"Your Workers' Compensation Solution"

FLORIDA CITRUS, BUSINESS & INDUSTRIES FUND

SUPPLEMENTAL APPLICATION AND PARTICIPATION AGREEMENT

The undersigned ("Applicant/Policyholder") hereby formally applies for Workers' Compensation Insurance Coverage in the Florida Citrus, Business & Industries Fund ("Fund") to be effective 12:01 A.M. _____, and, if accepted by the Fund's Board of Trustees, or its designated agent, does hereby agree as follows:

This is a fully assessable policy. If the Fund is unable to pay its obligations, policyholders must contribute, on a pro rata earned premium basis, the money necessary to meet any unfilled obligations.

(1) To accept and be bound by the provisions of the workers' compensation laws and regulations of the State of Florida, and to actively foster, promote and encourage safety in the workplace.

(2) To accept and be bound by the terms, provisions and obligations of the Agreement and Declaration of Trust creating the Fund, as amended from time to time, filed with the State of Florida.

(3) To accept and be bound by the terms, provisions and obligations of the Fund's Indemnity Agreement, as amended from time to time, filed with the State of Florida.

(4) That in the event of changes in the corporate or business structure of Applicant/Policyholder, or changes in the status of the legal entity, or if any locations are to be added to or deleted from coverage provided by the Fund, the undersigned Applicant/Policyholder agrees to notify the Fund immediately.

(5) That in the event the undersigned Applicant/Policyholder fails to pay any premium for workers' compensation insurance coverage in the Fund or any lawful assessment as a policyholder of the Fund within thirty (30) days of the date the same shall become due, the undersigned Applicant/Policyholder shall pay all cost of collection thereof, reasonable attorney's fees, and the maximum rate of interest allowed by law on any past due amounts due to the Fund. The place of payment of all monies due to the Fund shall be the office of the Fund, or such other place as may be designated by the Board of Trustees of the Fund. The sole and exclusive venue for any legal proceedings or disputes arising between the parties hereto shall be in the appropriate court of competent jurisdiction in Orange County, State of Florida.

The undersigned Applicant/Policyholder acknowledges, understands and agrees to be bound by the foregoing terms and conditions.

_____

Applicant/Policyholder Business Entity Name

_____

Applicant/Policyholder Signature (Owner, Partner or Corporate Officer) Date

_____

Witness/Producer's Signature Date

OFFICE USE ONLY

The foregoing Applicant/Policyholder is approved for membership/coverage in the Fund effective this_____day of

_____,_____.

By: _____ (Trustee/CEO/Authorized Representative)