

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:

PROJECT IDENTIFICATION:

Property Owner(s) _____
Street Address _____
Town _____ CT _____
Description of Work _____

☐ **HOMEOWNER:**

I am the owner of the above property and I WILL NOT act as the general contractor or principal employer.

Signature _____

☐ **SOLE PROPRIETOR**

I am the Sole Proprietor of a business doing work at the above named property and I WILL NOT act as the general contractor.

Signature _____

☐ **HOMEOWNER:**

I am the owner of the above described property and WILL BE acting as the 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.

☐ **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.

In accordance with Public Act 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 _____ 200__

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