



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

**Worker's Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
 Application Information – Please Print Legibly**

Name (Business/Organization/Individual/Owner): _____
 Address: _____
 City/State/Zip: _____ Phone #: _____

Are you an employer? Are you the homeowner? Check the appropriate number:

1. I am an employer with ___ employees (full and/or part-time).
 2. I am a sole proprietor or partnership & have no employees working for me in any capacity.
 3. I am a homeowner doing all work myself. (No workers compensation insurance required.)
 4. I am a general contractor & I have hired the sub-contractors listed on the attached sheet. (These contractors have workers comp. insurance and I have attached a copy of their ins.)
 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.)
- Any applicant that checks box #1 must also fill out the section below showing their workers' comp. 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 their workers' compensation policy information.

Type of project (required): Check appropriate #
 6. New Construction 7. Remodeling 8. Demolition 9. Building addition
 10. Electrical 11. Plumb. 12. Roof 13. Other _____

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

Insurance company Name: _____
Policy # or self-ins. Lic. # _____ **Expiration Date:** _____
Job Site Address: _____ **Dracut, MA 01826.**

Attach a copy of worker's compensation policy declaration page (showing the policy number and expiration date. Failure to secure coverage as required under Section 25A of MFLc. 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 violation. 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 (check one)
 1. Board of Health 2. Building Dept. 3. City/Town Clerk 4. Electrical Insp. 5. Plumb & Gas 6. Other ___
Contact Person: (print) _____ **Phone #** _____