



DORCHESTER COUNTY

HEALTH DEPARTMENT

STATEMENT OF WORKMAN'S COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit can be issued under the Health-General Article to an employer engaging 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 Workman's Compensation Commission indicating the employer's workman's compensation insurance policy or binder number.

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.

1. I have workman's compensation insurance.

Insurance Company _____

Policy or Binder Number _____

2. I do not have any *covered employees* as defined by Maryland Code Annotated, Labor and Employment Article §9-202, and therefore, I am exempt from having workman's compensation insurance.
3. I am self-insured. Approval of self-insurance has been received from the Workman's Compensation Commission.
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)

ALL BLANKS BELOW MUST BE COMPLETED

DATE

SIGNATURE & TITLE

COMPANY NAME

PRINTED NAME

COMPANY ADDRESS

TYPE OF LICENSE