



State of Connecticut  
Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

Rev. 10-12-2004

# 7A - 7B - 7C DIRECTIONS

## Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

### What to give to the Building Official to obtain a Building Permit:

1. The **General Contractor or Principal Employer** must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.
2. The **Sole Proprietor or Property Owner who will not act as a general contractor or principal employer** is not required to have workers' compensation coverage. In order to obtain the building permit, a **FORM 7A** should be completed and given to the building official.
3. The **Sole Proprietor or Property Owner who will act as a general contractor or a principal employer** must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a **FORM 7B** with the building official — **OR** he will sign a sworn notarized affidavit on **FORM 7B**, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
4. The **General Contractor or Principal Employer who has properly excluded himself from coverage** using the appropriate WCC form (see **NOTE** below) must file the **FORM 7C** with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

**NOTE:** The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC

Form 6B-1 for employees who are Members of a Partnership



State of Connecticut  
Workers' Compensation Commission

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Rev. 10-12-2004

7A

**Proof of Workers' Compensation Coverage when Applying  
for a Building Permit for the Sole Proprietor or Property Owner  
who WILL NOT act as General Contractor or Principal Employer**

**Applicant for Building Permit**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

in the City / Town of \_\_\_\_\_

**Attest**

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

**CHECK ONE (1) BOX ONLY and complete the following:**

.....

I am the **OWNER** of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant \_\_\_\_\_

.....

I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

Signature of SOLE PROPRIETOR Applicant \_\_\_\_\_



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7B

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer

Applicant for Building Permit

Name of Applicant for Building Permit

Property located at

in the City / Town of

Attest

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

I am the OWNER of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant

I am the OWNER of the above-named property or the SOLE PROPRIETOR of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant

Name of Business—if applicable

Federal Employer ID# (FEIN)—if applicable

Subscribed and sworn to before me this day of, 200

Signature of Notary Public / Commissioner of the Superior Court



State of Connecticut  
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Rev. 10-12-2004

7C

**Proof of Workers' Compensation Coverage when Applying for a Building Permit for the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage**

**Applicant for Building Permit**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

in the City / Town of \_\_\_\_\_

**Attest**

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers' compensation coverage by filing one of the appropriate forms listed below with the Workers' Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

**FIRST — CHECK ONE (1) BOX:**

I am:  an Officer of a Corporation  a Manager or Member of an LLC  a Partner in a Business

**THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:**

I have filed the following certificate with the Workers' Compensation Commission:

- Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)
- Form 6B-1 (for a Partner in a Business)

**AFFIDAVIT**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of GENERAL CONTRACTOR or PRINCIPAL EMPLOYER Applicant \_\_\_\_\_

Name of Business—if applicable \_\_\_\_\_

Federal Employer ID# (FEIN)—if applicable \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Signature of Notary Public / Commissioner of the Superior Court \_\_\_\_\_



State of Connecticut  
Workers' Compensation Commission

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Rev. 1-15-2004

6B-1

Date filed in District

Coverage Election by Employees who are  
Members of a Partnership

Pursuant to Section 31-321 C.G.S., this notice must be served upon the Compensation Commissioner in person or by registered or certified mail.

If there are more than four partners, attach additional sheets for names, signatures, and social security numbers.

(for WCC use only)

Coverage Election

To the Compensation Commissioner for the \_\_\_\_\_ Compensation District of Connecticut at \_\_\_\_\_  
(district number) (city of compensation office)

and to \_\_\_\_\_  
(name of partnership)

of \_\_\_\_\_ having a total of \_\_\_\_\_ partners:  
(complete address of partnership) (number)

We, \_\_\_\_\_ , \_\_\_\_\_ ,  
(name of partner 1) (name of partner 2)

\_\_\_\_\_ , \_\_\_\_\_ , employees at  
(name of partner 3) (name of partner 4)

\_\_\_\_\_ , \_\_\_\_\_  
(exact name of partnership) (CT registration number)

hereby elect to:

- BE EXCLUDED FROM COVERAGE under the Workers' Compensation Act pursuant to Section 31-275(10) of the Connecticut General Statutes
- REVOKE ANY PREVIOUS ELECTION OF EXCLUSION from the provisions of Section 31-275(10) of the Connecticut General Statutes

Affirmations

Section 31-284 of the Connecticut General Statutes  
requires that workers' compensation insurance be obtained for all covered employees.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(number) (month) (year)

Partner 1: Signature \_\_\_\_\_ Soc. Sec. # (optional) \_\_\_\_\_

Partner 2: Signature \_\_\_\_\_ Soc. Sec. # (optional) \_\_\_\_\_

Partner 3: Signature \_\_\_\_\_ Soc. Sec. # (optional) \_\_\_\_\_

Partner 4: Signature \_\_\_\_\_ Soc. Sec. # (optional) \_\_\_\_\_



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Please TYPE or PRINT IN INK

Rev. 1-15-2004

75

Date filed in District

Coverage Election by Sole Proprietor  
or Single-Member LLC

Pursuant to Section 31-321 C.G.S., this notice must be served upon the Compensation Commissioner in person or by registered or certified mail.

(for WCC use only)

Coverage Election

To the Compensation Commissioner for the \_\_\_\_\_ Compensation District of Connecticut at \_\_\_\_\_  
(district number) (city of compensation office)

the undersigned sole proprietor of a business or member of a single-member LLC hereby elects to:

- BE INCLUDED FOR COVERAGE under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes
- REVOKE ANY PREVIOUS ELECTION OF INCLUSION pursuant to the provisions of Section 31-275 of the Connecticut General Statutes

Affirmation

Section 31-284 of the Connecticut General Statutes  
requires that workers' compensation insurance be obtained for all covered employees.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(number) (month) (year)

Employee Signature \_\_\_\_\_ Soc. Sec. # (optional) \_\_\_\_\_

PRINT Employee Name \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business / Company Name \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_ CT Registration Number \_\_\_\_\_



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Rev. 1-15-2004

6B

Date filed in District

Coverage Election by Employee who is an  
Officer of a Corporation, Manager of an LLC,  
or Member of a Multiple-Member LLC

Pursuant to Section 31-321 C.G.S., this notice must be served upon the Compensation Commissioner in person or by registered or certified mail.

(for WCC use only)

Coverage Election

To the Compensation Commissioner for the \_\_\_\_\_ Compensation District of Connecticut at \_\_\_\_\_  
(district number) (city of compensation office)

and to \_\_\_\_\_ of \_\_\_\_\_, Employer.  
(name of employer) (employer's city/town)

I, \_\_\_\_\_, an Employee of  
(name of employee) (soc. sec. # — optional)

\_\_\_\_\_ located at  
(exact name of corporation or LLC)

\_\_\_\_\_ and also the  
(complete address of corporation or LLC)

\_\_\_\_\_ of said Corporation or LLC,  
(office held)

hereby elect to:

- BE EXCLUDED FROM COVERAGE under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes
- REVOKE ANY PREVIOUS ELECTION OF EXCLUSION from the provisions of Section 31-275 of the Connecticut General Statutes

Affirmation

Section 31-284 of the Connecticut General Statutes  
requires that workers' compensation insurance be obtained for all covered employees.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(number) (month) (year)

Employee Signature \_\_\_\_\_ Soc. Sec. # (optional) \_\_\_\_\_

Employee Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_