Applicant Information

Name (Business/Organization/Individual):

Address:

City/State/Zip:

Phone #:

Are you an employer? Check the appropriate box:

1. [ ] I am a employer with employees (full and/or part-time).*
2. [ ] I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. [ ] I am a homeowner doing all work myself. [No workers' comp. insurance required.]
4. [ ] I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.†
5. [ ] We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. [ ] New construction
7. [ ] Remodeling
8. [ ] Demolition
9. [ ] Building addition
10. [ ] Electrical repairs or additions
11. [ ] Plumbing repairs or additions
12. [ ] Roof repairs
13. [ ] Other __________________________

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not these entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: __________________________

Policy # or Self-ins. Lic. #: __________________________

Expiration Date: __________________________

Job Site Address: __________________________

City/State/Zip: __________________________

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: __________________________

Date: __________________________

Phone #: __________________________

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: __________________________

Permit/License #: __________________________

Issuing Authority (circle one):
1. Board of Health
2. Building Department
3. City/Town Clerk
4. Electrical Inspector
5. Plumbing Inspector

6. Other __________________________

Contact Person: __________________________

Phone #: __________________________