STATE OF CONNECTICUT  
WORKERS’ COMPENSATION COMMISSION  
Permit Affidavit for Property Owner or Sole Proprietors  
(Conn. Gen. Stat. § 31-286b)

Property located at: ______________________________________________________________________________
In the town of: Hartford___________________________________________________________________________
Name of permit applicant: _________________________________________________________________________

Please check one:

1. ☐ I am the owner of the property.
2. ☐ I am the sole proprietor of a business.
   a. Name of business: ____________________________________________________________________________

Pursuant to § 31-286b, “a property owner or a sole proprietor [who] intends to act as general contractor or principal employer” may provide either certificate of workers’ compensation insurance or “sworn notarized affidavit...stating that they will require proof of workers’ compensation insurance for all those employed on the job site accordance with this chapter.”

Please check one:

1. ☐ I do not intend to act as a general contractor or principal employer.
   [Sign and stop here]
   _____________________________________________________________________________________________
   (Signature of applicant)

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers’ compensation insurance or sign the affidavit below.
   _____________________________________________________________________________________________
   Affidavit

I hereby swear and attest that I will require proof of workers’ compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers’ Compensation Act (Chapter 568).

I understand the pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of business is not required to have coverage unless he files his intent to accept coverage.

____________________________________________________(Notary Public/Commissioner of the Superior Court).

Subscribe and sworn to before me this ____________________ day of __________________________, 20_____.

____________________________________________________(Notary Public/Commissioner of the Superior Court).