

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I, _____
(licensee/permittee)

with a principal place of business at: _____
(City, State, Zip)

do hereby certify under the pains and penalties of perjury, that:

() I am an employer providing workers' compensation coverage for my employees working on this job.

Insurance Company Policy Number

() I am a sole proprietor and have no one working for me in any capacity.

() I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Contractor Insurance Company/Policy Number

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I understand that a copy of this statement will be forwarded to the Office of Investigations of the DIA for coverage verification and that failure to secure coverage as required under Section 25A of M.G.L. 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me

Signed this _____ day of _____, 200 .

Licensee/Permittee

VERIFY COVERAGE INFORMATION CALL: 617 727-4900 x403, 404, 405, 409, 375