

FWCIGA Assessment Reporting and Remittance

March 11, 2020



Today's Speakers

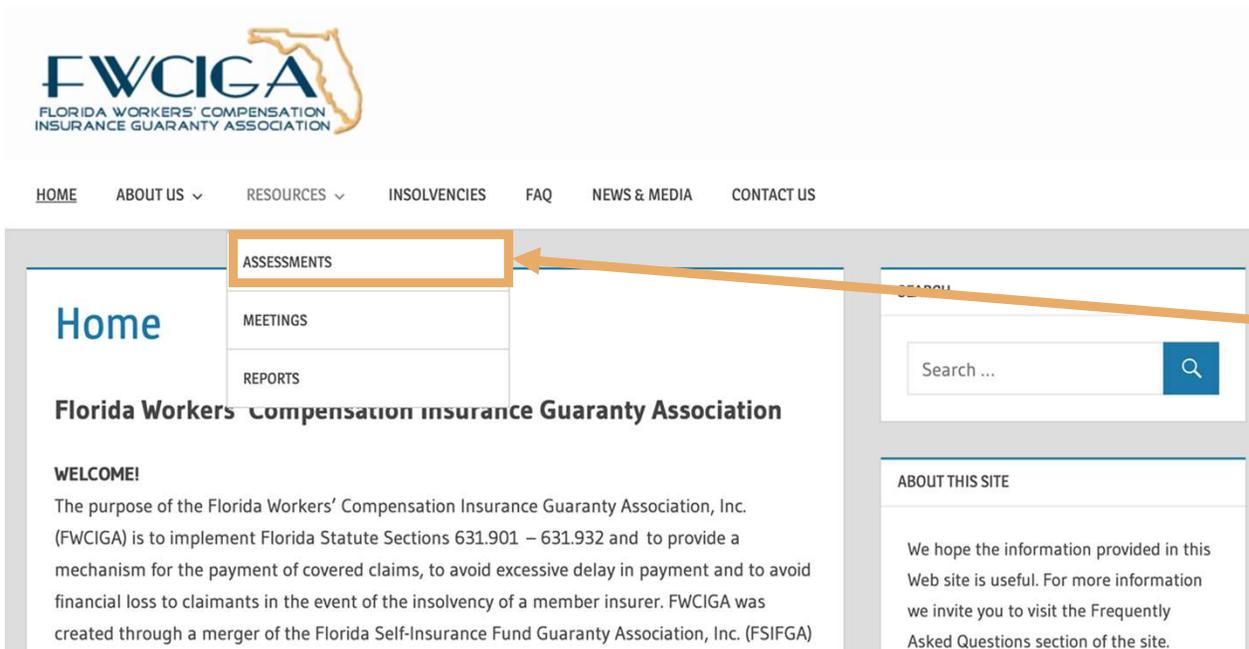


Corey Neal is the COO at FWCIGA and has spent many years in insurance operations helping companies implement product changes.



Liz Frisbie is the controller at FWICIGA and responsible for ensuring we collect all members' surcharges.

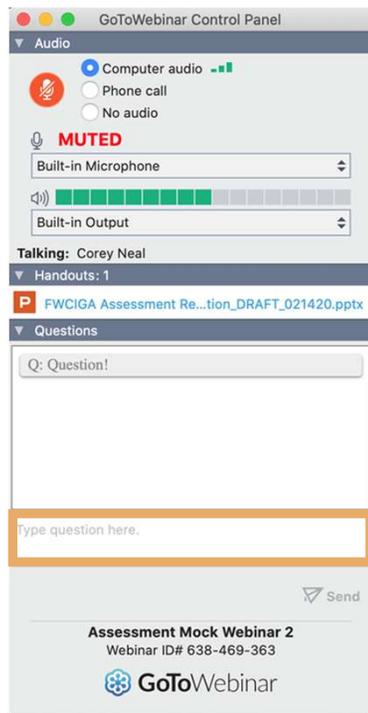
Where to find more...



Download the
Assessment Surcharge
Reporting & Remittance
How-to Guide PDF



How to Submit Questions



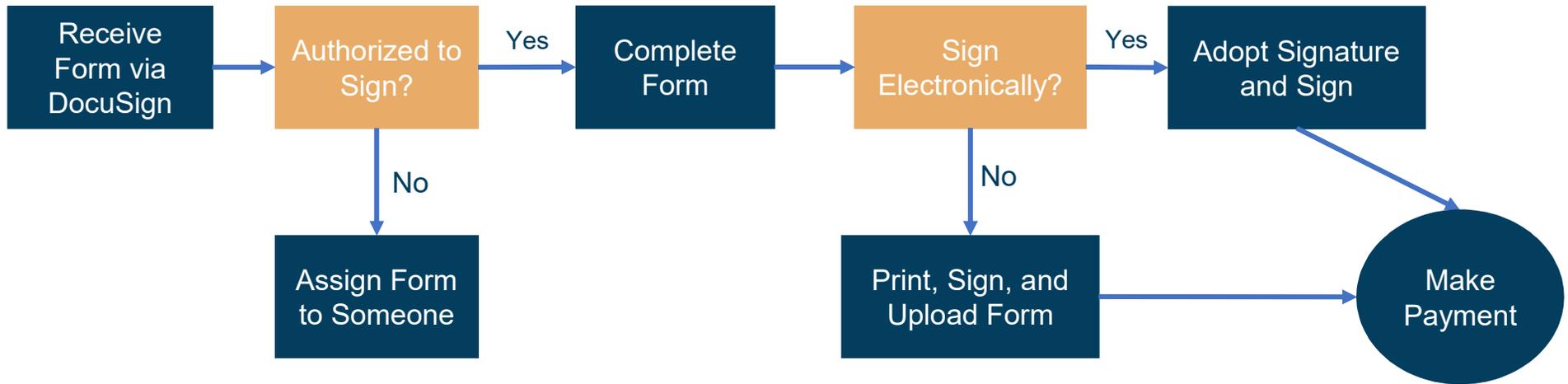
We will collect questions submitted in the “Questions” text box and answer them at the end of each section. If your question is not answered, please follow up after the presentation.



Process Overview

Three Different Workflows

Workflow Overview



Three Workflows

1

You are authorized to sign and you complete the form electronically

2

You are not the authorized signor and must assign it to someone else

3

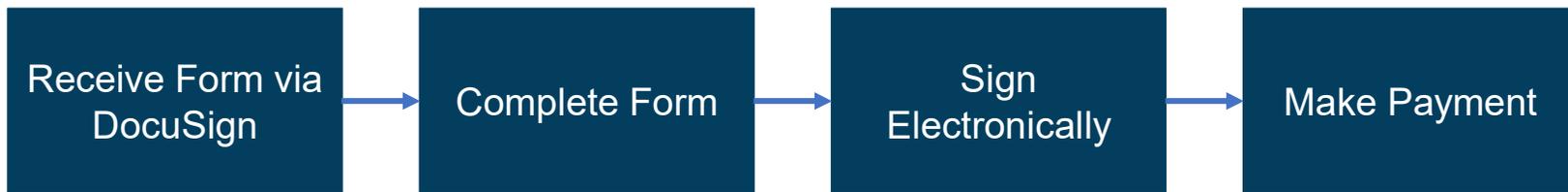
You or the authorized signor must print to complete the form



Workflow #1

How to Submit a Quarterly Surcharge Remittance

Workflow 1 Overview

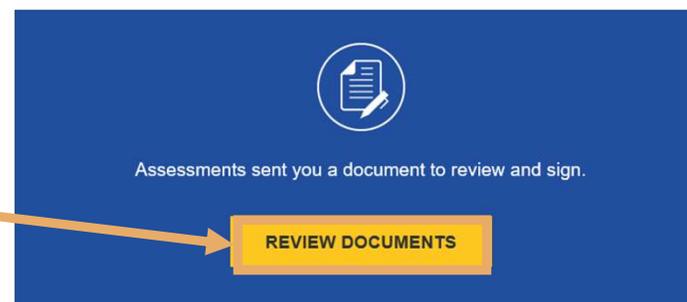


Step 1: Begin the Process

To begin the reporting process,
open email and click on
REVIEW DOCUMENTS.

DocuSign NA3 System <dse_NA3@docusign.net>
Please DocuSign: FWCIGA Quarterly Surcharge Remittance Due 4/30/2020

DocuSign



Assessments
Assessments@agfgroup.org

Please click on REVIEW DOCUMENTS to complete and sign. If you are not the appropriate individual, simply assign the document to someone else under Other Actions after clicking REVIEW DOCUMENTS. Please contact FWCIGA at (850)386-9200 if you need further assistance. Thank you for the opportunity to serve you.

Step 2: Agree to Sign

Assessments
American Guaranty Fund Group

Please click on REVIEW DOCUMENTS to complete and sign. If you are not the appropriate individual, simply assign the document to someone else under Other Actions after clicking REVIEW DOCUMENTS. Please contact FWCIGA at (850)386-9200 if you need further assistance. Thank you for the opportunity to serve you.
[View Less](#)

Please read the Electronic Record and Signature Disclosure

I agree to use electronic records and signatures.

[CONTINUE](#) [OTHER ACTIONS ▾](#)

DocuSign Envelope ID: 8E5BA6E1-EC01-4E76-B4F6-F7F7F97586E8

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
599 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

COMPANY NAME: Ascendant Commercial Ins Inc	NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer
CITY: Coral Gables	PHONE NUMBER: 850-555-1234
STATE: FL	ZIP: 33134
	EMAIL: cneal@aagfgroup.org

Click checkbox to agree to sign electronically. Later you will be able to Print and Sign if your company's approval policy doesn't allow you to sign electronically.

Step 3: Verify and Update

Verify and update company and contact information.

Step 4: Enter Calculations

Enter Direct Premium Collected, Deductible Premium Adjustments, and Retrospective Policy Premiums Adjustments, if any.

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

START

COMPANY NAME: Ascendant Commercial Ins Inc	NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer
CITY: Coral Gables	PHONE NUMBER: 850-555-1234
STATE: FL	ZIP: 33134
EMAIL: cneal@agfgroup.org	

REPORTING QUARTER:	ASSESSMENT YEAR Policy Effective (Inception) Date Range	ASSESSMENT CALCULATION (See Instructions)
01/01/2020 - 03/31/2020	1/1/2020 - 12/31/2020	
(1) Direct Premiums Collected		
(2) Deductible Policy Premium Adjustments		
(3) Retrospective Policy Premiums Adjustments		
(4) PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)		0
(5) ASSESSMENT/ SURCHARGE RATE		0.01
TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED (4 * 5)		0

Please read the statement below and complete the checkbox if the company indicated above will not write any Workers' Compensation premium during this Assessment period.

I confirm that the above company will not write Workers' Compensation premium during this Assessment Year. I understand that subsequent Quarterly Surcharge Remittance reporting will be suspended, but the Annual Surcharge Reconciliation reporting will still be required.

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.

Authorized Representative: 	Title:	Date: 7/29/2019 1:36 PM EDT
--	--------	-------------------------------

5549b2cb8aed54401FAC74C78488AA3786552DC83C887.docx
Page 1

Step 5: Review the Checkbox

Click checkbox if you plan not to write workers' compensation during the Assessment Year.

Step 6: Enter Your Name

Enter your work title then click **Sign** button

FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

COMPANY NAME: Ascendant Commercial Ins Inc NAIC: 13683

ADDRESS: 2199 Ponce de Leon Blvd CONTACT NAME: Corey Neal

ADDRESS 2: Suite 500 TITLE: Chief Operating Officer

CITY: Coral Gables PHONE NUMBER: 850-555-1234

STATE: FL ZIP: 33134 EMAIL: cneal@agfgroup.org

REPORTING QUARTER:	ASSESSMENT YEAR Policy Effective (inception) Date Range	ASSESSMENT CALCULATION (See Instructions)
01/01/2020 - 03/31/2020	1/1/2020 - 12/31/2020	
	(1) Direct Premiums Collected	
	(2) Deductible Policy Premium Adjustments	
	(3) Retrospective Policy Premiums Adjustments	
	(4) PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)	0
	(5) ASSESSMENT/ SURCHARGE RATE	0.01
	TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED (4 * 5)	0

Please read the statement below and complete the checkbox if the company indicated above will not write any Workers' Compensation premium during this Assessment period.

I confirm that the above company will not write Workers' Compensation premium during this Assessment Year. I understand that subsequent Quarterly Surcharge Remittance reporting will be suspended, but the Annual Surcharge Reconciliation reporting will still be required.

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.

Authorized Representative: [Signature] Title: [] Date: 7/29/2019 | 1:36 PM EDT

336f92c6b6a64401fAC76C78488AA3786552DC83C887.docx
Page 1

Step 7: Adopt Your Signature

Select style type to adopt your signature. Next click, **ADOPT AND SIGN** to finish the reporting process.

Step 8: Completed Form

DocuSign returns the completed Form via email that can be used to process payment to FWCIGA via check or wire transfer using your normal disbursement process.

your signature

Adopt Your Signature

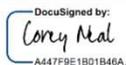
Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE DRAW

PREVIEW [Change Style](#)

DocuSigned by:  DS 
A447F9E1B01B46A...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Authorized Representative:  Title: Date: 7/29/2019 12:08 PM EDT

35d9b2cb8e6d54401FAC74C78488AA3786552DC83C887.docx



Workflow #2

How to Assign Quarterly Surcharge Remittance to Someone

Workflow 2 Overview

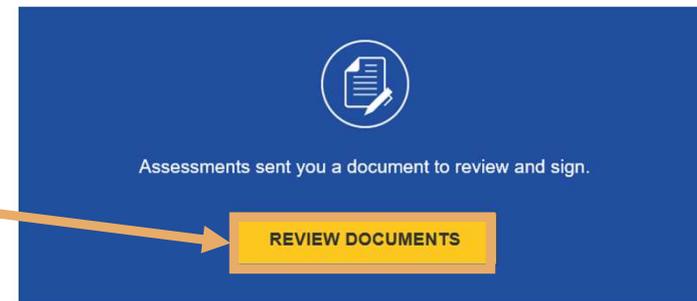


Step 1: Begin the Process

To begin the reporting process,
open email and click on
REVIEW DOCUMENTS.

DocuSign NA3 System <dse_NA3@docusign.net>
Please DocuSign: FWCIGA Quarterly Surcharge Remittance Due 4/30/2020

DocuSign



Assessments
Assessments@agfgroup.org

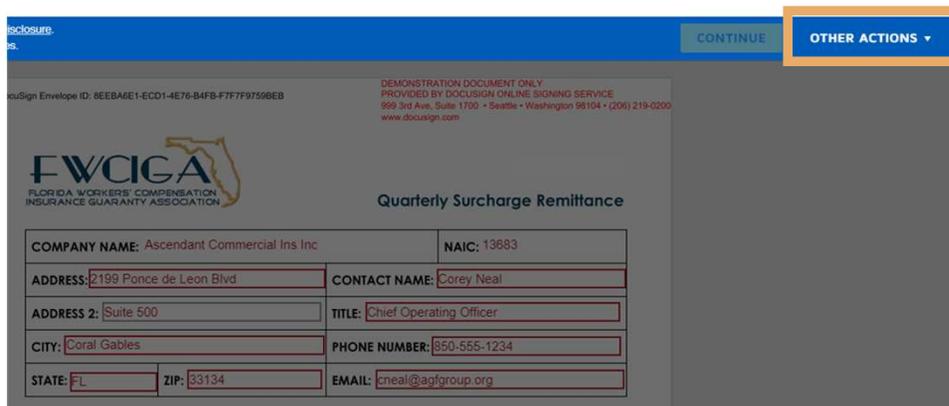
Please click on REVIEW DOCUMENTS to complete and sign. If you are not the appropriate individual, simply assign the document to someone else under Other Actions after clicking REVIEW DOCUMENTS. Please contact FWCIGA at (850)386-9200 if you need further assistance. Thank you for the opportunity to serve you.

Step 2: Assign to Someone Else

Documents

DocuSign

If you are not the appropriate individual, simply assign the document to someone else. If you are not the appropriate individual, simply assign the document to someone else. If you are not the appropriate individual, simply assign the document to someone else. Please contact FWCIGA at (850)396-1234 for more information or assistance.



DocuSign Envelope ID: 8EEBA6E1-ECD1-4E76-B4FB-F7F797596EB

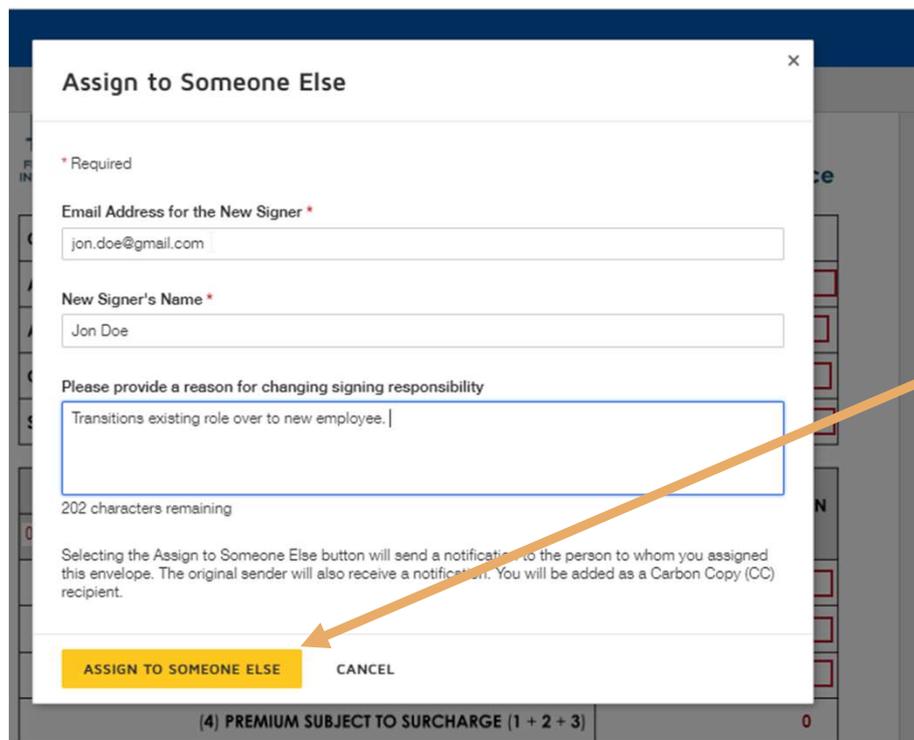
FWCIGA
FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

Quarterly Surcharge Remittance

COMPANY NAME: Ascendant Commercial Ins Inc	NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer
CITY: Coral Gables	PHONE NUMBER: 850-555-1234
STATE: FL	ZIP: 33134
	EMAIL: cneal@agfgroup.org

Click **OTHER ACTIONS** to route Form to someone else.

Step 3: Enter Information



The screenshot shows a web form titled "Assign to Someone Else" with a close button (X) in the top right corner. The form contains the following fields and text:

- A note: "* Required"
- Field: "Email Address for the New Signer *" with the value "jon.doe@gmail.com"
- Field: "New Signer's Name *" with the value "Jon Doe"
- Field: "Please provide a reason for changing signing responsibility" with the value "Transitions existing role over to new employee." and a character count of "202 characters remaining".
- Text: "Selecting the Assign to Someone Else button will send a notification to the person to whom you assigned this envelope. The original sender will also receive a notification. You will be added as a Carbon Copy (CC) recipient."
- Buttons: "ASSIGN TO SOMEONE ELSE" (highlighted in yellow) and "CANCEL".

An orange arrow points from the text on the right towards the "ASSIGN TO SOMEONE ELSE" button. At the bottom of the form, there is a status bar that reads "(4) PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)".

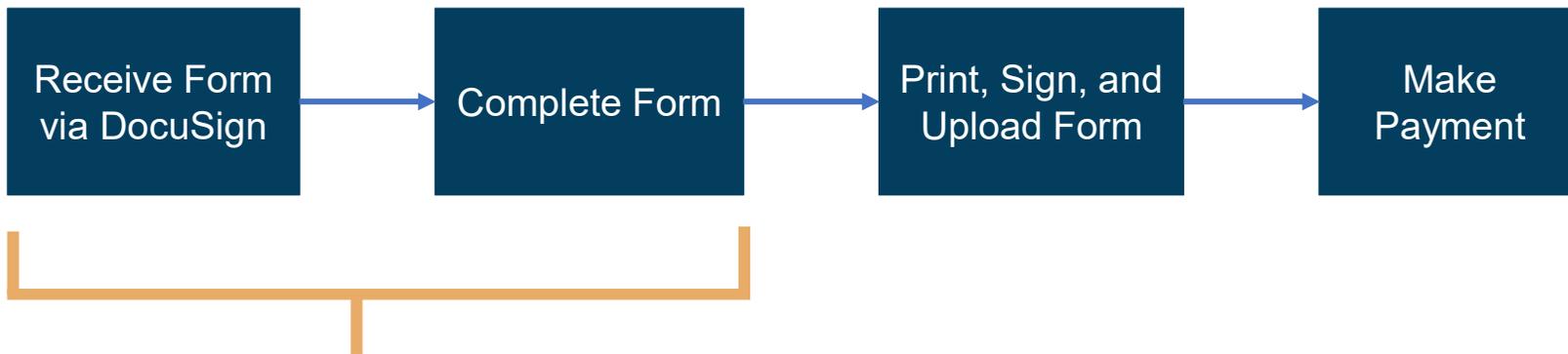
Enter new recipient's name and email address. Adding a reason is optional. Then, click **ASSIGN TO SOMEONE ELSE** to complete the process. The new person will complete the remaining steps



Workflow #3

Print and Sign Quarterly Surcharge Remittance

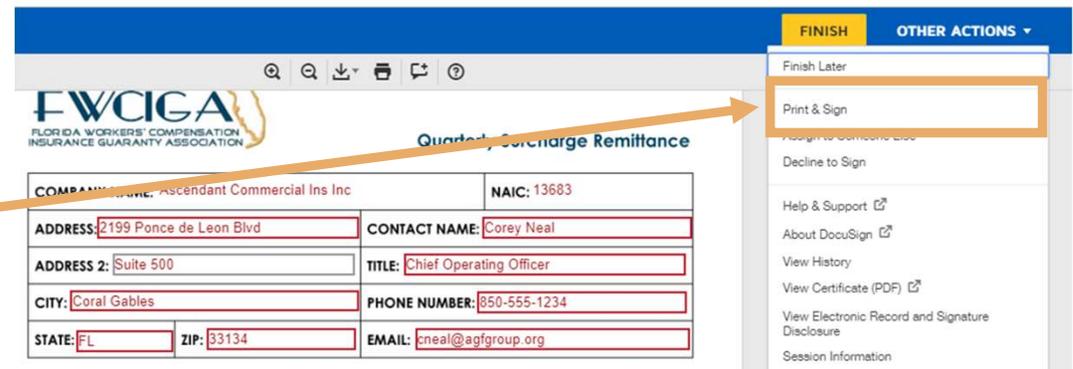
Workflow 3 Overview



Same steps as Step 1 through
Step 5 of Scenario 1

Step 6: Select Print & Sign

Click **Print & Sign** under **OTHER ACTIONS** to download completed Form ready for wet signature.



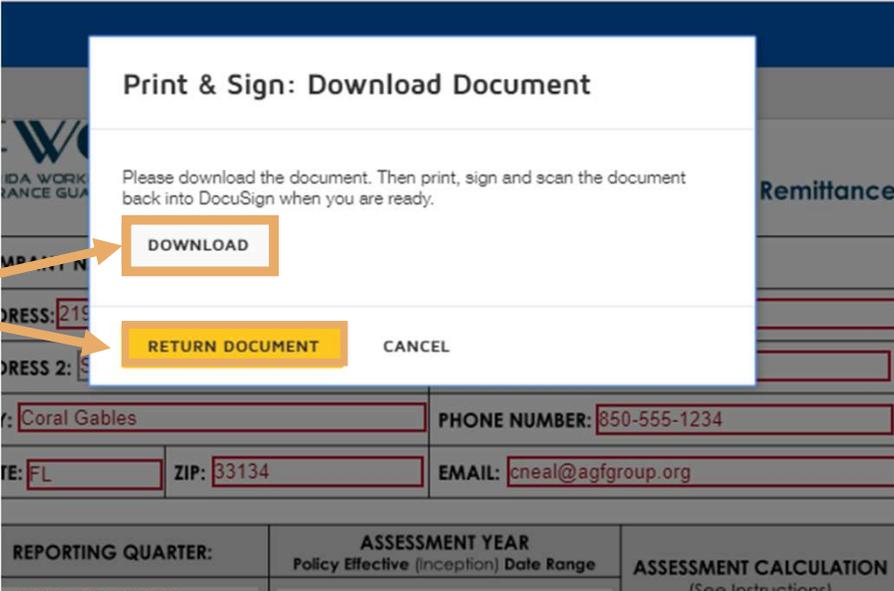
The screenshot shows the FWCIGA web portal interface. The main content area displays a completed form for 'Ascendant Commercial Ins Inc' with the following details:

COMPANY NAME: Ascendant Commercial Ins Inc	NAIC: 13683
ADDRESS: 2199 Ponce de Leon Blvd	CONTACT NAME: Corey Neal
ADDRESS 2: Suite 500	TITLE: Chief Operating Officer
CITY: Coral Gables	PHONE NUMBER: 850-555-1234
STATE: FL	ZIP: 33134
	EMAIL: cneal@agfgroup.org

The 'OTHER ACTIONS' dropdown menu is open, and the 'Print & Sign' option is highlighted with an orange box. An orange arrow points from the text on the left to this option.

Step 7: Download Document

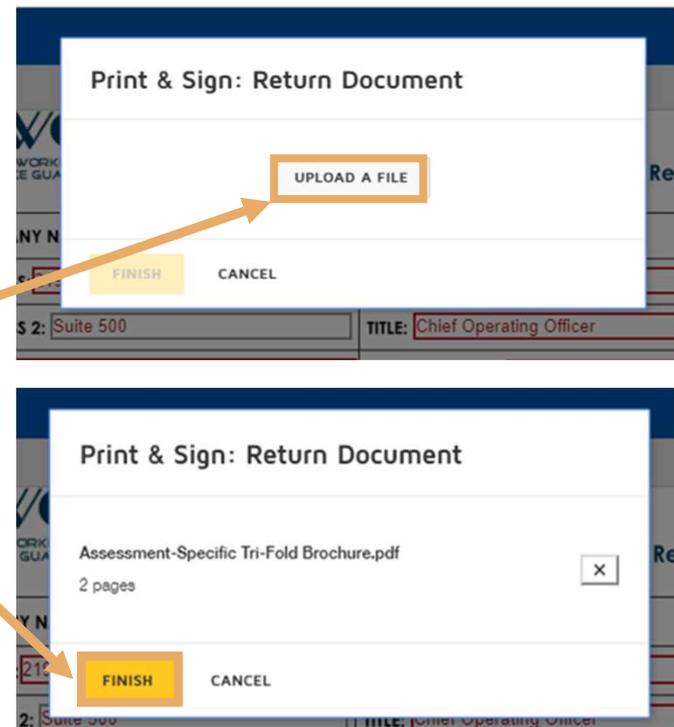
Click **DOWNLOAD** to download a copy of completed Form to store on your local computer. Manually sign Form, enter Title, and then click **RETURN DOCUMENT** to proceed with upload.



The screenshot shows a web form titled "Print & Sign: Download Document". The form contains the following text: "Please download the document. Then print, sign and scan the document back into DocuSign when you are ready." Below this text are three buttons: "DOWNLOAD" (highlighted with an orange box and an orange arrow), "RETURN DOCUMENT" (highlighted with a yellow box and an orange arrow), and "CANCEL". The background of the form shows various fields for contact information, including "ADDRESS: 219", "ADDRESS 2: S", "Coral Gables", "PHONE NUMBER: 850-555-1234", "STATE: FL", "ZIP: 33134", and "EMAIL: cneal@agfgroup.org". At the bottom, there are sections for "REPORTING QUARTER:", "ASSESSMENT YEAR Policy Effective (inception) Date Range", and "ASSESSMENT CALCULATION (See Instructions)".

Step 8: Upload Form

To upload Form, click **UPLOAD A FILE** and attach signed Form copied from your local computer. Then, click **FINISH**.





Payment

How to Submit

Step 1: Locate Total

REPORTING QUARTER:	ASSESSMENT YEAR Policy Effective (Inception) Date Range	ASSESSMENT CALCULATION (See Instructions)
01/01/2020 - 03/31/2020	1/1/2020 - 12/31/2020	
	(1) Direct Premiums Collected	7545800
	(2) Deductible Policy Premium Adjustments	500000
	(3) Retrospective Policy Premiums Adjustments	-250000
	(4) PREMIUM SUBJECT TO SURCHARGE (1 + 2 + 3)	7,795,800
	(5) ASSESSMENT/ SURCHARGE RATE	0.01
	TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED (4 * 5)	77,958

Locate payment amount on TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED line.

Step 2: Mail or Wire Funds



MAIL CHECK:

FWCIGA
P.O. Box 15159
Tallahassee, FL 32317



WIRE FUNDS:

FWCIGA Operating Account
Acct # 4729862433
Bank: Wells Fargo Bank, N.A.
ABA # 121000248
Bank contact: Kathy McCall
Contact phone: (904) 351-7483



Annual Reconciliation Process

Looking Ahead

Schedule

2020	2021	2022	2023
<p>Quarterly</p> <p> Q1</p> <p> Q2</p> <p> Q3</p> <p> Q4</p>	<p>Annual</p> <p></p>	<p>Annual</p> <p></p>	<p>Annual</p> <p></p>

Next Steps

- Expect an email at the end of March.
- Reach out ahead of time if you need to update any contact information.
- Contact us for any specific concerns regarding the process.



Questions?

Submit to the Chat

Thank you!

FWCIGA

FLORIDA WORKERS' COMPENSATION
INSURANCE GUARANTY ASSOCIATION

