



City of Florida City  
Building and Zoning Department

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

**A permit will not be issued unless this form (if applicable) is complete.**

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.

Name and Address of Sub-Contractor:

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- 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 \_\_\_\_\_

\_\_\_\_\_  
(Seal)

Notary Signature

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

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