AGENCY CUSTOMER ID: BREVARDWOR2

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY): 05/21/2024

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APP678998	06/01/2024	Brevard Workforce Development Board,

POLICY INFORMATION

TRANSACTION TYPE							LIMIT OF LIABILITY		RETAINED LIMIT
[X] NEW	[ ] UMBRELLA	[X] OCCURRENCE	[ ] VOLUNTARY	RETROACTIVE DATE		$ 1,000,000	EA OCC	$
[ ] RENEWAL	[X] EXCESS	[ ] CLAIMS MADE	[ ]	PROPOSED	CURRENT	$ 1,000,000	AGG	FIRST DOLLAR DEFENSE (Y / N) [ ]
EXPIRING POL #:						$		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
$	$	$	

NAME OF BENEFIT PROGRAM

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: 257/297 Barnes Blvd Rockledge, FL LOCATION: DESCRIPTION: Employment Agency	2,287,295	13,000,000		36
2	NAME: LOCATION: 3880 S Washington Ave Ste 214 Titusville FL 32780 DESCRIPTION: Office				
3	NAME: LOCATION: 5275 Babcock Street NE Palm Bay FL 32905 DESCRIPTION: Office				
4	NAME: LOCATION: 329 Bill France Blvd Daytona Beach FL 32114 DESCRIPTION: Daytona Office				
5	NAME: LOCATION: 359 Bill France Blvd Daytona Beach FL 32114 DESCRIPTION: Daytona Career Center				
6	NAME: LOCATION: 20 Airport Road Palm Coast FL 32164 DESCRIPTION: Flagler Office				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY	Marketing Binder Com APPFITAU336902023	06/01/2024	06/01/2025	CSL EA ACC	$ 1,000,000	$	
				BI EA ACC	$	$	
				BI EA PER	$		
				PD EA ACC	$	$	
GENERAL LIABILITY POLICY TYPE [X] OCCUR [ ] CLAIMS MADE	Marketing Binder Com APPFITGL336902023	06/01/2024	06/01/2025	EACH OCCURRENCE	$ 1,000,000	PREM / OPS	
				GENERAL AGGR	$ 3,000,000	$	
				PROD & COMP OPS AGGREGATE	$ 3,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	$ 1,000,000	$	
				DAMAGE TO RENTED PREMISES	$ 1,000,000	OTHER	
				MEDICAL EXPENSE	$ 10,000	$ 0.00	
EMPLOYERS LIABILITY				EACH ACCIDENT	$	$	
				DISEASE EACH EMPLOYEE	$		
				DISEASE POLICY LIMIT	$		
PRO	Marketing Binder Com APPFITGL336902023	06/01/2024	06/01/2025	Professional	1,000,000	$	
						$	

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AGENCY CUSTOMER ID: BREVARDWOR2

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?		A SEPARATE LIMIT?		UNLIMITED?	

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) N

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) N EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL	X	PROFESSIONAL LIABILITY (E&O)
	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY
X	CGL - OCCURRENCE		FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY
COVERAGE	**EXPOSURE**		GARAGEKEEPERS LIABILITY		
	AIRCRAFT LIABILITY		INCIDENTAL MEDICAL MALPRACTICE		
	AIRCRAFT PASSENGER LIABILITY		LIQUOR LIABILITY		
	ADDITIONAL INTERESTS		POLLUTION LIABILITY		

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING $10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES) LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER		1						
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS / TRACTORS	HEAVY							
	EX. HEAVY							
BUSES								

AGENCY CUSTOMER ID: BREVARDWOR2

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y / N
ADVERTISERS LIABILITY	
1. MEDIA USED: ANNUAL COST: $	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	N
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	N
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
6. ARE PASSENGERS CARRIED FOR A FEE?	N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	Y
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	N
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	N
16. SUBJECT TO: ☐ JONES ACT ☐ FELA ☐ STOP GAP ☐ OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	N
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

AGENCY CUSTOMER ID: BREVARDWOR2

ADDITIONAL EXPOSURES (continued)

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y / N
EPA #: **POLLUTION LIABILITY**	
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?	N
21. INDICATE THE COVERAGES CARRIED: ☐ GL WITH STANDARD ISO POLLUTION EXCLUSION ☐ GL WITH POLLUTION COVERAGE ENDORSEMENT ☐ GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY ☐ SEPARATE POLLUTION COVERAGE	
PRODUCT LIABILITY	
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?	N
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)	
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)	N
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: $ $ $	
PROTECTIVE LIABILITY	
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
WATERCRAFT LIABILITY	
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?	N

LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

28.

LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location 7: 846 Saxon Blvd Orange City FL 32763 Orange city Office

AGENCY CUSTOMER ID: BREVARDWOR2

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: $ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: $ _____ *

MEDICAL PAYMENTS COVERAGE: $_____ * * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ **(INITIALS)** OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ **(INITIALS)**

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ **(INITIALS)** OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ **(INITIALS)**

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Matthew S. Nilles	
APPLICANT'S SIGNATURE DocuSigned by: Marci Murphy (F2A0C9A7...)	**DATE** 5/21/2024 | 12:46 PM CDT	**NATIONAL PRODUCER NUMBER**

DocuSign Envelope ID: 3C8BBA17-BD14-4D74-AF14-4737B9206CB4

AGENCY CUSTOMER ID: BREVARDWOR2

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Bowen, Miclette & Britt of FL		Brevard Workforce Development Board,
POLICY NUMBER		
APP678998		
CARRIER	**NAIC CODE**	
Marketing Binder Company		**EFFECTIVE DATE:** 06/01/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 131 **FORM TITLE:** Umbrella Section

********** UNDERLYING INSURANCE **********

Limits: Professional Liability

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

DocuSign Envelope ID: 3C8BBA17-BD14-4D74-AF14-4737B9206CB4

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy, or whether you select this coverage at limits equal to your Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage.

(Initials)			
	I reject Uninsured Motorist Coverage entirely.		
DS MM	I reject Bodily Injury Uninsured Motorist Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.		
(Initials)		Combined Single Limit	Premium
		$ 50,000	
DS MM		$ 100,000	Included
		$ 250,000	
		$ 500,000	
		$ 1,000,000	
	I select Bodily Injury Uninsured Motorist Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage. (If you select this option, disregard the bold face statement at the top of the first page.)		

DocuSign Envelope ID: 3C8BBA17-BD14-4D74-AF14-4737B9206CB4

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists Coverage)

If your policy is a Personal Auto policy or, if your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Under non-stacked Uninsured Motorists Coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked type of uninsured motorists coverage, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of automobiles covered under the policy.

(Initials) MM I elect the non-stacked form of Uninsured Motorist Coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

DocuSigned by:
Marci Murphy
1FC14095147D4B0... Applicant's/Named Insured's Signature

5/21/2024 | 12:46 PM CDT
Date

DocuSign Envelope ID: 3C8BBA17-BD14-4D74-AF14-4737B9206CB4

AGENCY CUSTOMER ID: BREVARDWOR2

ACORD®

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY): 05/07/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APPFITAU336902023	06/01/2024	Brevard Workforce Development Board, Inc.

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION

☒ ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Thomas E Thompson	M		05/04/1954			T512-825-54-164-0	FL					
2	Erma Shaver	O		09/03/1958			S160211588230	FL					
3	Jones, M M	F		07/03/1964			J520553647430	FL					
4	Marina Stone	O		04/03/1964			S350552646230	FL					
5	James Watson	O		10/28/1959			W325441593880	FL					
6	Rosenquist, Ruth	F		06/09/1972			R252765727090	FL					
7	Bush, Amberstar	F		08/28/1980			B200000808080	FL					
8	robert Knipple	O		04/03/1968			K514775681230	FL					
9	Thomas LaFlore	O		02/27/1971			L146830710670	FL					
10	Jeff Witt	O		08/17/1978			W300421782970	FL					
11	Biondi, Denise	F		10/26/1963			B240161638860	FL					
12	Robinson, Lori	F		02/13/1963			R152521635530	FL					
13	Hadley, L N.	F		03/27/1961			H340-534-61-607-0	FL					

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	N
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)	N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	
4. ARE ANY VEHICLES LEASED TO OTHERS?	N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)	N
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)	
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

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AGENCY CUSTOMER ID: BREVARDWOR2

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. ANY HOLD HARMLESS AGREEMENTS?	
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? **APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:** **1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or** **2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**	N

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

15. HAS AGENT INSPECTED VEHICLES?	N
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____% Please indicate how you utilize the devices (check all that apply): ☐ MONITOR DRIVER SAFETY ☐ TRACK FUEL CONSUMPTION ☐ MONITOR VEHICLE MAINTENANCE ☐ MILEAGE TRACKING ☐ LOCATION TRACKING ☐ NAVIGATION ☐ Describe:	N

DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
	$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☒ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☒ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LENDER'S LOSS PAYABLE ☐ REGISTRANT ☐ LIENHOLDER	** Blkt Additional Insured - FIT Auto 01 (2016-06) ** Rockledge FL 32955 REFERENCE / LOAN #:	VEHICLE: LOCATION:
INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LENDER'S LOSS PAYABLE ☐ REGISTRANT ☐ LIENHOLDER ☒ Waiver of Sub.	** Blkt Waiver of Subrogation - FIT Auto 01 (2016-06) ** Rockledge FL 32955 REFERENCE / LOAN #:	VEHICLE: LOCATION:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: BREVARDWOR2

VEHICLE DESCRIPTION

☐ ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
1	2019	MODEL: Sienna	V.I.N.: 5TDYZ3DC7KS982205	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP
		Rockledge		FL	32955

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
FL	112	7,500	01499	736100			50		$ 38,220

USE				CHECK COVERAGES											DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE		☐ LIAB	☒ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☒ ACV	☒ COMP/ OTC	☐ SPEC C OF L							
☐ RETAIL				☒ MED PAY	☐ TOWING & LABOR	☐ FT	☒ COMP/ OTC	☐ FG	☐ AA	☐ ST AMT	$ 1,000								
☐ FARM	☒ SERVICE			☒ NO-FAULT	☒ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☒ COLL	☐	$	$ 1,000	COLL							

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE				CHECK COVERAGES											DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE		☐ LIAB	☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L							
☐ RETAIL				☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ FG	☐ AA	☐ ST AMT	$								
☐ FARM	☐ SERVICE			☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL	☐	$	$	COLL							

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE				CHECK COVERAGES											DEDUCTIBLES				
☐ PLEASURE	☐ COMM'L	☐ FOR HIRE		☐ LIAB	☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L							
☐ RETAIL				☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ FG	☐ AA	☐ ST AMT	$								
☐ FARM	☐ SERVICE			☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL	☐	$	$	COLL							

DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

AGENCY CUSTOMER ID: BREVARDWOR2

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Matthew S. Nilles	
APPLICANT'S SIGNATURE DocuSigned by: Marci Murphy 1FC14095147D4B0...	**DATE** 5/21/2024 | 12:40 PM CDT	**NATIONAL PRODUCER NUMBER**

DocuSign Envelope ID: 3C8BBA17-BD14-4D74-AF14-4737B9206CB4

AGENCY CUSTOMER ID: BREVARDWOR2

COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE (MM/DD/YYYY) 05/07/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APPFITAU336902023	06/01/2024	Brevard Workforce Development Board, Inc.

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DRIVE OTHER CAR	USE VEH #	% USE
14	Kobrin, Yvonne	F		06/06/1975			K165964757060	FL					
15	Joseph-Paul, C A.	F		08/28/1964			J214101648080	FL					
18	Murphy, Marci	F		03/21/1962			M610-552-62-601-1	FL	02/25/2002				
19	Robinson, Stephanie	F		07/12/1987			R152792877520	FL					
20	Dettra, Samuel	M		08/18/1951			D360796512980	FL					
21	Howard, Stephen	M		05/02/1955			H630796551620	FL					

* MARITAL STATUS / CIVIL UNION (if applicable)

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AGENCY CUSTOMER ID: BREVARDWOR2

ACORD®

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY): 05/07/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APPFITAU336902023	06/01/2024	Brevard Workforce Development Board, Inc.

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

Interest 1

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [X] Primary Wording

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

** Blkt Primary/Noncontributory - FIT Auto 01 (2016-06) **

Rockledge FL 32955

REFERENCE / LOAN #: | INTEREST END DATE:

LIEN AMOUNT: | PHONE (A/C, No, Ext):

REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER — LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 2

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [X] 30 Days NOC

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

Melbourne Square, LLC
1700 W. New Haven Avenue
Melbourne FL 32904-3919

REFERENCE / LOAN #: | INTEREST END DATE:

LIEN AMOUNT: | PHONE (A/C, No, Ext):

REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER — LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 3

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

REFERENCE / LOAN #: | INTEREST END DATE:

LIEN AMOUNT: | PHONE (A/C, No, Ext):

REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER — LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 4

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

REFERENCE / LOAN #: | INTEREST END DATE:

LIEN AMOUNT: | PHONE (A/C, No, Ext):

REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER — LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 5

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

REFERENCE / LOAN #: | INTEREST END DATE:

LIEN AMOUNT: | PHONE (A/C, No, Ext):

REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER — LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

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AGENCY CUSTOMER ID: BREVARDWOR2

FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY): 05/07/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APPFITAU336902023	06/01/2024	Brevard Workforce Development Board, Inc.

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	[X] 1	COMBINED SINGLE LIMIT (CSL) $ 1,000,000
PERSONAL INJURY PROTECTION (P.I.P.)	[X] 5	Attach ACORD 62 FL.
EXTENDED P.I.P.	5	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	5	Attach ACORD 62 FL.
MEDICAL PAYMENTS	[X] 2	EACH PERSON $ 5,000
UNINSURED MOTORIST (UM)	[X] 2	Attach ACORD 61 FL.
HIRED / BORROWED LIABILITY	[X] YES STATES	COST OF HIRE $ 5,000 [ ] IF ANY BASIS
NON-OWNED LIABILITY	[X] YES STATES NO FL	GROUP TYPE: [X] EMPLOYEES 34; [ ] VOLUNTEERS; [ ] PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	[X] 2	$ 200
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	[X] 2 [X] 8	
SPECIFIED CAUSES OF LOSS (SPEC C of L)		
COLLISION (COLL)	[X] 2 [X] 8	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
	FL			[X] COMP $ 500; [ ] SPEC C OF L $; [X] COLL $ 500

COVERAGE IS: [ ] PRIMARY [ ] SECONDARY

COVERED AUTO SYMBOLS
(1) ANY AUTO
(2) ALL OWNED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS
(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER
(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE
(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW
(7) AUTOS SPECIFIED ON SCHEDULE
(8) HIRED AUTOS
(9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Matthew S. Nilles	

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
DocuSigned by: Marci Murphy	5/21/2024 | 12:46 PM CDT	

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AGENCY CUSTOMER ID: BREVARDWOR2

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41, 42, 43, 46, 47, 50	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	44, 46	Attach ACORD 62 FL.
EXTENDED P.I.P.	44, 46	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	44, 46	Attach ACORD 62 FL.
MEDICAL PAYMENTS	42, 43, 46	EACH PERSON $
UNINSURED MOTORIST (UM)	42, 43, 45, 46	Attach ACORD 61 FL.
NON-TRUCKERS HIRED / BORROWED	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
TRUCKERS HIRED / BORROWED LIABILITY	YES / NO — STATES	COST OF HIRE $ — IF ANY BASIS
NON-OWNED AUTO LIABILITY	YES / NO — STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42, 43, 46, 47		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	42, 43, 46, 47	SCL, FT, LSP, F, FTW	$
COLLISION (COLL)	42, 43, 46, 47		$
TOWING & LABOR	46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48, 49					
SPECIFIED CAUSES OF LOSS	48, 49					
COLLISION	48, 49					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

COVERAGE IS: PRIMARY / SECONDARY

OTHER

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY
(44) OWNED AUTOS SUBJECT TO NO-FAULT
(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(46) SPECIFICALLY DESCRIBED AUTOS
(47) HIRED AUTOS ONLY
(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: BREVARDWOR2

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	61, 62, 63, 64, 67, 68, 71	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	65, 67	Attach ACORD 62 FL.
EXTENDED P.I.P.	65, 67	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	65, 67	Attach ACORD 62 FL.
MEDICAL PAYMENTS	62, 63, 64, 67	EACH PERSON $
UNINSURED MOTORIST (UM)	62, 63, 64, 66, 67	Attach ACORD 61 FL.
NON-TRUCKERS HIRED / BORROWED	YES / NO	STATES / COST OF HIRE $ / IF ANY BASIS
TRUCKERS HIRED / BORROWED LIABILITY	YES / NO	STATES / COST OF HIRE $ / IF ANY BASIS
NON-OWNED AUTO LIABILITY	YES / NO	STATES / GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS / NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62, 63, 64, 67, 68		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	62, 63, 64, 67, 68	SCL, FT, LSP, F, FTW	$
COLLISION (COLL)	62, 63, 64, 67, 68		$
TOWING & LABOR	63, 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	69, 70					
SPECIFIED CAUSES OF LOSS	69, 70					
COLLISION	69, 70					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

COVERAGE IS: PRIMARY / SECONDARY

OTHER

COVERED AUTO SYMBOLS

(61) ANY AUTO
(62) OWNED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY
(64) OWNED COMMERCIAL AUTOS ONLY
(65) OWNED AUTOS SUBJECT TO NO-FAULT
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(67) SPECIFICALLY DESCRIBED AUTOS
(68) HIRED AUTOS ONLY
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 137 FORM TITLE: Commercial Auto

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes
				RREIM	Rental Reimbursement - $5...				

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
50							

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

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AGENCY CUSTOMER ID: BREVARDWOR2

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Bowen, Miclette & Britt of FL		Brevard Workforce Development Board, Inc.
POLICY NUMBER		
APPFITAU336902023		
CARRIER	**NAIC CODE**	
Marketing Binder Company		**EFFECTIVE DATE:** 06/01/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: OFBAADC' **FORM TITLE:** Additional Coverages

********** COVERAGES **********

Cov Desc: Rental Reimbursement - $50/day; 30 day maximum - Symbol 2

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ACORD

FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY): 04/25/2024

PRODUCER	PHONE (A/C, No, Ext): (800) 474-5686 FAX (A/C, No):	**COMPANY** Marketing Binder Company	**UNDERWRITER**
Bowen, Miclette & Britt of FL 850 Concourse Parkway S Suite #105 Maitland FL 32751-		**APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN** Brevard Workforce Development Board Inc **MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES** Inc Rockledge FL 32955	☒ CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED Inc

LICENSE #:	**YRS IN BUS**	**SIC CODE**	☐ INDIVIDUAL	☒ CORPORATION	☐ OTHER:		
CODE: **SUB CODE:** NILMA		736100	☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORP			

AGENCY CUSTOMER ID	**FEDERAL EMPLOYER ID NUMBER**	**NCCI ID NUMBER**	**OTHER RATING BUREAU ID NUMBER**
BREVARDWOR2	593031785		

STATUS OF SUBMISSION

☐ QUOTE ☐ ISSUE POLICY

BILLING / AUDIT INFORMATION

BILLING PLAN	**PAYMENT PLAN**		**AUDIT**	
☒ AGENCY BILL	☐ ANNUAL	☐ PREM FINANCED	☒ AT EXPIRATION	☐ MONTHLY
☐ DIRECT BILL	☐ SEMI-ANNUAL	☐ OTHER:	☐ SEMI-ANNUAL	☐ OTHER:
	☐ QUARTERLY	% DOWN:	☐ QUARTERLY	

LOCATIONS -

LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE				
1	3880 S. Washington Ave.	Titusville	Brevard	FL	32780
2	5275 Babcock Street NE	Palm Bay	Brevard	FL	32905
3	295/297 Barnes Blvd	Rockledge	Brevard	FL	32955

POLICY INFORMATION

PROPOSED EFF DATE	**PROPOSED EXP DATE**	**NORMAL ANNIVERSARY RATING DATE**	☐ PARTICIPATING ☐ NON-PARTICIPATING	**RETRO PLAN**
06/01/2024	06/01/2025			

PART 1 - WORKERS COMPENSATION (States)	**PART 2 - EMPLOYER'S LIABILITY**		**PART 3 - OTHER STATES INS**	**DEDUCTIBLE**	**OTHER COVERAGES**
FL	$ 2,000,000	EACH ACCIDENT	FL		☐ U.S.L. & H.
	$ 2,000,000	DISEASE - POLICY LIMIT		**COINSURANCE LIMIT**	☐ VOLUNTARY COMPENSATION
	$ 2,000,000	DISEASE - EACH EMPLOYEE			☐

DIVIDEND PLAN / SAFETY GROUP	**ADDITIONAL COMPANY INFORMATION**

RATING INFORMATION

☐ CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	8810		Clerical	36		2,287,295		

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		$
Increased Employer's L...		$
Safety Credit		$
EXPERIENCE MODIFICATION		$
MODIFIED PREMIUM		$ 0.00
PREMIUM DISCOUNT		$
EXPENSE CONSTANT	N/A	$
TOTAL ESTIMATED ANNUAL PREMIUM		$ 0.00
MINIMUM PREMIUM $	DEPOSIT PREMIUM	$

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INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR-SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1	Lisa Rice			President			I	8810	
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS ☐ LOSS RUN ATTACHED

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2023	CO: Star Insurance Company POL #: FITWC336902023	3,220				
2022	CO: Star Insurance Company POL #: FITWC336902022	3,092				
2021	CO: Star Insurance Company POL #: FITWC336902021	2,956				
2020	CO: Star Insurance Company POL #: FITWC336902020	3,025				
2019	CO: Evanston Insurance Company POL #: FITWC336902019	3,965				

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

☐ PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY ☐ TEMPORARY EMPLOYMENT SERVICE

Employment Agency

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?		X
2. 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)		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?		X
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		X
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?	X	
9. ANY GROUP TRANSPORTATION PROVIDED?		X
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	X	
11. ANY PART TIME OR SEASONAL EMPLOYEES?		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X
14. DO EMPLOYEES TRAVEL OUT OF STATE?	X	
15. ARE ATHLETIC TEAMS SPONSORED?		X

EXPLAIN ALL "YES" RESPONSES	YES	NO
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
17. ANY OTHER INSURANCE WITH THIS INSURER?		X
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		X
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	X	
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	X	
23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? $ 13,000,000		
24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		

CONTACT INFORMATION

IN-SPECTION	PHONE: (321) 394-0518	NAME: Lynn Hudson
ACCTNG RECORD	PHONE: (321) 394-0518	NAME: Lynn Hudson
CLAIMS INFO	PHONE:	NAME:

REMARKS

policy recd.

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A $500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.

2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.

3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.	AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
DocuSigned by: Marci Murphy 15C1409514A4B0... OWNER / OFFICER SIGNATURE	DATE 5/21/2024 | 12:46 PM CDT
PRINT NAME Marci Murphy	PRODUCER'S SIGNATURE
	DATE 04/25/2024

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AGENCY CUSTOMER ID: BREVARDWOR2

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Bowen, Miclette & Britt of FL	**NAMED INSURED** Brevard Workforce Development Board Inc
POLICY NUMBER APPFITWC336902023	
CARRIER Marketing Binder Company	**NAIC CODE**
	EFFECTIVE DATE: 06/01/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 130 FL **FORM TITLE:** _____

********** RATING INFORMATION **********

Other Factor Description: Increased Employer's Liability

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AGENCY CUSTOMER ID: BREVARDWOR2

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ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY		CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL		Marketing Binder Company	
POLICY NUMBER	**EFFECTIVE DATE**	**NAMED INSURED(S)**	
APPFITWC336902023	06/01/2024	Brevard Workforce Development Board Inc	

PREMISES INFORMATION

LOC #	BLD #	STREET	CITY	STATE	COUNTY	ZIP	CITY LIMITS	INTEREST	# FULL TIME EMPL	# PART TIME EMPL	ANNUAL REVENUES: $	OCCUPIED AREA: SQ FT	OPEN TO PUBLIC AREA: SQ FT	TOTAL BUILDING AREA: SQ FT	DESCRIPTION OF OPERATIONS	ANY AREA LEASED TO OTHERS? Y / N
4	1	329 Bill France Blvd	Daytona Beach	FL	Volusia	32114	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT							Daytona Office	
5	1	359 Bill France Blvd	Daytona Beach	FL	Volusia	32114	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT							Daytona Career Center	
6	1	20 Airport Road	Palm Coast	FL	Flagler	32164	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT							Flagler Office	
7	1	846 Saxon Blvd	Orange City	FL	Volusia	32763	☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT							Orange City Office	
							☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT								
							☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT								
							☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT								

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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AGENCY CUSTOMER ID: BREVARDWOR2

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY): 04/25/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APPFITWC336902023	06/01/2024	Brevard Workforce Development Board Inc

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

Interest 1

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [X] 30 Days NOC

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

Melbourne Square, LLC
1700 W. New Haven Avenue
Melbourne FL 32904-3919

REFERENCE / LOAN #: | INTEREST END DATE:
LIEN AMOUNT: | PHONE (A/C, No, Ext):
REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER: LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 2

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [X] Waiver of Sub.

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

Blanket Waiver of Subrogation FIT WC 01 (2016-06)
Rockledge FL 32955

REFERENCE / LOAN #: | INTEREST END DATE:
LIEN AMOUNT: | PHONE (A/C, No, Ext):
REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER: LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 3

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

REFERENCE / LOAN #: | INTEREST END DATE:
LIEN AMOUNT: | PHONE (A/C, No, Ext):
REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER: LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 4

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

REFERENCE / LOAN #: | INTEREST END DATE:
LIEN AMOUNT: | PHONE (A/C, No, Ext):
REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER: LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

Interest 5

INTEREST: [ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]

NAME AND ADDRESS RANK: EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL

REFERENCE / LOAN #: | INTEREST END DATE:
LIEN AMOUNT: | PHONE (A/C, No, Ext):
REASON FOR INTEREST: | E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER: LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION

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SUPPLEMENTAL NAMES (Other Named Insureds)

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CareerSource Brevard				
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: ______		PARTNERSHIP		TRUST

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AGENCY CUSTOMER ID: BREVARDWOR2

ACORD®

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY): 04/25/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
APPFITGL336902023	06/01/2024	Brevard Workforce Development Board, Inc.

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

- [X] COMMERCIAL GENERAL LIABILITY
  - [ ] CLAIMS MADE
  - [X] OCCURRENCE
- [ ] OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

- [ ] PROPERTY DAMAGE $
- [ ] BODILY INJURY $ [ ] PER CLAIM
- [ ] $ [ ] PER OCCURRENCE

LIMITS

		PREMIUMS
GENERAL AGGREGATE	$ 3,000,000	PREMISES/OPERATIONS
LIMIT APPLIES PER: [ ] POLICY [ ] LOCATION [ ] PROJECT [ ] OTHER:		
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$ 3,000,000	PRODUCTS
PERSONAL & ADVERTISING INJURY	$ 1,000,000	
EACH OCCURRENCE	$ 1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence)	$ 1,000,000	0.00
MEDICAL EXPENSE (Any one person)	$ 10,000	TOTAL
EMPLOYEE BENEFITS	$ 1,000,000	
	$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE [ ] IS [ ] IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE [ ] IS [ ] IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
2	1	Employment Agencies	43200	A	27,493	6				
1	2	Employment Agencies	43200	A	39,952	6				
3	3	Employment Agency	43200	A	51,131	6				
4	4	Employment Agencies	43200	A	6,081					
5	5	Employment Agencies	43200	A	5,500					
6	6	Employment Agencies	43200	A	25,000					
7	7	Employment Agencies	43200	A	1,023,660					

RATING AND PREMIUM BASIS
(S) GROSS SALES - PER $1,000/SALES
(P) PAYROLL - PER $1,000/PAY
(A) AREA - PER 1,000/SQ FT
(C) TOTAL COST - PER $1,000/COST
(M) ADMISSIONS - PER 1,000/ADM
(U) UNIT - PER UNIT
(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: $ 1,000	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES: 36	4. RETROACTIVE DATE: 06/01/2019

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AGENCY CUSTOMER ID: BREVARDWOR2

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	N

DESCRIBE THE TYPE OF WORK SUBCONTRACTED	$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.	Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	N
8. PRODUCTS UNDER LABEL OF OTHERS?	N
9. VENDORS COVERAGE REQUIRED?	N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	N

AGENCY CUSTOMER ID: BREVARDWOR2

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	INTEREST IN ITEM NUMBER
☒ ADDITIONAL INSURED	RANK: ____ EVIDENCE: ☐ CERTIFICATE	LOCATION: / BUILDING:
☐ EMPLOYEE AS LESSOR	** Blkt AI Ongoing Ops - FIT GL 01 (2020-05) **	ITEM CLASS: / ITEM:
☐ LENDER'S LOSS PAYABLE		ITEM DESCRIPTION
☐ LIENHOLDER		
☐ LOSS PAYEE	Rockledge FL 32955	
☐ MORTGAGEE		
☐	REFERENCE / LOAN #:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N
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)	N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	N

EQUIPMENT	TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N
7. ANY PARKING FACILITIES OWNED/RENTED?	N
8. IS A FEE CHARGED FOR PARKING?	N
9. RECREATION FACILITIES PROVIDED?	N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):	N

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) ☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD	N
12. ARE SOCIAL EVENTS SPONSORED?	N
13. ARE ATHLETIC TEAMS SPONSORED?	N

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP
		☐ 12 & UNDER ☐ 13 - 18 ☐ OVER 18			☐ 12 & UNDER ☐ 13 - 18 ☐ OVER 18
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:		

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N

AGENCY CUSTOMER ID: BREVARDWOR2

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	Y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	N

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Matthew S. Nilles	

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
DocuSigned by: Marci Murphy 1FC14085147D4B0...	3/21/2024 | 12:46 PM CDT	

DocuSign Envelope ID: 3C8BBA17-BD14-4D74-AF14-4737B9206CB4

AGENCY CUSTOMER ID: BREVARDWOR2

ACORD®

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 04/25/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL	Marketing Binder Company	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APPFITGL336902023	06/01/2024	Brevard Workforce Development Board, Inc.

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [X] Waiver of Sub.	** Blkt Waiver of Subrogation - FIT GL 01 (2020-05) ** Rockledge FL 32955		LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	
REASON FOR INTEREST:		E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [X] 30 Days NOC	Melbourne Square, LLC 1700 W. New Haven Avenue Melbourne FL 32904-3919		LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	
REASON FOR INTEREST: Form #FIT-GL-23 02/16		E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]			LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	
REASON FOR INTEREST:		E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]			LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	
REASON FOR INTEREST:		E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: [ ] CERTIFICATE [ ] POLICY [ ] SEND BILL	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED [ ] LOSS PAYEE [ ] BREACH OF WARRANTY [ ] MORTGAGEE [ ] CO-OWNER [ ] OWNER [ ] EMPLOYEE AS LESSOR [ ] REGISTRANT [ ] LEASEBACK OWNER [ ] TRUSTEE [ ] LENDER'S LOSS PAYABLE [ ] LIENHOLDER [ ]			LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	
REASON FOR INTEREST:		E-MAIL ADDRESS:	

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FLORIDA COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 04/25/2024

AGENCY	CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL 850 Concourse Parkway S Suite #105 Maitland FL 32751	Marketing Binder Company	
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER: APPLICANT	
CONTACT NAME:	UNDERWRITER	UNDERWRITER OFFICE
PHONE (A/C, No, Ext): 800 474-5686		
FAX (A/C, No):	STATUS OF TRANSACTION: ☐ QUOTE ☐ ISSUE POLICY ☒ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE TIME ☐ AM; ☐ CANCEL ☐ PM	
E-MAIL ADDRESS:		
CODE: SUBCODE:		
AGENCY CUSTOMER ID: BREVARDWOR2		

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	$	☐ CRIME	$	☐ TRUCKERS	$
☒ BUSINESS AUTO	$	☐ CYBER AND PRIVACY	$	☐ UMBRELLA	$
☐ BUSINESS OWNERS	$	☐ FIDUCIARY LIABILITY	$	☐ YACHT	$
☒ COMMERCIAL GENERAL LIABILITY	$	☐ GARAGE AND DEALERS	$	☒ Cyber	$
☐ COMMERCIAL INLAND MARINE	$	☐ LIQUOR LIABILITY	$	☒ D&O/EPL	$
☒ COMMERCIAL PROPERTY	$	☐ MOTOR CARRIER	$	☐	$

ATTACHMENTS

☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS	☐ ELECTRONIC DATA PROCESSING SECTION	☐ PROFESSIONAL LIABILITY SUPPLEMENT
☐ ADDITIONAL INTEREST SCHEDULE	☐ GLASS AND SIGN SECTION	☐ RESTAURANT / TAVERN SUPPLEMENT
☐ ADDITIONAL PREMISES INFORMATION SCHEDULE	☐ HOTEL / MOTEL SUPPLEMENT	☐ STATEMENT / SCHEDULE OF VALUES
☐ APARTMENT BUILDING SUPPLEMENT	☐ INSTALLATION / BUILDERS RISK SECTION	☐ STATE SUPPLEMENT (If applicable)
☐ CONDO ASSN BYLAWS (for D&O Coverage only)	☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	☐ VACANT BUILDING SUPPLEMENT
☐ CONTRACTORS SUPPLEMENT	☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	☒ VEHICLE SCHEDULE
☐ COVERAGES SCHEDULE	☐ LOSS SUMMARY	☐
☐ DEALERS SECTION	☐ OPEN CARGO SECTION	☐
☒ DRIVER INFORMATION SCHEDULE	☐ PREMIUM PAYMENT SUPPLEMENT	☐

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/01/2024	06/01/2025	☐ DIRECT ☒ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Brevard Workforce Development Board, Inc. Richard Meagher; 297 Barnes Blvd Rockledge FL 32955				593031785
	BUSINESS PHONE #: (321) 394-0700			
	WEBSITE ADDRESS: www.careersourcebrevard.com			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

DEFINITIONS: GL CODE: General Liability Code; SIC: Standard Industrial Classification; NAICS: North American Industry Classification System; SOC SEC #: Social Security Number; FEIN: Federal Employer Identification Number; LLC: Limited Liability Corporation

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AGENCY CUSTOMER ID: BREVARDWOR2

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact	**CONTACT TYPE:** Accounting Contact
CONTACT NAME: Lynn Hudson	**CONTACT NAME:** Lynn Hudson
PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (321) 394-0518	**PRIMARY PHONE #** ☐ HOME ☒ BUS ☐ CELL (321) 394-0518
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	**SECONDARY PHONE #** ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: lhudson@careersourcebrevard.c	**PRIMARY E-MAIL ADDRESS:** lhuson@careersourcebrevard.com
SECONDARY E-MAIL ADDRESS:	**SECONDARY E-MAIL ADDRESS:**

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	295/297 Barnes Blvd	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Rockledge STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Brevard ZIP: 32955				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Office					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
2	3880 S. Washington Ave. Ste 214	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Titusville STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Brevard ZIP: 32780				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Office					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
3	5275 Babcock Street NE	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Palm Bay STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Brevard ZIP: 32905				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Office					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
4	329 Bill France Blvd	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Daytona Beach STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Volusia ZIP: 32114				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Daytona Office					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: **LOC #:** Location Number **BLD #:** Building Number **# FULL TIME EMPL:** Number Full Time Employees **# PART TIME EMPL:** Number Part Time Employees **SQ FT:** Square Feet

NATURE OF BUSINESS

												DATE BUSINESS STARTED (MM/DD/YYYY)
☐	APARTMENTS	☐	CONTRACTOR	☐	MANUFACTURING	☐	RESTAURANT	☐	SERVICE	☐		
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE			

DESCRIPTION OF PRIMARY OPERATIONS

Employment Agency

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST

☐	ADDITIONAL INSURED	☐	LIENHOLDER
☐	BREACH OF WARRANTY	☐	LOSS PAYEE
☐	CO-OWNER	☐	MORTGAGEE
☐	EMPLOYEE AS LESSOR	☐	OWNER
☐	LEASEBACK OWNER	☐	REGISTRANT
☐	LENDER'S LOSS PAYABLE	☐	TRUSTEE

NAME AND ADDRESS **RANK:** **EVIDENCE:** ☐ **CERTIFICATE** ☐ **POLICY** ☐ **SEND BILL**

REFERENCE / LOAN #: **INTEREST END DATE:**

LIEN AMOUNT: **PHONE (A/C, No, Ext):** **FAX (A/C, No):**

REASON FOR INTEREST: **E-MAIL ADDRESS:**

INTEREST IN ITEM NUMBER

LOCATION:	BUILDING:
VEHICLE:	BOAT:
AIRPORT:	AIRCRAFT:
ITEM CLASS:	ITEM:

ITEM DESCRIPTION

AGENCY CUSTOMER ID: BREVARDWOR2

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	Y

☒ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)**	N

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N

7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?	N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?	N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:**	N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: BREVARDWOR2

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902023	FITAU336902023	FITPR336902023	
	PREMIUM	$ 20,699	$ 65,538	$ 26,109	$
	EFFECTIVE DATE	06/01/2023	06/01/2023	06/01/2023	
	EXPIRATION DATE	06/01/2024	06/01/2024	06/01/2024	
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902022	FITAU336902022	FITPR336902022	
	PREMIUM	$ 18,817	$ 5,748	$ 17,407	$
	EFFECTIVE DATE	06/01/2022	06/01/2022	06/01/2022	
	EXPIRATION DATE	06/01/2023	06/01/2023	06/01/2023	
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902021	FITAU336902021	FITPR336902021	
	PREMIUM	$ 16,121	$ 63,220	$ 8,883	$
	EFFECTIVE DATE	06/01/2021	06/01/2021	06/01/2021	
	EXPIRATION DATE	06/01/2022	06/01/2022	06/01/2022	
	CARRIER	Markel Global Reinsurance	Markel Global Reinsurance	Lloyds of London	
	POLICY NUMBER	FITGL336902020	FITAU336902020	FITPR336902020	
	PREMIUM	$ 13,779	$ 56,196	$ 7,904	$
	EFFECTIVE DATE	06/01/2020	06/01/2020	06/01/2020	
	EXPIRATION DATE	06/01/2021	06/01/2021	06/01/2021	

LOSS HISTORY

☐ **Check if none** **(Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Matthew S. Nilles	
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
Marci Murphy 1FC14095147D4B0...	5/21/2024 | 12:46 PM CDT	

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AGENCY CUSTOMER ID: BREVARDWOR2

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ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY		CARRIER	NAIC CODE
Bowen, Miclette & Britt of FL		Marketing Binder Company	
POLICY NUMBER	**EFFECTIVE DATE**	**NAMED INSURED(S)**	
APPLICANT	06/01/2024	Brevard Workforce Development Board, Inc.	

PREMISES INFORMATION

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
5	359 Bill France Blvd		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Daytona Beach	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Volusia	ZIP: 32114				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Daytona Career Center						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
6	20 Airport Road		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Palm Coast	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Flagler	ZIP: 32164				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Flagler Office						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
7	846 Saxon Blvd		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Orange City	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Volusia	ZIP: 32763				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Orange City Office						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

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PRIOR CARRIER INFORMATION

YEAR	CARRIER & POLICY NUMBER	EFF DATE	EXP DATE	LINE	MOD	PREMIUM
2019	CO: Lloyds of London POL #: FITPR336902019	06/01/2019	06/01/2020	PROP		6,874
2019	CO: Markel Global Reinsurance Company POL #: FITAU336902019	06/01/2019	06/01/2020	AUTOB		34,545
2019	CO: Markel Global Reinsurance Company POL #: FITGL336902019	06/01/2019	06/01/2020	CGL		11,981
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					
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CERTIFICATION OF EMPLOYER WORKPLACE SAFETY PROGRAM PREMIUM CREDIT

Employer Name: Brevard Workforce Development Board, Inc.

Name of Contact Person: Marci Murphy-President Telephone #: 321-359-0518

Policy #: _____ Effective Date of Policy: 06/01/2024

I am submitting a copy of my workplace safety program which meets the requirements of Section 440.1025, Florida Statutes. I certify that this safety program has been implemented in my workplace and is being maintained as submitted to my carrier.

This is to certify that my workplace safety program meets or exceeds the following provisions as provided for in Section 440.1025, Florida Statutes:

1) Written safety policy and safety rules
2) Safety inspections
3) Preventive maintenance
4) Safety training
5) First aid
6) Accident investigation
7) Necessary record keeping

I am aware that I may be subject to an on-site inspection by my carrier, for the purpose of validating the accuracy of this information.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Certification of Employer Workplace Safety Program Premium Credit, and that the facts stated in it are true.

Employer Name	Date	Officer/Owner Signature*
Brevard Workforce Development Board, Inc.	4/24/2024	Marci Murphy

President
Title

* Application must be signed by an officer or owner.

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FLORIDA INSURANCE TRUST

RENEWAL SUPPLEMENTAL APPLICATION

GENERAL RENEWAL INFORMATION

APPLICANT NAME: BREVARD WORKFORCE DEVELOPMENT BOARD, INC. DBA CAREERSOURCE BREVARD

ADDRESS: 297 BARNES BOULEVARD
ROCKLEDGE, FL 32955

CONTACT NAME & PHONE: LYNN HUDSON / 321-394-0522

ANNUAL OPERATING BUDGET: 13,000,000

HAS ENTITY HAD ANY CHANGES TO OPERATIONS: ☒ YES ☐ NO

AS OF 7/1/24 CAREERSOURCE BREVARD WILL BE MERGING WITH CAREERSOURCE FLAGLER-VOLUSIA.

HAVE ALL CLAIMS OR POTENTIAL CLAIMS BEEN SUBMITTED OR DISCLOSED TO THE APPROPRIATE INSURANCE CARRIER? ☒ YES ☐ NO
IF NO, PLEASE EXPLAIN

HAVE ANY CHANGES BEEN MADE TO THE ABUSE/MISCONDUCT POLICIES OR PRACTICES? ☐ YES ☒ NO
IF YES, PLEASE EXPLAIN:

DO YOU HAVE ALL REQUIRED LICENSES: ☒ YES ☐ NO CURRENT? ☒ YES ☐ NO

ANY LICENSE EVER REVOKED/SUSPENDED? ☐ YES ☒ NO

OBTAIN PROOF OF INSURANCE & HOLD HARMLESS AGREEMENTS FOR CONTRACTED PROVIDERS? ☐ YES ☐ NO

DOES THE ORGANIZATION PLAN TO DECLARE BANKRUPTCY WITHIN THE NEXT 12 MONTHS? ☐ YES ☒ NO

ANNUAL PAYROLL: $2,287,295

NUMBER OF EMPLOYEES: 36

NUMBER OF VOLUNTEERS:

SCHEDULE OF PHYSICIANS/PSYCHIATRISTS/ARNPS

NAME	SPECIALTY	BOARD CERTIFIED?	HOURS PER WEEK	EMP / CONTR / VOLUNTEER	CARRIES OWN MED MAL?	NEED COVERAGE UNDER POLICY?
		☐ YES ☐ NO			☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO			☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO			☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO			☐ YES ☐ NO	☐ YES ☐ NO

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FLORIDA INSURANCE TRUST

RENEWAL SUPPLEMENTAL APPLICATION

_____ _____ ☐ YES ☐ NO _____ _____ ☐ YES ☐ NO ☐ YES ☐ NO

_____ _____ _____ _____

AUTOMOBILE PRACTICES

PROVIDE PICKUP OR DELIVERY OF DONATED MERCHANDISE? ☐ YES ☒ NO

PROVIDE TRANSPORTATION FOR: ☒ STAFF ☐ CLIENTS ☐ MEALS

IF YES FOR MEALS, WHAT PRECAUTIONS ARE TAKEN TO PREVENT SPOILAGE? _____

IF YES FOR CLIENTS/RESIDENTS, IS MORE THAN ONE STAFF MEMBER REQUIRED? ☐ YES ☐ NO

FIELD TRIPS PROVIDED? ☐ YES ☒ NO IF YES, DO YOU PROVIDE TRANSPORTATION? ☐ YES ☒ NO

IF CHILDREN ARE TRANSPORTED, IS THERE A MONITOR TO ENSURE SAFETY? ☐ YES ☐ NO

DO EMPLOYEES TRANSPORT CHILDREN/CLIENTS IN PERSONAL VEHICLES? ☐ YES ☒ NO

IS THERE A CELL PHONE POLICY IN PLACE? ☒ YES ☐ NO

ARE WHEELCHAIR-EQUIPPED VEHICLES FITTED WITH TIE-DOWN BELTS? ☐ YES ☐ NO

OBTAIN MVRS ON ALL DRIVERS? ☒ YES ☐ NO HOW OFTEN? _____

WRITTEN PROCEDURES FOR DEALING WITH ACCIDENTS & VIOLATIONS? ☒ YES ☐ NO

ARE DRIVERS AT LEAST 21 YEARS OF AGE? ☒ YES ☐ NO HOW MANY OVER AGE 65? _____

HIRE VEHICLES? ☒ YES ☐ NO WHAT TYPE? PICK UP TRUCKS, DUMP TRUCKS (USED FOR GRANT)

PERSONAL USE OF AGENCY VEHICLES? ☐ YES ☒ NO

IF YES, OBTAIN PROOF OF INSURANCE? ☐ YES ☐ NO MINIMUM LIMITS REQUIRED? _____

HOW MANY DRIVE PERSONAL VEHICLES FOR BUSINESS USE? _____

WHAT IS THE FUNCTION OF THESE & RADIUS OF OPERATION? _____

ACCEPT DONATED VEHICLES? ☐ YES ☒ NO USE THESE TO TRANSPORT CLIENTS? ☐ YES ☒ NO

DO ANY VOLUNTEERS DRIVE? ☐ YES ☒ NO HOW MANY? _____

☒ N/A RESIDENTIAL/INPATIENT FACILITIES

TOTAL NUMBER OF BEDS: _____

ANNUAL NUMBER OF CLIENTS BY AGE GROUP: UNDER 18: _____ 18-35: _____ 36-64: _____ 65+: _____

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FLORIDA INSURANCE TRUST

RENEWAL SUPPLEMENTAL APPLICATION

☒ N/A

SUBSTANCE ABUSE PROGRAMS

OPERATE DRUG/ALCOHOL REHABILITATION? ☐ YES ☐ NO ADULTS ONLY? ☐ YES ☐ NO CO-ED? ☐ YES ☐ NO

NUMBER OF ANNUAL CLIENT VISITS? _____

PROVIDE METHADONE? ☐ YES ☐ NO # CLIENTS ANNUALLY _____ # CLIENTS WITH TAKE-HOME PRIVILEGES _____

OPERATE A DETOXIFICATION UNIT? ☐ YES ☐ NO IF YES, ☐ MEDICAL ☐ OTHER

IF MEDICAL, ACCEPT CLIENTS WITH HISTORY OF DELIRIUM TREMENS OR SEIZURES? ☐ YES ☐ NO IF YES, ☐ TREAT ☐ HOSPITAL

☒ N/A

OUTPATIENT FACILITIES

TYPE OF SERVICE	# VISITS
CHILDREN'S DAY CARE	
ADULT DAY CARE	
MENTAL HEALTH DAY CARE	
OUTPATIENT COUNSELING	
SHELTERED WORKSHOP	
RESPITE CARE	

TYPE OF SERVICE	# VISITS
REHABILITATION	
PHYSICAL THERAPY	

ANNUAL NUMBER OF CLIENTS BY AGE GROUP: UNDER 18: _____ 18-35: _____ 36-64: _____ 65+: _____

CLINIC OPERATED? ☐ YES ☐ NO IF YES, OPEN TO THE PUBLIC? ☐ YES ☐ NO

OPERATE A CRISIS HOTLINE? ☐ YES ☐ NO IF YES, ANNUAL NUMBER OF CALLS? _____

WHAT TYPES OF CALLS? ☐ SUICIDE ☐ DRUG/ALCOHOL ☐ CHILD/SPOUSAL ABUSE ☐ OTHER _____

PROVIDE PROGRAMS TO SEXUAL OFFENDERS? ☐ YES ☐ NO # OF VISITS & TYPICAL OFFENSES? _____

PROVIDE PROGRAMS TO JUVENILE DELINQUENTS? ☐ YES ☐ NO # OF VISITS & TYPICAL OFFENSES? _____

PROVIDE PROGRAMS FOR EX-OFFENDERS AND/OR INCARCERATED CLIENTS? ☐ YES ☐ NO

☒ N/A

SHELTERED WORKSHOP PROGRAMS

VALUE OF DISTRIBUTED GOODS: _____

DESCRIBE WORK/PRODUCT BEING PERFORMED: _____

PERFORM INDUSTRIAL SUBCONTRACTED WORK, I.E. PACKAGING, ASSEMBLING, MANUFACTURING, ETC.? ☐ YES ☐ NO

WHAT COMPANY LABEL GOES ON THE PRODUCT? _____

WHO IS THE ULTIMATE USER OF THE PRODUCT? _____

ARE FLAMMABLES STORED IN PROPER RECEPTACLES? ☐ YES ☐ NO

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ARE HAZARDOUS OPERATIONS SEPARATED? ☐ YES ☐ NO

DOES OSHA INSPECT THE WORKSHOP? ☐ YES ☐ NO

QUALITY CONTROL PROGRAM IN PLACE? ☐ YES ☐ NO

DO COUNSELORS MAKE FOLLOW-UP VISITS TO CLIENTS PLACED IN OUTSIDE EMPLOYMENT? ☐ YES ☐ NO

☒ N/A

IN-HOME SUPPORT SERVICES

SERVICES

☐ NURSING CARE	☐ SPEECH THERAPY	☐ SOCIAL WORK
☐ BATHING	☐ CHANGING CATHETERS	☐ DRESSING
☐ LAUNDRY	☐ RUNNING ERRANDS	☐ MEAL PREPARATION
☐ FEEDING	☐ RESTROOM AID	☐ TRANSPORTATION
☐ BLOOD TESTING	☐ INFUSION THERAPY	☐ NUTRITION COUNSELING
☐ HOUSEWORK	☐ REPOSITIONING	☐ MEDICATION MANAGEMENT

NUMBER OF ANNUAL VISITS? _____

SELL OR RENT MEDICAL EQUIPMENT? ☐ YES ☐ NO

STAFF INFORMED OF AIDS/HIV PATIENTS? ☐ YES ☐ NO

ARE MEDICATIONS ADMINISTERED? ☐ YES ☐ NO

ARE VISITS DOCUMENTED? ☐ YES ☐ NO HOW ARE STAFF MONITORED? _____

WRITTEN PROCEDURES IN PLACE TO PREVENT THEFT FROM CLIENTS' HOMES? ☐ YES ☐ NO

☒ N/A

FOOD BANK / THRIFT STORE

HOW DO GOODS ARRIVE AT PREMISES? ☐ PICKED UP IN OWNED AUTOS ☐ PICKED UP IN PERSONAL AUTOS ☐ OTHER ORGANIZATIONS DELIVER

ANNUAL GROSS SALES _____

VALUE OF FOOD DISTRIBUTED _____

DO YOU PROVIDE ANY WARRANTIES OF QUALITY OR SAFETY ON ANY FOOD OR MERCHANDISE? ☐ YES ☐ NO

NUMBER OF DROP-OFF RECEPTACLES? _____

☒ N/A

RECREATION/CAMP SAFETY

SESSIONS PER SEASON _____ # CAMP DAYS PER SEASON _____

OF CAMPERS _____ # OF COUNSELORS _____

RATIO OF COUNSELORS TO CAMPERS _____ AGES OF CAMPERS _____

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☒ N/A

MEDICAL FACILITIES

DO YOU KEEP ONLY OTC DRUGS ON PREMISES? ☐ YES ☐ NO IF NO, EXPLAIN: _____

WHICH STAFF MEMBER DISPENSES MEDICATIONS? _____

MEDICATIONS & EQUIPMENT KEPT IN A LOCKED FACILITY? ☐ YES ☐ NO IF NO, EXPLAIN: _____

DO YOU MAINTAIN LOGS ON ALL WHO RECEIVE CARE? ☐ YES ☐ NO

DO YOU MAINTAIN A MEDICAL HISTORY & CARE RECORDS FOR EACH INDIVIDUAL? ☐ YES ☐ NO

☒ N/A

CHARTER SCHOOLS

TOTAL BOARD MEMBERS? _____

TOTAL NUMBER OF STUDENTS? _____

TEACHER TO STUDENT RATIO? _____

AVERAGE CLASS SIZE? _____

HOW MANY HEARINGS/APPEALS HAVEN TAKEN PLACE IN THE PAST TWELVE (12) MONTHS? _____

HOW MANY HEARINGS/APPEALS INVOLVE SPECIAL EDUCATION? _____

☒ N/A

ADOPTION

ARE YOU LICENSED IN ALL STATES IN WHICH YOU OPERATE? ☐ YES ☐ NO

DO YOU FOLLOW ALL STATE REQUIREMENTS REGARDING ADOPTION PROCEDURES? ☐ YES ☐ NO

ARE THE ADOPTION SERVICES? ☐ OPEN ☐ CLOSED AVERAGE # OF ANNUAL ADOPTIONS? _____

INTERNATIONAL ADOPTIONS? ☐ YES ☐ NO AVERAGE # OF ANNUAL INTERNATIONAL ADOPTIONS _____

TOTAL NUMBER OF UNSUCCESSFUL ADOPTIONS? _____

TOTAL NUMBER OF TRAINING HOURS FOR EACH ADOPTIVE FAMILY PRIOR TO THE PLACEMENT OF A CHILD? _____

TOTAL ANNUAL NUMBER OF TRAINING HOURS FOR EACH ADOPTIVE FAMILY? _____

☒ N/A

FOSTER CARE

HOW MANY FOSTER CARE HOMES HAS THE INSURED PLACED CHILDREN IN? _____

ANTICIPATED NUMBER OF FOSTER CARE PLACEMENTS IN THE NEXT 12 MONTH? _____

DOES THE INSURED PLACE SPECIAL NEEDS CHILDREN? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN CONDITIONS _____

TOTAL NUMBER OF FOSTER FAMILIES AT ONE TIME? _____

TOTAL NUMBER OF CASE WORKERS? _____

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TOTAL NUMBER OF TRAINING HOURS FOR EACH FOSTER FAMILY PRIOR TO PLACEMENT OF FIRST CHILD? _____

AVERAGE NUMBER OF FOSTER CHILDREN PLACED MULTIPLE TIMES? _____

TOTAL ANNUAL NUMBER OF TRAINING HOURS FOR EACH FOSTER FAMILY? _____

HOW MANY FOSTER HOME AGREEMENTS HAVE BEEN TERMINATED IN THE PAST 36 MONTHS? _____

IS FULL DISCLOSURE OF CHILD'S HISTORY MADE TO PARENTS PRIOR TO PLACEMENT? ☐ YES ☐ NO

DO YOU PERFORM FOLLOW-UP VISITS AFTER PLACEMENT HAS BEEN MADE? ☐ YES ☐ NO

☒ **N/A**

RESIDENTIAL HOUSING

TOTAL NUMBER OF EACH CATEGORY: APARTMENTS _____ SINGLE DWELLINGS _____ DUPLEXES _____ TRIPLEXES _____

DO YOU PROVIDE LANDSCAPING SERVICES? ☐ YES ☐ NO REVENUE/PAYROLL: _____

DO YOU PROVIDE JANITORIAL SERVICES? ☐ YES ☐ NO REVENUE/PAYROLL: _____

☒ **N/A**

SPECIAL EVENTS

TYPE OF EVENT	DATE(S)	TOTAL ANTICIPATED REVENUE	ESTIMATED ATTENDANCE

ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL VENDORS? ☐ YES ☐ NO

WILL ALCOHOL BE SERVED AT ANY OF THE EVENTS? ☐ YES ☐ NO

ANY SPORTING SPECIAL EVENTS? ☐ YES ☐ NO

ANY EVENT INVOLVE ANIMALS, AIRCRAFT OR WATERCRAFT? ☐ YES ☐ NO

DO ALL PARTICIPANTS SIGN WAIVERS? ☐ YES ☐ NO

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☐ N/A

DIRECTORS & OFFICERS/EMPLOYMENT PRACTICES

HAS THE ORGANIZATION BEEN INVOLVED IN ANY MERGER OR ACQUISITION IN THE PAST 12 MONTHS OR PLAN TO IN THE NEXT 12 MONTHS? ☒ YES ☐ NO

PLEASE NOTE ANY SUBSIDIARIES As of 7/1/24 CareerSource Brevard will be merging with CareerSource Flagler-Volusia.

IF THERE ARE SUBSIDIARIES, DOES COVERAGE EXTEND TO SUBSIDIARIES? ☒ YES ☐ NO

HAVE THERE BEEN OR IS THERE NOW ANY PENDING DISPUTE REGARDING TAX EXEMPT STATUS? ☐ YES ☒ NO

DOES THE ORGANIZATION HAVE A DEDICATED HUMAN RESOURCES DEPARTMENT? ☐ YES ☐ NO

TURNOVER PERCENTAGE OF EMPLOYEES WITHIN THE PAST 3 YEARS YEAR 1 3% YEAR 2 _____ YEAR 3 _____

DOES THE ORGANIZATION ANTICIPATE MAKING ANY REDUCTIONS IN WORK FORCE OVER THE NEXT 12 MONTHS? (IF YES, PLEASE EXPLAIN) ☐ YES ☒ NO

DOES THE ORGANIZATION HAVE AN EMPLOYEE MANUAL OR HANDBOOK GOVERNING THE TERMS AND CONDITIONS OF EMPLOYMENT? ☒ YES ☐ NO

DOES THE ORGANIZATION HAVE A WRITTEN POLICY REGARDING SEXUAL OR WORKPLACE HARASSMENT, AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYMENT? ☒ YES ☐ NO

DOES THE EMPLOYEE HANDBOOK CONTAIN AN EMPLOYMENT-AT-WILL STATEMENT, DISCLAIMER OF EMPLOYMENT CONTRACT AND DISCLAIMER OF BENEFITS STATEMENT? ☒ YES ☐ NO

WITHIN THE PAST YEAR, HAS THE ORGANIZATION RECEIVED ANY INQUIRY, COMPLAINT OR NOTICE OF HEARING FROM ANY OF THE FOLLOWING AGENCIES: NATIONAL LABOR RELATIONS BOARD, EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, US DEPARTMENT OF LABOR, ANY STATE OR LOCAL GOVERNMENT AGENCY SUCH AS LABOR DEPARTMENT, US DISTRICT OR STATE COURT. ☐ YES ☒ NO

IF APPLICABLE, IS THE ORGANIZATION HIPAA/HITECH COMPLIANT? ☒ YES ☐ NO

IF APPLICABLE, IS THE ORGANIZATION PCI/DDS COMPLIANT? ☐ YES ☐ NO N/A

IF FIDUCIARY LIABILITY IS RENEWING OR NEEDED, PLEASE COMPLETE THE FOLLOWING SECTION:

PLAN NAME	TYPE OF PLAN (DC/DB/OTHER)	TOTAL PLAN ASSETS ($)	ANNUAL CONTRIBUTIONS	NUMBER OF PARTICIPANTS

DOES THE INSURED ORGANIZATION HANDLE ANY INVESTMENT DECISIONS IN HOUSE? ☐ YES ☒ NO

HAVE THERE BEEN ANY MERGERS OF PLANS OR ANY PLAN TERMINATIONS DURING THE LAST 24 MONTHS? ☐ YES ☒ NO

ARE ANY PLANS NON-COMPLIANT WITH PLAN AGREEMENTS OR ERISA? ☐ YES ☒ NO

HAS ANY PLAN EXPERIENCED ANY ASSESSMENT OF FEES, FINES OR PENALTIES UNDER ANY VOLUNTARY COMPLIANCE RESOLUTION PROGRAM OR BY ANY GOVERNMENT AUTHORITY AGAINST ANY PLAN? ☐ YES ☒ NO

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FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNS ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT SIGNATURE & TITLE Marci Murphy | President **DATE** 4/24/2024

PRODUCER NAME Matt Nilles **DATE**

PRODUCER SIGNATURE DocuSigned by: 77E836034F0045B... **DATE** 5/21/2024 | 10:58 AM CDT

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NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer: Brevard Workforce Development Board, Inc.

Date Program Implemented: 5/28/2008

Testing:

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- ■ Job applicant
- ■ Reasonable suspicion
- ☐ Routine fitness for duty
- ☐ Follow-up testing to Employee Assistance Program

Notice of Employer's Drug Testing Policy:

- ■ Copy to all employees prior to testing
- ■ Posted on employer's premises
- ☐ Copy to job applicants prior to testing
- ■ General notice given 60 days prior to testing
- ■ Show notice of drug testing on vacancy announcements
- ■ Copies available in personnel office or other suitable locations
- ☐ No notice required because the employer had a drug testing program in place prior to July 1, 1990

Education:

- ■ Resource file on providers
- ■ Employee Assistance Program
- ■ Education

Name of Medical Review Officer: Dr. Seth Portnoy

A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: Health First-AdventHealth Centra Care

B. Phone No.: (321) 473-6658

C. Address: 1223 Gateway Dr., Melbourne, FL 32901

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Application for Drug-Free Workplace Premium Credit Program, and that the facts stated in it are true.

Brevard Workforce Development Board, Inc.	4/24/2024	Mari Murphy
Employer Name	Date	Officer/Owner Signature*
		President
		Title

* Application must be signed by an officer or owner.

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