



Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Matthew McConaughy, MPH, Health Officer



STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Code Annotated, Health-General Article, §1202 requires that an employer must file with the issuing authority: (1) a certificate of compliance with the Maryland Workers Compensation Act; or (2) a workers' compensation insurance policy or binder number before any license or permit is issued. -

Please **circle the number of the option below which best applies to you**, provide the requested information, sign, date the form, and return it with the attached application.

1. I have worker'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, am exempt from having workers' compensation insurance.
3. 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).

Signature Title

Printed Name of Attester

Business Name Date