FLORIDA CITRUS, BUSINESS & INDUSTRIES FUND
SUPPLEMENTAL APPLICATION AND PARTICIPATION AGREEMENT

The undersigned hereby formally applies for workers' compensation insurance coverage in the Florida Citrus, Business & Industries Fund ("Fund"), to be effective 12:01 A.M. _____,_____, and, if accepted by the Fund's Board of Trustees, does further agree as follows:

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 unfilled obligations.

(A) To accept and be bound by the provisions of the workers' compensation laws and regulations of the State of Florida;

(B) To accept and be bound by the terms, provisions and obligations of the Agreement and Declaration of Trust creating the Fund, as amended from time to time; and the Indemnity Agreement incorporated therein and amendments thereto filed with the State of Florida, a copy of which is hereby acknowledged, or has been made available; and all rules and regulations adopted and approved by the Fund's Board of Trustees;

(C) That to be eligible for workers' compensation insurance coverage with the Fund, the undersigned policyholder agrees to maintain membership in the Fund's sponsoring trade association, Florida United Businesses Association ("FUBA");

(D) That, in the event of 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 undersigned policyholder agrees to notify the Fund immediately;

(E) That in the event the undersigned policyholder fails to pay any premium for workers' compensation insurance coverage in the Fund or any lawful assessment as a policyholder of the Fund within thirty (30) days of the date the same shall become due, the undersigned policyholder will pay all costs of the collection thereof, including reasonable attorney's fees and the maximum rate of interest allowed by law on any past due amounts due to the Fund; that the place of payment of any and all monies due to the Fund shall be the office of the Fund or such other place as designated by the Trustees; and that the sole and exclusive venue for any legal proceedings or disputes arising between the parties hereto shall be in the appropriate court of competent jurisdiction located in Leon County, State of Florida;

The undersigned applicant acknowledges and understands the above and agrees to be bound by the terms therein.

_____

Applicant Entity/Business Name

_____ _____ _____ _____

Applicant Signature (Owner, Partner or Corporate Officer) | Date | Witness/Producer's Signature | Date

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OFFICE USE ONLY

_____ is a member of the Florida United Businesses Association (FUBA) and is hereby approved for membership in the Fund, and coverage is effective this _____ day of _____, _____.

Signed this _____ day of _____,_____

By: _____

Trustee/Administrator/Authorized Representative