

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 89 04 15

(Ed. 7-1-87)

FFVA Mutual Insurance Co.
POLICY INFORMATION PAGE ENDORSEMENT

Endorsement No. 1
 Endorsement Effective 12/31/2016
 Policy Number WC840-0019400-2016A
 Location Number 1
 Insured Heichel Plumbing, Inc.
 Policy Period 12/31/2016 to 12/31/2017
 Item 4. * Class, Rate, Other is changed to read:

NCCI Co. No 31321
 FFVA Mutual Insurance Co.
 (Name of Insurance Company)
 Insured Unit Name Heichel Plumbing, Inc.
 Policy Rating Period: 12/31/2016 to 12/31/2017

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Plumbing Noc & Drivers	5183	4,083,675	5.86	239,303
Concrete Or Cement	5221	994,100	8.06	80,124
Contractor--Project Manager, Construction Or Erection	5606	225,934	2.12	4,790
	8227	24,758	8.47	2,097
Salespersons Or	8742	300,758	0.51	1,534
Clerical Office Employees Noc	8810	320,588	0.26	834

Manual Premium	328,682
Excess Employers Liability 1.10%	3,616
Subject Premium	332,298
Safety Credit 2.00%	(6,646)
Drugfree Workplace Credit 5.00%	(16,283)
Experience Mod	309,369
Experience Mod 1.00	0
Standard Premium	309,369
Premium Discount 9.58%	(29,638)
Expense Constant	200
Terrorism	1,190
Total Estimated Premium	281,121

Agency No: # 00407-001
 Brown & Brown of Florida, Inc.-Maitland
 2290 Lucien Way, Suite 400
 Maitland, FL 32751



Brown & Brown of Florida, Inc.
2290 Lucien Way, Ste 400
Maitland, FL 32751

Additional Estimated Premium due to this Endorsement **\$78,218**

All other terms and conditions of this policy remain unchanged.

Issue Date 11/11/2016

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State

Estimated Eligible Premium

Florida	First	Next	Next	Balance
	\$10,000	\$190,000	\$1,550,000	
	0.0%	9.1%	11.3%	12.3%

2. Average percentage discount: 9.58%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see premium discount endorsement attached to your policy number:

Endorsement Effective 12/31/2016

Policy Number:WC840-0019400-2016A

Endorsement No. 1

Insured: Heichel Plumbing, Inc.

Insurance Company FFVA Mutual Insurance Co.

Countersigned by _____

FFVA Mutual Insurance Co.

Installment Schedule

Insured: Heichel Plumbing, Inc.
 Policy Number: WC840-0019400-2016A
 Policy Unit: 1 Heichel Plumbing, Inc.

<u>Installment</u>	<u>Amount</u>	<u>Surcharge Amount</u>	<u>Due Date</u>
Down Payment	\$200	\$0	12/31/2016
Installment 1	\$0	\$0	02/15/2017
Installment 2	\$0	\$0	03/15/2017
Installment 3	\$0	\$0	04/15/2017
Installment 4	\$0	\$0	05/15/2017
Installment 5	\$0	\$0	06/15/2017
Installment 6	\$0	\$0	07/15/2017
Installment 7	\$0	\$0	08/15/2017
Installment 8	\$0	\$0	09/15/2017
Installment 9	\$0	\$0	10/15/2017
Installment 10	\$0	\$0	11/15/2017
Installment 11	\$0	\$0	12/15/2017
Installment 12	\$0	\$0	01/14/2018
Total	\$200	\$0	

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Information Page **WC 00 00 01A**

FFVA Mutual Insurance Co.

NCCI Co. No. 31321

Policy Number WC840-0019400-2016A
 Prior Policy Number WC840-0019400-2015A

1. INSURED:
 Heichel Plumbing, Inc.

Producer:
 Brown & Brown of Florida, Inc.-Maitland
 2290 Lucien Way, Suite 400
 Maitland, FL 32751

647 Business Park Blvd.
 Winter Garden, FL 34787-5702

Business Type: Corporation Federal Id No # 592900580 Risk Id No. #097291497
 Other Named Insured: See WC 99 06 10 Other Work Places See WC 99 06 09

2. POLICY PERIOD: The Policy Period Is From: 12/31/2016 To 12/31/2017 12:01 A.M. Standard Time
 at The Insured Mailing Address

3. COVERAGES:

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FL
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 500,000	each accident
Bodily Injury by Disease	\$ 500,000	policy limit
Bodily Injury by Disease	\$ 500,000	each employee
- C. Other States Insured: Part Three of the policy applies to the states, if any, listed here:
 AL, GA, IN, KY, MS, NC, SC, TN, VA
- D. This policy includes these endorsements and schedules:
 See WC 99 06 08

4. COVERAGES: *The premium for this policy will be determined by our Manual of Rules, Classifications, Rates & Rating Plans. All information required below is subject to verification and change by audit.*

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See WC 00 00 01 A

Minimum Premium: \$1,037 Deposit Premium: \$200

Interim Adjustment: Annually

Servicing Office:
 P.O. Box 948239
 Maitland, FL 32794-8239
 (800) 346-4825

Total Estimated Premium \$202,903



Brown & Brown of Florida, Inc.
 2290 Lucien Way, Ste 400
 Maitland, FL 32751

Issue Date 10/20/2016

Countersigned By: *Craig Meuzel*

Date _____

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension Schedule**

WC 00 00 01 A

FFVA Mutual Insurance Co.

Policy Number WC840-0019400-2016A Insurer FFVA Mutual Insurance Co.

Location Number: 1 Insured Heichel Plumbing, Inc.
State: FL Insured Unit Name Heichel Plumbing, Inc.

The Policy Period Is From: 12/31/2016 To 12/31/2017 12:01 A.M. Standard Time
at The Insured Mailing Address

Policy Rating Period 12/31/2016 To 12/31/2017

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Plumbing Noc & Drivers	5183	3,394,237	5.86	198,902
Concrete Or Cement Work-Floors, Contractor--Project Manager,	5221	344,951	8.06	27,803
Construction Or Erection Permanent	5606	271,055	2.12	5,746
Salespersons Or Collectors-Outside	8227	If any	8.47	0
Clerical Office Employees Noc	8742	396,461	0.51	2,022
	8810	316,060	0.26	822

Manual Premium	235,295
Excess Employers Liability 1.10%	2,588
Subject Premium	237,883
Safety Credit 2.00%	(4,758)
Drugfree Workplace Credit 5.00%	(11,656)
Experience Mod	221,469
Experience Mod 1.00	0
Standard Premium	221,469
Premium Discount 8.90%	(19,711)
Normal Premium	201,758
Expense Constant	200
Terrorism	945
Total Estimated Premium	202,903

FFVA Mutual Insurance Co.

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

Endorsement No.

Endorsement Effective 12/31/2016

Policy Number WC840-0019400-2016A

Insured Heichel Plumbing, Inc.

NCCI Co. No 31321

FFVA Mutual Insurance Co.

(NAME OF INSURANCE COMPANY)

This policy does not cover bodily injury to any person described in the Schedule.
The premium basis for the policy does not include the remuneration of such persons.
You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partners

Officers

Others

William Heichel

ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating date 12 (Month) 31 (Day)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is subsequent to preparation of the policy.)

Endorsement Effective 12/31/2016 Policy No. WC840-0019400-2016A Endorsement No.

Insured: Heichel Plumbing, Inc. Premium \$202,903.00

FFVA Mutual Insurance Co.
(INSURANCE COMPANY)

Countersigned by _____

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State

Estimated Eligible Premium

Florida	First	Next	Next	Balance
	\$10,000	\$190,000	\$1,550,000	
	0.0%	9.1%	11.3%	12.3%

2. Average percentage discount: 8.90%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see premium discount endorsement attached to your policy number:

Endorsement Effective 12/31/2016

Policy Number:WC840-0019400-2016A

Endorsement No.

Insured: Heichel Plumbing, Inc.

Insurance Company FFVA Mutual Insurance Co.

Countersigned by _____

FFVA Mutual Insurance Co.

NOTIFICATION OF CHANGE OF OWNERSHIP ENDORSEMENT

Endorsement No.

NCCI Co. No 31321

Endorsement Effective 12/31/2016

FFVA Mutual Insurance Co.

Policy Number: WC840-0019400-2016A

(NAME OF INSURANCE COMPANY)

Insured: Heichel Plumbing, Inc.

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

The due date for audit and retrospective premiums is the date of the billing.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover:

5. Bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Insured: Heichel Plumbing, Inc.

Policy Number: WC840-0019400-2016A

Endorsement No.

Company: FFVA Mutual Insurance Co.

Producer Name Brown & Brown of Florida, Inc.-Maitland

00407-001

Issue Date 10/20/2016

WC 09 03 03

(Ed. 8-05)

(c) 2004 National Council on Compensation Insurance.

FFVA Mutual Insurance Co.

FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

Endorsement No.

NCCI Co. No 31321

Endorsement Effective 12/31/2016

FFVA Mutual Insurance Co.

Policy Number: WC840-0019400-2016A

(NAME OF INSURANCE COMPANY)

Insured: Heichel Plumbing, Inc.

Premium: \$202,903.00

The premium for this policy may be adjusted by a Florida Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

This endorsement only applies to the insurance provided by the policy, because Florida is shown in Item 3.A. of the Information Page.

A. The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown in the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

B. If the factor is an increase over that shown in the Information Page, it will apply as of the policy effective date; or if the anniversary rating date is different from the policy effective date, it will apply as of the anniversary rating date. Your premium will be calculated :

1. Retroactively to the effective date of the policy or to the anniversary rating date if the adjustment is within the first 90 days of the policy period or the anniversary rating date;
2. On a pro rata basis from the date we endorsed the policy if the adjustment is more than 90 days after the effective date of the policy or the anniversary rating date.

The adjustment will be retroactive to the effective date of the policy period or to the anniversary rating date when:

- a. The change in experience modification is the result of a revision to your classifications;
- b. The delay in the calculation of the experience modification is due to your failure to make available all of your records for examination and the audit as provided in Part Five-G (Audit) of the policy.

C. If the factor is a decrease from that shown in the Information Page, it will apply retroactively to the policy effective date or the anniversary rating date if different from the policy effective date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. **(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Policy No. WC840-0019400-2016A Endorsement No.
 Insured Heichel Plumbing, Inc. Premium 202903
 Insurance Company FFVA Mutual Insurance Co. Countersigned by _____

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
 - a. The act is an act of terrorism.
 - b. The act is violent or dangerous to human life, property or infrastructure.
 - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
 - d. The act has been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

<u>State</u>	<u>Schedule</u>	<u>Rate per \$100 of payroll</u>
Florida		.02

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Company FFVA Mutual Insurance Co.

Endorsement Effective 12/31/2016

Endorsement No.

Policy Number WC840-0019400-2016A

Risk ID: 097291497

Premium \$202,903.00

Insured Heichel Plumbing, Inc.

Countersigned By _____

FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five-Premium, G. Audit, of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return voluntary audit requests or refuse to cooperate in completing a final physical audit, you must pay a premium to us not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
2. We document the audit file regarding the above attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records, we send a letter by certified mail to you advising you of the specific records that are required and the premium that will be charged if you continue to refuse access to the records.

If you do not provide all of the specific records required and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or re-open the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all of the specific records required to complete the premium audit process within the three year period, we will determine your final premium in accordance with Part Five-Premium, E. Final Premium of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 12/31/2016
Insured: Heichel Plumbing, Inc.

Policy Number: WC840-0019400-2016A

Endorsement No.:
Premium: 202903

FFVA Mutual Insurance Co.

Countersigned by: _____

FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

(Ed.10-98)

FFVA Mutual Insurance Co.

NCCI Co. 31321

Endorsement

This endorsement, effective 12/31/2016

at 12:01 A.M. Standard

Policy WC840-0019400-2016A of the FFVA Mutual Insurance Co.
(NAME OF INSURANCE COMPANY)

Issued To: Heichel Plumbing, Inc.

Premium \$ 202903

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

This endorsement changes the policy that it is attached and is effective on the date issued unless otherwise stated.

Issue Date 10/20/2016

FFVA Mutual Insurance Co.

VENUE ENDORSEMENT

Endorsement No.
Endorsement Effective 12/31/2016

NCCI Co. No 31321

Policy Number WC840-0019400-2016A
Insured Heichel Plumbing, Inc.

FFVA Mutual Insurance Co.
(NAME OF INSURANCE COMPANY)

In the event litigation becomes necessary in regard to collection or in regard to any other dispute that may arise under this policy, the parties stipulate that Orange County, Florida will be the proper and exclusive venue for the legal action. The parties further stipulate that in the event proceedings supplementary are required subsequent to judgment, the president and secretary of a corporate insured, or all partners of a partnership insured, or the individual in the event of an individual insured, shall submit to the supplemental proceedings in Orange County, Florida.

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 06 05

FFVA Mutual Insurance Co.

Insured: Heichel Plumbing, Inc.

Policy Number: WC840-0019400-2016A

Effective Date 12/31/2016

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS-WHEN REQUIRED IN CONTRACT OR AGREEMENT WITH YOU ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization for whom you perform work under a written contract that requires you to obtain this agreement from us.

This endorsement will not apply and have no effect in any jurisdiction which prohibits the waiver contemplated herein, but only to the extent of such prohibition.

Schedule:

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

WC 99 06 05

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WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 06 07 C

FFVA Mutual Insurance Co.

Policy Number: WC840-0019400-2016A

Insured: Heichel Plumbing, Inc.

Endorsement effective date 12/31/2016

Policy period: 12/31/2016

Participating Endorsement

This policy is a participating policy and you may be entitled to a dividend as a policyholder of FFVA Mutual Insurance Co.

The declaration and payment of any dividend is not guaranteed and it is subject to the sole discretion and approval of our Board of Directors.

Dividends are payable not later than nineteen months after policy expiration.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension Schedule

WC 99 06 08

FFVA Mutual Insurance Co.

Policy Number WC840-0019400-2016A

Endorsement Effective Date: 12/31/2016 Insured Heichel Plumbing, Inc.

The Policy Period Is From: 12/31/2016 To 12/31/2017

Schedule of Endorsements:

WC 00 00 01 A	Extension Schedule for Class Codes
WC 00 03 08	Partners, Officers and Others Exclusion Endorsement
WC 00 04 02	Anniversary Rating Date Endorsement
WC 00 04 06A	Premium Discount Endorsement
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 19	Premium Due Date Endorsement
WC 09 03 03	Florida Employers Liability Coverage Endorsement
WC 09 04 01	Florida Contracting Classification Premium Adjustment Endorsement
WC 09 04 02	Florida Experience Rating Modification Factor Endorsement
WC 09 04 03 B	Florida Terrorism Risk Insurance Program Reauthorization Act End P1
WC 09 04 07	Florida Non-Cooperation with Premium Audit Endorsement
WC 09 06 06	Florida Employment and Wage Information Release Endorsement Revised 7-1-08
WC 99 06 01	Venue Endorsement - FL
WC 99 06 05	Blanket Waiver
WC 99 06 07 C	Notice of Participation in Dividend Program (FL)
WC 99 06 09	Extension Schedule for Locations
WC 99 06 10	Extension Schedule for Insured Names
WCE-110	Installment Schedule - Issuance
WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy 1
09-4C(CCPAP)	FCCPAP Application 09-4C - Page 1
DFWPFL01	Application for Drug-Free Workplace Premium Credit Program
	Florida Safety Credit Application
FNLAUDIT2	Final Payroll Audit Preparation #2

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension Schedule**

WC 99 06 09

FFVA Mutual Insurance Co.

Policy Number: WC840-0019400-2016A
Endorsement Effective Date: 12/31/2016
The Policy Period is from 12/31/2016 to 12/31/2017

Insured Heichel Plumbing, Inc.
Policy Unit Name Heichel Plumbing, Inc.

Schedule of Locations:

Florida

Heichel Plumbing, Inc.
647 Business Park Blvd
Winter Garden, FL 34787-5702

JMC Concrete Cutting And Demolition, Inc.
647 Business Park Blvd
Winter Garden, FL 34787-5702

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
Extension Schedule

WC 99 06 10

FFVA Mutual Insurance Co.

Policy Number WC840-0019400-2016A

Endorsement Effective Date: 12/31/2016

Insured Heichel Plumbing, Inc.

The Policy Period Is From: 12/31/2016 To 12/31/2017

Named Insured:

Business Type:

FEIN:

Benjamin Franklin Plumbing, LLC

Corporation

261755458

JMC Concrete Cutting And Demolition, Inc.

Corporation

593628220

FFVA Mutual Insurance Co.

Installment Schedule

Insured: Heichel Plumbing, Inc.
 Policy Number: WC840-0019400-2016A
 Policy Unit: 1 Heichel Plumbing, Inc.

<u>Installment</u>	<u>Amount</u>	<u>Surcharge Amount</u>	<u>Due Date</u>
Down Payment	\$200	\$0	12/31/2016
Installment 1	\$0	\$0	02/15/2017
Installment 2	\$0	\$0	03/15/2017
Installment 3	\$0	\$0	04/15/2017
Installment 4	\$0	\$0	05/15/2017
Installment 5	\$0	\$0	06/15/2017
Installment 6	\$0	\$0	07/15/2017
Installment 7	\$0	\$0	08/15/2017
Installment 8	\$0	\$0	09/15/2017
Installment 9	\$0	\$0	10/15/2017
Installment 10	\$0	\$0	11/15/2017
Installment 11	\$0	\$0	12/15/2017
Installment 12	\$0	\$0	01/14/2018
Total	\$200	\$0	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION
A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This item covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE**
A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily Injury includes resulting death.

1. Bodily Injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as a part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgement as required by law until we offer the amount due under this insurance; and
5. expense we incur.

E. Other Insurance

We will not pay more than our share of benefits and cost covered by this insurance and other

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payment in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily Injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C Sections 1331 et seq.), the Defense Base Act (42 U.S.C 1651-1654), the Federal Mine Health and Safety Act (30 U.S.C Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state laws; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgement as required by law until we offer the amount due under this insurance; and
5. Expense we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident. A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for the "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgement.
- This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE-PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2. will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will more than pro rata; it will be based on the time this policy was in force, and increased by our short rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by an audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

(Ed. 1-15)

PART SIX-CONDITIONS**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer Of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium and give or receive notice of cancellation.

In Witness Whereof, we have caused this policy to be executed and attested; and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Craig Menzl

A handwritten signature in cursive script that reads "Craig Menzl".

President

Alan E. Hair

A handwritten signature in cursive script that reads "Alan E. Hair".

Secretary-Treasurer/CFO

**FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

Heichel Plumbing, Inc.
647 Business Park Blvd.
Winter Garden, FL 34787-5702

**FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

The Florida Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to the:

National Council on Compensation Insurance, Inc.
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362

They will advise us of any premium credit applicable.

If NCCI does not receive this application during the policy period or within three (3) years after the policy period ends, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the State of Florida, report the *total* Florida payroll (excluding overtime premium pay, pay in excess of maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner or officer) and the corresponding *total* number of hours worked, *for the third calendar quarter (July, August, September) of the prior calendar year as reported to taxing authorities.*

- Note #1: If you did not engage in contracting operations during the third quarter of the prior calendar year, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your workers compensation policy.
- Note #2: If you are a new business submit the requested information, *for the first complete calendar quarter following the effective date of your workers compensation policy*, when available.
- Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records that formed the basis for this declaration as we will be required to verify the reported information in order for any premium credits to be applied.

Thank you for your cooperation.

Sincerely,

TURN PAGE OVER FOR PREMIUM CREDIT APPLICATION

WORKERS COMPENSATION --- PREMIUM CREDIT APPLICATION

Insured: Heichel Plumbing, Inc.

Policy Number: WC840-0019400-2016A

Effective Date: 12/31/2016

Carrier Name: FFVA Mutual Insurance Co.

Notice: Unless code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, it cannot be processed. **Contact your agent** if assistance is desired.

Is this a new business? No _____ Yes _____

If no, submit information for the **THIRD** calendar quarter (July, August, September) of the prior calendar year as reported to taxing authorities.

If yes, submit information for the **FIRST** complete calendar quarter following the effective date of your workers compensation policy.

The following is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending _____

"Contracting classifications" are those classifications subject to the following code numbers:

0042	5040	5215	5472	5535	6006F	6233	7538
0050	5057	5221	5473	5537	6017	6235	7605
1322	5059	5222	5474	5551	6018	6236	7855
2799	5069	5223	5478	5606	6045	6237	8227
3365	5102	5348	5479	5610	6204	6251	9534
3719	5146	5402	5480	5613	6206	6252	9554
3724	5160	5403	5491	5645	6213	6260	
3726	5183	5437	5506	5651	6214	6306	
5020	5188	5443	5507	5703	6216	6319	
5022	5190	5445	5508	5705	6217	6325	
5037	5213	5462	5509	6004	6229	6400	

CLASSIFICATION	Code	Total Florida Wages Paid¹	Total Hours Worked²
Example: Electrical Wiring	5190	\$8,000	520
Contracting Classifications:			
Non-Contracting Classifications:			

¹ These figures are to exclude overtime premium pay (e.g. an employee makes \$16/hour and is paid time and one-half, only report the payroll based upon the \$16/hour), pay in excess of the maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state pages, and the entire pay for any exempt sole proprietor, partner or officer. For each classification code, combine all wages for that code in a single entry. Employee names are not required.

² Including overtime hours

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

Signature: _____ **Position:** _____ **Date:** _____

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.

**FFVA MUTUAL INSURANCE CO.
APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Name of Employer: Heichel Plumbing, Inc.

Date Program Implemented: _____

Program contact email address: _____

Testing:

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

- | | |
|---|---|
| <input type="checkbox"/> Job applicant | <input type="checkbox"/> Routine fitness for duty |
| <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Follow-up testing to Employee Assistance Program |

Notice of Employer's Drug Testing Policy:

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

Education:

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer: _____

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

B. Phone No.: () _____

C. Address: _____

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 is guilty of a felony of the third degree.

Heichel Plumbing, Inc.	_____	_____
Employer Name	Date	Officer/Owner Signature*

		Title

* Application must be signed by an officer or owner

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.

_____	_____	_____
Notary Public's Signature	Date	Expiration of Commission

**FFVA MUTUAL INSURANCE CO.
CERTIFICATION OF EMPLOYER WORKPLACE
SAFETY PROGRAM PREMIUM CREDIT**

Employer Name: _____

Name of Contact Person: _____ Telephone #: _____

Program contact email address: _____

Policy #: _____ Effective Date of Policy: _____

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 | 5) First aid |
| 2) Safety inspections | 6) Accident investigation |
| 3) Preventive maintenance | 7) Necessary record keeping |
| 4) Safety training | |

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any false, incomplete, or misleading information. I attest to the accuracy of the information submitted. 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.

I am aware that any person who submits an application that contains 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 second degree, punishable as provided in Sections 775.082, 775.083 or 775.084 Florida Statutes, or as otherwise punishable as provided under the law.

(Signature) State of Florida
County of _____
Sworn to, or affirmed, and subscribed before me

(Print Name and Title) this _____ day of _____
20 ____, by _____

(Date) _____
(Signature of Notary)

(Expiration Date and Number)



Thank you for selecting FFVA Mutual for your workers' compensation insurance. Our policyholders rely on us for trusted coverage year after year.

When we insure your business, you receive more than a policy. You become part of a family supported by professionals who are committed to providing on-site, in-person safety guidance and training programs along with responsive claim handling if and when a workplace injury occurs.

Policyholder Services

Safety and Loss Control

We provide a hands-on approach to loss control provided by expert safety consultants. A variety of services, training and resources is offered at no additional cost to our policyholders.

Safety Services

- Ergonomic assessments
- Hazard identification
- Incident and accident analysis
- Industrial hygiene evaluations
- On-site and off-site training courses
- Regulatory compliance assistance
- Safety Key, an online toolkit
- Webinars

Training Courses and Events

- Defensive driving
- First aid
- Hazardous communications
- Job hazard analysis (JHA)
- OSHA (10-hour and 30-hour) for construction and general industry
- Personal protective equipment (PPE)
- Recordkeeping
- Safety leadership boot camp

Unlock Safety Resources

Safety Key is an online area that provides access to:

- Customizable programs and policies
- Meeting materials, forms and checklists by topic
- Recorded webinars
- Safety program guides, general and by industry
- Workplace safety tips

In-House Claims Solutions

Responsive claims handling. There when you need it.

Our experienced claims team members coordinate proper medical treatment, manage claims to minimize costs, and help injured workers return to work quickly and safely.

-

Claims Service Advantages

- 24/7 injury reporting
- Bilingual staff
- Reduced adjuster caseloads that enable increased response times
- Individually assigned claims adjuster for each employer
- Three-point contact (employer, injured worker and medical provider) established within 24 hours after notice of injury
- In-house medical bill reviewers to maximize claim savings and avoid duplicate payments
- Medical service provider payments that average 14 days versus the 30-day industry standard
- Nurse case manager who provides expertise to ensure quality medical services
- Proactive return to work process
- Special Investigative Unit (SIU) that researches suspected fraud cases
- Claims that result in litigation are less than 5%

Medical Bills. Expertly Reviewed.

FFVA Mutual's detailed medical bill review process reduces claim costs which directly impacts premium and experience modification rates. Last year, we reviewed more than 63,700 medical bills that resulted in over \$30 million in savings.

-

Direct Benefits of Internal Bill Processing

- Built-in managed care without the additional cost
- Compliance with state regulations
- Convenient PPO network and pharmacy options
- Supervised treatment plans in conjunction with physician's recommendations
- Timely payments to medical service providers

Eliminating Overpayments Creates Savings

How We Do It

- Compare usual and customary pricing
- Evaluate diagnosis related to medical records
- Examine medical records for accurate bill coding and review code modifiers Follow national guidelines: Medicare, NCCI, ODG
- Identify bundling procedures
- Maintain accurate billing practices and state regulatory updates through consistent staff training
- Monitor for duplicate billings
- Utilize medical limits and rulings

Return to Work Assistance

Implementing a Return to Work (RTW) program helps to transition an injured employee back to work as soon as possible.

Advantages of a RTW Program

- Decreases medical, legal and disability claim costs
- Increases employee morale and productivity
- Reveals potential fraud claims sooner
- Reduces lost time expenses
- May lower employer's experience modification factor

Direct Benefits of Internal Bill Processing

- Consistent communication is important for a successful RTW program
- Immediately report all workplace injuries
- Focus on the abilities and interests of the injured worker along with the recommendations of the treating physician when determining modified duty assignments
- Share your RTW program with employees so they know what to expect

Ways to Report an Injury 24 /7

We encourage employers to report every claim to FFVA Mutual within 24 hours. Here's how:



CALL

800-226-0666



EMAIL

ClaimsNOI@ffvamutual.com



FAX INJURY REPORT

321-214-0235



LOGIN AND REPORT ONLINE

www.ffvamutual.com



PO Box 948239
Maitland, FL 32794-8239
321-214-5300 • 800-346-4825
ffvamutual.com

PREPARING FOR YOUR WORKERS' COMPENSATION PAYROLL AUDIT

In accordance with the Workers' Compensation and Employers Liability Insurance Policy, Part Five (E) and (G), FFVA Mutual may conduct an audit on your expired policy. The information developed by the audit will be used to determine final premium for this policy.

Your company may be contacted by an independent auditing firm to schedule and perform an onsite audit. You will be notified via telephone or in writing prior to the date of the audit. If special arrangements are required, notify either the independent audit firm or FFVA Mutual prior to the scheduled appointment so that every effort can be made to accommodate your needs.

The independent auditing firm will request to examine and audit all your records that relate to this policy, including several sources of payroll verification. The following records may be examined:

- * General Ledgers
- * Payroll Journals
- * Check Registers
- * State & Federal tax reports
- * Programs for storing and retrieving data
- * Contracts, 1099's
- * Vouchers
- * Cash disbursement records

Thank you in advance for your cooperation. Our staff appreciates the confidence you have placed in FFVA Mutual as your workers' compensation carrier. Should you have any questions, please contact your insurance agent for assistance.



DIVIDEND PLAN

Insured Name Heichel Plumbing, Inc. Dividend Plan D72FL
 Agent Brown & Brown of Florida, Inc.-Maitland

Effective Date 12/31/2016 Expire Date 12/31/2017

Policy # or Quote # 19400

Estimated Standard Premium	\$ 309,369	
Estimated Discounted Premium (less expense constant & terrorism charges)	\$ 279,731	
0% loss ratio		Indicated Dividend % 36.00%
0.1 - 7.5% loss ratio		36.00%
7.6 - 12.5% loss ratio		31.00%
12.6 - 17.5% loss ratio		28.00%
17.6 - 22.5% loss ratio		25.00%
22.6 - 27.5% loss ratio		21.00%
27.6 - 32.5% loss ratio		19.00%
32.6 - 37.5% loss ratio		14.00%
37.6 - 42.5% loss ratio		9.00%
42.6 - 45.0% loss ratio		2.00%
over 45.0% loss ratio		- %

Plan Parameters:

- 1) Dividends, by law, cannot be guaranteed and will be paid upon declaration of the Board of Directors.
- 2) Incurred loss ratio shall be determined by dividing total incurred losses by the audited discounted premium (does not include expense constant & terrorism charges).
- 3) The first dividend calculation will occur 6 months after normal policy expiration with a payable amount equal to 50% of the indicated dividend, if declared. The second and final calculation will occur 18 months after policy expiration, with any remaining dividend, if declared, payable thereafter.
- 4) The policy must be in force for the full twelve months.
- 5) All policy premiums, including final audit adjustments, must be paid in full and disputed audits resolved prior to any dividend distributions.
- 6) The dividend will be forfeited if the policyholder incurs two or more cancellation notices during the policy period.
- 7) Policies placed in Collections are not eligible for dividend distribution.
- 8) Policies with audited discounted premium less than \$10,000 are not eligible for dividend distribution.
- 9) This is a sliding scale dividend plan. Any potential dividend, if declared, may be higher or lower than indicated based on the final audited discounted premium.