pompano beach
Florida's Warmest Welcome

APPROVED Daniel Beecher
By Daniel Beecher at 4:03 pm, Apr 02, 2025

Exhibit 9

Date: 4/2/2025

Name of Vendor Partwise llc.
Address
City State Zip 5212 Delridge Way SW unit B, Seattle, WA 98106

Dear City of Pompano Beach:

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 50 West Atlantic Boulevard, Pompano Beach 33060. If you have any questions about this letter please telephone me at 954.545-7800.

Sincerely,

Laura Newitt

Cultural Affairs Department

Partwise llc has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida Partwise llc, 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

4/2/2025
Date

David Eaton
Print Name