



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

December 4, 2015

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 **10/01/2015**. 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: Employers Mutual Inc

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

FEIN

59-6000338

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

12/04/2015

SELF-INSURER ASSESSMENT COMPUTATIONS

From 10/01/2014	To 09/30/2015		
COMPUTATION OF NET PREMIUM			
Gross Premium		\$	<u>3,496,794.00</u>
Drug Free Credit	0 Days =	\$ -	<u>0.00</u>
Safety Credit	0 Days =	\$ -	<u>0.00</u>
Adjusted Gross Premium		\$	<u>3,496,794.00</u>
Experience Modification		X	<u>0.66</u>
Modified Premium		\$	<u>2,307,884.04</u>
Construction Credit		\$ -	<u>0.00</u>
Airplane Seat (\$100 per seat)		\$ +	<u>0.00</u>
Plus/minus flat adjustment of		%	<u>0.00</u>
TOTAL ADJUSTED PREMIUM:		\$	<u><u>2,307,884.04</u></u>

From 10/01/2015	To 09/30/2016		
COMPUTATION OF NET PREMIUM			
Gross Premium		\$	<u>3,300,242.00</u>
Drug Free Credit	0 Days =	\$ -	<u>0.00</u>
Safety Credit	0 Days =	\$ -	<u>0.00</u>
Adjusted Gross Premium		\$	<u>3,300,242.00</u>
Experience Modification		X	<u>0.67</u>
Modified Premium		\$	<u>2,211,162.14</u>
Construction Credit		\$ -	<u>0.00</u>
Airplane Seat (\$100 per seat)		\$ +	<u>0.00</u>
Plus/minus flat adjustment of		%	<u>0.00</u>
TOTAL ADJUSTED PREMIUM:		\$	<u><u>2,211,162.14</u></u>

Less Premium Discounts:

Premium	Discount Rate	Amount of Discount
First \$ 10,000		\$ <u>0</u>
Next \$ 190,000(<u>190,000.00</u>)	9.10%	\$ <u>17,290.00</u>
Next \$ 1,550,000(<u>1,550,000.00</u>)	11.30%	\$ <u>175,150.00</u>
Over \$ 1,750,000(<u>557,884.04</u>)	12.30%	\$ <u>68,619.74</u>
Total Discount		- \$ <u>261,059.74</u>
Expense Constant		+ \$ <u>200.00</u>
Terrorism Risk Insurance Act Surcharge <small>Payroll/\$100 X TRIA Rate</small>		
\$ <u>93,054,653.00</u>	2.00 %	\$ <u>18,610.93</u>
NET PREMIUM:		\$ <u><u>2,065,635.23</u></u>

Less Premium Discounts:

Premium	Discount Rate	Amount of Discount
First \$ 10,000		\$ <u>0</u>
Next \$ 190,000(<u>190,000.00</u>)	9.10%	\$ <u>17,290.00</u>
Next \$ 1,550,000(<u>1,550,000.00</u>)	11.30%	\$ <u>175,150.00</u>
Over \$ 1,750,000(<u>461,162.14</u>)	12.30%	\$ <u>56,722.94</u>
Total Discount		- \$ <u>249,162.94</u>
Expense Constant		+ \$ <u>200.00</u>
Terrorism Risk Insurance Act Surcharge <small>Payroll/\$100 X TRIA Rate</small>		
\$ <u>93,054,653.00</u>	2.00 %	\$ <u>18,610.93</u>
NET PREMIUM:		\$ <u><u>1,980,810.13</u></u>

COMPUTATION OF ASSESSMENTS

1. Assessment Due (Assessment Rate X Net Premium)

	ADMIN. ASSESSMENT	SP. DISABILITY ASSESSMENT
1.61 %	\$ <u>33,256.73</u>	1.23 % \$ <u>25,407.31</u>
2. Paid in Advance (Credit)	\$ <u>29,235.73</u>	\$ <u>22,335.37</u>
3. Adjustment :	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Balance (Over Or Underpayment): [(1) - (2) + (3)]	\$ <u>4,021.00</u>	\$ <u>3,071.94</u>

COMPUTATION OF ASSESSMENTS

5. Advanced Assessment(Assessment Rate X Net Premium)

	ADMIN. ASSESSMENT	SP. DISABILITY ASSESSMENT
1.50 %	\$ <u>29,712.15</u>	1.17 % \$ <u>23,175.48</u>
6. Adjustment 1:	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Adjustment 2:	\$ <u>0.00</u>	\$ <u>0.00</u>
8. Total Advanced Billing: [(4) + (5) + (6) + (7)]	\$ <u>33,733.15</u>	\$ <u>26,247.42</u>

cc: Employers Mutual Inc

Total Assessments: \$ 59,980.57

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	10/01/2014 09/30/2015	01/01/2016
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$59,980.57	10/01/2015 09/30/2016	01/31/2016

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
1	10/01/2015	12/31/2015	\$8,433.29	\$6,561.86	\$14,995.15

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: Employers Mutual Inc

RETURN ONE COPY OF INVOICE WITH REMITTANCE

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Division of Workers' Compensation

WC Assessments Unit

PO Box 7300

Tallahassee, FL. 32399-7300

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Hollywood City of
 Attn: Mr Horace McLarty
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 Hollywood, FL. 33020

Revision of
 / / : : AM

FEIN Number	Current Assessment Period	Date of Invoice
59-6000338	10/01/2014 09/30/2015	04/01/2016
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$59,980.57	10/01/2015 09/30/2016	05/01/2016

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
2	01/01/2016	03/31/2016	\$8,433.29	\$6,561.86	\$14,995.15

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: _____

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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	10/01/2014 09/30/2015	07/01/2016
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$59,980.57	10/01/2015 09/30/2016	07/31/2016

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
3	04/01/2016	06/30/2016	\$8,433.29	\$6,561.86	\$14,995.15

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.

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TOTAL AMOUNT REMITTED: _____

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Revision of
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FEIN Number	Current Assessment Period	Date of Invoice
59-6000338	10/01/2014 09/30/2015	10/01/2016
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$59,980.57	10/01/2015 09/30/2016	10/31/2016

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
4	07/01/2016	09/30/2016	\$8,433.28	\$6,561.84	\$14,995.12

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: Employers Mutual Inc

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