



Washington County  
Attn: Finance Department  
Insurance Certifications  
P.O. Box 1007  
Plymouth, NC 27962  
Telephone: 252-793-3523

## Worker's Compensation Insurance (WCI) Certification Form

Contractor's Full Legal Name: \_\_\_\_\_

Contact Person if Different: \_\_\_\_\_ Title: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Certification Form Purpose:  Building Permit  County Contract  Other: \_\_\_\_\_

Pursuant to applicable laws, prior to Washington County ("county") issuing any building permits and/or prior to the county entering into any contract for the provision of any work for or services to the county, all contractors are generally required to obtain Worker's Compensation Insurance ("WCI") against associated liabilities that may arise therefrom by the contractor and/or by any of the contractor's respective "employees" (as that term is defined in NCGS § 97, which may include self-proprietors, members, officers, employees, sub-contractors, independent contractors, volunteers, or any other agents of any kind), unless a legally recognized exemption therefrom can be adequately demonstrated to exist.

For more info on WCI refer to the statutes cited above, consult the NC Industrial Commission including the "Important Notice to Employers" (currently published at: <https://www.ic.nc.gov/wcinsrqmt.html> or available by request if not otherwise attached at the end of this Form), and seek independent legal counsel.

By signing this WCI Certification Form, the undersigned hereby acknowledges and agrees to each of the following on behalf of the above named contractor:

1. The contractor shall maintain in full legal effect during the entire duration of any construction project subject to any building permit, and/or during the provision of any other work for, or services to, the county pursuant to any current or future contract(s) the policy of any WCI contractor certifies hereunder to exist, or alternatively the applicable legal exemption contractor certifies hereunder to exist.
  - a. If either of the foregoing certifications lapse or cease to exist for any reason (including without limitation my employment of three (3) or more employees, which may include myself, at any time) the contractor agrees to immediately notify the county, and cease and desist from any and all further construction activity subject to any building permit, and/or from the provision of any other work for, or services to, the county pursuant to any current or future contract(s), unless and until such lapse or condition is fully cured by providing updated proof thereof to the county by submitting a new updated and accurate WCI Certification Form.
2. The contractor shall cooperate with the county in good faith to promptly provide any additional instruments or evidence requested to assist in its review and processing of this Form and any representations made herein.

3. The contractor agrees to indemnify, save, and hold the county harmless from and against any and all liability, including without limitation reimbursement of reasonable attorney's fees incurred in connection with enforcement of any of the provisions of this Form, which arise from the contractor's failure to properly obtain or maintain any legally required WCI, or to otherwise qualify for a legally recognized exemption therefrom.
- a. Without limiting the generality of the foregoing statement, the contractor shall reimburse the county within thirty (30) days for any and all additional WCI premiums, penalties, or other insurance costs imposed on the county under its own WCI policy as a direct result of any audit thereof by its insurance carrier resulting in a determination that the contractor failed to properly obtain or maintain any legally required WCI, or to otherwise qualify for any legally recognized exemption therefrom, resulting in the county being assessed for the costs of insuring against potential uninsured liabilities as a direct result thereof in accordance with the counties own WCI and/or applicable law.

**Complete & Initial All Applicable Certification Statements Below**

1A	I am a licensed General Contractor of the State of North Carolina. <b>LICENSEE NAME:</b> _____ <b>LICENSE NUMBER:</b> _____	
1B	I am not a licensed General Contractor of the State of North Carolina.	
2A	I currently have in place a valid policy of Worker's Compensation Insurance as required by applicable law or county contract, and have attached a Certificate of Insurance dated _____ issued by _____ as proof thereof to this Form. <b>(ATTACH CERTIFICATE)</b>	
2B	<p>I hereby certify in good faith and subject to potential criminal and/or civil liability for making a false statement in connection with this matter, that I am legally exempt from the general requirement of most contractors/employers to obtain WCI pursuant to applicable law based upon the following:</p> <p><input type="checkbox"/> I am a contractor who does not currently employ three (3) or more employees (which may include myself) <b>and</b> I am also not engaged in any specific activities that otherwise legally require me to obtain WIC.</p> <p><input type="checkbox"/> I am a Self-Insured Employer as defined under NCGS Chapter 97 (Attach Proof of Self Insurance)</p> <p><input type="checkbox"/> Other: _____</p>	

In consideration of the county's acceptance and processing of this form in relation to approving any building permit or contract issued by the county, the undersigned party having first carefully and fully reviewed the terms and conditions of this WIC Certification Form, hereby represents that they have the full legal authority to act on behalf of, and to legally bind the contractor named herein to the terms and conditions stated hereinabove, and further certifies in good faith that the representations made herein are true and accurate to the best of said parties knowledge as of the date this instrument is signed.

**Contractor's Signature** \_\_\_\_\_ **(SEAL)** **DATE:** \_\_\_\_\_

**Title (if applicable):** \_\_\_\_\_

**Notary Public**

**Seal**

Sworn to and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

# Important Notice to Employers

<https://www.ic.nc.gov/wcinsrqmt.html>

## Employers' Requirement to Carry Workers' Compensation Insurance

The North Carolina Workers' Compensation Act requires that all businesses that employ three or more employees, including those operating as corporations, sole proprietorships, limited liability companies and partnerships, obtain workers' compensation insurance or qualify as self-insured employers for purposes of paying workers' compensation benefits to their employees. Exceptions to this requirement include (a) employees of certain railroads; (b) casual employees, i.e., persons whose employment is both casual and not in the course of the trade, business, profession or occupation of the employer; (c) domestic servants directly employed by the household; (d) farm laborers when fewer than 10 full-time, non-seasonal farm laborers are regularly employed by the same employer; (e) federal government employees in North Carolina; and (f) "sellers of agricultural products for the producers thereof on commission or for other compensation, paid by the producers, provided the product is prepared for sale by the producer."

Businesses in which one or more employees are employed in activities which involve the use or presence of radiation are required to have workers' compensation coverage.

Individuals who are sole proprietors, members of LLCs, and partners are not automatically counted as employees. Corporate officers may elect to be excluded from coverage but are still counted in determining whether a business has three or more employees. Executive officers, directors, or committee members of a non-profit corporation are also not automatically counted as employees so long as they meet certain requirements under the North Carolina General Statutes.

An employer is not relieved of its liability under the Act by calling its employees "independent contractors." Even if the employer refers to its workers as independent contractors and issues a Form 1099 for tax purposes, the Industrial Commission may still find that the workers were in fact employees based upon its analysis of several factors, including but not limited to the degree of control exercised by the employer over the details of the work.

If you subcontract work to a subcontractor who does not have workers' compensation insurance, you may be liable for the work-related injuries of the subcontractor's employees, regardless of the number of employees you or the subcontractor employs. For information on workers' compensation requirements in the trucking industry, please click [here](#).

### If You Fail to Carry Workers' Compensation Insurance, You May:

- 1) Face stiff financial penalties;
- 2) Be charged with a misdemeanor;
- 3) Be charged with a felony; and
- 4) Be imprisoned.

### Contact Your Lawyer or Insurance Agent If You Are Unsure of Your Responsibilities as an Employer