



Building Department
404 West Palm Drive Bldg # 3
Florida City, FL 33034
305-247-8222
www.floridacityfl.gov

Job Address: _____

Permit No: _____

Contractor Company Name: _____

Notice to Owner — Worker's Compensation Insurance Exemption

Florida Law requires Worker's Compensation insurance coverage under Chapter 440 of the Florida Statutes. Florida Statue 440.05 allows corporate officers in the construction industry to exempt themselves from this requirement for any construction project prior to obtaining a permit. Pursuant to the Florida Division of Worker's Compensation Employer Facts Brochure.

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain worker's compensation coverage. Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:

1. The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10 percent ownership;
2. The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations; and
3. The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability company members are allowed to be exempt. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

Your company is requesting a permit under this worker's compensation exemption. In these circumstances, the City of Florida City does not require verification of worker's compensation insurance from the contractor's company.

Therefore, you (the owner) may be personally liable for the worker compensation injuries of any person allowed to work under this permit. Please check with your insurance carrier since most property insurance policies DO NOT cover this type of liability.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THIS NOTICE AND UNDERSTAND ITS CONTENTS

Owner

Contractor

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

State of Florida, County of Miami-Dade
Sworn to and subscribed before me this _____

State of Florida, County of Miami-Dade
Sworn to and subscribed before me this _____

Day of _____, 20 _____

Day of _____, 20 _____

By _____

By _____

(SEAL)

(SEAL)

Type of identification produced: _____ Type of identification produced: _____