



DIVISION OF ENVIRONMENTAL HEALTH SERVICES

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Statement of Workmen’s 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 Workmen’s compensation laws indicating the employer’s workmen’s compensation insurance policy or binder number.

Circle the number of the option below that applies to you, provide the requested information, sign and date the form, and return it with the attached application.

1. I have workmen’s compensation insurance.

Insurance Company _____

Policy or Binder Number _____

2. A waiver has been received from the Workmen’s Compensation Commission. (ATTACH A COPY OF THE WAIVER).

3. As provided by Maryland Annotated Code Article 101, I am exempt from having workmen’s compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

4. I am self-insured. Approval of self-insurance has been received from the Workmen’s Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

_____ Date _____ Signature _____

_____ Company Name _____ Title _____

_____ Company Address _____ Type of License _____

FOR OFFICE USE ONLY

New Permit/License ___ Approved ___ Denied ___ Hold ___

Reason _____

By _____ Date _____



DIVISION OF ENVIRONMENTAL HEALTH SERVICES
STATEMENT OF WORKMENS' COMPENSATION INSURANCE
ADDITIONAL INFORMATION

If a proprietor does not have employees he/she may qualify for a waiver or exemption of self-insurance is not required. In order to comply with Maryland Health-General Code Annotated Section 1-202, a copy of the certificate of compliance (with official seal) for a waiver or exemption from the workmen's' compensation Board must be submitted to the Charles County Environmental Health Department, Food Establishment Division, Post Office Box 1050, White Plains, Maryland 20695-1050.

In order to receive a waiver or exemption of this insurance a notarized letter must be submitted to the board stating your situation. All letters should be addressed to:

**DIRECTOR, WORKMENS' COMPENSATION COMMISSION
6 LIBERTY ROAD 9TH FLOOR
BALTIMORE, MARYLAND 21201
1-800-492-0479**

If you have self-insurance, approval must be received from the Workmen's Compensation Commission and a copy of the certificate of compliance shall be submitted to this department.

If you wish to inquire on receiving self-insurance call:

**INJURED WORKERS INSURANCE, TOWSON, MARYLAND
410-832-1703**

If you have any further questions or need additional information, please do not hesitate to call this department weekdays between the hours of 8:00 a.m. and 5:00 p.m. at the following phone numbers: (301) 609-6751.

***NOTE: Workmen's Compensation Insurance is not required for Excluded Organizations with volunteer workers.**