

Worker's Compensation Employee Leasing Affidavit

I the undersigned subcontractor do hereby state that all workers on your jobsites will be reported and insured under our employee leasing worker's compensation coverage.

I, _____,

(Print Name)

(Title of Officer, i.e. President, Vice President)

of _____ (hereinafter, "Contractor"), Tax Payer ID No.

_____,
(Name of Corporation)

hereby swear, under penalty of perjury, that:

- (1) Contractor is duly incorporated, is in good standing, and is properly registered with the State of Florida;
- (2) Contractor will utilize only employees covered by workers compensation;
- (3) Contractor will utilize no other labor (either direct W-2, 1099, temporary, independent contractor, or subcontractor) to perform work other than those individuals covered by the leasing company's workers' compensation insurance policy;

Signature

State of Florida

County of _____

_____, personally, appeared before me, and being first duly sworn declared that he/she signed this affidavit in the capacity designated, is fully authorized by to act on behalf of the corporation in this capacity, and further states that the statements contained herein are true and correct.

(Personalized Seal)

(Notary Public's Signature)