



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

**Town of Hamilton
Plumbing/Gas Inspector
Kevin Dash
Office: 978-626-5250**

PLUMBING PERMIT FEES

New construction, additions & remodeling work requiring a Building Permit, the plumbing fee shall be: (Plumbing permit fees are, *at most times*, paid by the building contractor.)

- \$10.00 on the first \$1,000.00 of total estimated cost of building permit
- \$2.00 for each additional \$1,000.00

Replacement Fees (FLAT FEE-DO NOT ADD \$10.00):

Hot Water Tank	\$ 50.00
Backflow Preventer	\$ 35.00
Water Piping	\$ 35.00
Misc. Replacement fixtures:	\$ 35.00 each

Re-Inspection Fee: \$ 25.00

GAS PERMIT FEES

New construction where a Building Permit is Required:

\$ 75.00 Flat Fee

New gas installation or change to/from Bottled Gas: \$ 50.00

Furnace:	\$ 50.00
Heating Boiler:	\$ 50.00
Water Heater:	\$ 50.00
Gas Generator	\$ 50.00
Pool Heater:	\$ 35.00
Vented/Unvented Room Heater:	\$ 35.00
Misc. Replacement Appliances:	\$ 35.00
Re-Inspection Fee:	\$ 25.00

PLEASE INCLUDE A COPY OF YOUR
CERTIFICATE OF LIABILITY INSURANCE
AND YOUR LICENSE WITH EACH
APPLICATION

THANK YOU