

G.S. Chapter 87-14 & 97 Compliance Verification

For verification of compliance with G.S. 87-14 & 97, licensed General Contractors shall provide the Inspection Department with a Certificate of Insurance to verify Workers Compensation Insurance. The Certificate shall list the Inspection Department for notification if insurance coverage lapses. The Certificate shall contain the dates of coverage. All licensed general contractors indicating compliance or exempt status, with an original Certificate of Insurance on an annual basis, shall submit the Compliance Verification below.

When notified by the Insurance Carrier that Workmen's Compensation Insurance has lapsed, the Inspection Department will issue a stop work order for all construction on site until such time as the contractor can verify with a new Certificate of Insurance and Compliance Verification that the required insurance is being provided. The Inspection Department can issue a stop work order for lapse of coverage without notification from the insurance carrier if he has reason to believe that coverage has lapsed.

Workers Compensation Verification must be signed by the general contractor holding the license, and will not be accepted without being notarized.

Wake County, North Carolina

() 1. As a licensed General Contractor of the State of North Carolina, I hereby certify that I have three (3) or more employees and have obtained Workers compensation Insurance to cover them as required by G.S. Ch 97.

2. I am providing (attached) a Certification of Insurance for Workers Compensation Insurance to the Inspection Department.

3. I will maintain the required Workmen's Compensation Insurance for the entire duration of any construction for which permits have been issued.

() As a licensed General Contractor of the State of North Carolina, I hereby certify that I have one or more subcontractor(s) and have obtained Workers Compensation Insurance covering them.

() As a licensed General contractor of the State of North Carolina, I hereby certify that I have one or more subcontractors(s) who has/have their own policy of Workers Compensation Insurance covering themselves.

() 1. As a licensed General Contractor of the State of North Carolina, I hereby certify that I have not more than two (2) employees and no subcontractors.

2. If at any time, I employ three (3) or more employees, I will provide the Inspection Department from which I have obtained permits under an exempt status with the required Certificate of Insurance.

() I have paid the local privilege license as required by ordinance and have attached a copy.

Signature of License Holder

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public

My Commission expires _____