



DORCHESTER COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

William C. Forlifer, R.S.
Director

3 Cedar Street
Cambridge, MD 21613

410-228-1167
FAX: 410-901-8192

Roger L. Harrell, MHA
Health Officer

STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit can be issued under the Health-General Article to an employer engaging 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 Commission 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. I do not have any *covered employees* as defined by Maryland Code Annotated, Labor Employment Article §9-202, and therefore, I am exempt from having workers' compensation insurance.

3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission.
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)

ALL BLANKS BELOW MUST BE COMPLETED

SIGNATURE

TITLE

PRINTED NAME of APPLICANT

DATE

BUSINESS NAME

RETAIL FOOD FACILITY
TYPE OF LICENSE