



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

November 22, 2013

Hollywood City of
Mr Horace McLarty
2600 Hollywood Blvd RM 206
Hollywood, FL 33020

Via Read Receipt Email

Dear Sir or Madam:

We have enclosed your advanced Special Disability Trust Fund (SDTF) and Workers' Compensation Administration Trust Fund (WCATF) assessment computations that are required to be paid pursuant to Sections 440.49(9) and 440.51, Florida Statutes. We have also attached your four Self-Insurer Assessment Invoices for the year beginning **10/01/2013**. You are reminded that each of the quarterly assessment payments must be remitted with an invoice attached within 30 days after the last day of that quarter or 30 days after receipt of this notification, whichever is later. Please be advised that section 440.51(2), F.S. states that a penalty may be assessed for late payments received after this 30 day period.

Each quarterly assessment payment must be made payable to the Division of Workers' Compensation. Please include a copy of each invoice that you are paying. These should be mailed to Post Office Box 7300, Tallahassee, FL 32399-7300. Please continue to mail any "non-payment correspondence" to 200 East Gaines Street, Tallahassee, FL 32399-4221.

Also, if the current self-insurer contact, email address, or mailing address has changed from that reflected on the quarterly invoices, you are requested to complete the attached Self-Insurer Profile Sheet for our records.

Sincerely,

Larry Johnson

cc: Gene Smith

cc:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Larry Johnson • Insurance Specialist III
Division of Workers' Compensation • Assessments Unit
200 East Gaines St. • Tallahassee, Florida 32399-4221 • Tel. 850-413-1646 • Fax 850-413-1971
Email • Larry.Johnson@MyFloridaCFO.com
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

Florida Department of Financial Services

Division of Workers' Compensation
WC Assessments Unit
PO Box 7300
Tallahassee, FL 32399-7300
Ph: (850)413-1646 Fax: (850) 413-1971

Self-Insurer Assessment Invoice

Hollywood City of
Attn: Mr Horace McLarty
2600 Hollywood Blvd RM 206
Hollywood, FL 33020

Revision of
/ / : : AM

FEIN Number	Current Assessment Period	Date of Invoice
59-6000338	10/01/2012 09/30/2013	01/01/2014
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$56,022.95	10/01/2013 09/30/2014	01/31/2014

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
1	10/01/2013	12/31/2013	\$7,567.01	\$6,438.73	\$14,005.74

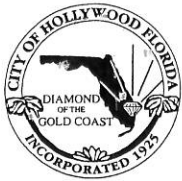
If the payment is remitted by Deadline Date For This Payment, please pay last amount shown in total column. Otherwise, the s.440.51(2) FS late penalty (10% of WCATF assessment) must be included in your assessment payment.

Late Penalty Included This Payment (TYCL 5433): Enter "0" if not applicable: _____

TOTAL AMOUNT REMITTED: _____

cc:

RETURN ONE COPY OF INVOICE WITH REMITTANCE



City of Hollywood, Florida

DIRECT PAYMENT VOUCHER TO FINANCE DEPARTMENT

DPV # 121913-12210

FY 2014

Pay to: Vendor No. **24407 / 5**
Name: **Department of Financial Services**
Division of Workers Compensation
Address: **P O Box 7300**
City: **Tallahassee**
State/Zip: **FL / 32399-7300**

Amount of Payment: **\$14,005.74** ✓
Account No.: **58.1200.00000.242.710000** ✓

Date: **12/19/2013**

Separate Check Requested ☐
Invoice Number:

Installment QTR 1

Explanation of Payment: **Workers Comp Self-Insurer Assessment: 10/1/2013 - 12/31/2013**

Item	Budget Line Item	Item Description	Unit	Quantity	Unit Price	Extension/Total
1		Subscription				\$0.00
2		Dues & Membership Fee				\$0.00
3		Postage Meter/Stamps				\$0.00
4		Host Account Reimbursements				\$0.00
5		Licenses, Permits, Certificates				\$0.00
6		Payments to other Gov't. Agency				\$0.00
7		Court Cost				\$0.00
8		Real Estate Closing - Attach Stmt.				\$0.00
9		Advertising - attach tearsheet				\$0.00
10		Books - attach order list				\$0.00
11		Education Courses/Seminars				\$0.00
12		Education/Reimbursements				\$0.00
13		Government Publications				\$0.00
14		Taxes				\$0.00
15		Records/Slides/Films				\$0.00
16		Deferred Comp./Bank Payments				\$0.00
17		Medical Payment				\$0.00
18		Veterinary Payments				\$0.00
19		Insurance Premiums		1.00	\$14,005.74	\$14,005.74
20		Grant Disbursements				\$0.00
21		Utilities				\$0.00
22		Dump Fees				\$0.00
23		Refunds				\$0.00
24		Courier/Freight				\$0.00
25		Petty Cash Reimbursement				\$0.00
26		Other Professional Services				\$0.00
27		Recreation Performance Payments				\$0.00
28		Special Events				\$0.00
29		Temporary Employment Services				\$0.00
30		Meal (one-day tri-county travel)				\$0.00
31		Parking/tolls (one-day tri-county travel)				\$0.00
32		Mileage				\$0.00
Total:						\$14,005.74

Originated by: **Horace McLarty**Department/Division: **Human Resources**

Financial Services: _____

City Commission or City Manager Action: _____

Dept. Head: **Yisroel**Date: **12-20-2013**Date: **12/19/13**

Date: _____

ENTER

City Manager Signature (if required)

Florida Department of Financial Services

Division of Workers' Compensation

WC Assessments Unit

PO Box 7300

Tallahassee, FL. 32399-7300

Ph: (850)413-1646, Fax: (850) 413-1971

FEIN

59-6000338

Hollywood City of
Attn: Mr Horace Mclarty
Director HR & Risk Mgmt
2600 Hollywood Blvd RM 206
Hollywood, FL. 33020

11/22/2013

SELF-INSURER ASSESSMENT COMPUTATIONS

From 10/01/2012 To 09/30/2013
From 10/01/2013 To 09/30/2014

COMPUTATION OF NET PREMIUM

COMPUTATION OF NET PREMIUM

Gross Premium	\$	2,919,515.00
Drug Free Credit	o Days =	\$ - 0.00
Safety Credit	o Days =	\$ - 0.00
Adjusted Gross Premium	\$	2,919,515.00
Experience Modification	X	0.65
Modified Premium	\$	1,897,684.75
Construction Credit	\$ -	0.00
Airplane Seat (\$100 per seat)	\$ +	0.00
Plus/minus flat adjustment of	%	0.00
TOTAL ADJUSTED PREMIUM:	\$	1,897,684.75

Gross Premium	\$	3,105,262.00
Drug Free Credit	o Days =	\$ - 0.00
Safety Credit	o Days =	\$ - 0.00
Adjusted Gross Premium	\$	3,105,262.00
Experience Modification	X	0.64
Modified Premium	\$	1,987,367.68
Construction Credit	\$ -	0.00
Airplane Seat (\$100 per seat)	\$ +	0.00
Plus/minus flat adjustment of	%	0.00
TOTAL ADJUSTED PREMIUM:	\$	1,987,367.68

Less Premium Discounts:

Less Premium Discounts:

Premium	Discount Rate	Amount of Discount
First \$ 10,000		\$ 0
Next \$ 190,000 (190,000.00)	9.10%	\$ 17,290.00
Next \$ 1,550,000 (1,550,000.00)	11.30%	\$ 175,150.00
Over \$ 1,750,000 (147,684.75)	12.30%	\$ 18,165.22
Total Discount	-	\$ 210,605.22
Expense Constant	+	\$ 200.00
Terrorism Risk Insurance Act Surcharge Payroll/\$100 X TRIA Rate		
\$ 84,636,692.00	2.00 %	\$ 16,927.34

Premium	Discount Rate	Amount of Discount
First \$ 10,000		\$ 0
Next \$ 190,000 (190,000.00)	9.10%	\$ 17,290.00
Next \$ 1,550,000 (1,550,000.00)	11.30%	\$ 175,150.00
Over \$ 1,750,000 (237,367.68)	12.30%	\$ 29,196.22
Total Discount	-	\$ 221,636.22
Expense Constant	+	\$ 200.00
Terrorism Risk Insurance Act Surcharge Payroll/\$100 X TRIA Rate		
\$ 84,636,692.00	2.00 %	\$ 16,927.34

→ **NET PREMIUM:** → \$ 1,704,206.87

→ **NET PREMIUM:** → \$ 1,782,858.80

COMPUTATION OF ASSESSMENTS

COMPUTATION OF ASSESSMENTS

1. Assessment Due (Assessment Rate X Net Premium)

5. Advanced Assessment (Assessment Rate X Net Premium)

ADMIN. ASSESSMENT	SP. DISABILITY ASSESSMENT
1.75 % \$ 29,823.62	1.44 % \$ 24,540.58
2. Paid in Advance (Credit)	
\$ 29,507.61	\$ 24,280.55
3. Adjustment :	
\$ 0.00	\$ 0.00
4. Balance (Over Or Underpayment): [(1) - (2) + (3)]	
\$ 316.01	\$ 260.03

ADMIN. ASSESSMENT	SP. DISABILITY ASSESSMENT
1.68 % \$ 29,952.03	1.43 % \$ 25,494.88
6. Adjustment 1:	
\$ 0.00	\$ 0.00
7. Adjustment 2:	
\$ 0.00	\$ 0.00
8. Total Advanced Billing: [(4) + (5) + (6) + (7)]	
\$ 30,268.04	\$ 25,754.91

cc:

Total Assessments: \$ 56,022.95

PLEASE ATTACH A COPY OF APPLICABLE INVOICE WHEN SUBMITTING EACH QUARTERLY PAYMENT

Florida Department of Financial Services

Division of Workers' Compensation

WC Assessments Unit

PO Box 7300

Tallahassee, FL 32399-7300

Ph: (850)413-1646 Fax: (850) 413-1971

Self-Insurer Assessment Invoice

Hollywood City of
Attn: Mr Horace McLarty
2600 Hollywood Blvd RM 206
Hollywood, FL 33020

Revision of
/ / : : AM

FEIN Number	Current Assessment Period	Date of Invoice
59-6000338	10/01/2012 09/30/2013	04/01/2014
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$56,022.95	10/01/2013 09/30/2014	05/01/2014

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
2	01/01/2014	03/31/2014	\$7,567.01	\$6,438.73	\$14,005.74

If the payment is remitted by Deadline Date For This Payment, please pay last amount shown in total column. Otherwise, the s.440.51(2) FS late penalty (10% of WCATF assessment) must be included in your assessment payment.

Late Penalty Included This Payment (TYCL 5433): Enter "0" if not applicable: _____

TOTAL AMOUNT REMITTED: _____

cc:

RETURN ONE COPY OF INVOICE WITH REMITTANCE



City of Hollywood, Florida

DIRECT PAYMENT VOUCHER TO FINANCE DEPARTMENT

DPV # 4814-93726

Pay to: Vendor No. **24407 / 5**
Name: **Department of Financial Services**
Division of Workers Compensation
Address: **P O Box 7300**
City: **Tallahassee**
State/Zip: **FL / 32399-7300**

Amount of Payment:
Account No.:

Date: **4/8/2014**

\$14,005.74
58.1200.00000.242.710000

Separate Check Requested ☐
Invoice Number:

Installment QTR 2

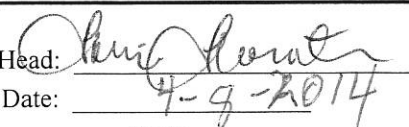
Explanation of Payment: **Work Comp Self-Insurer Assessment: 1/1/14 - 3/31/14**

Item	Budget Line Item	Item Description	Unit	Quantity	Unit Price	Extension/Total
1		Subscription				\$0.00
2		Dues & Membership Fee				\$0.00
3		Postage Meter/Stamps				\$0.00
4		Host Account Reimbursements				\$0.00
5		Licenses, Permits, Certificates				\$0.00
6		Payments to other Gov't. Agency				\$0.00
7		Court Cost				\$0.00
8		Real Estate Closing - Attach Stmt.				\$0.00
9		Advertising - attach tearsheet				\$0.00
10		Books - attach order list				\$0.00
11		Education Courses/Seminars				\$0.00
12		Education/Reimbursements				\$0.00
13		Government Publications				\$0.00
14		Taxes				\$0.00
15		Records/Slides/Films				\$0.00
16		Deferred Comp./Bank Payments				\$0.00
17		Medical Payment				\$0.00
18		Veterinary Payments				\$0.00
19		Insurance Premiums		1.00	\$14,005.74	\$14,005.74
20		Grant Disbursements				\$0.00
21		Utilities				\$0.00
22		Dump Fees				\$0.00
23		Refunds				\$0.00
24		Courier/Freight				\$0.00
25		Petty Cash Reimbursement				\$0.00
26		Other Professional Services				\$0.00
27		Recreation Performance Payments				\$0.00
28		Special Events				\$0.00
29		Temporary Employment Services				\$0.00
30		Meal (one-day tri-county travel)				\$0.00
31		Parking/tolls (one-day tri-county travel)				\$0.00
32		Mileage				\$0.00
Total:						\$14,005.74

Originated by: **Horace McLarty**Department/Division: **Human Resources**

Financial Services:

City Commission or City Manager Action:

Dept. Head: Date: **4-9-2014**

Date:

Date: **4/8/14**

City Manager Signature (if required)

RECEIVED
ACCOUNTING DIVISION
APR - 8 PM 4:16

24407/5

Florida Department of Financial Services

Division of Workers' Compensation

WC Assessments Unit

PO Box 7300

Tallahassee, FL 32399-7300

Ph: (850)413-1646 Fax: (850) 413-1971

Self-Insurer Assessment Invoice

Hollywood City of
Attn: Mr Horace McLarty
2600 Hollywood Blvd RM 206
Hollywood, FL 33020

Revision of
/ / : : AM

FEIN Number	Current Assessment Period	Date of Invoice
59-6000338	10/01/2012 09/30/2013	07/01/2014
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$56,022.95	10/01/2013 09/30/2014	07/31/2014

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
3	04/01/2014	06/30/2014	\$7,567.01	\$6,438.73	\$14,005.74

If the payment is remitted by Deadline Date For This Payment, please pay last amount shown in total column. Otherwise, the s.440.51(2) FS late penalty (10% of WCATF assessment) must be included in your assessment payment.

Late Penalty Included This Payment (TYCL 5433): Enter "0" if not applicable: _____

TOTAL AMOUNT REMITTED: _____

cc:

RETURN ONE COPY OF INVOICE WITH REMITTANCE



City of Hollywood, Florida

DIRECT PAYMENT VOUCHER TO FINANCE DEPARTMENT

DPV # 7114-102115

Pay to: Vendor No. **24407 / 5**
Name: **Department of Financial Services**
Division of Workers Compensation
Address: **P O Box 7300**
City: **Tallahassee**
State/Zip: **FL / 32399-7300**

Amount of Payment: **\$14,005.74** ✓
Account No.: **58.1200.00000.242.710000** ✓
Separate Check Requested ☐
Invoice Number: **Installment QTR 3**

Date: 7/1/2014

Explanation of Payment: **Work Comp Self-Insurer Assessment: 4/1/14 - 6/30/14**

Item	Budget Line Item	Item Description	Unit	Quantity	Unit Price	Extension/Total
1		Subscription				\$0.00
2		Dues & Membership Fee				\$0.00
3		Postage Meter/Stamps				\$0.00
4		Host Account Reimbursements				\$0.00
5		Licenses, Permits, Certificates				\$0.00
6		Payments to other Gov't. Agency				\$0.00
7		Court Cost				\$0.00
8		Real Estate Closing - Attach Stmt.				\$0.00
9		Advertising - attach tearsheet				\$0.00
10		Books - attach order list				\$0.00
11		Education Courses/Seminars				\$0.00
12		Education/Reimbursements				\$0.00
13		Government Publications				\$0.00
14		Taxes				\$0.00
15		Records/Slides/Films				\$0.00
16		Deferred Comp./Bank Payments				\$0.00
17		Medical Payment				\$0.00
18		Veterinary Payments				\$0.00
19		Insurance Premiums		1.00	\$14,005.74	\$14,005.74
20		Grant Disbursements				\$0.00
21		Utilities				\$0.00
22		Dump Fees				\$0.00
23		Refunds				\$0.00
24		Courier/Freight				\$0.00
25		Petty Cash Reimbursement				\$0.00
26		Other Professional Services				\$0.00
27		Recreation Performance Payments				\$0.00
28		Special Events				\$0.00
29		Temporary Employment Services				\$0.00
30		Meal (one-day tri-county travel)				\$0.00
31		Parking/tolls (one-day tri-county travel)				\$0.00
32		Mileage				\$0.00
Total:						\$14,005.74

Originated by: **Horace McLarty**Department/Division: **Human Resources**

Financial Services: _____

City Commission or City Manager Action: _____

Dept. Head: **Ragun**Date: **7/16/14**

Date: _____

Date: **7-15-14**

City Manager Signature (if required)