

## INSTRUCTIONS FOR COMPLETING NOTICE OF ELECTION TO BE EXEMPT

### IMPORTANT INFORMATION:

**Only** corporate officers or members of a limited liability company (LLC) engaged in the construction industry are eligible for an exemption. Non-construction LLC members are NOT ELIGIBLE for an exemption.

Under the law, the Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt to you if your application is complete or notify you by mail that your application is incomplete and what information or documents are needed to complete the application. The Division reviews and processes exemption applications in the order they are received. Applicants filing this application to renew a current exemption should submit the application to the Division at least 45 days prior to the expiration date of their current exemption.

You can visit the Division's website at <http://www.fldfs.com/WC/> and click on the Proof of Coverage icon on the right hand side of the page. As soon as the Division issues your exemption, it will be reflected on the Proof of Coverage database and your certificate of exemption will be mailed the day after it is issued. You should receive your Certificate of Election to be Exempt 7-10 days after the exemption has been issued.

**If your corporation is dissolved or inactive, your Notice of Election to be Exempt will be DENIED. If the Notice of Election to be Exempt is denied, the applicant must submit a new Notice of Election to be Exempt and, if the applicant is engaged in the construction industry, another \$50.00 fee is required.**

An exemption is subject to revocation if the person named on the certificate no longer meets any of the requirements to be eligible for an exemption.

If you have any questions in regards to completing this application, please call the Division's Customer Service Center at (850) 413-1609 and press option #2.

**SECTION 1.** Print your name and social security number, or individual taxpayer identification number. Please list your e-mail address. In addition to mailing a future renewal application to you, the Division will also e-mail the renewal application to you.

**SECTION 2.** If you are applying for an exemption as an officer of a corporation or member of a limited liability company engaged in the construction industry, you must check one of the boxes beneath the heading "CONSTRUCTION INDUSTRY" (\$50 FEE REQUIRED). **The Division will accept a money order, a cashier's check or an electronic payment made payable to the DFS WC Administration Trust Fund.** If you are applying as an officer of a corporation, you must list your corporate title (no abbreviations please).

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 (NO FEE REQUIRED)**, and list your corporate title (no abbreviations please).

**SECTION 3.** The registration number is the document number that was assigned to your corporation or limited liability company by the Florida Division of Corporations when your corporation or limited liability company was established. This number can be found on your annual report that you have filed with the Florida Division of Corporations. Your document number can also be found at the Florida Division of Corporation's website, <http://www.sunbiz.org/>. Your corporation or limited liability company must be registered with the Florida Division of Corporations. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Florida Division of Corporations.

**SECTION 4.** This section should be completed with information that is specific to your corporation, or to the limited liability company 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.** The name of the corporation or limited liability company listed on the application must match the name of corporation or limited liability company registered with the Florida Division of Corporations. If applicable, include your fictitious name, doing business as (DBA) name, or also known as name (AKA) in the 'Business Name' field. In the mailing address area, list only one complete address, including suite or apartment number. The certificate of exemption and future renewal applications will be mailed to the address listed in this section. A federal employer identification number (FEIN) is required unless the application is for a single member limited liability company in which case the member's social security number will suffice for the limited liability company's FEIN. For information regarding FEIN, you may call the IRS at (800) 829-4933.

The certificate applies only to the corporation or limited liability company listed in this section. A new certificate must be obtained for each new or additional corporation or limited liability company employing the applicant.

**Scope of Trade or Business of Applicant** 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.

**SECTION 5.** 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 F.S. Contractors are required to obtain a certified or registered license from DBPR. If you need additional information about DBPR licensing requirements, please contact DBPR at (850) 487-1395 or visit their website at <http://www.state.fl.us/dbpr/>. If a contractor licensed under Chapter 489 F.S. has applied to Department of Business and Professional Regulations for a change of business status, the applicant should list their current license number and specify that the change of status is "Pending."

**Workers' Compensation Information Online – [www.fldfs.com/wc](http://www.fldfs.com/wc)**

**SECTION 6.** Each applicant, including an applicant outside the state of Florida, must submit a copy of an 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.

If the applicant is required to obtain a license issued pursuant to Chapter 489 F.S., the business name listed on the occupational license or occupational license receipt must match the name of the corporation or limited liability company listed on the Notice of Election to be Exempt or the application will be returned as incomplete.

If the applicant is not required to obtain a license issued pursuant to Chapter 489, F.S. the name of the corporation, limited liability company, or business listed on the Notice of Election to be Exempt must match the business name listed on the occupational license or occupational license receipt, or the application will be returned as incomplete.

**SECTION 7.** If the corporation (including any limited liability company) of which you are an officer is affiliated with other corporations, (including limited liability companies), please list the name and FEIN of each such affiliated corporation (including limited liability companies). If there is more than one affiliated corporation (including limited liability companies), please attach a separate sheet identifying the affiliated corporations (including limited liability companies).

If the corporation (including any limited liability company) of which you are an officer is not affiliated with any other corporation, (including limited liability companies), based upon the definition of "Affiliated Corporation" below, please indicate "Not Applicable."

For purposes of determining whether there are affiliated corporations of the corporation for which you are an officer, the following statutory definition 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 limited liability companies) or of any group of affiliated corporations (including limited liability companies) may elect to be exempt.**

**SECTION 8.** 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. There is no requirement for a corporate seal or for the certificate to be notarized. At a minimum, each stock certificate must include:

- The name of the issuing corporation.
- The state under which the corporation is organized.
- The name of the person to whom the certificate is issued.
- An officer of the corporation must sign the certificate
- The percent of ownership that the issued shares represent (a stock register can be provided in lieu of this requirement).
- The number of shares issued by the corporation.

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

**SECTION 9.** 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 10.** 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 certificate 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 an order of penalty assessment.**

**AFFIDAVIT OF APPLICANT:** An affidavit is a sworn statement in writing made under oath or on affirmation before an authorized officer. This section should be completed after careful review of the statement being attested to. 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 for Notice of Election to be Exempt.*

## NOTICE OF ELECTION TO BE EXEMPT

Please thoroughly read the instructions before completing this application. Print legibly in each data entry field. If this application contains incomplete or inaccurate information or if the handwriting is not legible, it may cause a delay in the issuance of your exemption.

### SECTION 1:

Applicant Name (please print): \_\_\_\_\_

Applicant's social security number or individual taxpayer ID: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant's E-mail address (optional): \_\_\_\_\_

### SECTION 2: I am applying for exemption as a (You must check only one box in this section):

#### **CONSTRUCTION INDUSTRY (\$50 FEE REQUIRED)**

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

#### **NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)**

Officer of a Corporation (Title): \_\_\_\_\_ )

The Division will accept a money order, a cashier's check, or an electronic payment made payable to the DFS WC Administration Trust Fund.

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

**SECTION 3.** 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 Florida Division of Corporations. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations.

**SECTION 4.** 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:

Name of Corporation or LLC: \_\_\_\_\_ FEIN: \_\_\_\_\_  
AS REGISTERED WITH THE FLORIDA DIVISION OF CORPORATIONS

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
IF APPLICABLE - LIST FICTITIOUS NAME; DOING BUSINESS AS (DBA); ALSO KNOWN AS NAME (AKA)

Business Mailing Address: \_\_\_\_\_  
INCLUDE APARTMENT OR SUITE NUMBER

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Scope of Business or Trade of Applicant: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**SECTION 5.** List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: \_\_\_\_\_

**SECTION 6.** 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 7.** 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 8.** 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, 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 STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.**

**THIS APPLICATION IS CONTINUED ON PAGE 2**

**SECTION 9.**

**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

**SECTION 10.** 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.

\_\_\_\_\_  
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 mail or submit your completed application, application fee, and any required attachments to the district office nearest your place of business.

4415 Metro Parkway  
Suite #300  
Ft. Myers FL 33916  
Telephone (239) 938-1840

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

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

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

400 West Robinson Street  
Room #512, North Tower  
Orlando FL 32801  
Telephone (407) 835-4406 or  
(407) 245-0896

1111 NE 25<sup>th</sup> Avenue  
Suite #403  
Ocala FL 34470  
Telephone (352) 401-5350

3111 S. Dixie Highway  
Suite #123  
West Palm Beach FL 33405  
Telephone (561) 837-5716

499 Northwest 70<sup>th</sup> Avenue  
Suite #116  
Plantation FL 33317  
Telephone (954) 321-2906

**TALLAHASSEE  
SUBMITTERS**

*Walk-in submissions:*  
2012 Capital Circle SE  
Suite #102, Hartman Bldg.  
Tallahassee FL 32399-2161  
Telephone (850) 413-1609

1718 Main Street, Suite 201  
Sarasota FL 34236  
Telephone (941) 329-1120

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

*Mail in submissions:*  
200 East Gaines Street  
Tallahassee FL 32399-4228  
Telephone (850) 413-1609

**STATE USE ONLY**

Effective/Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Control Number: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Received Date: \_\_\_\_\_

Payment Number: \_\_\_\_\_

# NOTICE OF REVOCATION OF ELECTION TO BE EXEMPT

STATE USE ONLY
Effective/Issue Date: <hr/>
Control Number: <hr/>
Postmark Date: <hr/>
Received Date: <hr/>

**PLEASE TYPE OR PRINT**

I hereby revoke the exemption I currently have as a (check only one box in this section):	
<b>CONSTRUCTION INDUSTRY</b>	
<input type="checkbox"/> Corporate Officer (your corporate title: _____)	<input type="checkbox"/> Member of Limited Liability Company <b>-OR-</b>
<b>NON-CONSTRUCTION INDUSTRY</b>	
<input type="checkbox"/> Corporate Officer (your corporate title: _____)	

<b>THIS REVOCATION OF ELECTION TO BE EXEMPT APPLIES ONLY TO THE PERSON SIGNING THE REVOCATION AND ONLY TO THE CORPORATION/LLC THAT IS LISTED IN THE FOLLOWING SECTION:</b>			
Corporation or LLC Name: _____			
Business Mailing Address: _____	City: _____	State: _____	Zip: _____
County: _____	Phone No.: (    ) _____	FEIN: _____	Corporate registration number: _____
Scope of Business or Trade of Applicant Listed on Notice of Election to be Exempt:			
1. _____	2. _____	3. _____	4. _____
You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: _____			

**PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON FILING A NOTICE OF REVOCATION, IF YOU ARE AN OFFICER WHO IS A SUBCONTRACTOR OR AN OFFICER OF A CORPORATE SUBCONTRACTOR, YOU MUST NOTIFY YOUR CONTRACTOR THAT YOU HAVE REVOKED YOUR EXEMPTION.**

**PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON REVOCATION OF A CERTIFICATE OF ELECTION OF EXEMPTION BY THE DEPARTMENT, THE DEPARTMENT SHALL NOTIFY THE WORKERS' COMPENSATION CARRIER(S) IDENTIFIED IN THE REQUEST FOR EXEMPTION.**

TYPE/PRINT NAME OF EXEMPTION HOLDER	SOCIAL SECURITY NUMBER
SIGNATURE OF EXEMPTION HOLDER	DATE SIGNED

**Workers' Compensation Information Online - <http://www.fldfs.com/WC/>**

**SUBMIT THIS FORM TO THE DISTRICT OFFICE LISTED BELOW  
THAT IS CLOSEST TO YOUR PLACE OF BUSINESS:**

**WORKERS' COMPENSATION COMPLIANCE FIELD OFFICES**

4415 Metro Parkway  
Suite #300  
Ft. Myers FL 33916  
Telephone (239) 938-1840

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

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

3111 South Dixie Hwy.  
Suite #123  
West Palm Beach FL 33405  
Telephone (561) 837-5716

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