

CERTIFICATE OF COMPLIANCE
Application Instructions

NOTE:

Md. Code Ann., Lab. & Empl. §9-201 requires an employer with one or more employees to carry workers' compensation insurance.

The purpose of this Certificate of Compliance is to identify those employers that are not required to carry workers' compensation insurance coverage and to enable that employer to apply for, and obtain, a license or permit from a government agency that requires proof of workers' compensation insurance coverage. **A Certificate of Compliance is not workers' compensation insurance and is not binding on the Workers' Compensation Commission under any circumstances.**

Before a governmental unit may issue a license or permit to an employer to engage in an activity in which the employer might employ a covered employee, the employer shall submit to the governmental unit:

- (1) a certificate of compliance with this title; or
- (2) the number of a workers' compensation insurance policy or binder.

If an employer is not covered by a workers' compensation insurance policy, an application to secure a Certificate of Compliance must be submitted to the Worker's Compensation Commission pursuant to Labor & Employment Article §9-105.

Eligibility:

An employer may secure a Certificate of Compliance in the name of the employer, only if the employer is an entity set forth in Labor and Employment Article, §9-206(b)(1) – (b)(5) with no covered employees other than Corporate officers or limited liability company members who have elected to be exempt from workers' compensation coverage.

Sole Proprietors, Partners and Individuals who are owner/operators of a Class F Vehicle, and are not employers, are not eligible to receive a Certificate of Compliance. For the above business types, a letter of exemption will be supplied that can be submitted to the licensing agency.

Mail Application to: **Workers' Compensation Commission**
Attention: IC&R Division
10 East Baltimore Street
Baltimore, Maryland 21202-1641

Facsimile Applications ARE NOT accepted. Do not photocopy or electronically reproduce. Required signatures must be original.

An applicant who receives notice of disapproval may: (1) reapply for a certificate of compliance or (2) appeal the rejection in accordance with § 10-222 and § 10-223 of the State Government Article.



WORKERS' COMPENSATION COMMISSION

APPLICATION FOR CERTIFICATE OF COMPLIANCE



INSTRUCTIONS: Please review the instructions on page 2 completely prior to completing this application. Complete in Adobe Reader, type or print legibly.

Name of Business: _____

Business Address (P.O. Box is not acceptable): _____

City _____ State _____ Zip Code _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone: _____ Federal Employer Identification Number or Social Security Number(s) _____

Name of Owner(s) or Member(s):

I, _____, _____, of the above-named business hereby affirm, under the penalties of perjury, (Name of Authorized Representative) (Title/Company Position) that workers' compensation is not required pursuant to Labor and Employment Article: (Select the appropriate reason with a check in the adjacent box. Do not modify or qualify the stated reason.)

- a. §9-206(b)(1) (Close Corporation) — Attach Exclusion Form IC-16
- b. §9-206(b)(2) (General Corporation) — Attach Exclusion Form IC-16
- c. §9-206(b)(3) (Farm Corporation) — Attach Exclusion Form IC-16
- d. §9-206(b)(4) (Professional Corporation) — Attach Exclusion Form IC-16
- e. §9-206(b)(5) (Limited Liability Company) — Attach Exclusion Form IC-16

Signature _____ Date _____

COMMISSION ACTION

The application for Certificate of Compliance is: APPROVED DISAPPROVED

Authorized Signature _____ Date _____
Workers' Compensation Commission



WORKERS' COMPENSATION COMMISSION

EXCLUSION FORM

INSTRUCTIONS: Pursuant to Labor & Employment Article §9-206, Annotated Code of Maryland, officers or members of certain business entities may elect to be exempt from workers' compensation insurance coverage by filing this Exclusion Form with the Commission. To exercise this option, the officer or member making the election must sign this document. Mail the original form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.

Company Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Type of Company:

- Close Corporation General Corporation Farm Corporation
- Professional Corporation Limited Liability Company

Insurance Company Name: _____

Date Insurance Company Notified: _____

Typed Name and Title of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Total cannot exceed 100)	0.00	

NOTE: By signing this Exclusion Form, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.