

## The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

| Applicant Information   | Please Print Legibly  |
|---|---|
| Name (Business/Organization/Individual):  |   |
| Address:  |   |
| City/State/Zip: Phone #:  |   |
| Are you an employer? Check the appropriate box:  1. I am a employer withemployees (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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.  5. 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. †  6. 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):  7. New construction  8. Remodeling  9. Demolition  10 Building addition  11. Electrical repairs or additions  12. Plumbing repairs or additions  13. Roof repairs  14. Other |
| Any applicant that checks box #1 must also fill out the section below showing their workers' compensate Homeowners who submit this affidavit indicating they are doing all work and then hire outside contract Contractors that check this box must attached an additional sheet showing the name of the sub-contractor imployees. If the sub-contractors have employees, they must provide their workers' comp. policy number 1.   | ors must submit a new affidavit indicating such. rs and state whether or not those entities have  |
| I am an employer that is providing workers' compensation insurance for my empl<br>information.  | oyees. Below is the policy and job site   |
| nsurance Company Name:  |   |
| Policy # or Self-ins. Lic. #: Ex  | piration Date:  |
| Tob Site Address: City Attach a copy of the workers' compensation policy declaration page (showing t  | /State/Zip:he policy number and expiration date).   |
| Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation and/or one-year imprisonment, as well as civil penalties in the form of a STOP WO day against the violator. A copy of this statement may be forwarded to the Office of coverage verification.   | RK ORDER and a fine of up to \$250.00 a Investigations of the DIA for insurance   |
| I do hereby certify under the pains and penalties of perjury that the information p   | rovided above is true and correct.  |
| Signature: Dat  | 2:  |
| Phone #:  |   |
| Official use only. Do not write in this area, to be completed by city or town office  | cial.   |
| City or Town: Permit/License #  |   |
| Issuing Authority (circle one):  1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrica 6. Other   |   |

Phone #:\_

Contact Person:\_\_\_\_\_