

BERT JABIN YACHT YARD

Worker's Compensation Requirement Waiver

Name of Company: _____

Name: _____

Title: _____

Explanation for exemption from worker's compensation coverage:

_____ I do not have any covered employees as defined by Maryland Code, and therefore, am exempt from having workers' compensation insurance.

_____ I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission and a copy of the Certificate of Compliance is attached.

_____ Other: _____

Signed: _____ Date: _____

(Waiver valid _____)