



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a 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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 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 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):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

BOARD OF HEALTH

**** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ****

NOTE - ~~APPLICANT MUST BE COMPLETE~~. If any line is not applicable please write "N/A"

Property Address where permit is sought: _____
 Real Estate/Property Owner Name(s): _____
 Real Estate/Property Owner(s) Legal Business Name (if any): _____
 Real Estate Owner's Residential Address (if different): _____
 Telephone Number: _____

Tenant/Lessee Legal Business
 Name: _____
 Business Owner Personal Name(s) (if any) _____
 Owner(s) Address: _____ Telephone Number: _____

Check one: Residential Individual/Sole Proprietor Corporation
 Trust Other _____

~~APPLICANT TO COMPLETE~~ **~~Failure to complete may result in delay of permit processing.~~**

*Parcel which directly relates to the application filed for which certification is sought. (This numeric I.D. can be found: <http://data.visionappraisal.com/WoburnMA/>, on a tax bill, at the Building or Assessors offices).

(Example I.D.: 12-34-56) Map _____ Block _____ Lot _____

~~REQUIRED: Does Real Estate owner and/or tenants own or have a beneficial or financial interest in any other real estate properties~~ within the city of Woburn? **Circle one: NO YES**

A beneficial interest can be as an individual, partnership, trust, LLP, etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ Block _____ Lot _____
 Map _____ Block _____ Lot _____

I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

 Date Signature of Applicant Property Owner or Tenant-- (Not contractor)

 Title Print Name

(For Office Use Only) **CERTIFICATION OF TREASURER/COLLECTOR**
 The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of: _____

 Certification Date
 EXPIRES: _____
 (Residential Only) Treasurer/Collector