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 #: _______________________________________

Are you an employer? Check the appropriate box:

1. [ ] I am an employer with _______ employees (full and/or part-time).*
2. [ ] I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. [ ] I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
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.
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.‡
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.]

Type of project (required):
7. [ ] New construction
8. [ ] Remodeling
9. [ ] Demolition
10. [ ] Building addition
11. [ ] Electrical repairs or additions
12. [ ] Plumbing repairs or additions
13. [ ] Roof repairs
14. [ ] Other ____________________________

*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 and then hire outside contractors must submit a new affidavit indicating such.
‡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):
6. Other ________________________________

Contact Person: ____________________________________________________________________________ Phone #: ________________________________