

DBPR EL 4518 – Board Approved Cross Guarantee Form

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

INSTRUCTIONS

- If using this form as part of a group application for licensure pursuant to section 468.526(2), Florida Statutes, and the required financial statement that is being submitted does not include any companies outside the proposed group, the Primary Company will be the Group Leader or the company listed as primary on the financial statement.
- If using this form to satisfy the provisions of section 468.525(3), Florida Statutes and Rule 61G7-5.0033, Florida Administrative Code, regarding consolidated or combined financial statements that include a non-Florida licensed entity, the Primary Company will be the company listed as primary on the financial statement being submitted by the applicant or licensee. Each additional company that is required to execute a Cross Guarantee for the benefit of the applicant or licensee will complete the boxes for the Second Company, Third Company, and so on for each company that is required to be included. Duplicate the continuation sheet on page 4 of 4 as necessary.
- If the company executing this form is a Florida-licensed employee leasing company, group leader, or group member, a controlling person must be one of the signatories. If the company executing this form is not so licensed, an authorized corporate officer may be substituted in the space for controlling person.

CROSS GUARANTEE FORM

Pursuant to the provisions of section 468.526(2), Florida Statute, the undersigned, as an employee leasing company or members of the group or any company required to file the cross guarantee form, hereby unconditionally guarantee and promise to pay any and all financial obligations of each other member of the group.

The following persons understand and agree that they: have executed this document for and on the behalf of the employee leasing company or group named below; that they are the controlling persons, the Chief Executive Officer, and the Chief Financial Officer of the employee leasing company or group, or any company required to file the cross guarantee form, that each is fully authorized to execute and file this statement; and that to the best of their knowledge, the information contained in the attestation statement is true and correct.

PRIMARY COMPANY

_____ Signature of Chief Executive Officer	_____ Print Name	
_____ Signature of Witness	_____ Print Name	_____ Date
_____ Signature of Chief Financial Officer	_____ Print Name	
_____ Signature of Witness	_____ Print Name	_____ Date
_____ Signature of Controlling Person (Applicant)	_____ Print Name	
_____ Signature of Witness	_____ Print Name	_____ Date
Of _____	Name of Employee Leasing Company or Guarantor	

SECOND COMPANY

_____ Signature of Chief Executive Officer	_____ Print Name	
_____ Signature of Witness	_____ Print Name	_____ Date
_____ Signature of Chief Financial Officer	_____ Print Name	
_____ Signature of Witness	_____ Print Name	_____ Date
_____ Signature of Controlling Person (Applicant)	_____ Print Name	
_____ Signature of Witness	_____ Print Name	_____ Date
Of _____	Name of Employee Leasing Company or Guarantor	

THIRD COMPANY

Signature of Chief Executive Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Chief Financial Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Controlling Person (Applicant) Print Name

Signature of Witness

Print Name

Date

Of _____
Name of Employee Leasing Company or Guarantor

FOURTH COMPANY

Signature of Chief Executive Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Chief Financial Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Controlling Person (Applicant) Print Name

Signature of Witness

Print Name

Date

Of _____
Name of Employee Leasing Company or Guarantor

FIFTH COMPANY

Signature of Chief Executive Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Chief Financial Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Controlling Person (Applicant) Print Name

Signature of Witness

Print Name

Date

Of _____
Name of Employee Leasing Company or Guarantor

SIXTH COMPANY

Signature of Chief Executive Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Chief Financial Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Controlling Person (Applicant) Print Name

Signature of Witness

Print Name

Date

Of _____
Name of Employee Leasing Company or Guarantor

COMPANY

Signature of Chief Executive Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Chief Financial Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Controlling Person (Applicant) Print Name

Signature of Witness

Print Name

Date

Of _____
Name of Employee Leasing Company or Guarantor

COMPANY

Signature of Chief Executive Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Chief Financial Officer

Print Name

Signature of Witness

Print Name

Date

Signature of Controlling Person (Applicant) Print Name

Signature of Witness

Print Name

Date

Of _____
Name of Employee Leasing Company or Guarantor

Make additional copies of this page as needed.

Please send your completed application to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

www.MyFloridaLicense.com