



STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may 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 the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance:

Name of 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, 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.)
5. I am self-employed. I have no employees.

Type of License:

- ☐ Permanent Food Service Facility ☐ Mobile Food Service Facility ☐ Temporary Food Service Facility
☐ Campground ☐ Mobile Home Park ☐ Public Pools and Spas

I solemnly affirm under the penalties of perjury that the information provided on this form is true.

Printed Name of Applicant

Applicant's Title in the Business

Street Address of Business

City, State and ZIP Code of Business

Signature of Applicant

Date of Signing