

STATE OF CONNECTICUT
WORKERS COMPENSATION COMMISSION
Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. stat. sec. 31 -286b)

Name of building permit applicant: _____

Property located at: _____ **Winchester, Ct**

Name of business (if Applicable) _____

Federal Employer Identification Number (FEIN) _____

Please check one:

- 1) ☐ I am the owner of the above property,
2) ☐ I am the sole proprietor of a business.
3) ☐ An Officer of a Corporation ☐ A manager or Member of an LLC ☐ A partner in a Business,
and have filed the following certificate with the Workers Compensation Commission:
3A) ☐ **Form 6B** (for an Officer of a Corporation, a Manager of an LLC, or a member of a multiple LLC)
3B) ☐ **Form 6B-1** (for a Partner in a Business)

Pursuant to section 31-286b, "a property owner or sole proprietor (who) intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit...stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check one:

- 1) ☐ I do not intend to act as a general contractor or principal employer.
2) ☐ I intend to act as a general contractor or principal employer.
Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

Affidavit

I hereby swear and attest that:

- 1) All the information on this form is true.
2) I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with Section 31-286b of the Workers' Compensation Act (Chapter 568).
3) I understand that pursuant to sec. 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office: and that a sole proprietor of business is not required to have coverage unless he files his intent to accept coverage.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Notary Public/ Commissioner of the Court _____