

**Florida Association of Mortgage Brokers  
Workers' Compensation Insurance Program**

The State of Florida mandates that all businesses with more than 3 employees provide an insurance policy to pay for medical treatment and salary benefits of injured workers. Unlike other types of coverage where you get to choose the ultimate cost via limits, covered events and deductibles, Workers' Compensation Insurance benefits and rates are set by the State Legislature and the Division of Workers' Compensation Department of Financial Services. Therefore, you will pay exactly the same base price for this coverage no matter what carrier you choose.

However, being a member of FAMB, you have an opportunity to purchase your workers' compensation insurance from Blue Cross and Blue Shield of Florida's workers' compensation affiliate OptaComp. OptaComp is able to offer your business the buying power usually reserved for larger organizations. By grouping FAMB into one single group, each business is eligible to participate in a dividend program based on the group's overall performance and combined loss ratios.

Since 1998, Comp Options, now using our new trade name OptaComp, has maintained an excellent reputation. We are a wholly owned subsidiary of Blue Cross and Blue Shield of Florida, so you can be confident that we will be there for you when you need us.

**Program Specifics:**

- This program is underwritten by OptaComp, an A.M. Best rated "A Stable" insurance carrier, so you know that necessary funds are available.
- This program is NON-assessable. You will never be asked to make up shortfalls in premiums to cover losses.
- This program contains a NO Recapture Clause. Once dividends are paid to you they will never be recalled.
- Dividends are paid based on 6 and 18 month valuations of group losses. You receive 50% of the earned dividend at each valuation period. All audits must be completed and paid in order to receive dividends.
- Dividends are earned based on total losses, earned premiums and minimum achievement goals established for the group.

Loss Ratio Achieved	Dividend
0%	24.8%
10.0%	23.8%
20.0%	17.0%
30.0%	10.2%
40.0%	3.4%
45%	0.0%

By law, dividends are not guaranteed and are declared at the discretion of the Board of Directors

If you are truly committed to reducing and controlling the financial impact of your Workers' Compensation insurance premium for your business, we'd like to help. Contact The FAMB Member Benefits Insurance Programs administrator at 800-282-8626 for program details.



# FLORIDA ASSOCIATION OF MORTGAGE BROKERS WORKERS' COMPENSATION INSURANCE QUESTIONNAIRE (PART I)

**Mail or Fax to Administrator:**

BPC Financial

7645 Gate Parkway, Suite 101, Jacksonville, FL 32256

Toll Free (800) 282-8626 Facsimile (904) 396-2091

This is an information gathering tool used to initiate a quote and NOT AN APPLICATION.

Business Name (show complete business name)		Business Contact Name		Contact Phone #	Contact Facsimile #
Principal Business Address (IMPORTANT: List any additional locations on a separate sheet).				Contact Email Address	
Current Policy Effective Date	Current Policy Expiration Date	Federal Employer ID#	Years In Business	Total # of Employees	
1. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Partnership <input type="checkbox"/> Sub-Chapter 'S' Corp					
2. Does applicant own, operate or lease aircraft/watercraft?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain "Yes" answers here:
3. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Any work performed underground or above 15 feet?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Any work performed on barges, vessels, docks, bridge over water?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Is applicant engaged in any other type of business?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Are sub-contractors and/or independent contractors used?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Any work sublet without certificates of ins.?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Is a formal safety program in operation?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Any group transportation provided?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Any employees under 16 or over 60 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Any part time or seasonal employees?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Is there any volunteer or donated labor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Any employees with physical handicaps?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Do employees travel out of state?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Are athletic teams sponsored?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Are physicals required after offers of employment are made?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Any other insurance with this insurer?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Any prior coverage declined/canceled/non-renewed (last 3 years)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Are employee health plans provided?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
21. Is there a labor interchange with any other business/subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Do you lease employees to or from other employers?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Do any employees predominantly work at home?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
24. What are your estimated annual revenues?			\$ _____		
25. Is there any current or anticipated debt for unpaid premiums owed to any previous workers compensation provider?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Does this business or any of the owners of this business, own a majority interest of any other business, which operated at any time during the past 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**NOTICE – Please Read Carefully** - Completion of this questionnaire is not an application and cannot be used to bind coverage. The information indicated on this form will be used to initiate the completion of the required application and to formulate a quote. The applicant's signing of the application and acceptance of company's quotation is required prior to binding coverage and policy issuance.