

INSTRUCTIONS FOR COMPLETING NOTICE OF ELECTION TO BE EXEMPT

SECTION 1. If you are applying for exemption as an officer of a corporation or member of a limited liability company (LLC) engaged in the construction industry, you must check one of the boxes beneath the heading **“CONSTRUCTION INDUSTRY” “CORPORATE OFFICER” (\$50 APPLICATION FEE REQUIRED)**. **The Division will only accept a business check, money order, or a cashier’s check made payable to the W.C. Administration Trust Fund.** If you are applying as an officer of a corporation, you must list your corporate or title.

If you are applying for exemption as an officer of a corporation not engaged in the construction industry, you must check the box next to “Officer of a Corporation” beneath the heading **“NON- CONSTRUCTION INDUSTRY “CORPORATE OFFICER” (NO FEE REQUIRED)**, and list your corporate title.

SECTION 2. The registration number is the document number that was assigned to your corporation or limited liability company (LLC) by the Department of State, Division of Corporations when your corporation or limited liability company was established. This number can be found on your uniform business report that you have filed with the Division of Corporations. Your registration number can also be found at the Division of Corporation website, <http://www.sunbiz.org/>.

Your corporation or limited liability company (LLC) must be registered with the Department of State, Division of Corporations. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State.

SECTION 3. This section should be completed with information that is specific to your corporation, or to the limited liability company (LLC) in which you are a member. Please include your complete **corporate name, including Inc. or Corp., or the complete name of the limited liability company (LLC)**. In the **mailing address** area, list only one complete address, including suite or apartment number. The issued exemption certificate will be mailed to the address identified in Section 3. For information regarding FEIN, you may call the IRS at (800) 829-4933.

The certificate applies only to the corporation listed. A new certificate must be obtained for each new or additional corporation or limited liability company (LLC) employing the applicant.

Scope of trade or business refers to the trade or business activity that best describes your business. The issued certificate of exemption will apply only within the scope of the business or trade listed. The certificate or notice of issuance is subject to revocation if, at any time after the filing of the notice of or issuance of the certificate, the person named on the notice or certificate performs activities outside the scope of trade or business described on the notice or certificate or no longer meets the requirements to be eligible for an exemption.

SECTION 4. Certified or Registered licenses refer to any licenses that are issued by the Department of Business and Professional Regulations (DBPR) as required by Chapter 489 Florida Statutes. If you are a licensed contractor in the State of Florida and you are operating as a corporation, you must apply for a qualified business license or certificate of authority with the Construction Industry Licensing Board of DBPR. Electrical and alarm contractors must be registered/certified through the Electrical Contractors Licensing Board of DBPR. If you are a contractor and need further information, please contact DBPR at (850) 487-1395 or visit their website at <http://www.state.fl.us/dbpr/>.

If a contractor licensed under 489 Florida Statutes has applied to Department of Business and Professional Regulations (DBPR) for a change of business status, the applicant should list their current license number and specify that the change of status is “Pending”.

SECTION 5. Each applicant must submit a copy of any occupational license required by the city or county in which the business is located or performing regular work. If the city or county does not require an occupational license, check “NO” for this section.

SECTION 6. If the corporation, (including LLC) of which you are an officer is affiliated with other corporations, (including LLC’S), please list the name and FEIN of each such affiliated corporation, (including LLC). If there is more than one affiliated corporation, (including LLC), please attach a separate sheet identifying the affiliated corporations (including LLC’S).

If the corporation (including LLC) of which you are an officer is not affiliated with any other corporation, (including LLC), based upon the definition of “Affiliated Corporation” below, please indicate ‘Not Applicable’.

Workers’ Compensation Information Online – www.fldfs.com/wc

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)

Officer of a Corporation (Title): _____) -OR- Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)

Officer of a Corporation (Title): _____)

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. _____

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: _____ **FEIN:** _____ **Telephone:** _____

Business Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **County:** _____

Scope of Business or Trade of Applicant: 1. _____ 2. _____ 3. _____ 4. _____

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) _____

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?

Yes No **IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.**

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

Yes No **IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR**

LLC(s):

NAME: _____ **FEIN:** _____

SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. **A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.**
- B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. **THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.**

SECTION 8.

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

SIGNATURE OF APPLICANT

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

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SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. **Carrier Name:** _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

_____/_____/_____
SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, _____, by _____

Personally Known _____ OR Produced Identification _____ Type of Identification
Produced _____

NOTARY SIGNATURE _____ My Commission Expires _____

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave.
Suite #506
Ft. Myers FL 33907
Telephone (239) 278-7239

921 N. Davis St.
Building B, Suite #250
Jacksonville, FL 32209
Telephone (904) 798-5806

401 NW 2nd Ave.
Suite #321 South Tower
Miami FL 33128
Telephone (305) 536-0306

1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350

400 West Robinson St.
Room #211 North Tower
Orlando FL 32801
Telephone (407) 245-0896

2686 Chapman Dr.
Panama City FL 32405
Telephone (850) 747-5425

610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-3143 or
(954) 321-3160

1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 361-6022

2012 Capital Circle SE
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 414-1237 or
(850) 488-2717

1313 N. Tampa St.
Suite #503
Tampa FL 33602
Telephone (813) 221-6506

3111 South Dixie Hwy.
Suite #123
West Palm Beach FL 33405
Telephone (561) 837-5412

STATE USE ONLY
Effective/Issue Date: _____
Expiration Date: _____
Control Number: _____
Postmark Date: _____
Received Date: _____

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE

For purposes of determining whether there are affiliated corporations of the corporation for which you are an officer, the following statutory definitions applies: Affiliated corporations means and includes one or more corporations or entities, any one of which is a corporation engaged in the construction industry, under the same or substantially the same control of a group of business entities which are connected or associated so that one entity controls or has the power to control each of the other business entities. The term “affiliated” includes, but is not limited to, the officers, directors, executives, shareholders active in management, employees, and agents of the affiliated corporation. The ownership by one entity or a pooling of equipment or income among business entities shall be prima facie evidence that one business is affiliated with the other. **No more than three (3) officers of a corporation (including LLC) or of any group of affiliated corporations (including LLC’s) may elect to be exempt.**

SECTION 7. (This section only applies to construction industry exemption applicants. Non-construction industry applicants do not need to complete this section.)

A. CORPORATION - the applicant for a construction industry exemption must attach copies of the stock certificate(s) evidencing at least 10% ownership in the corporation. At a minimum, each stock certificate must state:

- The name of the issuing corporation and that the corporation is organized under the laws of the State of Florida or the state in which it is incorporated.
- The name of the person to whom the certificate is issued.
- The number and class of issued shares the certificate represents.
- The percent of ownership that the issued shares represents (a stock register can be provided in lieu of this requirement).

There is no requirement for a corporate seal or for the certificate to be notarized. The certificate must be signed by an officer of the corporation.

B. LIMITED LIABILITY COMPANY (LLC) - The applicant for a construction industry exemption must produce documentation reflecting that the applicant owns at least 10% the LLC, or submit a notarized statement attesting that the applicant owns at least 10% of the limited liability company (LLC)

SECTION 8. Each applicant must read the fraud notice and provide his or her signature in the appropriate area. The signature is an attestation that the fraud notice was read, understood and acknowledged.

SECTION 9. List the name of the workers’ compensation insurance carrier that covers your non-exempt employees. If you do not have non-exempt employees please indicate ‘not applicable’.

If you are in the construction industry, workers’ compensation coverage must be secured once you employ one or more employees.

If you are in the non-construction industry, workers’ compensation coverage must be secured once you employ four or more employees.

NOTE: Corporate officers are counted as employees unless they have been issued a notice of election to be exempt from the Division of Workers’ Compensation.

Failure to secure workers’ compensation coverage as defined in S. 440.107(2), F.S., shall result in the issuance of a Stop Work Order and a penalty assessment.

AFFIDAVIT OF APPLICANT:

An affidavit is a sworn statement in writing made especially under oath or on affirmation before an authorized officer. This section should be completed after careful review of the statement being attested to. Type or print your name and social security number on the application. The application should not be signed or dated until you are in the presence of a notary public.

NOTARY PUBLIC:

The application must be notarized prior to submission. Any licensed notary public may notarize the application. They should not be related to you. Most banks have a notary public available to notarize documents. There may be a charge for this service. *Please be advised that workers’ compensation office personnel do not notarize applications Notice of Election to be Exempt.*

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