





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): Arbat Electrical Services  
 Address: 14 Lawn AC Newton  
 City/State/Zip: Newton MA 02460 Phone #: 617-928-1474

<b>Are you an employer? Check the appropriate box:</b>		<b>Type of project (required):</b>
1. <input type="checkbox"/> I am a employer with <u>6</u> employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. † These sub-contractors have workers' comp. insurance. 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> Other _____

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: Zurich  
 Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: 6/1/06  
 \*Job Site Address: 533 Cambridge St City/State/Zip: ALSTON MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).  
 Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*  
 Signature: [Signature] Date: 8/12/05  
 Phone #: 617-928-1474

<b>Official use only. Do not write in this area, to be completed by city or town official.</b>		<b>001396</b>
City or Town: <u>BOSTON</u>	Permit/License # _____	
Issuing Authority (circle one): 1. Board of Health 2. <u>Building Department</u> 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____		
Contact Person: <u>JIM KENNEDY</u>		Phone #: _____