

ATTACH COMPLETED CHECKLIST TO YOUR APPLICATION FILING

**CHECKLIST OF ITEMS TO BE INCLUDED WITH
APPLICATION FOR WORKERS' COMPENSATION SELF-INSURANCE**

Section I - General

Section I-1 Completed Application (Form DFS-F2-SI-1)

_____ Original signature by an officer of the applicant who is listed in Section I-3

All questions are answered and documentation attached

Section I-2 Application Financial Review Fee

_____ Includes completed invoice

Includes check for \$500.00

Section I-3 Corporate Officer, Limited Partner or Individual Proprietor Listing

_____ An individual from this listing should sign the application and other documents

Section I-4 Subsidiary and Location Listing

_____ Includes the legal name of all subsidiaries and/or affiliates to be covered

Includes any fictitious names used (listed with entity who owns fictitious name)

_____ Includes Federal Employer Identification No. for each subsidiary and/or affiliate

Includes the percentage of ownership that the applicant has in each entity

_____ Includes all Florida locations for each entity including the parent company

If an affiliated self-insurer application, includes detailed ownership for all entities
(All must share common majority ownership)

Section I-5 Experience Modification Ratings

_____ Includes the most recent rating promulgated

Includes the two prior years' ratings as well

_____ For interstate ratings, includes Florida breakout pages along with summary pages

Section II – Legal

Section II-1 Certificate of Status from State of Domicile

_____ Certificate is in the applicant's name

_____ Certificate is less than six months old

Section II-2 Certificate of Status from Florida Secretary of State

_____ If a foreign corporation, Florida certificate of status is filed in this section

_____ Certificate is in the applicant's name, or in the name of subsidiary(s) if the applicant does not do business in Florida and is applying for self-insurance for its subsidiaries

_____ Certificate is less than six months old

Section II-3 Amendments to Articles of Incorporation for Successor Company(s)

_____ Amendments included if the applicant is a successor to another company or has undergone a name change within the last 3 years

Section II-4 Cross-Indemnity Agreement for Affiliated Self-Insurer

_____ If applying as an affiliated self-insurer, the original executed Form DFS-F2-SI-11 is included in this section

Section II-5 Parental Guaranty

_____ If applying under the parental guaranty provision, the original Form DFS-F2-SI-10 is included in this section

Section III – Financial

Section III-1 Annual Financial Statements

_____ Three years of audited, GAAP financial statements are included, if available; or the most recent fiscal year audited, GAAP financial statements along with the two prior years GAAP financial statements (the three years can consist of the last two fiscal years' statements if each is prepared on a comparative basis with the prior year)

_____ All financial statements are in the name of the applicant (unless applying under the parental guaranty provision)

_____ Most recent year's financial statements show a net worth of at least the greater of \$10,000,000 or three (3) times standard premium

Section III-2 Interim Financial Statement

_____ Includes interim financial statements for the most recent fiscal quarter (if audited statements are more than 6 months old)

_____ Interim financial statements are in the name of the applicant (unless applying under the parental guaranty provision)

_____ Shows a continued net worth of the greater of \$10,000,000 or three (3) times standard premium

_____ Certified as true and correct by an officer of the applicant identified in Section I-3

Section IV – Servicing

Section IV-1 Certification of Servicing for Self-Insurers (Form DFS-F2-SI-19)

_____ Fully executed Form DFS-F2-SI-19 addresses the proposed handling of claims adjusting services (in Part I) and safety services (in Part II)

_____ If using a Qualified Servicing Entity, form has been completed/signed by that entity

_____ Proposed servicing entity is approved to service self-insurers

_____ Part III is completed and signed by the applicant

_____ Original documents with original signatures provided

Section IV-2 Self-Servicing

_____ This section is applicable only if Form DFS-F2-SI-19 above indicates any in-house servicing

_____ Includes resumes for all in-house personnel proposed to handle claims adjusting and/or safety, if applicable

_____ Includes in-house safety program, if applicable

**CHECKLIST OF ITEMS TO BE PROVIDED
AFTER NOTIFICATION OF FAVORABLE RECOMMENDATION**

Section III – Financial

Section III-4 Security Deposit

_____ Self-Insurer’s Surety Bond for FSIGA Member (Form DFS-F2-SI-4F), or

_____ Self-Insurer’s Irrevocable Letter of Credit (Form DFS-F2-SI-6)

Section III-5 Excess Insurance

_____ Proof of Specific Excess Insurance Policy