

Workers' Compensation Compliance Letter

Date: _____

To: Palm Beach County Consumers Affairs Division

From: _____

_____ does NOT currently carry Workers'
(Name of Immobilization Company)

Compensation insurance, however, our Immobilization company is in full compliance with the requirements of Florida Statute Chapter 440, "Workers' Compensation" and Palm Beach County Chapter 19 – Article VIII.

_____ understands and agrees that it must comply with the
(Name of Immobilization Company)
requirements of this State Statute and Palm Beach County Chapter 19 – Article VIII at all times while providing Immobilization services in Palm Beach County and will purchase the required insurance coverage whenever failure to do so would cause our Immobilization company to not be in compliance with the requirements of this statute. We agree to immediately provide proof of said insurance to the Palm Beach County Consumer Affairs Division.

Print name

Print title

Signature