

**PROOF OF WORKERS COMPENSATION COVERAGE**

(Under T.C.A. § 13-7-211)

I, the undersigned, hereby swear or affirm that I am applying for a building permit from the Codes Department of Bedford County and as a contractor, furnish proof of Workers Compensation Coverage by one of the following:

\_\_\_\_\_ Certificate of Compliance from the Department of Labor or the number from the certificate, or

\_\_\_\_\_ Certificate of Insurance, or

\_\_\_\_\_ Workers Compensation Policy

Or I am exempt from the requirements to obtain Workers Compensation Coverage because:

\_\_\_\_\_ I am not required to obtain coverage under the Tennessee Workers Compensation Law, T.C.A., § 50-6-104 through 106; or

\_\_\_\_\_ I am performing work on my own property in my own county of residence; and/or

\_\_\_\_\_ I am directly supervising work on my own property in my own county of residence.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Permit Applicant

(State of Tennessee)  
(County of Bedford)

\_\_\_\_\_ personally appeared before me, a Notary Public for the said state and county, who affirmed the information and executed the instrument herein-above for the purpose contained therein.

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

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