

SAMPLE WORKERS COMPENSATION EXEMPT LETTER

COMPANY LETTERHEAD

Mailing Address

Phone Number

Email Address

DATE

TO: City of Jacksonville
117 W. Duval Street, Suite 335
Jacksonville, FL 32202

This is to certify that COMPANY NAME is exempt from purchasing Workers Compensation insurance under the Florida Statute 440.

Print Name – Authorized Representative (and title)

Authorized Representative Signature