



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Barbara A. Brookmyer, M.D., M.P.H. ▪ Health Officer

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.

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, 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).
5. I am self-employed. I have no employees.

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

_____ Signature	_____ Date
_____ Company Name	_____ Title
_____ Company Address	_____ Type of License

FOR OFFICE USE ONLY

New Permit/License# _____ Approved _____ Denied _____ Hold _____
Reason _____
By _____ Date _____
TDD FOR DISABLED – MARYLAND RELAY SERVICE – 1-800-735-2258

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