

**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.

1st and 3rd Quarter Reporting shall include the completed DBPR EL 4504 Quarterly Report Form, a balance sheet, income statement and a copy of the company's workers' compensation certificate of insurance in effect for the applicable quarter.

2nd and 4th Quarter Reporting shall include the completed DBPR EL 4504 Quarterly Report Form and a copy of the company's workers' compensation certificate of insurance in effect for the applicable quarter.

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 required documents for each quarter 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:* 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:* Complete and attach Form DBPR EL-4522 "Quarterly Compliance Form".

Transaction	Requirements
Quarterly Report Submission	<ul style="list-style-type: none"> <li data-bbox="545 317 1414 464">❑ 1st and 3rd Quarter Reporting shall include the completed DBPR EL 4504 Quarterly Report Form, DBPR EL 4522 "Quarterly Compliance Form", a balance sheet, income statement and a copy of the company's workers' compensation certificate of insurance in effect for the applicable quarter. <li data-bbox="545 499 1414 617">❑ 2nd and 4th Quarter Reporting shall include the completed DBPR EL 4504 Quarterly Report Form, DBPR EL 4522 "Quarterly Compliance Form", and a copy of the company's workers' compensation certificate of insurance in effect for the applicable quarter.

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
2601 Blair Stone Rd
Tallahassee, FL 32399-0783

www.MyFloridaLicense.com

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
2601 Blair Stone Road
Tallahassee, FL 32399-0783

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

*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.*

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 _____
*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>	
Signature of CEO (or its equivalent) _____ Date _____	
Printed Name _____ Title _____	
*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>	
Signature of CFO (or its equivalent) _____ Date _____	
Printed Name _____ Title _____	
* 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.	
CONTROLLING PERSON STATEMENT: <i>I have reviewed the information above and I certify that it is true and correct to the best of my knowledge and belief.</i>	
Signature of Controlling Person _____ Date _____	
Printed Name _____ Title _____	
WORKERS' COMPENSATION INSURANCE: I have attached the following: <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.	

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 attach written explanation as needed.

State/Federal	Period	Amount

TOTAL NUMBER OF FLORIDA LEASED EMPLOYEES: []