



Agreement for Participation In the

**Florida Retail Federation
Self Insurers Fund**

P.O. Box 988, Lakeland, FL 33802-0988
1-800-282-7648 • (863) 665-6060 • FAX 1-800-611-2667

DO NOT WRITE IN THIS BOX.
Please print or type, but do not use white-out fluid for corrections. All signatures must be in ink, and all sections (except shaded areas) must be completed.

FRF SIF #520-

Effective date

The applicant hereby applies for continuing membership for workers' compensation coverage in the Florida Retail Federation Self Insurers Fund, to be effective at 12:01 a.m. on the approved effective date shown on the reverse side. If accepted by the Fund, the member duly authorizes Summit Consulting, Inc., the administrator of said Fund, as attorney-in-fact in all matters relating to workers' compensation and/or employer's liability coverage as applied for.

The member agrees to the following:

- (1) To be bound by the provisions of the Florida Workers' Compensation Law as they apply to the above Fund.
- (2) To be bound by the terms and provisions of the Indemnity Agreement and/or amendments thereto filed or to be filed with the Office of Insurance Regulation and to assume all obligations imposed upon members as set forth therein or in the Florida Workers' Compensation Law, including, but not limited to, joint and several liability for payment of lawful awards against any member of the Fund and to pay all premiums and lawful assessments within 30 days of the date the same shall become due. This is a fully assessable policy. If the Fund is unable to pay its obligations, policyholders must contribute on a pro rata earned premium basis the money necessary to meet any unfulfilled obligations.
- (3) To abide by the rules and regulations of the trustees of the Fund and to conform to the terms of the agreements they may enter into with any authorized servicing company so long as membership is continued in the Fund.
- (4) That acceptance into the Florida Retail Federation Self Insurers Fund and coverage for workers' compensation/employer's liability is contingent in part upon the full compliance of the application (ACORD 130-FL) and this Agreement for Participation (FRF0357).
- (5) That, in the event of any changes in corporate or business structure or in legal entity or if any locations are to be added to or deleted from this coverage, the member agrees to notify the Fund immediately.
- (6) That should the member desire to cancel the coverage, the member will give written notice at least 30 days prior to cancellation and be subject to cancellation procedures. The Fund will give written notice at least 30 days prior to cancellation should they desire to cancel the coverage.
- (7) That insurance coverage provided hereunder shall be for Florida operations only.
- (8) That the member will make available all records necessary for the payroll verification audit and permit the auditor to make a physical inspection of the operations. Failure to do this shall result in a \$500 payment to the Fund to defray the auditing costs.
- (9) That all sums due the Fund are payable at the administrative office of the Fund.
- (10) That, in the event any premium or sum of money is not paid within five days after it is due, for each amount in default, the member agrees to pay the Fund a delinquency and collection fee of \$25 or five percent of the amount in default, whichever is greater.

If an amount in default is referred for collection to an attorney, the member agrees to pay the Fund's attorneys' fees not exceeding 25 percent of the sum of the delinquent amount and any delinquency and collection fee charged by the Fund.

In the event litigation becomes necessary in regard to collection or any other dispute that may arise as a result of this Agreement, the member agrees that Polk County, Florida, will be the proper venue for the legal action. The member agrees also that if supplemental proceedings are required subsequent to judgment, the president and secretary of a corporation or limited liability company member or all partners of a partnership member or the individual in the event of an individual member shall submit to the supplemental proceedings in Polk County, Florida.

- (11) That the member must update the application and this Agreement for Participation monthly to reflect any change in the required application information.
- (12) That if the member files an application or application update containing false, misleading or incomplete information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage, it is a felony of the third degree.
- (13) That the member shall submit to the Fund a copy of the quarterly earnings report and self-audits supported by the quarterly earnings report, as required by Chapter 443, Florida Statutes, at the end of each quarter. If the member omits the name of an employee from this quarterly earnings report, Florida Statutes state that the member will remain liable for, and will reimburse the Fund for, any workers' compensation benefits paid to this omitted employee.
- (14) That if the member understates or conceals payroll, or misrepresents or conceals employee duties so as to avoid proper classification for premium calculations, or misrepresents or conceals information pertinent to the computation and application of an experience rating modification factor, the member, or his agent or attorney, shall pay to the Fund a penalty of ten times the amount of the difference in premium paid and the amount the employer should have paid and reasonable attorney's fees.
- (15) I understand that the Producing Agent, and any subsequent Agent which the member-insured engages, is an independent insurance agent and thereby an agent for the member-insured, and is not for any purpose an agent for the Florida Retail Federation Self Insurers Fund or Summit Consulting, Inc.

Limits of Liability: Part One—Workers' Compensation, Statutory. Part Two—Employer's Liability, Bodily Injury by Accident, \$100,000 each accident; Bodily Injury by Disease, \$100,000 each employee, \$500,000 policy limit.

The member hereby gives authorization to the National Council on Compensation Insurance to release their experience modification records to Summit Consulting, Inc., administrator of the Florida Retail Federation Self Insurers Fund.

I hereby swear that the information contained in the application and this Agreement for Participation is accurate and I acknowledge that I have read and agree to the above statements.

Owner, partner or corporate officer (signature and title)

Company name

Print or type name and title

Company address

Date

City, state and ZIP code

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Telephone number

PLEASE DO NOT WRITE IN THIS BOX

The above-mentioned employer is a member of the Florida Retail Federation and is hereby approved for membership in the Florida Retail Federation Self Insurers Fund, and coverage is effective the _____ day of _____, 20_____.

Signed this _____ day of _____, 20 _____

By: _____
Summit Consulting, Inc., Administrator



THE VOICE OF FLORIDA RETAILING

For Summit Use Only
Policy# _____
Effective _____

Membership Application Easy as 1...2...3

STEP 1: Tell us about yourself

Business Name: _____
Type of Business: _____
Contact Person: _____
Title: _____
Mailing Address: _____
City: _____
State: _____ Zip: _____
Street Address: _____
City: _____ County: _____
State: _____ Zip: _____
Phone: _____
Fax: _____
E-mail: _____
Web site: _____
of locations: _____ # of employees: _____

STEP 2: Activate your membership

FRF Membership Investment table with columns: Membership Category, Annual Sales, Annual Investment. Rows include Small, Medium, Large, and Corporate with corresponding sales ranges and investment amounts.

Membership Investment: \$ _____

Your Name: _____
Title: _____
Date: _____
Your Signature: _____

NOTE: FRF may allocate up to 80% of your membership dues as a contribution to FRF's Section 527 political organizations. Pursuant to provisions of IRC 162(e) regarding the deductibility of lobbying expenses: member dues, contributions, or gifts to the Florida Retail Federation are not deductible for Federal Income Tax purposes (100 percent of member dues are attributable to federal and state lobbying expenses).

STEP 3: Your Input is Critical

Throughout the year the Florida Retail Federation is asked to furnish important data to the Governor, the Cabinet, and the Florida Legislature. It's important that our information be timely and accurate. Periodically, Federation members are asked to participate in these surveys and questionnaires. As a member of the Florida Retail Federation, you agree to participate in these fact-finding missions.

The Team Retail Action Network is a coalition of FRF members working to ensure that the Florida business community's voice is heard at both the state and federal level. Our goal is to keep our network members informed about the political activities of our legislature and congress and to provide you with the opportunity to make a difference in how laws impact your business.

For further information on Team Retail

Florida Retail Federation Member Benefits

Your membership in the Florida Retail Federation offers you tremendous savings on credit card processing. That's because we work with one of the most established non-bank credit card processors in the U.S. which handles more than 7 million transactions for over 5,000 businesses each year. And they've been doing it since 1969, so you can be sure their service is excellent.

For further information on credit card processing program

Running your business is what you do best, and protecting your interests is what we do best. Since 1937 we have been working for retailers throughout Florida. Thank you for joining other leading businesses in Florida to make a difference in the Retailing Industry.

Mailing Information

Please remove me from future mailings relating to additional insurance-related services.

Questions About FRF Benefits? Please Call or e-mail

Tara Whitney at the Florida Retail Federation
1-888-FL-RETAIL (357-3824)
(850) 222-4082 / FAX (850) 561-6625
tara@frf.org

Visit our web site at: www.frf.org

WE WORK FOR YOU!