

CERTIFICATE OF SELF-INSURANCE

Prepared by:
DIVISION OF WORKERS' COMPENSATION
BUREAU OF MONITORING AND AUDIT
SELF-INSURANCE SECTION
P. O. BOX 5497
TALLAHASSEE, FL 32314-5497

NAME AS STATED ON APPLICATION

FED. EMP. IDENT. NUMBER WC NUMBER P.O.BOX NO (IF APPLICABLE)

STREET ADDRESS CITY

STATE LOCATION CODE ZIP CODE

DATE RECEIVED EFFECTIVE DATE OF SELF-INSURANCE

POLICY NUMBER

CARRIER CODE AGENCY

RECEIVING OFFICE

INDUSTRY NUMBER NATURE OF BUSINESS

INSURED
OPERATES AS: I-INDIVIDUAL P-PARTNERSHIP C-CORPORATION X-OTHER

LEGAL OWNERS:

ADDITIONAL NAMED FLORIDA SELF-INSURERS/ADDITIONAL ADDRESSES

COMMENTS