



# Affidavit of Workers' Compensation Coverage

Pursuant to G.S. 87-14

The undersigned applicant for Building Permit Number \_\_\_\_\_ being the  
\_\_\_\_\_ Contractor  
\_\_\_\_\_ Owner  
\_\_\_\_\_ Officer/Agent of Contractor or Owner

Do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

- \_\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ has/have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- \_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves,
- \_\_\_\_\_ has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought. It is understood that the Town of Southern Pines Building Permits & Inspections Department may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work. **Signatures are to be notarized.**

Firm Name: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

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

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public) My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
(Printed Name of Notary Public) (Notary Stamp or Seal)