Florida dbpr Department of Business & Professional Regulation

Division of Regulation
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FLORIDA FARM LABOR PROGRAM
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	Effective dates From: To:

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

Signature of Insurance Representative	Date Signed
Please print your name	Email address