


FLORIDA DIVISION OF WORKERS' COMPENSATION

Electronic Submission of Loss Data (SI-17)



Florida Department of Financial Services

Welcome to START
Division of Workers' Compensation
Please log in below to access your information

System for
Tracking
Assessments,
Regulation &
Transactions

User Id: Password:

[Forgot Password](#)

For assistance contact us

Assessments: Contact Phone: (850) 413-1753 Email: Assessments.Unit@MyFloridaCFO.com Email: Assessments.Unit.SI@MyFloridaCFO.com	Self-Insurance Regulation: Contact Phone: (850) 413-1615 Email: SelfInsurance.Unit@MyFloridaCFO.com
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Message

Coming Soon! Based on customer requests, the Division is pleased to announce that it will be accepting electronic checks for assessment payments in the near future. The anticipated implementation date is March 2026. Stay tuned for further communication.

SELF-INSURER INSTRUCTIONS



The Florida Division of Workers' Compensation is pleased to offer the Electronic Submission of Loss Data Service.

This service will allow you to submit your loss data electronically.

New START Users

When an employee's profile becomes available in START, START sends three (3) e-mails to the user.

- Welcome e-mail,
- User id e-mail, and
- Password e-mail".

Navigating to **START**, <https://start.fldfs.com/Login.aspx>

To log in to the START database, please enter the following fields and click on "Log In".

- User Id
- Password

The screenshot shows the login interface for the START system. At the top, there is a header for the Florida Department of Financial Services. Below this, a welcome message reads "Welcome to START" and "Division of Workers' Compensation", followed by the instruction "Please log in below to access your information". The main content area is titled "System for Tracking Assessments, Regulation & Transactions". It contains two input fields: "User Id:" and "Password:", each followed by a text box. To the right of the password field is a "Log in" button. Below the input fields is a link for "Forgot Password". At the bottom, there is a section for assistance contact information, divided into "Assessments" and "Self-Insurance Regulation", each with contact phone numbers and email addresses. Finally, a "Message" box at the very bottom contains a notice about accepting electronic checks for assessment payments starting in March 2026.

Change Your Password

START will require you to change your initial password. You must create a new password.

You will have to “Enter your new password” twice.

Your password must comply with the following criteria:

- Minimum password length of eight characters.
- Password complexity: Password must contain at least one instance from three of the following four categories. It may contain all four:
 - 1. English lowercase characters (a-z)
 - 2. English uppercase characters (A-Z)
 - 3. Base 10 digits (0-9)
 - 4. Non-alphanumeric/special characters (e.g. \$!#% space)

NOTE: Your password must be changed at least every 90 days

Enter the new Password and then click the Submit button.

Change your password

New Password:

Confirm Password:

[Click here for password instructions:](#)

After you have confirmed your new password, click “**Submit**”.

To continue with the login, click the “**Click here**” link as shown below.

**Florida Department of Financial Services**

[To login to START Click here](#)

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For security purposes, START will send a security code to your email address.
Please enter the security code in the "Verification code" box and click "Verify Code".

Florida Department of Financial Services

Enter the Verification code sent via email and then click Verify Code. The code will expire after 15 minutes.

User Verification

Verification code :

For assistance contact us

Assessments:	Self-Insurance Regulation:
Contact Phone: (850) 413-1753	Contact Phone: (850) 413-1615
Email: Assessments.Unit@MyFloridaCFO.com	Email: SelfInsurance.Unit@MyFloridaCFO.com
Email: Assessments.Unit.SI@MyFloridaCFO.com	

Enter Your Loss Data

From the START Home page, click on the drop-down arrow and select the name of the self-insurer.

Florida Department of Financial Services
Division of Workers' Compensation
START

Your Session Time Left : 20 minutes.

Home [Sign Out](#)

Select the company you would like to administer today:

----Select----

Continue

For assistance contact us

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Contact Phone: (850) 413-1753
Email: Assessments.Unit@MyFloridaCFO.com
Email: Assessments.Unit.SI@MyFloridaCFO.com

Self-Insurance Regulation:
Contact Phone: (850) 413-1615
Email: SelfInsurance.Unit@MyFloridaCFO.com

Once you select the name of the self-insurer, click “Continue”.

To upload the SI-17 (Microsoft Excel or Text) file, click on the “Claims button”.

Florida Department of Financial Services
Division of Workers' Compensation
START

Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

ISI [Sign Out](#)

ISI :	Current Status :	Active	RED :	7/1
FEIN :	DWC # :	9512	SI-Effective Date :	7/1/1982
			SI-End Date :	

Assessments Claims Payroll (SI-5)

Experience Modification

[Self-Insurer's Form Filing Lifecycle](#)

*Click on the link above to view due dates for all form filing requirements and quarterly assessments.

To continue, click on the "" link.

Florida Department of Financial Services
 Division of Workers' Compensation
 START Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

Claims

Home ard Sign Out

ISI :	Current Status :	Active	RED :	7/1
FEIN :	DWC # :	9512	SI-Effective Date :	7/1/1982
	SI-End Date :			

Loss Data (SI-17)
Certification of Servicing (SI-19)

The next screen shows the three coverage periods that are due.

Florida Department of Financial Services
 Division of Workers' Compensation
 START Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

Upload Loss Data

Home Sign Out

ISI :	Current Status :	Active	RED :	7/1
FEIN :	DWC # :	9512	SI-Effective Date :	7/1/1982
	SI-End Date :			

Loss Data (SI-17) document should contain the following reports:
 Report #1: 07/01/2024 - 06/30/2025
 Report #2: 07/01/2023 - 06/30/2024
 Report #3: 07/01/2022 - 06/30/2023

[Download SI-17 Excel Template](#)
[Download SI-17 Excel Template\(Microsoft Excel 97-2003 Worksheet\)](#)

Note: To upload .xls (Microsoft Excel 97-2003 Worksheet) file, please contact SelfInsurance.Unit@MyFloridaCFO.com

Select the file type to upload: .xlsx (Microsoft Excel Worksheet) .txt (Text File)

Select the loss data file to upload: No file chosen

Allocated loss adjustment: Yes No Report #1: \$ Report #2: \$ Report #3: \$

Coverage Period From	Coverage Period To	Due Date	Date Received	Loss Data (SI-17)	Date Submitted	Submitted By	History
07/01/2025	06/30/2026	03/02/2027		Enter			Select
07/01/2024	06/30/2025	03/02/2026		Submitted	02/13/2026		Select
07/01/2023	06/30/2024	03/02/2025		Submitted	01/29/2025		Select
07/01/2022	06/30/2023	03/01/2024		Submitted	01/25/2024		Select

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Choose the File type “Microsoft Excel or Text”.

Then click “Choose File” to select the file and navigate to the file you want to upload to START.

Click “Yes or No” if there are allocated loss adjustment expenses in your submission.

If you click “Yes”, add the total amount of allocated losses for each report. Then click “Upload”.

Florida Department of Financial Services
 Division of Workers' Compensation
 START Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

Upload Loss Data

[Home](#) [Sign Out](#)

ISI : _____ Current Status : **Active** RED : **7/1**
 FEIN : _____ DWC # : **9512** SI-Effective Date : **7/1/1982** SI-End Date : _____

Loss Data (SI-17) document should contain the following reports:
 Report #1: 07/01/2024 - 06/30/2025
 Report #2: 07/01/2023 - 06/30/2024
 Report #3: 07/01/2022 - 06/30/2023

[Download SI-17 Excel Template](#)
[Download SI-17 Excel Template\(Microsoft Excel 97-2003 Worksheet\)](#)

Note: To upload .xls (Microsoft Excel 97-2003 Worksheet) file, please contact SelfInsurance.Unit@MyFloridaCFO.com

Select the file type to upload: .xlsx (Microsoft Excel Worksheet) .txt (Text File)
 Select the loss data file to upload: si179512.txt
 Allocated loss adjustment: Yes No Report #1: \$ Report #2: \$ Report #3: \$

Coverage Period From	Coverage Period To	Due Date	Date Received	Loss Data (SI-17)	Date Submitted	Submitted By	History
07/01/2025	06/30/2026	03/02/2027		Enter			Select
07/01/2024	06/30/2025	03/02/2026		Submitted	02/13/2026		Select
07/01/2023	06/30/2024	03/02/2025		Submitted	01/29/2025		Select
07/01/2022	06/30/2023	03/01/2024		Submitted	01/25/2024		Select

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START then shows a screen summary of the loss data you are submitting.

Loss Data (SI-17) document should contain the following reports:

Preview of Loss Data(Not submitted)

Line#	Carrier Number	Date of Accident or Beg Date	Ending Date	Payroll Class Code	Report Number	Status	Injury Code	Claim Number	Number of Claims	Medical Incurred Amount	Indemnity Incurred Amount	Catastrophic Ind	FEIN
1	99909512	20240701	20250630	8868	1	1	06		000000001	\$393.00	\$0.00		59600687
2	99909512	20240701	20250630	9101	1	1	06		000000003	\$10,115.00	\$0.00		59600687
3	99909512	20231030	00000000	9101	2	1	05	001264356		\$22,514.00	\$10,858.00		59600687
4	99909512	20230714	00000000	9101	2	0	05	001144486		\$283,400.00	\$77,800.00		59600687
5	99909512	20230701	20240630	9101	2	1	06		000000002	\$339.00	\$0.00		59600687
6	99909512	20221019	00000000	7383	3	0	05	001124033		\$48,773.00	\$0.00		59600687
7	99909512	20220701	20230630	9101	3	1	05		000000001	\$6,875.00	\$6,875.00		59600687
8	99909512	20220701	20230630	9101	3	1	06		000000001	\$1,687.00	\$0.00		59600687

Allocated Loss Data

Report #1: \$
 Report #2: \$
 Report #3: \$

Click “Submit”

Once submitted, the message "File uploaded successfully" will show on the page.

Florida Department of Financial Services
 Division of Workers' Compensation
 START Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

Upload Loss Data

[Home](#) [Sign Out](#)

ISI :	Current Status :	Active	RED :	7/1
FEIN :	DWC # :	9512	SI-Effective Date :	7/1/1982
	SI-End Date :			

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Note: To upload .xls (Microsoft Excel 97-2003 Worksheet) file, please contact SelfInsurance.Unit@MyFloridaCFO.com

Select the file type to upload: .xlsx (Microsoft Excel Worksheet) .txt (Text File)

Select the loss data file to upload: No file chosen

Allocated loss adjustment: Yes No Report #1: \$ Report #2: \$ Report #3: \$

File uploaded successfully.

Coverage Period From	Coverage Period To	Due Date	Date Received	Loss Data (SI-17)	Date Submitted	Submitted By	History
07/01/2025	06/30/2026	03/02/2027		Enter			Select
07/01/2024	06/30/2025	03/02/2026		Submitted	02/13/2026		Select
07/01/2023	06/30/2024	03/02/2025		Submitted	01/29/2025		Select
07/01/2022	06/30/2023	03/01/2024		Submitted	01/25/2024		Select

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You have completed your loss data entries; you may return to the START Home page.

Florida Department of Financial Services
 Division of Workers' Compensation
 START Your Session Time Left : 20 minutes.

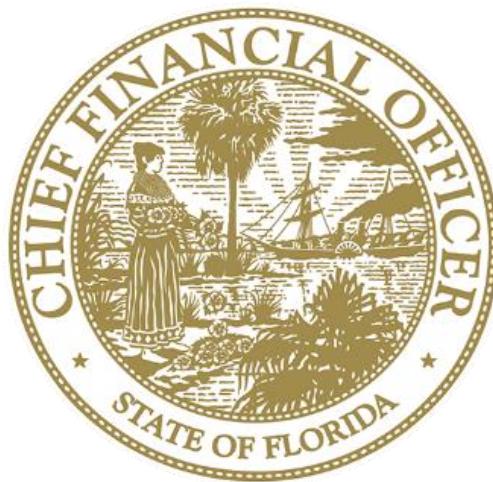
Home

[Sign Out](#)

Select the company you would like to administer today:

For assistance contact us

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**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
BUREAU OF FINANCIAL ACCOUNTABILITY**

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www.MyFloridaCFO.com/Division/WC