If you have any questions regarding the Worker’s Compensation, please contact the following individual:

Eric Rentz  
Worker’s Compensation Commission  
Office of the Chairman  
21 Oak Street  
Hartford, CT 06106  
(860) 493-1589  
Eric.Rentz@CT.Gov
Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

What to give to the Building Official to obtain a Building Permit:

1. The General Contractor or Principal Employer must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.

2. The Sole Proprietor or Property Owner who will not act as a general contractor or principal employer is not required to have workers' compensation coverage. In order to obtain the building permit, a FORM 7A should be completed and given to the building official.

3. The Sole Proprietor or Property Owner who will act as a general contractor or a principal employer must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a FORM 7B with the building official — OR he will sign a sworn notarized affidavit on FORM 7B, stating that he will require proof of workers' compensation insurance for all those employed on the job site.

4. The General Contractor or Principal Employer who has properly excluded himself from coverage using the appropriate WCC form (see NOTE below) must file the FORM 7C with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

   Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC

   Form 6B-1 for employees who are Members of a Partnership
Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL NOT act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit ____________________________

Property located at ____________________________________________

In the City / Town of __________________________________________

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers’ compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

☐ I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant ____________________________

☐ I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business ____________________________________________

Federal Employer ID# (FEIN) __________________________________

Signature of SOLE PROPRIETOR Applicant ________________________
Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit

Property located at

In the City/Town of

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers’ compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

☐ I am the OWNER of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers’ compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant

☐ I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers’ compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant

☐ I am the OWNER of the above-named property and the SOLE PROPRIETOR of a business doing work at the above-named property. I will not personally submit proof of workers’ compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers’ compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 51-286b of the Workers’ Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant

Name of Business—if applicable

Federal Employer ID# (FEIN)—if applicable

Subscribed and sworn to before me this __________ day of ______________, 20__ .

Signature of Notary Public/Commissioner of the Superior Court
Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit ____________________________

Property located at ____________________________________________

In the City / Town of ___________________________________________

ATTEST

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers’ compensation coverage by filing one of the appropriate forms listed below with the Workers’ Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

FIRST — CHECK ONE (1) BOX:

I am:  □ an Officer of a Corporation  □ a Manager or Member of an LLC  □ a Partner in a Business

THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:

I have filed the following certificate with the Workers’ Compensation Commission:

□ Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)

□ Form 6B-1 (for a Partner in a Business)

AFFIDAVIT

I hereby swear and attest that I will require proof of workers’ compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 51-289b of the Workers’ Compensation Act.

Signature of GENERAL CONTRACTOR or PRINCIPAL EMPLOYER Applicant ____________________________________________

Name of Business—if applicable ____________________________________________

Federal Employer ID# (FEIN)—if applicable ________________________________

Subscribed and sworn to before me this __________________ day of ________________, 200____.

Signature of Notary Public / Commissioner of the Superior Court ________________________________