



**NON-CONSTRUCTION JOBS
WORKERS' COMPENSATION EXEMPTION AFFIDAVIT**

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned owner/partner, duly authorized to take acknowledgments and administer oaths, personally appeared, who, after having produced a Florida driver's license as identification and who after first being duly sworn, deposes and states:

1. My name is _____, and I am owner/partner of _____ (business name).

2. Pursuant to Section 440.05, Florida Statutes, we elect to be exempt from the provisions of Chapter 440 Florida Statutes, since our firm has less than four (4) employees.

3. If at any time there is a change in our exempt status, our company will immediately notify the City of Ocala of the change, verbally, and in writing.

4. I understand by electing to be exempt from the provisions of Chapter 440 Florida Statutes **we are not entitled to any workers' compensation benefits** under Chapter 440 Florida Statutes.

5. I understand that any person who knowingly and with intent to injure, defraud or deceive any employer, employee, insurance company or self-insured program, who makes any statement containing any false or misleading information is guilty of a felony of the third degree.

FURTHER AFFIANT SAYETH NAUGHT.

(Owner/Partner of business)

Sworn to and subscribed before me this ____ day of _____, 20__.

Signature of Notary Public - State of Florida

Print, Type or Stamp Name of Notary Public

____ Personally known to me, or ____ Produced identification _____