REMINDER-
WORKERS’ COMPENSATION
AFFIDAVITS
M.G.L.c 152,25C (6)

No building permits will be issued by this office without first receiving all the completed affidavit along with a workers’ compensation policy. This applies to all building trades including, general contractors, carpenters, roofers, electricians, plumbers, etc.

Eric R Munson Jr.
Building Inspector
Town of Tolland & Sandisfield

P.S. Extra copy of the Affidavits can be had at the Town Hall or on-line at www.mass.gov/dia/EMPLOYER/Affidavits.htm.
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
Please Print Legibly

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):

Contact Person: ____________________________ Phone #: ____________________________