

Affidavit of Insurance Exemption

	<p>Code Enforcement Office Town of Moira and Village of Brushton Affidavit of Insurance Exemption or Proof of Workers' Comp Matthew W. Ball NY#0724-0259 518-529-6080x8 mball@townofmoirany.org</p>
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Date: _____.

Affidavit of Exemption:

Affidavit of Exemption to show specific proof of Workers' Compensation Insurance Coverage for a 1,2,3 or 4 family, owner-occupied residence under penalty of perjury, I certify that the owner of the residence listed on the building permit that I am applying for, and I am not required to show specific proof of Workers' Compensation Insurance coverage for such residence because (Check ONE):

I am performing all the work on the permit myself.

I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work indicated on the building permit or helping me perform such work.

I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit and I am hiring or paying individuals a total not to exceed 40 hours, for all workers, per week, for the work indicated on the building permit.

I also agree to either:

- 1) acquire appropriate Workers' Compensation Insurance if I need to hire any company or individuals for a total of 40 hours or more for the work indicated on the building permit, and #3) below:
- 2) or have the general contractor performing the work on the residence listed on the building permit for which I am applying, if the project takes a total of 40 hours or more per week for work indicated on the building permit, and #3) below:
- 3) provide appropriate proof of Workers' Compensation or proof of exemption from that coverage on forms approved by The Chair of the NYS Workers' Compensation Board for the Government Entity issuing the building permit.

Homeowner's signature: _____ Date: _____.

Property Address: _____.

Phone Number: _____ . Additional Phone: _____.

Office: Received by: _____ Date: _____.