



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.rmass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address:

City/State/Zip: _

Phone#:

Are you an employer? Check the appropriate box:

- 1. LJ I am a employer with _____ employees (full and/or part-time).*
- 2. CD I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. LJ I am a homeowner doing all work myself. [No workers' comp. insurance required.] t

- 4. LJ I am a general contractor and I have hired the sub-contractors listed on the attached sheet, * These sub-contractors have workers' comp. insurance.
- 5. I I 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. E^j Electrical repairs or additions
- 11. L~J Plumbing repairs or additions
- 12. Q Roof repairs
- 13. D Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 t 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 attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

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. Lie. #: _ Expiration Date: _ . City/State/Zip: _

Job Site Address: **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 fonn 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: _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
- 6. Other

Permit/License #

Contact Person:

Phone #: