



Notice to Owner Workers' Compensation Insurance Exemption

Florida law requires Workers' Compensation insurance coverage under Chapter 440 of the Florida Statutes. Fla. Stat. § 440.05 allows corporate officers in the construction industry to exempt themselves from this requirement for any construction project prior to obtaining a building permit. Pursuant to the Florida Division of Workers' Compensation Employers Facts Brochure:

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers' 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 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 contractor is requesting a permit under this worker's compensation exemption. In these circumstances, the City of Homestead does not require verification of workers' compensation insurance coverage from the contractor's company. Therefore, you may be personally liable for the worker compensation injuries of any person allowed to work under this permit. Please check with you insurance carrier since most property insurance DO NOT cover this type of liability.

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

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Signature of Owner

Signature of Contractor/Qualifier

Print Name

Print Name

Sworn to and subscribed before me this _____
day of _____ 20____

Sworn to and subscribed before me this _____
day of _____ 20____

Signature of Notary Public – State of Florida
SEAL:

Signature of Notary Public – State of Florida
SEAL:

Personally known OR, Produced Identification _____

Personally known OR, Produced Identification _____