



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit

Application information

Please PRINT legibly

name: _____

location: _____

city: _____ phone # _____

- I am homeowner performing all work my self.
- I am 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 sole proprietor, general contractor, or home owner (*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 sheets 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 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 pains 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 # _____	<input type="checkbox"/> Building Department
<input type="checkbox"/> check if immediate response is required		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Health Department
contact person: _____	Phone # _____	<input type="checkbox"/> Other _____