

## Section 7. Worker's Compensation Insurance Affidavit



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**[www.mass.gov/dia](http://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: Somerville Cannabiz Collaborative, LLC

Address: 153 Main St. Ste 222

City/State/Zip: North Reading, MA

Phone #: 617-331-3686

#### **Are you an employer? Check the appropriate box:**

1. ☐ I am a 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: \_\_\_\_\_

*Alan Bon*

dotloop verified  
04/30/19 10:52 AM EDT  
VASV-0QWN-ZUIE-3SJA

Date: 05/03/2019

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 #: \_\_\_\_\_