

**INSTRUCTIONS FOR COMPLETING
BOARD OF EMPLOYEE LEASING COMPANIES QUARTERLY REPORT FORM**

Application begins on page 3

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

Compliance Schedule

In order to be in compliance with Chapter 468.525, Florida Statutes, you are required to file a complete quarterly report form with this office at the close of each quarter:

March 31 June 30 September 30 December 31

Please note that completed quarterly report forms must be received in this office within 75 days after the close of each quarter or your company will be subject to disciplinary action.

Completing the Forms

Please refer to the following steps to assure that your quarterly reports are filled out completely and accurately:

Step One: Check the box indicating the appropriate quarter for which the report is being filed.

Step Two: The CEO or its equivalent of your company must read, sign, and date the section marked "CEO Statement."

Step Three: The CFO or its equivalent must attach copies of the current quarter's balance sheet and income statement and sign and date the section marked "CFO Statement."

Step Four: The Controlling Person must sign and date the section marked "Controlling Person Statement."

Step Five: Complete Page 3 of this form including 1) the names of all controlling persons of the licensed employee leasing company or group; 2) list all plans of life, health or disability insurance offered to leased employees in the state of Florida including: policy or contract number, name and address of the carrier or service provider, effective dates of coverage, name and address of agent, name of plan sponsor, and ERISA plan identification number; and 3) list any disputed premiums for workers' compensation or unpaid payroll taxes.

Step Six: If applicable, attach a copy of all workers' compensation certificates covering leased employees for the current quarter. You must include confirmation from the insurance carrier that the Board will receive at least 30 days notification of cancellation of such insurance, or a certificate of insurance with a minimum of 30 days' notification of cancellation, naming the Board of Employee Leasing Companies, Department of Business and Professional Regulation, as a certificate holder.

Step Seven: If required to do so by Rule 61G7-10.0014(3)(b), Florida Administrative Code, complete and attach Form DBPR EL-4522 "Quarterly Compliance Form".

Transaction	Requirements
Quarterly Report Submission	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR EL-4504 – Quarterly Report Form <input type="checkbox"/> Attach a copy of all workers’ compensation certificates of insurance covering leased employees for the quarter covered in this report (if applicable) <input type="checkbox"/> Complete DBPR EL-4522 – Quarterly Compliance Form (if applicable)

Please note: If you do not complete your quarterly report materials according to the instructions above, your quarterly report compliance submission will not be considered valid and your company will be subject to disciplinary action by the board.

Please send your completed application and documentation to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

www.MyFloridaLicense.com

DBPR EL-4504 – Quarterly Report Form

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as
part of an application packet**

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Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.*

PERSONAL INFORMATION	
For Quarter Ending: <input type="checkbox"/> March 31 <input type="checkbox"/> June 30 <input type="checkbox"/> September 30 <input type="checkbox"/> December 31 _____ Year	
Company Name	License Number
<p>*CEO STATEMENT: <i>I hereby certify that all health insurance, life insurance, workers' compensation insurance and any other employee benefits accruing either to our employees or their dependents have been and are being paid to the proper payees as required by contract, law, or other obligatory documents, and these requirements are on a current and timely basis. I certify further that I understand that maintenance of positive working capital is required by Chapter 468.525(3)(d), Florida Statutes, and that our company is in compliance with these requirements. I certify that I understand that this periodic certification is incomplete unless the proof of valid workers' compensation insurance is attached to this form.</i></p> <p>Signature of CEO (or its equivalent) _____ Date _____</p> <p>Printed Name _____ Title _____</p>	
<p>*CFO STATEMENT: <i>I certify that federal, state, and local payroll taxes have been paid as required by regulations of each applicable taxing authority. I further certify that all workers' compensation premiums and employee benefit payments for the quarter have been paid as due. I have attached copies of the current quarter's balance sheet and income statement.</i></p> <p>Signature of CFO (or its equivalent) _____ Date _____</p> <p>Printed Name _____ Title _____</p>	
<p>* NOTE: If company does not have a CEO or CFO, the CEO and CFO statements must be signed by the individual(s) responsible for ensuring that the obligations or requirements as set forth in the statements have been met.</p>	
<p>CONTROLLING PERSON STATEMENT: I have reviewed the information above and <i>I certify</i> that it is true and correct to the best of my knowledge and belief.</p> <p>Signature of Controlling Person _____ Date _____</p> <p>Printed Name _____ Title _____</p>	
<p>WORKERS' COMPENSATION INSURANCE: I have attached the following:</p> <p><input type="checkbox"/> A copy of a workers' compensation certificate clearly indicating coverage was in effect for the reporting quarter. The certificate must show that the Board of Employee Leasing Companies is listed as a certificate holder and provide a minimum of 30 days' notification of cancellation. You must attach a new copy of your certificate each quarter that a report is filed.</p>	

CONTROLLING PERSONS

List the names of all controlling persons of the company (attach additional sheets if necessary).

Name of Controlling Person	"CP" License Number

PLANS OF INSURANCE

List the name and address of the carrier, policy number, effective date, name and address of agent, name of plan sponsor, and ERISA plan identification number below (attach additional sheets if necessary).

Name & Address of Carrier	Policy #	Name & Address of Agent	Eff. Date	ID #

DISPUTED PREMIUMS

List any disputed premiums for Workers' Compensation below:

Carrier	Policy Number	Periods Covered	Disputed Amount

UNPAID PAYROLL TAXES

Are you aware of any delinquent payroll taxes due? Yes No
 If delinquent payroll taxes are due, is a repayment plan in place? Yes No
 If yes, give details below and continue on form DBPR 0060-1 as needed.

State/Federal	Period	Amount

TOTAL NUMBER OF FLORIDA LEASED EMPLOYEES: [_____]

The undersigned persons hereby certify that they have made due inquiry of their employee leasing company or group's books and records and that after making such due inquiry, the undersigned persons have taken reasonable steps, as set forth in Rules 61G7-10.0014(3)(b)1-2, Florida Administrative Code to ascertain that all leased employees of their employee leasing company or group have workers' compensation coverage as required by Rules 61G7-10.0014(2)(a)-(c), Florida Administrative Code.

The percentage of leased employees in the State of Florida who are covered by each of the methods set forth in Rule 61G7-10.0014(2)(a)-(c), Florida Administrative Code, are as follows:

- a. Through a contractual relationship between the employee leasing company or group and an insurance carrier that is admitted in the State of Florida to provide workers' compensation coverage to leased employees: _____ percent. Set forth carrier name and workers' compensation policy numbers: _____
- b. Through a lawful plan of self-insurance maintained by the employee leasing company or group which provides workers' compensation coverage to leased employees: _____ percent.
- c. Through the client of the employee leasing company or group via an insurance carrier that is admitted in the State of Florida to provide workers' compensation coverage to leased employees or through a lawful plan of self-insurance maintained by a client of the employee leasing company or group which provides workers' compensation coverage to leased employees: _____ percent. Set forth all clients' names (named insured) utilizing their own workers' compensation policy, the carriers' names, the effective date of the policy, the expiration date of the policy, and the workers' compensation policy numbers: _____
- i. For any client which utilizes a workers' compensation policy or plan of self-insurance maintained by the client, the undersigned persons have verified that the written employee leasing contract between the employee leasing company and the client specifically authorizes this lawful arrangement. Also, the undersigned persons have verified the employee leasing company is named as a certificate holder by the client on the workers' compensation policy maintained by the client. Additionally, where the client maintains its own workers' compensation policy or lawful plan of self-insurance, the undersigned persons have verified that the employee leasing company has provided notice to the leased employees that workers' compensation coverage is being provided by the client.
- d. Set forth all other workers' compensation arrangements: _____ percent. Explain any such arrangement in detail.

The following persons understand and agree that they: have executed this document for and on behalf of the employee leasing company or group named above; that they are all of the controlling persons, the Chief Executive Officer, the Chief Financial Officer and the Chairman of the Board of the employee leasing company or group, that each is fully authorized to execute and file this statement; and that to the best of their knowledge, the information contained in the attestation statement is true and correct.

_____	_____
Chief Executive Officer	Print Name
_____	_____
Chairman of the Board	Print Name
_____	_____
Chief Financial Officer	Print Name
_____	_____
Controlling Person	Print Name