

SAMPLE LETTER

(MUST BE ON COMPANY LETTERHEAD)

Date:

Miami-Dade County
Risk Management Division
111 NW 1st Street; Suite 2340
Miami, FL 33128

Re: Worker's Compensation Insurance Requirement

To Whom It May Concern:

This is to request an exemption from Worker's Compensation Insurance Requirement. Our organization has three or less employees and we are in compliance with Chapter 440, Florida Statutes.

Sincerely,

Sign Here