



BRIAN D. GEE
Executive Director

**WORKERS' COMPENSATION SELF-INSURANCE
APPLICATION FINANCIAL REVIEW FEE**

Applicant/Employer: _____
(as shown in Item 1 of the Application Form)

Address: _____

(as shown in Item 3 of the Application Form)

INVOICE

FINANCIAL REVIEW FEE (New Applicant) \$500.00

TOTAL AMOUNT DUE: \$500.00
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Please remit to: Florida Self-Insurers Guaranty Association, Inc.
1427 East Piedmont Drive, 2nd Floor
Tallahassee, Florida 32308

(Remit fee with a copy of the completed invoice in Section I-2 of your application submission)