

**CONTRACTOR'S AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**

REQUIRED ONLY FOR A CONTRACTOR WITH OFFICERS COVERED UNDER WORKERS' COMPENSATION EXEMPTION CERTIFICATES OR FOR A CONTRACTOR WITH NO EMPLOYEES ELIGIBLE FOR WORKERS' COMPENSATION INSURANCE.

I, \_\_\_\_\_, Florida State contractor  
(full name as it appears on Florida State contractor's license)

license number \_\_\_\_\_, license holder for the business/company

\_\_\_\_\_, certify that:  
(business name as shown on Florida State Contractor's License)

I/the business have no employees other than myself

The officers(s) listed below, which may include myself, have valid Workers' Compensation Exemptions,  
*(A copy of each listed Exemption certificate must be attached to this form. Business name of each Exemption must match exactly the business name on the state contractor's license.)*

QUALIFIER'S / OFFICER-EMPLOYEE NAME

W.C. EXEMPTION EXPIRATION DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that:

I / the business have no additional employees or officers than those listed above.

I / the business have additional employees that are covered under policy No. \_\_\_\_\_, a certificate of which has been submitted to the Town of Longboat Key Building Division. If I am covered under this policy, the certificate clearly states that I am covered under the Workers' Compensation policy.

I understand that the State of Florida requires workers' compensation insurance or exemption certificates for any employee(s) that may be hired in the future and that I must provide evidence of any additional coverage to the Town of Longboat Key Building Division immediately should additional employees be hired.

\_\_\_\_\_  
Signature of Licensed Contractor/License Holder

**NOTARY:**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did / did not take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Notary's Name

SEAL: