

**MIGRANT AND SEASONAL AGRICULTURAL WORKERS PROTECTION ACT  
REJECTION OF LIABILITY COVERAGE**

BY SIGNING THIS FORM, YOU ARE ELECTING NOT TO PURCHASE CERTAIN COVERAGE WHICH INSURES YOU AGAINST LIABILITY FOR DAMAGE TO PERSONS AND PROPERTY ARISING FROM THE OWNERSHIP, OPERATION, OR THE CAUSING TO BE OPERATED, OF ANY VEHICLE USED TO TRANSPORT ANY MIGRANT OR SEASONAL AGRICULTURAL WORKER. PLEASE READ CAREFULLY!!

IF YOU ARE AN AGRICULTURAL EMPLOYER, AGRICULTURAL ASSOCIATION OR FARM LABOR CONTRACTOR OR IF YOU INTEND TO TRANSPORT OR CAUSE TO BE TRANSPORTED ANY MIGRANT OR SEASONAL WORKER, YOU SHOULD BE AWARE OF THE FOLLOWING:

1. Federal law (29 U.S.C. § 1841) requires You to maintain a liability insurance policy insuring You against damage to persons or property arising from the ownership, operation or the causing to be operated of any vehicle used to transport any Migrant or Seasonal Agricultural Worker (hereinafter "Worker"). The liability insurance policy must provide minimum coverage limits of \$100,000 for each seat in the vehicle but in no event, is the total insurance required to be more than \$5 million for any one vehicle.
2. You need not maintain the liability insurance policy described in paragraph 1, above, if You obtain a liability bond approved by the U.S. Secretary of Labor or if You satisfy all of the following requirements:
  - (a) You, for purposes of a State's workers' compensation law, are the "employer" of the Workers being transported; and
  - (b) You provide workers' compensation coverage for such Workers in the case of bodily injury or death, as provided by such State law; and
  - (c) You transport Workers ONLY under circumstances for which there is coverage under the State's workers' compensation law; and
  - (d) You also maintain insurance providing a minimum of \$50,000 for loss or damage to property of others.
3. BY SIGNING THIS REJECTION FORM:
  - (a) You acknowledge that the liability policy being issued to You is not for the purpose of complying with the liability insurance coverage requirements described in paragraph 1, above.
  - (b) You acknowledge that You understand and agree that this Rejection applies to Your policy of liability insurance and future renewals or replacements of such policy. Unless You in writing request a liability insurance policy with the limits described in paragraph 1, above, coverage with those limits need not be provided in or supplemental to any other policy which renews, extends, changes, supersedes, or replaces an existing policy when You have rejected the above liability coverage.
  - (c) You understand that, if You decided to change Your rejection, You must notify the Florida Automobile Joint Underwriting Association Servicing Carrier in writing. You further understand that any such change in rejection shall not be effective until the Florida Automobile Joint Underwriting Association Servicing Carrier issues a policy with limits specified in paragraph 1, above.
  - (d) You represent that You have elected to comply with financial responsibility requirements of federal statutes and regulations governing the transportation of Migrant and Seasonal Agricultural Workers by securing a liability bond approved by the U.S. Secretary of Labor or by complying with the workers' compensation provisions described in paragraph 2, above, including obtaining any liability insurance policy supplemental thereto.
  - (e) You further represent that, if You have not secured a liability bond approved by the Secretary of Labor; (a) You shall not transport any Migrant or Seasonal Agricultural Worker, or any other person, except under circumstances where You are the Worker's, or other person's, employer for purposes of applicable State workers' compensation laws; and (b) You shall not transport any Migrant or Seasonal Agricultural Worker, or any other person, except under circumstances for which there is coverage under such State workers' compensation laws.
  - (f) You understand and agree that by signing this Form as a first named insured, it conclusively will be presumed that there was an informed, knowing rejection of the liability insurance coverage described in paragraph 1, above, on behalf of all insureds.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. 817.234 (1) (B) FS

I HAVE READ THIS FORM CAREFULLY. I UNDERSTAND AND AGREE THAT THE FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION SERVICING CARRIER EXPRESSLY IS RELYING ON THE REPRESENTATIONS I HAVE MADE HEREIN IN ISSUING ME A POLICY OF INSURANCE. I HEREBY REJECT THE LIABILITY INSURANCE COVERAGE REQUIRED BY 49 U.S.C. § 1841 (B) AND 49 C.F.R. § 500.121 AND ASSENT TO THE TERMS AND CONDITIONS STATED ABOVE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness