

STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Code Annotated, Health-General Article, §1-202 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