



Division of Regulation
Jerry Wilson, Director
2601 Blairstone Rd.
Tallahassee, Fl. 32399-2212
Phone: 850-488-6603 ~ Fax 850-487-9622

Halsey Beshears, Secretary

Ron DeSantis, Governor

**FLORIDA FARM LABOR REGISTRATION AND TESTING
WORKERS' COMPENSATION INFORMATION**
(Workers' Compensation Coverage Carried by Contractor Listed Below)

Name of Contractor/Corporation

Social Security or License Number

Insurance Company Name

Local Insurance Agent or Representative

Home Office Address

Office Address

City, State, and Zip Code

City, State, and Zip Code

Telephone Number

Telephone number

Workers' Compensation Policy Number

From: To:

Effective dates

TO BE COMPLETED BY THE INSURANCE CARRIER OR CARRIERS' DULY AUTHORIZED AGENT

Signature of Insurance Representative

Date Signed

Please print your name

Email address