



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Workers' Compensation Insurance Affidavit

Name _____
Location _____
City _____ Phone _____
I am a homeowner doing the work myself.
I am a sole proprietor and have no one working in any capacity.

I am an employer providing workers compensation for my employees working on this job.
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.

Company Name: _____
Address: _____
City: _____
Insurance Co: _____ Policy # _____

Company Name: _____
Address: _____
City: _____
Insurance Co: _____ Policy # _____

Failure to secure coverage as required under Section 25A of MGL can lead to the imposition of criminal penalties of a fine 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. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the plans and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____
Print Name _____ Phone _____

Official use only Do not write in this area. To be completed by city or town official

City or Town: _____ Permit/ License # _____ Building Department
Licensing Board
Check if immediate response is required. Selectboard Office
Health Department
Contact person: _____ Phone _____

Information and Instructions

Massachusetts General Laws Chapter 152 Section 25 requires all employees to provide workers' compensation for their employees. As quoted from the "law", an **employee** is defined as every person in the service of another under any contract of hire, express or implied, oral or written .

An employer is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL Chapter 152 Section 25 also states that **every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Fax (617) 727 - 7749
Phone (617) 727 - 4900 ext. 406, 409 or 375