

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
BUREAU OF MONITORING AND AUDIT  
SELF-INSURANCE SECTION

**CERTIFICATION OF SERVICING FOR SELF-INSURERS**

NAME OF SELF-INSURER: \_\_\_\_\_

**PART I - CLAIMS** *(Both Current and Former Self-Insurers must complete this part)*

**SECTION A - HANDLING OF THE SELF-INSURED CLAIMS**

Indicate how the self-insured claims are currently being administered: *(Check One)*

- All self-insured claims are being handled by one Qualified Servicing Entity *(This Qualified Servicing Entity must execute Section B)*
- Self-insured claims are split between multiple Qualified Servicing Entity *(Attach a list of those Qualified Servicing Entity and the dates of self-insurance that each one handles; you must execute a separate Form SI-19 with each Qualified Servicing Entity completing Section B)*
- All self-insured claims are being handled through an approved self-servicing arrangement *(Continue in Section C)*
- Self-insured claims are split between a Qualified Servicing Entity, or multiple Qualified Servicing Entities and an approved self-servicing arrangement *(Attach a list of those Qualified Servicing Entities and the dates of self-insurance handled in-house and by each Qualified Servicing Entity)*

**SECTION B - SERVICING OF SELF-INSURED CLAIMS BY AN APPROVED QUALIFIED SERVICING ENTITY** *(To be completed by Approved Qualified Servicing Entity if applicable)*

The undersigned Qualified Servicing Entity certifies that the above self-insurer has satisfied the servicing requirements as contained in Rule 69L-5.230, FAC, relating to claims handling, by contracting for these services on a full-time basis. This contract begins on \_\_\_\_\_ and ends on \_\_\_\_\_. The dates of self-insurance being serviced by the undersigned Qualified Servicing Entity are \_\_\_\_\_ to \_\_\_\_\_. The undersigned service company also certifies that its contract with the above self-insurer complies with Rule 69L-5.230, FAC.

If this is a new contract and the self-insurer is changing servicing entities, are the previous self-insured claims being transferred to the new Qualified Servicing Entity?  Yes *(Claims Transferred)*  No *(Claims Remaining)*

Name of Qualified Servicing Entity for Claims Handling \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION C - SERVICING SELF-INSURED CLAIMS BY APPROVED SELF-SERVICING ARRANGEMENT**

*(To be completed by the Self-Insurer if claims are being serviced in-house)*

The undersigned self-insurer certifies that it has satisfied the servicing requirements as contained in 69L-5.216, FAC, relating to claims handling, by use of an approved self-servicing arrangement effective \_\_\_\_\_.  
*(Attach a current Division of Worker's Compensation approval for the self-servicing arrangement; a current approval is within the last three years.)*

**PART II - SAFETY** *(Only Active Self-Insurers must complete this part)*

The undersigned self-insurer certifies that it has satisfied the servicing requirements as contained in Rule 69L-5.216, FAC, relating to its safety program, in the following manner *(check one)*:

- By use of an approved self-servicing arrangement *(in-house safety program)* *(Attach a current Division of Workers' Compensation approval for the self-servicing arrangement; a current approval is within the last three years.)*
- By contracting with an approved Qualified Servicing Entity for safety *(must insert name of Qualified Servicing Entity below):*  
Name of Qualified Servicing Entity for safety \_\_\_\_\_

**PART III - SELF-INSURER'S CERTIFICATION** *(Both Current and Former Self-Insurers must complete this part)*

The undersigned self-insurer certifies that the information contained on and accompanying this form is true and correct to the best of his/her knowledge and that the claims serviced in this manner include all claims covered under this self-insurance privilege and any other self-insurance privileges assumed by the self-insurer as a result of purchases or mergers.

Name of the Self-Insurer \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE RETURN COMPLETED CERTIFICATION TO:**

Florida Self-Insurers Guaranty Association, Inc., 1427 East Piedmont Drive, 2<sup>nd</sup> Floor, Tallahassee, Florida 32308.  
(850)222-1882 (telephone), (850)222-2926 (fax), or [fsiga@fsiga.org](mailto:fsiga@fsiga.org) (email)