



PO Box 2139
Sarasota, FL 34230-2139

REQUIRED

Due Date:
For Period:
Insured #:
Unit:
Policy #:
Effective:

Name: _____
Address: _____
City, State, Zip: _____

According to Florida Statute 440.381, each employer shall submit a copy of the quarterly earning report required by Chapter 443 to the Carrier and submit self-audits supported by the quarterly earnings reports required by Chapter 443 and the rules of the Division of Unemployment Compensation.

Please complete the worksheet below. Attach your supporting Employer's Quarterly Tax Reports (UCT-6) and Employer's Quarterly Wage Reports and return the information to PBOA, Inc. The quarterly information may be used to update your estimated annual premium, which may result in a billing adjustment.

- (A) GROSS PAYROLL: Wages, Salaries, Tips, Commissions, Vacation/Holiday/Sick Pay, Bonuses, Other (uninsured subcontractors)
- (B) EXCLUSIONS: Premium Overtime = 1/3 of overtime paid at a time and one half or 1/2 of overtime paid at double time;
Covered Officers' Excess = over \$2,300 per week;
Exempt Officer = Officer's gross pay, Tips

Class Code	Description	# of Employees	Gross Payroll (A)	Exclusion (B)	Payroll Subject Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
	Total of Columns	_____	_____	_____	_____

Officer Names and Titles

Premium Overtime: _____
Officers Excess: _____
Exempt Officer Payroll: _____
Other: _____

If you have any questions pertaining to this form, please call (800) 226-0793 x5919 or email Endorsements@pboa.com. This information is required. Failure to report may affect continuation of your coverage. I certify that the above information is correct.

By: _____ Date: _____ Phone: _____
Must be signed by an Officer, Partner or Owner