



**To Member Insurers:**

## **2021 ASSESSABLE PREMIUM DATA CALL**

August 1, 2022

The Board of Directors of the Florida Workers' Compensation Insurance Guaranty Association, Inc. (FWCIGA) is responsible for determining the need for assessments to pay the covered claims of insolvent insurers. Historical claims payments, cash flow forecasts and the financial position of FWCIGA are reviewed to determine whether an assessment is required. The FWCIGA conducts an annual Assessable Premium Data Call to confirm values filed in the annual statement and obtain the supplemental data needed to get an accurate estimate of assessment capacity.

In the event the Board determines the need for an assessment, a request for levy will be sent to the Office of Insurance Regulation certifying the need for an assessment. If approved, member insurers will be notified and provided guidance on the assessment collection and remittance requirements and process. Periodic updates and surcharge calculation examples are available on our website [www.fwciga.org](http://www.fwciga.org).

Although no assessment has been requested on the 2021 premium, the FWCIGA must comply with various reporting requirements and therefore requests that each member complete the enclosed 2021 Assessable Premium Data Call remittance form, using calendar year 2021 premium information, and submit via the DocuSign form provided by FWCIGA within **thirty (30)** days of receipt of this notice.

Pursuant to Florida Statute 631.914(1)(a) assessable premiums are calculated based on the full policy premium value. Full policy premium means the net direct premiums written in the state for workers' compensation insurance after all applicable adjustments (drug free workplace credit, safety credits, experience modification factor, standard discounts, expense constants, etc.) but prior to the application of discounts or credits resulting from the deductible clause in the policy.

The Assessable Premium Data Call form has been pre-populated with information obtained from the State of Florida using the company's 2021 direct premiums written, as reported on line **16 – Workers' Compensation** (column 1) and **line 17.3 Excess Workers' Compensation** of the Florida Exhibit of Premiums and Losses (Statutory Page 14). Please report the amount of any premium discounts or credits for deductibles on policies written between January 1, 2021 and December 31, 2021 on the line provided. If any information on the form as supplied to you is incorrect, simply correct those figures before submitting via DocuSign.

Please note that nothing is due at this time, and the 2021 premium figures reported here are not subject to any surcharge levy. Members are to submit their completed DocuSign form **by August 31, 2022**.

If you have any questions regarding this data request, please contact Holly Newell, Chief Operating Officer toll-free at (866) 909-9200.



GUARANTY FUND MEMBER INFORMATION		
(Please update or complete the information below with any necessary changes)		
<b>COMPANY NAME:</b>		
<b>GROUP:</b>		
<b>NAIC:</b>	<b>CONTACT NAME:</b>	
<b>ADDRESS:</b>	<b>TITLE:</b>	
<b>ADDRESS 2:</b>	<b>PHONE NUMBER:</b>	
<b>CITY:</b>	<b>PHONE EXT.:</b>	
<b>STATE:</b>	<b>ZIP:</b>	<b>EMAIL:</b>

ASSESSABLE PREMIUM WORKSHEET	
(1) Workers' Compensation premium written in 2021 Florida Exhibit of Premiums and Losses [Statutory Page 14] <b>Line 16, Column 1</b>	+
(2) Excess Workers' Compensation premium written in 2021 Florida Exhibit of Premiums and Losses [Statutory Page 14] <b>Line 17.3, Column 1</b>	+
(3) Premium discounts or credits for deductibles on policies Florida Exhibit of Premiums and Losses [Statutory Page 14] <b>Not included above</b>	+
<b>(4) ASSESSMENT BASE</b>	=

**The undersigned certifies that this remittance has been examined and is, to the best of the undersigned's knowledge, accurate, complete and made in good faith.**

<b>Authorized Signature:</b>	<b>Date:</b>
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