



## Workers' Compensation Compliance Letter

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

To: Palm Beach County Consumers Affairs Division

From: \_\_\_\_\_

\_\_\_\_\_ does not currently carry Workers'  
(Name of Water Taxi Company)

Compensation insurance, however, our water taxi company is in full compliance with the requirements of Florida Statute Chapter 440, "Workers' Compensation" and Palm Beach County Chapter 17 – Article XIV.

\_\_\_\_\_ understands and agrees that it must  
(Name of Water Taxi Company)

comply with the requirements of this State Statute and Palm Beach County Chapter 17 – Article XIV at all times while providing water taxi services in Palm Beach County and will purchase the required insurance coverage whenever failure to do so would cause our water taxi 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