

Workers' Compensation Compliance Letter

Date: _____

To: Palm Beach County Consumers Affairs Division

From: _____

_____ does not currently carry Workers'
(Name of Towing Company)

Compensation insurance, however, our towing company is in full compliance with the requirements of Florida Statute Chapter 440, "Workers' Compensation" and Palm Beach County Towing Ordinance 2010-001.

_____ understands and agrees that it must
(Name of Towing Company)

comply with the requirements of this statute and ordinance at all times while providing towing services in Palm Beach County and will purchase the required insurance coverage whenever failure to do so would cause our towing 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