# CITY OF LAKELAND
## WORKER'S COMPENSATION AFFIDAVIT

**Vendor Name:** _____

**Address:** _____

_____

**Phone:** _____

This is to certify that _____ is exempt from Workers' Compensation coverage as defined in Florida Statute 440; should additional employees hired pierce the statutory threshold during this 2 year period, applicable proof of Workers' Compensation coverage must be provided by submitting a Certificate of Insurance.

It should be noted that organizations involved in the construction trade may not be exempt should they have (1) one or more employees; organizations that are not construction related may waive Workers' Compensation in accordance with Florida Statute 440, if they have less than (4) four employees.

STATE OF: _____ COUNTY OF: _____

This foregoing instrument was acknowledged before me, by means of physical presence, this

_____ day of _____,2026.

by _____, who is personally known to me or who has produced

_____ as identification, and who did ____ / ____ did not take an oath.

**Drivers License #**

_____ _____

**Signature of Applicant** **Signature of Notary**

_____ _____

**Printed Name of Applicant** **Notary Seal**

**Revised: September 1, 2026**