

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230
410-537-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

CERTIFICATION OF WORKERS' COMPENSATION INSURANCE COVERAGE

INTRODUCTION

Section 1-202 of the Environment Article provides that the applicant for a permit or license to engage in any activity in which the applicant may employ a "covered employee", as defined in §9-101 of the Labor and Employment Article of the Annotated Code of Maryland ("LE"), shall provide to the Maryland Department of the Environment (the "Department") the policy or binder number of a valid workers' compensation insurance policy that has been issued to the applicant. Such a filing is required before the Department may issue any such license or permit.

Alternatively, the applicant shall file a Certificate of Compliance issued by the Maryland Workers' Compensation Commission only in cases where the applicant is either:

- (a) A sole proprietorship with no employees;
- (b) A partnership with no employees other than individual partners;
- (c) A Farm Corporation, a Maryland Close Corporation, a Professional Corporation or a Limited Liability Company with no employees other than corporate officers or limited liability company members who have elected, under LE §9-206, to be excluded from workers' compensation coverage;
- (d) A business that is an employer on only "casual employees" as provided under LE §9-205 and defined in Maryland Law; or
- (e) A business that is the owner of a Class F (Tractor) vehicle who meets the requirements of exclusion as defined under LE §9-218.

Accordingly, as an applicant for a license or permit before the Department, the undersigned hereby certifies that the following is true and accurate to the best of his knowledge. This document will be incorporated by reference into the application that it supports. Check one of the appropriate lines below, entering the name and address of your insurance provider, and your insurance policy or binder number, if applicable. If certification is made that the applicant is eligible for a Certificate of Compliance, the reason or reasons listed above must be specified.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

CERTIFICATION

_____ I certify that the applicant is covered by workers' compensation insurance as required by Title 9 of the Labor and Employment Article.

Name of Insurance Provider:

Address of Insurance Provider:

Insurance Policy or Binder Number:

_____ I certify that the applicant is eligible to apply for a Certificate of Compliance from the Maryland Workers' Compensation Commission for the reason or reasons listed on the line below. I hereby request that the Maryland Department of the Environment provide to me an application form for said certificate.

Reason(s) for eligibility to receive Certificate of Compliance:

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and with all attachments hereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)

Name & Title (Please Print)	Phone Number
Signature	Date Signed

