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

Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
<th>Type of project (required):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. □ I am a employer with __________ employees (full and/or part-time). a</td>
<td>7. □ New construction</td>
</tr>
<tr>
<td>2. □ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</td>
<td>8. □ Remodeling</td>
</tr>
<tr>
<td>3. □ I am a homeowner doing all work myself. [No workers' comp. insurance required.] b</td>
<td>9. □ Demolition</td>
</tr>
<tr>
<td>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.</td>
<td>10. □ Building addition</td>
</tr>
<tr>
<td>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. c</td>
<td>11. □ Electrical repairs or additions</td>
</tr>
<tr>
<td>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.]</td>
<td>12. □ Plumbing repairs or additions</td>
</tr>
<tr>
<td>13. □ Roof repairs</td>
<td></td>
</tr>
<tr>
<td>14. □ Other __________________</td>
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</tbody>
</table>

a Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
b Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
c Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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):

Contact Person: __________________________
Phone #: __________________________