



**THE WORKERS' COMPENSATION  
RATING AND INSPECTION BUREAU**

August 26, 2010

**CIRCULAR LETTER NO. 2160**

To All Members and Subscribers of the Bureau:

**DEPARTMENT OF INDUSTRIAL ACCIDENTS' FORM FOR VERIFICATION OF  
OUT-OF-STATE WORKERS' COMPENSATION COVERAGE**

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Attached is a copy of the Department of Industrial Accidents' Circular Letter 335 dated August 26, 2010 announcing a new form for verifying out-of-state workers' compensation coverage.

Any questions regarding this new form should be directed to Ray Marchand, Director of Investigations, at 617-727-4900 x413.

DANIEL M. CROWLEY, CPCU  
Vice President - Customer Services



# THE COMMONWEALTH OF MASSACHUSETTS

## *Department of Industrial Accidents*

1 Congress Street, Suite 100  
Boston, Massachusetts 02114-2017

**DEVAL L. PATRICK**  
*Governor*

**PAUL V. BUCKLEY**  
*Commissioner*

**TIMOTHY P. MURRAY**  
*Lieutenant Governor*

### CIRCULAR LETTER #335

TO: All Interested Parties

FROM: Paul V. Buckley, Commissioner

RE: New DIA Form for Verification of Out-of-state  
Workers' Compensation Coverage

DATE: August 26, 2010

The Department of Industrial Accidents (DIA) has promulgated a new form to be utilized by businesses domiciled in other states but operating in Massachusetts. Form 154 – Verification of Massachusetts Workers' Compensation Coverage for Out of State Employers Operating in Massachusetts (attached) will be submitted to any licensing and/or permitting authority when out-of-state businesses seek permission to conduct work requiring a license or permit. This form shall be in addition to the Workers' Compensation Insurance Affidavits already in use by said authorities.

Further, this form should be completed by out-of-state sub-contractors and submitted to the general contractor prior to commencement of any work on a job-site. The DIA's Office of Investigation may also require an out-of-state business to complete this form at any time.

Use of this form should commence immediately.

Sincerely,

A handwritten signature in cursive script, reading "Paul V. Buckley".

Paul V. Buckley  
Commissioner



**VERIFICATION OF MASSACHUSETTS WORKERS'**  
**COMPENSATION COVERAGE FOR OUT OF STATE**  
**EMPLOYERS OPERATING IN MASSACHUSETTS**

Massachusetts state law mandates that all employers must provide workers' compensation insurance coverage for their employees. Out of state employers are required to provide Massachusetts workers' compensation insurance coverage for all their employees working in Massachusetts. Employers whose existing workers' compensation insurance policies specifically list Massachusetts in section 3A of the workers' compensation policy information page satisfy this requirement.

**Please note that employers whose workers' compensation insurance policies specifically list Massachusetts in section 3C regarding all states coverage (with or without certain state exclusions) shall provide verification from the insurance carrier that the coverage is provided in Massachusetts. To satisfy this requirement, the insurance carrier must complete this form and attach a statement verifying that the employer meets all the mandatory indemnity workers' compensation insurance coverage for all the employer's Massachusetts operations. This form, the statement, and a copy of the policy's information page must be submitted to the Office of Investigations of the Department of Industrial Accidents.**

**PLEASE NOTE THAT THIS FORM MUST BE COMPLETED BY THE INSURANCE CARRIER PROVIDING COVERAGE TO THE EMPLOYER.**

**PART I****A. Legal Name and Address of the Insured (Street address only):**

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**1. Massachusetts Work Location(s) of Insured:**

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**2. Business Telephone Number of Insured:**

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**3. Federal Employer ID Number or Social Security Number of Insured:**

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**Part II**

**A. Name of Insurance Carrier:**

**B. Name, Address and Telephone Number of Insurance Carrier Contact Person:**

**1. Policy Number of Insured:**

**2. Policy Term:**

**3. List the name(s) of the Proprietor(s), or all Partners or Executive Officers of the Insured:**

- ☐ All individuals listed above are included in the coverage provided by the insurance carrier. (This box should be checked only if all partners/officers are included in coverage.)
- ☐ Some of the above listed individuals are excluded from the coverage provided by the insurance carrier. These individuals are:

This certifies that the insurance carrier listed above in Part II provides workers’ compensation insurance coverage under Massachusetts law for the employer listed in Part I. Further, the insurance carrier certifies that it will notify the Office of Investigations in writing within 10 days if the policy is cancelled for any reason, including non-payment of premium or if any other action is taken by either the insurance carrier or the employer which alters or eliminates the Massachusetts workers’ compensation insurance coverage listed in this form. The notices may be sent by regular mail. **Otherwise, this verification by the insurance carrier is valid until the expiration date listed in Part II of said policy.**

**Signed under the pains and penalties of perjury:**

Signature of Insurance Carrier Representative & Title

Print name

Date