



Workers Compensation Insurance Coverage
Provider Status Statement

Provider Name as on Form OEL-SR20 _____

Paragraph III.19 of The Statewide School Readiness Provider Contract Form OEL-SR 20 requires that providers obtain and maintain any required workers compensation insurance under Chapter 440, F.S., and any required reemployment assistance or unemployment compensation coverage under Chapter 443, F.S. PROVIDER agrees to provide the COALITION with evidence of worker's compensation insurance coverage.

Some child care providers may be exempt from the required **workers compensation insurance**. Please visit

<http://www.flsenate.gov/Laws/Statutes/2014/440.03> and
<http://www.flsenate.gov/Laws/Statutes/2014/440.02> see (16)(a)

for more information about employers and employees bound by this chapter of Florida Statute.

Please check the statements below that apply to the above named provider regarding:

Workers Compensation Insurance

Provider is EXEMPT from the **workers compensation insurance** requirement (attach proof of exemption)

OR

Provider is NOT EXEMPT from the **workers compensation insurance** requirement (attach proof of insurance)

Signature of Authorized Provider Representative completing this

form _____

Print name _____ Date _____