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Worcester County
HEALTH DEPARTMENT
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STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation Laws indicating the employer's Worker' Compensation insurance policy or binder number. *Waiver or certificate of compliance can be obtained by calling the Workers' Compensation Commission at 410-864-5100.*

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. ***(NOTE: License cannot be issued without completion of this form.)***

1. I have Workers' Compensation insurance.

   Insurance Company _____ *Policy/Binder No.* _____

   Agent _____ *Phone Number* _____

2. A waiver has been received from the Workers' Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation insurance. (Circle option a or b below.)

   a. *Attached is a copy of the certificate of compliance.*

   b. *I have applied for a certificate of compliance from the Workers' Compensation Commission on _____. Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.*

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

5. I have no employees, therefore I am not required to carry Workers' Compensation insurance.

_____ _____
SIGNATURE/TITLE DATE

_____ _____
FACILITY NAME TITLE