City of Stamford
Building Inspection Division
888 Washington Blvd, Stamford, CT 06901
Phone 203-977-5700 - Fax 203-977-4163

WORKERS' COMPENSATION COVERAGE AFFIDAVIT

In accordance with Public Act 96-216, Section 4, effective June 4, 1996 and as Permittee on the project listed below I hereby choose the following option to verify compliance with the above stated Connecticut Workers' Compensation Laws (Select ONLY one):

PROJECT IDENTIFICATION:

PROPERTY OWNER(S) _____

STREET ADDRESS _____

APT/UNIT NO. _____ SECTION OF CITY _____ CT _____

DESCRIPTION OF WORK _____

_____

☐ **HOMEOWNER:**

I, _____, the owner of the above described property will be acting as General Contractor on this project, and hereby swear and attest that I will require proof of Workers' Compensation Insurance from each and every subcontractor or other worker before he/she engages in work on my property for this project.

☐ **SOLE PROPRIETOR:**

I, _____, the contractor working on the above referenced project claim exemption from Public Act 96-216 as a sole proprietor and do not intend to act as a general contractor or principal employer on this project. I understand that this means I am not engaging anyone to work under me on this project.

☐ **CONTRACTOR:**

I, _____, intend to act as a general contractor on the above referenced project and hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this job site. I understand it is my responsibility to insure compliance with the CT Workers' Compensation Laws on this project.

☐ **CORPORATE OFFICER OR BUSINESS PARTNER:**

I, _____, claim exemption for myself from the CT Workers' Compensation Laws by obtaining a certificate of exemption from the Workers' Compensation Commission. I am submitting verification of same by the following:

- ☐ Certificate of Insurance (must be attached)
- ☐ Commission's exemption certificate (must be attached).

I understand this exempts only myself and I hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this project.

In accordance with Public ACR 96-216, Section 4, I hereby state that I fully understand that every person employed or engaged to perform services on this construction site (including sole proprietors, independent contractors, and both owners and employees of subcontracting companies), are required to have Workers' Compensation Insurance. I also understand that there are new significant penalties under the Workers' Compensation Laws for misrepresenting one's employer status.

(Signed) _____ date _____

Subscribed and sworn to before me on this _____ day of _____, 20

_____

(Notary, Commissioner of the Superior Court, Justice of the Peace)

(1/5/2010)