Cecil County Health Department
Statement of Compliance with the Workers' Compensation Act

Section 1-202 of the Health-General Article of the Annotated Code of Maryland requires that prior to issuance of any license or permit by this office, the applicant must provide either a worker's compensation insurance policy or binder number, or a Certificate of Compliance from the State of Maryland Workers' Compensation Commission.

A Certificate of Compliance is required for a business owner with no employees. Certain other legal entities with no employees other than corporate officers or members may also apply for a Certificate of Compliance. Contact the Workers' Compensation Commission at 410-864-5297 or by e-mail at COC@wcc.state.md.us for information on how to obtain a Certificate of Compliance.

Certification:

___ I certify that I have the following workers' compensation policy:

Insurance Company: ________________________________

Policy or Binder number: ____________________________

___ I have enclosed a copy of my Certificate of Compliance from the Maryland Workers' Compensation Commission.

I certify under penalty of law that the information submitted in this document is true, accurate, and complete.

__________________________  _______________________
Signature                        Date

__________________________  _______________________
Title                           Type of License

__________________________
Company Name

__________________________
Mailing address

Location of business (if different than mailing address)  Revision 6/10/2011

Healthy People. Healthy Community. Healthy Future.