

Workers' Compensation Coverage Exemption Certification



Planning and Development Customer Service Center • One Exchange Plaza, Suite 400 | Raleigh, NC 27601 | 919-996-2500

This form must be completed by contractors to claim Workers' Compensation exemption when they have less than 3 workers and do not have coverage through an insurance company. Please email the completed form to field.services@raleighnc.gov.

Contractor Information		
Business Name:	Contact Name:	
Email Address:	Phone #:	
Mailing address:		
City:	State:	Zip code:
N.C.G.S. Chapter 87-14 & Chapter 97 Workers' Compensation Act		
<p>The undersigned applicant certifies that (check the one that applies):</p> <p><input type="checkbox"/> I am a Licensed General Contractor of the State of North Carolina. License #: _____</p> <p><input type="checkbox"/> I am an Unlicensed General Contractor of the State of North Carolina.</p> <p>By signing below, the undersigned applicant hereby certifies the following with respect to Workers' Compensation Insurance Coverage:</p> <ul style="list-style-type: none"> I hereby certify that I am EXEMPT from the requirements of G.S. Chapter 97, requiring workers' compensation insurance coverage for contractors that employ three or more employees. I also agree to annually recertify my workers' compensation coverage exemption status with the City of Raleigh by January 1 of each year for the entire duration of any construction for which permits have been issued. I understand that failure to comply could result in a violation of state law. If at any time I employ three or more employees, I will provide the City of Raleigh with the required Certificate of Insurance for workers' compensation insurance coverage. 		
Signature Block		
Licensed or Unlicensed General Contractor Signature:		Date: ___/___/___
Notary Public and Seal		
<p>Sworn to and subscribed before this day of _____, 20 ____.</p> <p>Seal:</p> <p>Notary Public: _____</p> <p>My commission expires: _____</p>		