





**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
443.523.1700 – 800.363.8090 – Fax 410.651.5680  
TDD 1-800-735-2258  
Health Officer: Danielle Weber, MS, RN

## Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must submit a statement of compliance listing a workers' compensation insurance policy or binder number, or provide a Certificate of Compliance obtained from the Maryland Workers Compensation Commission (WCC).

To obtain a waiver, exclusion form or certificate of compliance from the WCC, please visit their website at <https://comphub.wcc.state.md.us/>.

Please check the box of the option below which applies to you, provide the requested information, sign and date the form, and return it with your application.

- I have workers' compensation insurance:  

Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_
- A waiver has been received from the Workers' Compensation Commission.  
(ATTACH A COPY OF THE WAIVER)
- I am exempt from having workers' compensation insurance per Maryland Labor and Employment Code Ann §9-206. (ATTACH A COPY OF THE EXCLUSION FORM)
- I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)
- I have no employees; I am not required to carry workers' compensation insurance.

\_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date