



Affirmation of Compliance with Workers' Compensation Law

All employers in Massachusetts are required to carry workers' compensation insurance for their employees. Workers compensation shall be provided to employees covered at each client company either by the PEO or by the client company of the covered employee. This addendum to your application package is required to confirm compliance with the law. **All information provided is subject to investigation by the Department of Labor Standards and the Department of Industrial Accidents. Pursuant to M.G.L. c. 152, §25C(6), the Department of Labor Standards (DLS) must deny the issuance or renewal of a registration if the applicant is not in compliance with workers' compensation law.**

Name of Insured Client and/or Insured PEO:

Entity responsible pursuant to PEO Agreement for managing workers compensation claims:

Business address:

Phone: _____ Website address: _____

M.G.L. c. 152, § 25C (6) reads, in relevant part, "Every state or local licensing agency shall withhold issuance or renewal of a registration or permit to operate a business... for any applicant who has not produced acceptable evidence of compliance with the [workers' compensation] insurance coverage required by this chapter."

Insurance Company name: _____

Insurance Company address: _____

Policy number or Self-Insurance Registration number: _____ Expiration date: _____

Check if applicable:

☐ All of covered employees are insured under the policy listed above.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

Signature of authorized agent: _____ date: _____