

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS COMPENSATION

Phone (850) 413-1798, Fax (850) 414-2244

SELF-INSURER PAYROLL REPORT

NORTH MIAMI, CITY OF		EMPLOYER NO.	PERIOD COVERED
MEMBER SELF INSURER-----		013579	12/01/2011 - 11/30/2012
SELF-INSURED INDIVIDUAL		EXPERIENCE MODIFICATION _____	
ACCOUNT # -999-09644		*Includes the entire remuneration, whether paid in money or a substitute for money, for services rendered by employee.	

AMOUNT OF PAYROLL BY OCCUPATIONAL CLASSIFICATIONS

Occupation	Manual Class	Payroll*	Rate Per \$100	Premium
ST/RD CONST PAVE/REPAVE &D	5506	752,955	8.33	
WATERWORKS OP &D	7520	1,259,982	3.91	
SEWERAGE DISP PLANT OP &D	7580	913,390	2.98	
POLICEOFFICER &D	7720	10,313,659	3.75	
AUTO SVC/REP CENTER &D	8380	491,436	3.03	
INSP MERC/MFG/MAR RISK NOC	8720	37,402	2.07	
CLERICAL	8810	7,525,530	.25	
BLD OP OWN/LESSEE	9015	549,077	4.15	
COLLEGE/SCH ALL OTH	9101	92,891	3.94	
PARK NOC ALL &D	9102	2,264,380	3.47	
STREET CLEAN &D	9402	43,066	6.46	
GARBAGE/ASH/REFUSE COLLECT &D	9403	405,545	11.25	
MUNIC/TOWN/COUNTY/STATE NOC	9410	912,462	2.65	

Please return form to: Self-Insurance Section
200 East Gaines Street
Tallahassee, Florida 32399-4224