



## North Bay Village

Administrative Offices

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### BUILDING DEPARTMENT

#### **Hold Harmless agreement when a Contractor fails to carry Workers Compensation insurance**

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Name of Contractor

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Property Address

I, the undersigned, understand that it is the intent of the State Legislature that the employer must pay compensation or furnish benefits required by Florida Statute Chapter 440, if the employee suffers an accidental compensable injury or death arising out of work performed in the course and the scope of employment. An employer who employs fewer than four employees, who is permitted by law to elect not to secure payment of compensation under that chapter, and who elects not to do so shall post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits under this chapter.

An application has been made for a Building Permit to do work, at the above referenced location. The above noted contractor has presented an insurance exemption certificate and is claiming they will not be using any employees to perform work for which Workers Compensation Insurance is required by the State of Florida.

**I, the property owner, agree to hold the City of North Bay Village, its agents and authorized personnel, harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the issuance of a permit on my property and which may further result in any injury to a worker employed by the referenced contractor to complete work under this permit, for whom the contractor is not required by state law, to carry Workers Compensation Insurance.**

The undersigned further stipulates that they are fully aware of the Laws of the State of Florida regarding workers compensation coverage.

**Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.**

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Owner's Signature

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Print Owner's Name

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Date