Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage

Applicant for Building Permit

Name of Applicant for Building Permit ________________________________

Property located at ________________________________
in the City / Town of ________________________________

Attest

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers’ compensation coverage by filing one of the appropriate forms listed below with the Workers’ Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

FIRST — CHECK ONE (1) BOX:

☐ I am: □ an Officer of a Corporation □ a Manager or Member of an LLC □ a Partner in a Business

THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:

☐ I have filed the following certificate with the Workers’ Compensation Commission:

☐ Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)

☐ Form 6B-1 (for a Partner in a Business)

AFFIDAVIT

I hereby swear and attest that I will require proof of workers’ compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-236b of the Workers’ Compensation Act.

Signature of GENERAL CONTRACTOR or PRINCIPAL EMPLOYER Applicant ________________________________

Name of Business—If applicable ________________________________

Federal Employer ID# (FEIN)—If applicable ________________________________

Subscribed and sworn to before me this ________________________________ day of ________________________________, 200 ____________

Signature of Notary Public / Commissioner of the Superior Court ________________________________