



City of Florida City  
 Building & Zoning Department

**Insurance verification form for  
 Contractors registered as workers compensation exempt**

Check the box that applies to you and or provide required documentation:

- I have workers compensation insurance for my employees. (Attach insurance certificate listing Florida City as certificate holder).
- I use an employee leasing service. (Attach their workers compensation insurance certificate listing your company as lessee and Florida City as certificate holder).
- I will use a sub-contractor. (Sub-contractor will need to register with Florida City with required licenses and insurance certificates including workers compensation).
- I will perform all work under this permit myself.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#) , Florida Statutes. I, (print name) \_\_\_\_\_, solemnly swear or affirm that the information contained in this statement is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

This foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
 Notary Signature (Seal)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification \_\_\_\_\_