



The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Washington Street

Boston, MA 02111

Workers' Compensation Insurance Affidavit

Applicant information:

Name:

Location:

City:

Phone #

- I am a homeowner performing all 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.

Company Name:

Address:

City:

Phone #

Insurance Co:

Policy #

- 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:

Phone #

Insurance Co:

Policy#

Company Name:

Address:

City:

Phone #

Insurance Co:

Policy#

ATTACH ADDITIONAL SHEET IF NECESSARY

Failure to secure coverage as required under Section 25A of MGL 152 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 per 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 pains and penalties of perjury that the information provided above is true and correct.

Signature:

Date:

Print Name:

Phone #:

Official Use Only:

City or Town:

Permit/License#:

Dept:

- Check if immediate response is required.