



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

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STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section I-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 Workers' Compensation insurance policy or binder number.

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.

1. I have Workers' Compensation Insurance.

Insurance Company _____

Policy or Binder number _____

2. A waiver has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE WAIVER.)
3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation Insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)
4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

_____ Date

_____ Signature

_____ Company Name

_____ Title

_____ Address

_____ Type of License

_____ City _____ St _____ Zip

ENVIRONMENTAL HEALTH

240-313-3400 Voice • 240-313-3391 TDD • 240-313-3424 Fax