

Notice to Owner – Workers’ Compensation Insurance Exemption

Permit No: _____ Property Address: _____

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 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 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 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 contractor is requesting a permit under this workers’ compensation exemption. In these circumstances, the City of Miami Beach does not require verification of workers’ compensation insurance coverage 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

Print Name: _____

Signature: _____

The foregoing instrument was acknowledged before me, by means of
 physical presence or online notarization,
this ____ day of _____, 20____ by _____
who is personally known to me or who has produced _____
as identification
Notary Public, State of _____ County of _____

Printed Name and Signature

Commission Number: _____

Commission Expires: _____

Revised: 7.10.2024

Previous Version: 5.13.2024

Contractor

Print Name: _____

Signature: _____

The foregoing instrument was acknowledged before me, by means of
 physical presence or online notarization,
this ____ day of _____, 20____ by _____
who is personally known to me or who has produced _____
as identification
Notary Public, State of _____ County of _____

Printed Name and Signature

Commission Number: _____

Commission Expires: _____