

# WORKERS' COMPENSATION COVERAGE AFFIDAVIT



**REQUIRED FOR ALL PROJECTS \$30,000 AND GREATER**

## AGREEMENT

In accordance with N.C.G.S. §87-14, the undersigned applicant for the project located at \_\_\_\_\_, being the

- ☐ Contractor
- ☐ Owner
- ☐ Officer/ Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the persons(s), firm(s), or corporation(s) performing the work set forth in the permit:

- ☐ has/ have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- ☐ has/ have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- ☐ has/ have one or more subcontractor(s) who has/ have no employees and has waived in writing their right to coverage by their contractor or have their own policy of workmen's compensation covering themselves,
- ☐ has/ have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought and as required by N.C.G.S. Chapter 97. It is understood that the Town of Beech Mountain Planning and Inspections Department may require certificates of coverage of worker's compensation insurance prior to issuance of any permit at any time during the permitted work from any person(s), firm(s), or corporation(s) carrying out the work. All workers' compensation coverage must continue in effect for the permit duration. This affidavit must be signed by the person, firm, or corporation appearing as the contractor on the building permit.

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARY SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

NOTARY  
STAMP HERE

DATE RECEIVED	PERMIT NUMBER	APPROVAL INITIAL	COMMENTS/CONDITIONS
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