

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/ Plumbers and Gas  
Applicant Information Please Print Legibly

NAME (Business/Organization/Individual) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Are you an employer? Circle the appropriate number:

Type of project (required)

1. I am an employer with \_\_\_\_\_ employees (full and/or part-time) \*

4. I am a general contractor and I have hired the subcontractors listed on the attached sheet. These subcontractors have workers' comp insurance.

6. New construction

7. Remodeling

8. Demolition

2. I am a sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required).

5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, section 1 (4), and we have no employees (no workers' comp insurance required).

9. Building addition

10. Electrical repairs or addition

11. Plumbing repairs " "

12. Roof repairs

13. Other \_\_\_\_\_

3. I am a homeowner doing all the work myself (no workers' comp insurance required).

Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. Homeowners who submit this affidavit indicating they are doing all work & then hire outside contractors must submit a new affidavit. Contractors that check this box must attach an additional sheet showing the subcontractors & their workers comp. policy info.

***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 # and expiration date).***

**FAILURE TO SECURE COVERAGE AS REQUIRED UNDER SECTION 25A OF MGLc.152 CAN LEAD TO THE IMPOSITION OF CRIMINAL PENALTIES OF 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. BE ADVISED THAT A COPY OF THIS STATEMENT MAY BE FORWARDED TO THE OFFICE OF INVESTIGATIONS OF THE DIA FOR INSURANCE COVERAGE VERIFICATION.**

*I HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.*

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

*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):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing & Gas Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_