



City of Miami Gardens

Building Division

18605 NW 27th Avenue
Miami Gardens, Florida 33056
Telephone: 305-622-8000
www.miamigardens-fl.gov

Permit No.: _____

Notice to Owner – Workers’ Compensation Insurance Exemption

Florida Law requires Workers’ Compensation insurance coverage under Chapter 440 of the Florida Statutes. Fla. Stat. § allows corporate officers in the construction industry to exempt themselves from this requirement for any construction project prior to obtaining a building permit. Pursuant to the Florida Division of Workers’ Compensation Employer Facts Brochure:

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers’ compensation coverage. Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:

1. The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10 percent ownership;
2. The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations; and
3. The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability company members are allowed to be exempt. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

Your contractor is requesting a permit under this workers’ compensation exemption. In these circumstances, the City of Miami Gardens does not require verification of workers’ compensation insurance coverage from the contractor’s company. **Therefore, you (the owner) may be personally liable for the worker compensation injuries of any person allowed to work under this permit.** Please check with your insurance carrier since most property insurance policies DO NOT cover this type of liability.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THIS NOTICE AND UNDERSTAND ITS CONTENTS.

Owner

Print Name: _____

Signature: _____

State of _____, County of _____

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

(SEAL)

Type of Identification produced: _____

Contractor

Print Name: _____

Signature: _____

State of _____, County of _____

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

(SEAL)

Type of Identification produced: _____