

**STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

EMPLOYER NAME:	STOP-WORK ORDER No.:
FEIN:	ISSUANCE DATE:
EMPLOYER ADDRESS:	
CITY:	STATE: FL ZIP:
WORKSITE POSTING ADDRESS:	
CITY:	STATE: ZIP:
INDUSTRY OF EMPLOYER: <input type="radio"/> Construction <input checked="" type="radio"/> Non-Construction <input type="radio"/> Agriculture	

STOP-WORK ORDER

Pursuant to Section 440.107, F.S., the above-referenced Employer is hereby ORDERED TO CEASE ALL BUSINESS OPERATIONS FOR ALL WORKSITES IN THE STATE based on the following violation(s):

- Failure to secure the payment of workers' compensation in violation of sections 440.10(1), 440.38(1), and 440.107(2) F. S., by:
 - failing to obtain coverage that meets the requirements of Chapter 440, F. S., and the Insurance Code;
 - materially understating or concealing payroll;
 - materially misrepresenting or concealing employee duties so as to avoid proper classification for premium calculations;
 - materially misrepresenting or concealing information pertinent to the computation and application of an experience rating modification factor.
- Failure to produce required business records within 5 business days in violation of section 440.107(7)(a), F.S.
- Failure to produce required documents within 3 business days in violation of section 440.05(11), F.S.

THIS STOP-WORK ORDER MAY BE AMENDED TO INCLUDE ADDITIONAL VIOLATIONS AND SHALL REMAIN IN EFFECT UNTIL THE DIVISION ISSUES AN ORDER RELEASING THE STOP-WORK ORDER FOR ALL WORKSITES.

CONDUCTING ANY BUSINESS OPERATIONS IN VIOLATION OF THIS STOP-WORK ORDER CONSTITUTES A FELONY OF THE THIRD DEGREE AND A PENALTY OF \$1,000.00 PER DAY FOR EACH DAY OF VIOLATION SHALL BE ASSESSED.

ORDER OF PENALTY ASSESSMENT:

A penalty against the Employer is hereby **ORDERED** in an amount:

- Equal to 1.5 times the amount the employer would have paid in premium when applying approved manual rates to the employer's payroll during periods for which it failed to secure the payment of workers' compensation required by this chapter within the preceding 3-year period, or \$1,000, whichever is greater. Section 440.107(7)(d), F.S.
- Up to \$5,000 for each employee who the Employer misclassified as an independent contractor. Sections 440.10(1)(f) and 440.107(7)(f), F. S.

LIEN NOTICE

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

Please see the Notice of Rights on the reserve side that pertains to your rights regarding this action.

CERTIFICATE OF SERVICE

Pursuant to section 440.107(4), F.S., FELIX MARQUEZ

served a true copy of this Stop-Work Order:

- | | | | |
|---|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> By posting at the Worksite: | DATE: <u> / / </u> | TIME: <u> </u> | SERVER: <u> </u> |
| <input checked="" type="checkbox"/> By hand delivery: | DATE: <u> </u> | TIME: <u>10:10</u> | SERVER: <u>Felix Marquez</u> |
| <input type="checkbox"/> By certified mail: | DATE: <u> </u> | TIME: <u> </u> | ARTICLE: <u> </u> |

NOTICE OF RIGHTS

You have a right to administrative review of this action by the Department under sections 120.569 and 120.57, Florida Statutes.

To obtain review, you must file a written petition requesting review. If you dispute a material fact contained in this action, you are entitled to a hearing under Sections 120.569 and 120.57(1), Florida Statutes, at which you may be represented by counsel, present evidence and argument on the issue(s), examine witnesses, submit a proposed recommended order, and file exceptions to the recommended order of the Administrative Law Judge. If you do not dispute a material fact contained in this action, you are entitled to a hearing under section 120.57(2), Florida Statutes, at which you may be represented by counsel, present documentary evidence, and present a written statement in opposition to this action.

A petition for a hearing under sections 120.569 and 120.57, Florida Statutes, must conform to Rule 28-106.2015, Florida Administrative Code. The petition shall contain a) the name, address, and telephone number, and facsimile number (if any) of the petitioner; b) the name, address, and telephone number, and facsimile number of the attorney or qualified representative of the petitioner (if any) upon whom service of pleadings and other papers shall be made; c) a statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate; d) a statement of when the petitioner received notice of the agency action; and e) a statement including the file number to the agency action.

You must file the petition for hearing so that it is received by the Department within twenty-one (21) days of your receipt of this agency action. The petition must be filed with Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390.

FAILURE TO FILE A PETITION WITHIN THE TWENTY-ONE (21) DAYS CONSTITUTES A WAIVER OF YOUR RIGHT TO ADMINISTRATIVE REVIEW OF THE AGENCY ACTION.

Mediation under section 120.573, Florida Statutes, is not available.

ISSUING AGENCY NAME AND ADDRESS

Division of Workers' Compensation, Bureau of Compliance:

400 W. Robinson Street Orlando FL 32801

Attn: Felipe J. Marquez, Telephone: 321-288-2562