



The Commonwealth of Massachusetts
 Department of Industrial Accidents
Office of Investigations
 600 Washington Street
 Boston MA 02111

Workers' Compensation Insurance Affidavit

Applicant Information:

Please PRINT legibly

Property Owner Name:

Job Location:

City:

Phone #

- I am a homeowner performing all work myself.
- I am a 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 a sole proprietor, general contractor, or homeowner (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: FREETOWN, MA 02702

Permit/license # _____

Building Department

Licensing Board

Check if immediate response is required

Selectmen's Office

Health Department

Contact person: Paul R. Bourgeois

Phone #: 508-644-2202

Other _____