



# 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

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