



Workers Comp Exemption - Letter of Guarantee

For any subcontractor who would like to be considered for work with Sherwood Construction, Inc., and provides a Workers Comp Exemption Certificate instead of full Workers Compensation Insurance, this letter of guarantee must be filled out, signed and notarized.

Date: _____

Legal Company Name of Subcontractor: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____

Company Owner/Officer Name providing legal guarantee: _____

Email address: _____

Company Tax ID/EIN: _____

I, _____ guarantee that I am the legally authorized representative of the above named company, and that per our workers compensation exemption with the state of Florida, will not hire any employees while working on behalf of Sherwood Construction, Inc.

Signature of authorized representative

Name (Please Print)

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public

Print, type or stamp commissioned name
of Notary Public

____ Personally Know

____ Produced Identification

Type produced: _____