

**STATE OF MARYLAND  
WORKERS' COMPENSATION COMMISSION  
MEMORANDUM**

**TO:** All Maryland Licensing Agencies

**DATE:** April 19, 2002

**FROM:** Diana E. Farrell, Director

**OFFICE:** Insurance Division

**SUBJECT:** Certificate of Compliance

The purpose of this memo is to address some of the problems we have been encountering with the Certificate of Compliance program.

- **Faxes** – The Application For Certificate of Compliance states on the back side that **facsimile application will not be accepted.**
- **Photocopies** – The Application For Certificate Of Compliance states on the backside **not to photocopy or electronically reproduce.**
- **Mailing of Applications** – Licensing agencies are to provide the applicant with a two-sided Application For Certificate Of Compliance, an Exclusion Form (C-16R), and an Instruction Sheet. We do not mail out applications nor are they on our website.
- **Turn Around Time** – Applicants are complaining to Miss Wingate that they are being told by the licensing agency that the application process takes three to four weeks; one applicant was told it takes eight weeks. From the time that the application is received it will take anywhere from 10 to 14 business days for the applicant to receive either a certificate or disapproval letter.
- **Walk-ins** – Applicants may contact Miss Wingate to request an appointment to have a certificate processed if their situation is urgent.
- **Mailing of Approved Certificates** – Once the Application For Certificate of Compliance is approved, we will mail the original certificate to the applicant. It is then their responsibility to provide the licensing agency with the certificate.
- **Questions** – Any questions pertaining to the Application For Certificate Of Compliance or Exclusion Form you may contact Michele Wingate at the Workers' Compensation Commission; 10 East Baltimore Street, Baltimore, Maryland 21202; (410) 864-5297; [mwingate@wcc.state.md.us](mailto:mwingate@wcc.state.md.us). Any questions about who is or who is not a "covered employee", or any other law questions should be directed to the applicant's insurance broker or the applicant's attorney.
- **Application Forms** – If you need a supply of Applications For Certificates of Compliance, Exclusions Forms, and Instruction Sheets you may also contact Miss Wingate.

# **INSTRUCTION SHEET**

Please **REVIEW INSTRUCTIONS BEFORE** Completing the Certificate of compliance Application

The Workers' Compensation commission will accept only the original application, (do not fax, photocopy or electronically reproduce). Type or print **LEGIBLY** (or application may be returned without review). Complete application in its entirety.

Line #1 Name of company (If the company does not have a name leave blank)

Line #2 Owner's Name (If corporation, list the name of a contact person)

Line #3 Complete Business Address (P.O. Box Not Acceptable)

Line #4 Complete Mailing Address

Line #5 Phone Number (Pager Number Not Acceptable)  
FEIN or Social Security Number required (If partnership, please initial & list the last four digits of SS#'s are not necessary.

Line #6 Check appropriate box (see back of application). Additionally, where indicated, please complete and attach Exclusion Form C-16R.

Line #7 Sign and Date (If partnership, all partners must sign.)

NOTE: Maryland Law § 9-201 requires an employer with one or more employees to carry workers' compensation insurance. Any employer with workers' compensation insurance is to submit proof (policy or binder number) of coverage to the Agency where they are applying for their license. **DO NOT COMPLETE THE CERTIFICATE OF COMPLIANCE APPLICATION IF YOU HAVE INSURANCE COVERAGE.** If you have any questions regarding the Certificate of Compliance, please call (410) 864-5297 or 1 (800) 492-0479 and ask to be transferred to extension 5297. If you do not follow the aforementioned instructions, it may cause a delay in the processing of your application. Thank you for your cooperation.

**WORKERS' COMPENSATION COMMISSION**

10 East Baltimore Street  
Baltimore, Maryland 21202-1641  
TEL: (410) 864-5100 or (1-800) 492-0479  
**TTY USERS CALL VIA MARYLAND RELAY**

**Date Stamp – WCC Use Only**

## EXCLUSION FORM

Pursuant to the provisions of Labor & Employment Article § 9-206 of the Annotated Code of Maryland, officers or members of a Farm Corporation, Close Corporation, Professional Corporation, or Limited Liability company are covered employees if the officer or member provides a service for monetary compensation. Such officers or members who satisfy the criteria of Labor & Employment Article § 9-206 (b) may elect to become excluded from coverage by filing this Exclusion Form with the Commission.

To exercise this option, any officer or member from the aforementioned types of organizations wishing to be excluded must sign this document. **NOTE:** By signing this Exclusion Form below, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.

DATE: \_\_\_\_\_ DATE COMPANY NOTIFIED INSURANCE COMPANY: \_\_\_\_\_

NAME OF CORPORATION'S INSURANCE COMPANY: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF COMPANY: (Circle One) Farm Corporation, Close Corporation, Professional Corporation, Limited Liability Company

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Typewritten Name and Title of Officer or Member Electing Exclusion	% of Ownership	Personal Signature

**IMPORTANT:** Submit original form to the Workers' Compensation Commission, a copy to the insurer of the corporation, and keep a copy for your files.

Licensing Agency's Stamp

## APPLICATION FOR CERTIFICATE OF COMPLIANCE

(Please type or print legibly Review instructions on reverse side prior to completing application)

1. \_\_\_\_\_  
Name of business (If trading as self, leave blank)
2. \_\_\_\_\_  
Name of Owner(s) If a partnership, print each partner's name (attach separate sheet if necessary)
3. \_\_\_\_\_  
Business Address (P.O. Box Not Acceptable)      City      State      Zip Code
4. \_\_\_\_\_  
Mailing Address      City      State      Zip Code
5. (    ) \_\_\_\_\_  
Phone Number (Pager Number Not Acceptable)      FEIN or Social Security Number (s)

6. The above named business would qualify for a Certificate of compliance for the following reason: **(Check the appropriate box and do not modify or qualify the stated reasons in any way.)**

- a.  Sole Proprietor: The business is a sole proprietorship with no employees.
- b.  Partnership: The business is a partnership with no employees other than the individual partners.
- c.  A Maryland close Corporation (*attach Exclusion Form C-16R*): The business is a Maryland Close Corporation with no employees other than corporate officers.
- d.  Farm Corporation (*attach Exclusion Form C-16R*): The business is a farm corporation with no employees other than corporate officers.
- e.  Professional Corporation (*attach Exclusion Form C-16R*): The business is a professional corporation with no employees other than corporate officers.
- f.  Limited Liability (*attach Exclusion Form C-16R*): The business is a limited liability company with no employees other than limited liability company members.
- g.  Casual Employees: The business only employs casual workers as provided in LE §9-205 and defined under Maryland Laws.
- h.  Owner/Operator of Class F Vehicle: The business is that of an owner operator of a Class F (Tractor) vehicle and meets the requirements of exclusion as defined under LE §9-218.

**I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

7. \_\_\_\_\_  
Signature(s) If a partnership, all partners must sign      Date  
(Use separate sheet if necessary)

After careful review of this application and based solely on the information contained in or attached to this application, the application is  **APPROVED**  **DISAPPROVED**.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**An applicant who receives notice of disapproval may: (1) reapply for a certificate of compliance or (2) appeal the rejection in accordance with §§ 10-222 and 10-223 of the State Government Article.**