



Policy Review Program

PO Box 1303
Tallahassee, FL 32302
888-262-4483
policyreview@fubaworks.com

Your Company Name: _____

Policy Number: _____

Reporting Period: _____

1st Quarter (1/1/2019-3/31/2019)

FEIN: _____ Description of business operations: _____

Working in states FL & _____ Other business entities (Name & FEIN): _____

Officer Information

| Name(s) of Officers/Owners | Title and/or duties | Officer's Gross ANNUAL payroll | Exempt? Y/N |
|----------------------------|---------------------|--------------------------------|-------------|
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Employee Information

Please attach the quarterly payroll report filed with the Florida Department of Revenue, RT-6 form, for the reporting period noted above.

On the RT-6 form write the job duty or class code for each employee.

Class codes are listed on your policy's information page, which you should have on file.

If you do not have RT-6 payroll check here: Not Applicable

Subcontractor/Contract Labor Information

In this section, include anyone paid for labor that is not listed on the RT-6 form. In the E/C/N column mark E if the subcontractor/laborer provided an exemption from workers' comp, C if they provided a certificate of insurance (COI), or N if they provided neither an exemption or COI. Attach a copy of all applicable exemptions and COIs for labor listed below.

If you do not have subcontractor/contract labor check here: Not Applicable

| Name of Subcontractor/Laborer | FEIN/SSN | Date(s) Work Performed | Type of Work Performed | Total Amount Paid (Labor Only) | E/C/N |
|-------------------------------|----------|------------------------|------------------------|--------------------------------|-------|
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(Use additional paper if necessary)

It is unlawful for any person to knowingly omit or conceal material information required by s. 440.381, Florida Statutes, or to knowingly misrepresent or conceal payroll or classification of workers for the purpose of avoiding or diminishing the amount of payment of any workers' compensation premiums.

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| <p>I certify that the above information is accurate and complete to the best of my knowledge.</p> <p>I understand that my premium may be adjusted based upon these figures.</p> | <p>Officer/Principal Name _____ (Please Print)</p> <p>Officer/Principal Signature _____ Date _____</p> <p>Officer/Principal Title _____</p> |
| | <p>Telephone _____ Email Address _____</p> |

Please return this completed form with your RT-6 and applicable exemptions and COI's for this reporting period by email to policyreview@fubaworks.com, or by mail to the address listed above.