



Early Learning Coalition of the Nature Coast
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

State of _____)
County of _____)

_____ [name], upon oath states:

1. I am the _____ of _____ (name of facility), located at _____ (address of facility), _____ (city), _____ (state),
2. I certify that: **I do / I do not** (circle as applicable) transport school readiness children in the course of business at the above facility.

I understand that in future, if transportation is provided as part of my Early Learning program, Business Automobile Liability with minimum limits of \$500,000 per occurrence for Bodily Injury and Property Damage is required in accordance with Early Learning Program Operating Procedures (available on the Coalition's website at www.elc-naturecoast.org) I will provide a copy of the Certificate of Business Automobile Liability Insurance to the Early Learning Coalition of the Nature Coast for review and record as per ELPOP requirements. ____ (initial)

3. I certify that: **I am / I am not** (circle as applicable) required by Florida Law to maintain Workers' Compensation insurance.

I understand that in future, if Workers' Compensation coverage for employees in my Early Learning program is indicated, it must meet legal requirements for employees in my SIC code(s) in accordance with Early Learning Program Operating Procedures (available on the Coalition's website at www.elc-naturecoast.org) I will provide a copy of the Certificate of Workers Compensation Insurance to the Early Learning Coalition of the Nature Coast for review and record as per ELPOP requirements. ____ (initial)

Dated: _____
_____ [Signature of affiant]

Notary Public

State of _____)
County of _____)

Subscribed and sworn to before me on this _____ day of _____, 20____.

[Signature and Seal of Notary Public]

My commission expires: _____ [date].