ACORD™

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured onthe job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files Notice of Election to Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

STATE USE ONLY

EFFECTIVE / ISSUE DATE:

CONTROL NUMBER:

POSTMARK DATE:

RECEIVED DATE:

I hereby revoke an exemption I currently hold as a (check only one box in this section):

CONSTRUCTION INDUSTRY ☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title) **-OR-**

NON-CONSTRUCTION INDUSTRY ☐ Corporate Officer (your corp. title)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office. (NOTE: your partnership may not have one, but all corporations must have one. If your partnership does not have one, state "N/A":)

Are you a sole proprietor, partner, or corporate officer in any business other than the business to which this application applies?

☐ NO ☐ YES list the name of all of the other businesses in which you have an ownership interest:

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name:		Trade Name; d/b/a; or a/k/a		
Business Mailing Address:		City:	State:	Zip:
County:	Phone No.: ( )	Nature of Business:	FEIN:	
Unemployment Compensation Tax No:	Date Business Established:	Number of Employees:	Sec. of State, Div. of Corp. Reg. No.:	

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statues ? __ NO
__YES - identify the license and list the license no. of all licenses issued to you:_____

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 or partners as provided in S 440.02 Florida Statutes; and that I will secure the payment of the workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may have hereinafter acquire, for which my business is required by Florida law to secure such benefits.

_____ TYPE OR PRINT NAME OF PERSON APPLYING FOR EXEMPTION

_____ SOCIAL SECURITY NO.

_____ DATE OF BIRTH

_____ APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ _____, FLORIDA.

☐ Personally Known to Me
☐ Produced as Identification _____ (Type of Identification)

_____
Notary Public, State of Florida
My Commission Expires:

LES FORM BCM-250-T (rev 12/17/98)

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PLEASE REFER TO THE WRITTEN INSTRUCTIONS PREPARED BY THE DIVISION OF WORKERS' COMPENSATION BEFORE COMPLETEING THIS FORM. (INSTRUCTION SHEETS ARE AVAILABLE AT THE OFFICES LISTED BELOW)

CONSTRUCTION INDUSTRY APPLICANTS ONLY:

you must attach a $50.00 processing fee to this form. There is no processing fee at this time for non-construction industry applications.

Submit this form along with all attachments (and a $50.00 processing fee - construction industry applicants only) to the district office listed below that is closest to your place of business.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED DOCUMENTATION AND FEES ARE ATTACHED TO IT.

11700 SAN JOSE BLVD.
SUITE #3
JACKSONVILLE, FL 32223
TELEPHONE (904) 448-7991

2810 SHARER RD.
SUITE #27
TALLAHASSEE, FL 32312
TELEPHONE (850) 414-1237
or (850) 488-2717

4700 BAYOU BLVD.
BLDG. 1-B
PENSACOLA, FL 32503
TELEPHONE (850) 494-7110

1415 EAST SUNRISE BLVD.
SUITE 300 - A
FT. LAUDERDALE, FL 33304
TELEPHONE (954) 467-4610

9215 N. FLORIDA AVE.
SUITE 107
TAMPA, FL 33612
TELEPHONE (813) 930-7558

400 WEST ROBINSON ST.
RM. 601 NORTH TOWER
ORLANDO, FL 32801
TELEPHONE (407) 245-0896, EXT.131

4603 NW 6th STREET
GAINESVILLE, FL 32609
TELEPHONE (352) 955-2018

1002 W 23rd ST
SUITE 230
PANAMA CITY, FL 32405
TELEPHONE (850) 747-5425

3111 SOUTH DIXIE HWY
SUITE #123
WEST PALM BEACH, FL 33405
TELEPHONE (561) 837-5375

12381 S. CLEVELAND AVE.
SUITE 506, BARNETT BANK BLDG
FT. MEYERS, FL 33907
TELEPHONE (941) 278-7239

1718 MAIN ST.
SUITE 201
SARASOTA, FL 34236
TELEPHONE (941) 361-6025
or (941) 361-6021

401 NW 2nd AVE.
SUITE 321-S
MIAMI, FL 33128
TELEPHONE (305) 377-5385

INTERNET ACCESS TO THE DIVISION OF WORKERS' COMPENSATION
http://www.wc.les.state.fl.us/DWC/