



Wicomico County Health Department

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STATEMENT WORKMAN'S COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit is issued under the Health-General Article, the employer must file a certificate of compliance listing a worker's compensation insurance policy or binder number. Every employer who has employees anywhere in the United States, any United States territory or United States possession, even if there are no employees in Maryland, must provide this information. This statement of compliance is based on the worker's compensation law applicable in the state in which the licensee is based.

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 _____

Binder Number _____

- 2. A waiver has been received from the Workman's Compensation Commission (ATTACH A COPY OF THE WAIVER.)
- 3. As provided by Maryland Annotated Code Article 101, I am exempt from having workman's compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)
- 4. I am self-insured. Approval of self insurance has been received from the Worker's Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

Date

Signature

Business Name

Title