



# Worcester County

HEALTH DEPARTMENT

P.O. Box 249 • Snow Hill, Maryland 21863-0249  
www.worcesterhealth.org

Snow Hill (Main Office)  
410-632-1100  
Fax 410-632-0906

Rebecca L. Jones, RN, BSN, MSN  
Health Officer

## STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation Laws indicating the employer's Worker' Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workers' Compensation Commission at 410-864-5100.

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. (NOTE: License cannot be issued without completion of this form.)

1. I have Workers' Compensation insurance.

Insurance Company \_\_\_\_\_ Policy/Binder No. \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

2. A waiver has been received from the Workers' Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation insurance. (Circle option a or b below.)

a. Attached is a copy of the certificate of compliance.

b. I have applied for a certificate of compliance from the Workers' Compensation Commission on \_\_\_\_\_ . Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

5. I have no employees, therefore I am not required to carry Workers' Compensation insurance.

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACILITY NAME

\_\_\_\_\_  
TITLE