



Department of Environmental Protection

Exemption from Workers' Compensation Insurance Requirements for Non-Construction Organizations ONLY

Company Name: _____

FEID #/SS#: _____

Entity Information:

Sole Proprietor Partner

Total number of sole proprietors/partners: _____

Total number of sole proprietors/partners electing coverage: _____

(Include copy of Notice of Election of Coverage, DWC 251 or BCM 251)

Corporation Limited Corporation

Total number of corporate officers: _____

Total number of corporate officers electing exemption: _____

(Include copy of Notice of Election to be Exempt, DWC 250 or BCM 250)

Total number of employees, other than sole proprietor, partners or corporate officers: _____

The above-referenced company is exempt from the requirement to carry workers' compensation insurance due to: (check one)

_____ Less than four (4) employees pursuant to 440.02(17)(a)(2), Florida Statutes

_____ Notice of Election to be Exempt, DWC2 50 or BCM 250 form, filed with the Division of Workers' Compensation.

Since the above-referenced organization is not required by state law to obtain worker's compensation insurance, the organization hereby agrees that the Department of Environmental Protection will not be liable for any worker's compensation related claims that may arise in relation to DEP Purchase Order/Contract/Agreement No. _____.

Signature of Person Authorized to Bind Organization

Typed/Printed Name

Date

Telephone Number