

**FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARD**
STATE FAY 4

POLICY NUMBER 200 240-ART-001 6	EX NUMBER 00000	EFFECTIVE DATE JUL 14 1968
<input checked="" type="checkbox"/> PERSONAL AUTO	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> NEW
NAMED DRIVER SILVERMAN, JAMES & NICOLE		SEATL. VOL.
COVERAGE A PLUS B 1000 100 100	VEHICLE IDENTIFICATION NUMBER	
YR 1968	MAKE HONDA	TYPE 1750CC 1500 1500 1500
AGENT RICHARD O. SCHIFF AGY INC	PHONE (849) 38-4477	

The coverage provided by this policy meets the

APPROVED
By _____

**Standard MISREPRESENTATION OF INSURANCE IS A FIRST
DEGREE MISDEMEANOR**

IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY

1. Do not attempt to cover up the facts of an accident by leaving the scene or by making a false statement to the police or anyone else.
2. Do not attempt to cover up the facts of an accident by leaving the scene of an accident or by making a false statement to the police or anyone else.

How to Ready your coverage - See policy for full terms and conditions

<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Emergency Road Service	<input type="checkbox"/> Collision When Vehicle Is Stolen
<input type="checkbox"/> Medical Payments	<input type="checkbox"/> Uninsured Motorist	<input type="checkbox"/> Collision When Vehicle Is Damaged
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Theft and Total Loss	<input type="checkbox"/> Uninsured Motorist
<input type="checkbox"/> Other	<input type="checkbox"/> Uninsured Motorist	<input type="checkbox"/> Uninsured Motorist



Parks and Recreation Department

City of Pompano Beach, Florida
1801 NE 6 Street, Pompano Beach, Florida 33060 | p. 954.786.4111 | f. 954.786.4113

November 28, 2022

Federal League, Inc.
Jamie Siragusa
5152 NW 74th Court
Coconut Creek, FL 33073

Dear Mr. Siragusa,

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at the Emma Lou Olson Civic Center, 1801 NE 6 Street, Pompano Beach, FL 33060. If you have any questions about this letter please telephone me at 954-786-4191.

Thank you,

Adam Schackmann

Adam Schackmann
Recreation Supervisor

APPROVED
By _____

Federal League, Inc has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida. Federal League, Inc agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.

Signature

11-29-22
Date

JAMIE SIRAGUSA
Name and Title (print)

PRESIDENT/CEO
Title