



**FWCJUA**

**Policies serviced by Travelers**

# How to Complete Your Quarterly Wage and Subcontractor Reports

# Quarterly Payroll Information

## Reporting Requirements

- Employers with FWCJUA workers compensation insurance policies must provide payroll information four times per year
  - 1<sup>st</sup> Quarter – Due May 11
  - 2<sup>nd</sup> Quarter – Due August 11
  - 3<sup>rd</sup> Quarter – Due November 11
  - 4<sup>th</sup> Quarter – Due February 11
  
- If we do not receive your payroll information within 7 calendar days after the due date, your workers compensation insurance policy will be cancelled.

# Quarterly Payroll Information

## Reporting Requirements

- You must submit your quarterly Payroll Report and Employer's Affidavit even if you paid no wages during the quarter.

# Quarterly Payroll Information

## What to Expect From Us

- You previously received copies of the payroll reporting forms with your insurance policy
- You will receive reminder letters from Travelers approximately 30 days before your payroll information is due
- The letters will include additional copies of the forms, checklists and other reminders or updates about the requirement to provide payroll and subcontractor information

# Quarterly Payroll Information

## What You Need to Do Each Quarter

- Complete and send in
  - Quarterly Payroll Report
  - Employer's Affidavit
    - Include proof of your subcontractors' coverage or exemptions
  - Tax Records
    - Quarterly State Tax Wage Report (UCT-6)  
or
    - Form 941

# Quarterly Payroll Reporting Form

**FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.**  
**QUARTERLY PAYROLL REPORTING FORM**

Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_

Payroll Period: \_\_\_\_\_  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_

**NOTE: This form must be completed, signed and submitted even if you have no wages for this period.**

**1. Information:** Provide the name of each individual employed during this quarter and a brief description of the work performed for each employee. Include salaries, wages, commission, commission pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If available has been paid, please provide in the appropriate column. Also include record for any person performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer's, LLC managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

Employee Name	Describe Work Performed	Gross Wages (Including Overtime)	Overtime (Time And One-Half)	Overtime (Double Time)	Company Use

**2. Information:** Provide the Title, Name, Details of Specific Duties and earnings/loss/profits for each officer/managing member, partner or individual owner. Include all payments even if they receive no pay or have elected, by law or medical order, not to be covered. Attach a separate sheet for any additional records with the required information below.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use

**3. Additional Questions:**

a. Did you pay overtime? Yes \_\_\_ No \_\_\_  
 If so, did you deduct the premium pay from the above total? Yes \_\_\_ No \_\_\_

b. Did you furnish lodging? Yes \_\_\_ No \_\_\_  
 If so, did your payroll figures include these charges? Yes \_\_\_ No \_\_\_  
 Provide the estimated value of the lodging: \$ \_\_\_\_\_

c. Did your employees receive tips? Yes \_\_\_ No \_\_\_  
 If so, are the value of the tips included in the above payroll? Yes \_\_\_ No \_\_\_

**4. Signature:** Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.  
 I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

X

\_\_\_\_\_  
 Date Signature of Officer/Owner/Member or Partner Address where payroll records are kept Telephone

**5. Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Quarterly State Tax Wage Report (JCT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Treasurer, P.O. Box 2054, Orlando, FL 32802**

**FLORIDAWORKERS**

# Quarterly Payroll Reporting Form

## Employer Information

- Fill in answers to all of the fields at the top of the form
  - The date you are completing the form
  - Your name and address
  - Your agent's name and address
  - Your policy number and policy effective and expiration dates
  - The payroll period being reported – *for example, January 1, 2010-March 31, 2010*

# Quarterly Payroll Reporting Form

## Employee Wage Information

- List the full name of each person you employed during the quarter
- List any contractors you hired during the quarter, unless they provided you a certificate of insurance or certificate of exemption
- Do not list owners, officers, partners or LLC managing members in this section



# Quarterly Payroll Reporting Form

## Employee Wage Information

- Provide a detailed description of work performed by each employee
- List the wages paid to each employee during the quarter, including Salaries, Wages, Commissions, Vacation Pay and Sick Pay
- List any Overtime paid to employees in separate columns

# Quarterly Payroll Reporting Form

## Owner Wage Information

- List the Titles and Names of each Owner, Partner, Officer or LLC Managing Member
- List each owner if, even if he or she draws no salary or has elected to be excluded from workers compensation coverage
- Provide a detailed description of the specific duties of each owner
- List the actual earnings of each owner, including any earnings from company profits

# Quarterly Payroll Reporting Form

## Additional Questions

- Answer questions A, B and C
- If you answer “Yes” to any of the questions, answer the follow up questions
  - For example, if you paid Overtime (question A) to an employee, answer whether you subtracted the overtime payment from the total wages paid to the employee

# Quarterly Payroll Reporting Form

Signature

- Make sure to sign the form
  - An owner of your business must sign the report and provide the date, address and phone number
- By signing the form, you are certifying that all figures reported on the form are a true and complete statement of all earnings by all employees during the quarter

# Quarterly Payroll Reporting Form

Complete / Attach Tax Forms

- The Quarterly Payroll Reporting Form is now complete
  - Remember to submit your UCT-6 tax form with the Quarterly Payroll Reporting Form
- Next you will complete the Employer's Affidavit

# Employer's Affidavit

## FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. EMPLOYER'S AFFIDAVIT

**EMPLOYER'S RESPONSIBILITIES** Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

1. You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.
2. The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations, or, c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.
3. Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-252) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. **NOTE:** A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.
4. Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.
5. If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name	Federal ID #	Business Phone
Policy Number	Policy Effective Date	Quarter Being Reported (Quarter & Year)

**A) Do you have any full or part-time employees?**

Yes - Attach last quarter's 941 and UCT-6 for all employees.

No

**B) Is any part of your work performed by subcontractors?**

Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy. Include a 12 month estimate for each & every subcontractor, actual & anticipated

No - Explain how work is performed: \_\_\_\_\_

**C) Do you lease employees?** You are obligated to inform the FWCJUA of whether you currently lease any employees from an employee leasing company or through any employee leasing arrangement. You are responsible for completely and accurately reporting to the FWCJUA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCJUA with a copy of any employee leasing agreement which is in effect at any time while your FWCJUA insurance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease employees from an employee leasing company, enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCJUA will include the leased employees' payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of the leased employees' payroll in the determination of your premium.

Yes Provide PEO(s) name: \_\_\_\_\_  
Annual payroll for leased workers: \_\_\_\_\_

No

**I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statute and the FWCJUA rules.**

State of _____	Officer or Principal's Name (Please Print)	Officer or Principal's Signature (Please sign)	Date
County of _____	Sworn to (or affirmed) and subscribed before me this ____ day of _____ 20____ by _____		
Notary Signature of Notary Public- State of _____	Notary (Print, typed or stamped commissioned name of notary public)	Personally known _____	Or produced identification _____
		Type of Identification Produced _____	

# Employer's Affidavit

## Your Responsibilities

- Under section 440.381 of the Florida Statutes, you are required to submit the Employer's Affidavit each quarter
- Read the Employer's Responsibilities section of the Employer's Affidavit carefully before completing the Affidavit
- You are required to report the payroll you paid to employees and to subcontractors

# Employer's Affidavit

## Your Responsibilities

- If you hired uninsured subcontractors, you will be charged premium based on the wages you paid the subcontractors
- To avoid paying premium on subcontractors, provide a Certificate of Insurance or Certificate of Exemption for each subcontractor



# Employer's Affidavit

## Employer Information

- List the full legal name of the business
  - If you have more than one business entity on your policy, you must complete a separate Employer's Affidavit for each entity
- Include the Federal ID Number of the business or your Social Security Number if you are a sole proprietor
- List your business phone number

# [ Employer's Affidavit ]

## Employer Information

- List your workers compensation insurance policy number
- List the effective date of your policy
- List the quarter and year being reported (for example, “3<sup>rd</sup> quarter 2010”)

# Employer's Affidavit

## Question A

- Do you have any full-time or part-time employees?
  - If so, you must provide the UCT-6 or Form 941 for the quarter

# Employer's Affidavit

## Question B

- Do you use subcontractors?
- If “Yes”:
  - Complete the schedule (page 2 of the Affidavit), listing all subcontractors used
- If “No”:
  - Explain how the work is performed (for example, “By employees”)

# Employer's Affidavit

## Question C

- Do you lease employees?
  - You must notify the FWCJUA and provide a copy of the leasing contract if you start leasing employees
- If “Yes”:
  - Provide the name of the leasing company and the annual payroll paid to the leased workers
- If “No”:
  - Be sure to check the “No” box

# Employer's Affidavit

## Signature

- Make sure to sign the form
  - An owner must print his/her name, sign the form and provide the date
- By signing the form, you are certifying that all the information reported on the Employer's Affidavit is true and complete
- The form must be notarized
- If you hired subcontractors you must complete page 2, the Schedule page. If you did not hire subcontractors, you are done and can submit the Affidavit

# Employer's Affidavit

## Page 2 - Schedule Page

**FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION  
EMPLOYER'S AFFIDAVIT**

Legal Business Name		Policy Number		Quarter Being Reported (Quarter & Year)		
SUBCONTRACTOR'S LEGAL BUSINESS NAME AND MAILING ADDRESS	SUBCONTRACTOR'S FEIN	TYPE OF WORK PERFORMED	# OF EMPLOYEES	AMOUNT YOU PAID TO SUBCONTRACTOR FOR LABOR - ACTUAL LAST QTR.	AMOUNT YOU PAID TO SUBCONTRACTOR FOR LABOR - FULL POLICY ESTIMATE	CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES (See # 3 on reverse side)
1				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
2				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
3				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
4				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
5				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
6				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
7				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
8				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
9				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None
10				\$	\$	<input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Exemption Form AND Notarized Letter <input type="checkbox"/> Leasing Company Certificate of Insurance AND Notarized Letter <input type="checkbox"/> None

# Employer's Affidavit

## Employer Information

- Start by completing the header at the top of the page:
  - List the full legal name of the business
  - List your current workers compensation policy number
  - List the quarter and year being reported (for example, “3<sup>rd</sup> quarter 2010”)



# Employer's Affidavit

## Subcontractor Information

- If you used any Subcontractors you must answer every question on the schedule page for each subcontractor
  - List the name and mailing address of the subcontractor
  - List the Federal ID number of the subcontractor
  - List the specific type of work performed by the subcontractor
  - List the number of employees used by the subcontractor

# Employer's Affidavit

## Subcontractor Information

- List the actual amount you paid the subcontractor for the quarter
- List the estimated amount you expect to pay the subcontractor for the entire policy year
- Check the box that describes what kind of workers compensation coverage the subcontractor has

# Employer's Affidavit

## Subcontractor Information

- If the subcontractor provided a **Certificate of Insurance**:
  - The Certificate must list a workers compensation insurance policy
  - The policy effective dates on the Certificate must cover the quarter the subcontractor worked for you
  
- If you listed the **Federal ID Number** of the Subcontractor on the Schedule page, you do not need to mail a copy of the Certificate

# Employer's Affidavit Subcontractor Certificate of Insurance

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Policy Number	Policy Effective Date	Policy Expiration Date	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
CERTIFICATE HOLDER				CANCELLATION			
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			

# Employer's Affidavit

## Subcontractor Information

- If the subcontractor provided a **Certificate of Exemption**:
  - The subcontractor must provide an actual copy of his or her exemption card (not a printout from the state website)
  - The exemption must be valid for the quarter the subcontractor worked for you
  - The subcontractor must provide a notarized letter (dated during your policy year) stating that the subcontractor had no employees and no subcontractors of their own
  - If the subcontractor used subcontractors of their own, the subcontractors must be listed on the notarized letter

# Employer's Affidavit

## Subcontractor Information

- **If the subcontractor provided a **Certificate of Insurance from a Leasing Company**:**
  - The Certificate must list a workers compensation insurance policy
  - The policy effective dates must cover the quarter the subcontractor worked for you
  - The subcontractor must be listed in the comments section of the Certificate, clearly showing that the subcontractor is insured by the Leasing Company's insurance policy
  - The subcontractor must provide a notarized letter (dated during your policy year) stating that all of his/her workers are covered by the Leasing Company's insurance policy
  - If a certificate and notarized letter are not provided, you will be charged additional premium for the wages paid to the subcontractor

# [ Employer's Affidavit ]

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- The Employer's Affidavit is now complete
  - Remember to attach copies of the Certificates of Insurance and Exemptions for the subcontractors that you hired

# Completed Payroll Reports

## What to Send In

- **Send in:**
  - Completed Quarterly Payroll Report
  - Completed Employer's Affidavit
  - Quarterly State Tax Wage Report (UCT-6) or 941 Form
  - Include copies of Certificates of Insurance or Exemptions for subcontractors
  
- If you send incomplete forms, the forms will be returned to you to add the missing information



# Completed Payroll Reports

Where to Send Them

- Mail or fax completed reports to:

**Travelers**

**P.O. Box 3556**

**Orlando FL, 32802**

**Fax: 1-877-634-3710**