

North Bay Village

1666 Kennedy Causeway, Suite 101 North Bay Village, FL 33141 Tel: (305) 754-6740 Fax: (305) 756-7722 Website: www.northbayvillage-fl.gov

HOLD HARMLESS AGREEMENT

(Must be signed by property owner when a contractor presents Exemption Certificate)

Name of Contractor	Property Address
compensation or furnish benefits re accidental compensable injury or of of employment. An employer who elect not to secure payment of cor post clear written notice in a cons	tit is the intent of the State Legislature that the employer must pay equired by Florida Statute Chapter 440, if the employee suffers are death arising out of work performed in the course and the scope employs fewer than four employees, who is permitted by law to empensation under that chapter, and who elects not to do so shall picuous location at each worksite directed to all employees and at the worksite of their lack of entitlement to benefits under this
The above noted contractor has p	r a Building Permit to do work, at the above referenced location resented an insurance exemption certificate and is claiming they to perform work for which Workers Compensation Insurance is
and relieve them from any respons (including attorney's fees) resulting further result in any injury to a wo	d North Bay Village, its agents and authorized personnel, harmless sibility or liability for any legal action or damage, cost or expense from the issuance of a permit on my property and which may orker employed by the referenced contractor to complete works contractor is not required by state law, to carry Workers
The undersigned further stipulates regarding workers compensation co	that they are fully aware of the Laws of the State of Florida overage.
Under penalties of perjury, I declare true.	e that I have read the foregoing and that the facts stated in it are
Owner's Signature	Print Owner's Name
Owner s signature	THIL OWNER STRAINE
Date	