

**FUBA WORKERS' COMP**  
**Coverage provided through Florida Citrus, Business & Industries Fund**  
**Agency Application for Approval**

1. Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

(If different)  
 Physical Address: \_\_\_\_\_

Physical City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

2. Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

3. Email address: \_\_\_\_\_ Website: \_\_\_\_\_

4. Is the Agency: \_\_\_\_ Incorporated \_\_\_\_ A Partnership \_\_\_\_ A Sole Proprietorship

5. How did you hear about us? \_\_\_\_\_  
 \_\_\_\_\_

6. Commercial Principals/Producers/Marketing Managers/CSRs:

Name	Position	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Number of years in business: \_\_\_\_\_

8. Number of P&C licensed agents: \_\_\_\_\_

9. Portfolio of business currently written by agency:

	<u>Premium</u>	<u>Loss Ratio (Last Year)</u>
Commercial Lines:		
Property & Casualty	\$ _____	_____ %
Workers' Compensation	\$ _____	_____ %

10. List workers' compensation companies currently represented:

Company/Association	Premium	L/R

11. Are you currently a member of FAIA or PIA? \_\_\_\_\_ FAIA \_\_\_\_\_ PIA

12. Have you or any of the agents in your agency ever had your insurance license(s) suspended or revoked by the Florida Department of Financial Services or similar regulator? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, provide details:

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13. Agency Errors & Omissions Insurance:

The minimum requirement for approval as a contracted agency is \$1,000,000 limit of liability.

a) Carrier: \_\_\_\_\_ c) Policy Term: \_\_\_\_\_  
b) Limit of Liability: \_\_\_\_\_ d) Deductible: \_\_\_\_\_

14. FEIN or Social Security Number: \_\_\_\_\_

**15. Applicant's projected production in new business for the first year for FUBA Workers' Comp/Florida Citrus Business & Industries Fund is \$\_\_\_\_\_.**

Applicant acknowledges agency approval is the sole right of FUBA Workers' Comp/FCBI Fund.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Title \_\_\_\_\_

Please attach the following:

- A) Proof of Errors & Omissions coverage
- B) Copies of producers' 220 licenses
- C) Check for \$85 membership dues made payable to FUBA
- D) W-9
- E) Brief history of the agency and key personnel