



Office of Housing and Urban Improvement  
100 West Atlantic Blvd., Room 220  
Pompano Beach, FL 33060  
Phone: (954) 786-4659  
FAX: (954) 786-5534  
Email: [OHUI@copbfll.com](mailto:OHUI@copbfll.com)  
[www.pompanobeachfl.gov](http://www.pompanobeachfl.gov)

January 3, 2019

Paula Vickers  
Second Chance Society Inc.  
1835 SE 4<sup>th</sup> Ave  
Fort Lauderdale, FL 33316

Dear Ms. Vickers

You have elected not to purchase Workers' Compensation insurance to cover your 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 INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliances with the above requirements. Return this original letter to me at 100 West Atlantic Blvd. Suite 220, Pompano Beach, 33060. If you have any questions or concerns, feel free to contact me at 954-786-4659 or email me.

Sincerely,

Vince Wooten  
Program Compliance Manager  
City of Pompano Beach, Florida

**APPROVED**

*C. Lawrence*  
By Cindy Lawrence at 3:39 pm, Jan 09, 2019

Second Chance Society Inc. has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida. Second Chance Society 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

1/7/19  
Date

*Paula Vickers, EXECUTIVE DIRECTOR*  
Name & Title (print)