

STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT

TO: The Palm Beach County Film & Television Commission
Chuck Elder, Film Commissioner
2195 Southern Blvd., Suite 520
West Palm Beach, FL 33406
561.233.1000 / 800.745.3456 Phone
561.233.3113 Fax

By signing below, I affirm the following:

1. We do not employ more than three persons (including Corporate Officers, if any), and therefore are exempt from the Florida Workers Compensation Law.
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance for permitting purposes.

Company Name

Company Street Address/City/State/Zip Code

Signatory Printed Name

Title

Signature

Date