

**DIVISION OF WORKERS' COMPENSATION
BUREAU OF MONITORING AND AUDIT
SELF-INSURANCE SECTION**

CERTIFICATION OF SERVICING FOR SELF-INSURERS

NAME OF SELF-INSURER _____

PART I TO BE COMPLETED BY THE SERVICE COMPANY (IF APPLICABLE)

The undersigned service company certifies that the above self-insurer has satisfied the servicing requirements as contained in Rule 4L-5.113, F.A.C., by contracting for the services indicated below on a full time basis beginning on _____ and ending on _____.

INDICATE WITH AN "X": All (Claims Adjusting, Safety and Underwriting)
 Claims Adjusting Underwriting Safety

The undersigned service company also certifies that its contract with the above self-insurer complies with Rule 4L-5.113, F.A.C.

Name of Service Company _____

Signature _____ Date _____

Name _____ Title _____

PART II TO BE COMPLETED BY THE SELF-INSURER FOR SERVICES NOT INCLUDED UNDER PART I

The undersigned self-insurer certifies that it has satisfied the servicing requirements as contained in Rule 4L-5.113, F.A.C., by contracting with the firms listed below or by use of its own in-house personnel for the indicated services.

INDICATE WITH AN "X":

A. Claims: In-house
 Contracting with _____

Beginning on _____ and ending on _____

Note: Submit claims adjusting licenses for contract personnel and resumes or license numbers for in-house personnel.

B. Underwriting: In-house
 Contracting with _____

Beginning on _____ and ending on _____

Note: Submit resumes of underwriting personnel.

C. Safety In-house
 Contracting with _____

Beginning on _____ and ending on _____

Note: For in-house safety, submit a copy of your safety program or a letter of approval from the Division of Safety.

PART III TO BE COMPLETED BY THE SELF-INSURER

The undersigned self-insurer certifies that the information contained on and accompanying this form is true and correct to the best of his/her knowledge.

Name of the Self-Insurer _____

Signature _____ Date _____

Name _____ Title _____