



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

Deductible application

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Instructions:

The next page contains the details of each type of deductible program. Please note: this premium credit is subject to review of your financial statement and a good credit report. If your financial statement or credit report are poor, the carrier will not approve your request.

The application follows. Please complete the following items on the application (blanks are in order from top down and left to right):

1. "Date"
2. "Carrier name"
3. "Policy number"
4. The deductible dollar amount you are choosing
5. For "Deductible _____ Premium Credit," write in the word "Without" if you are opting for Program 1 (no premium credit). Write in the word "With" if you are opting for Program 2 (premium credit).
6. In the first sentence, fill in the deductible dollar amount you are choosing again.
7. Sign the letter, and then print your name and title, at the bottom.

Please return the application to us along with a copy of your current financial statement.

This form is provided courtesy of Work Comp Associates, Inc.

DEDUCTIBLE PROGRAMS

PROGRAM 1

Premium Credit: **None**

Description of the Program:

1. \$2,500 per claim deductible
2. Deductibles paid by the insured are not reported to NCCI for promulgation of experience modification factor.
3. Carrier pays for deductible and then bills the insured.

PROGRAM 2

Premium Credit:

1. Premium credit is determined by deductible chosen Deductible Premium Credit

\$ 500	1.3%
1,000	2.4
1,500	3.2
2,000	3.8
2,500	4.5
5,000	7.2
10,000	11.1
15,000	14.0
20,000	16.5
25,000	18.5
50,000	25.8
75,000	30.5

2. Deductibles paid by the insured are reported to NCCI for promulgation of experience modification factor.
3. Carrier pays for deductible and then bills the insured.

Requirements for signing up for a deductible:

1. Submit a written request to the carrier
2. Submit a copy of your financial statement to show the ability to pay for the deductible.

Date: _____

Re: _____
Policy No. _____
Request for \$ _____ Deductible _____ Premium Credit

To Whom It May Concern:

At this time, we would like to request a \$ _____ deductible on our workers' compensation insurance policy referenced above. I have attached a copy of my financial statements for your review. Please endorse our policy and see that the corresponding premium credit is applied.

If you have any questions or desire assistance in any way, please contact my agent, Work Comp Associates, Inc.

Respectfully,

