

The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

	Please Print Legibly
Phone #:	
, ,	Type of project (required): 7. New construction
insurance required.] † work on my property. I will nsurance or are sole isted on the attached sheet.	8. Remodeling 9. Demolition 10 Building addition 11. Electrical repairs or additions 12. Plumbing repairs or additions 13. Roof repairs
of exemption per MGL c.	14. Other
ring the name of the sub-contractors	s must submit a new affidavit indicating such. and state whether or not those entities have
ion insurance for my employ	rees. Below is the policy and job site
Expir	ration Date:
City/S claration page (showing the	tate/Zip: policy number and expiration date).
n the form of a STOP WORK forwarded to the Office of In	A punishable by a fine up to \$1,500.00 K ORDER and a fine of up to \$250.00 a prestigations of the DIA for insurance
	vided above is true and correct.
pleted by city or town officia	
Parmit/Lianna #	
	Inspector 5. Plumbing Inspector
Phone #:	
	me).* orking for me in insurance required.] † work on my property. I will nsurance or are sole isted on the attached sheet. p. insurance.‡ of exemption per MGL c. surance required.] showing their workers' compensation vork and then hire outside contractors heir workers' comp. policy number. ion insurance for my employ Expir City/S claration page (showing the extension) claration page (showing the forwarded to the Office of Insurance for my employ pate: pleted by city or town official permit/License # /Town Clerk 4. Electrical I