed.

Mail Applications To:

FWCJUA
P.O. Box 48957
Sarasota, FL 34230-5957

Tel: (941) 378-7400
Fax: (941) 378-7406
Website: www.fwcjua.com

FWCJUA mail requiring a street address (e.g., certified mailing or overnight delivery service) should be directed to the following address: 6003 Honore Avenue, Suite 204, Sarasota, FL 34238.

Note: Facsimile transmission of application is allowed; however the application will not be processed until payment is received.