

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the person(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 covering 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 workers' 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. It is understood that the Inspections Department issuing the permit may require certificates of coverage and/or waivers of workers' at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____

SUBCONTRACTOR'S WAIVER OF WORKERS COMPENSATION COVERAGE

I certify that I am a subcontractor, that I am a sole proprietor or a partner and that I have no employees.

I hereby waive any right to benefits under the North Carolina Workers Compensation Act which might arise out of and in the course of my work as a subcontractor for the indicated contractor.

**Name of Contractor
Subletting the Contract**

**Name of Subcontractor
Subcontractor's Signature**

Date

Subcontractor's Signature

*** * * NOTICE * * ***

This Waiver shall be effective from the date it is signed until the expiration date of the subletting contractor's current workers compensation insurance policy.

Current coverage for the contractor subletting the contract is as follows (to be completed by the contractor):

Insurance Company _____

Policy Number _____

Policy Effective Date _____

Policy Expiration Date _____

This Waiver form should be promptly submitted to the Insurance Company.