

AFFIDAVIT OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
(non-construction)

State of _____

County of _____



Before me, the undersigned authority, personally appeared _____, who, being first duly sworn, deposes and says that:

1. "I am over the age of 18 and have personal knowledge of the facts stated herein. I am the sole proprietor/partner of _____ (name of business/DBA), a business providing _____ (type of services). I am not engaged in the construction industry.
2. I do not carry workers' compensation insurance, and am not required to carry such insurance under the Workers' Compensation Law, Florida Statutes Chapter 440. I, and my partner(s), if any, have not filed an election pursuant to the Workers' Compensation Law to be considered employee(s) for purposes of workers' compensation.
3. I do not have employees for whom I am obligated to pay compensation as set forth in the Workers' Compensation Law. If I hire employees at any time for whom I am obligated to pay compensation as set forth in the Workers' Compensation Law, I will comply by immediately obtaining workers' compensation for those employees and providing evidence of the coverage to the City of North Port ("the City").
4. I understand and acknowledge that the City does not determine whether I am exempt from the requirements of the Workers' Compensation Law and will not offer an opinion on the matter. I understand that I should seek independent advice if I have not done so already.
5. I understand that I am not an employee, agent or volunteer of the City, and that I am an independent contractor. I will personally perform all services contracted for by the City.
6. I will not delegate or contract any of the work to any other person, employee, business, or independent contractor, nor will I bring or invite any other person onto the City's premises for such purpose.
7. Upon the City's request, I will provide documentation substantiating the information in this affidavit. I understand that the City reserves the right to make such a request at any time."

FURTHER AFFIANT SAYETH NOT.

Signature: _____

Print Name: _____

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20 __, by _____ who ___ is personally known to me or ___ has produced his/her driver's license as identification.

NOTARY SEAL:

Notary Public - State of _____

Print Name: _____

Commission No: _____