Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL NOT act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit

Property located at

in the City / Town of

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers’ compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

- I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

  Signature of OWNER Applicant

- I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

  Name of Business
  Federal Employer ID# (FEIN)

  Signature of SOLE PROPRIETOR Applicant
Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit ________________________________
Property located at ____________________________________________
in the City / Town of ____________________________________________

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers’ compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

☐ I am the OWNER of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers’ compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____________________________________

☐ I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers’ compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant ___________________________

☐ I am the OWNER of the above-named property or the SOLE PROPRIETOR of a business doing work at the above-named property. I will not personally submit proof of workers’ compensation insurance coverage, but I will attest to the following:

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 31-286b of the Workers’ Compensation Act.

Signature of OWNER or SOLE PROPRIETOR 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 ________________
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 31-286b 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 ________________________________