

Company Name: _____

Project Name: _____

Project Number: _____

WORK CERTIFICATE

for all Contractors before beginning work on public projects

Certification Requirements of RSA 21-I:80 and RSA 228:4-b

By New Hampshire law, before any work is done on any major state project or any work on any highway, bridge or other construction, reconstruction, alteration or maintenance project, each contractor, subcontractor, and independent contractor shall complete and sign this form and provide the following:

1. Attach a certificate of your current Workers' Compensation Insurance coverage, naming NH Department of Transportation, Office of Access, Opportunity and Compliance, 7 Hazen Drive or PO Box 483, Concord, NH 03302-0483 as the certificate holder. Workers' Compensation insurance policies must show *a specific endorsement for the State of New Hampshire*.

Per NH RSA 228:4-b. Workers' Compensation Insurance must cover all individuals performing work on site and shall remain in effect for the duration of the contractor's work on the project. No excluded individual, owner, or officer may perform work on site, without exception. All persons performing work on site must have workers' compensation coverage on file with the NH Department of Labor.

2. Provide below an estimate of the total number of workers anticipated to be employed on the project during the contract period, and a number of days (8-hour periods), applied to each insurance classification code applicable to the work to be performed:

Number of workers	Days	Classification code & description of work

[Attach additional sheets as necessary]

3. Provide proof of compliance with NH Department of Labor safety program requirements under RSA 281-A:64, in the following form:

- a. By signing and submitting this form, you agree to provide employees with safe employment; to furnish personal protective equipment, safety appliances and safeguards; to ensure that such equipment, appliances and safeguards are used regularly; and to adopt work methods and procedures which will protect the life, health, and safety of employees.

Do you have 15 or more employees working in New Hampshire? (check one) **Yes** or **No**

IF YES, you agree to administer a joint loss management committee composed of following named persons:

Employer representatives: _____

IF YES, you are required to prepare a written safety program and file a Safety Summary Form with the NH Department of Labor under regulations Lab 515.16 and Lab 602.02. This requirement applies to all employers, including non-resident employers. Businesses with 15 or more employees working in New Hampshire need to file the Safety Summary Form only once. If you have questions about the Safety Summary Form or your company's needs, please contact a New Hampshire Department of Labor Safety inspector at (603) 271-6850 or (603) 271-6297.

By signing and submitting this form, you are providing a sworn statement that workers' compensation coverage shall remain in effect, covering each person controlled or directed by you to work on the project, for the duration of his or her anticipated work on the project. You further acknowledge and confirm that you will not permit or direct any person excluded from your insurance coverage to work on the project. Any person who fails to comply or who falsifies information is subject to a civil penalty of up to \$2,500 plus \$100 per person per day of noncompliance and shall not be allowed to bid or work on state projects for up to 5 years.

Printed Name and Title of Authorized Agency Official

Signature of Authorized Agency Official

Date: _____

Company Name: _____

Address: _____

Telephone number: _____ **E-mail address:** _____

**** This Form and all supporting documentation shall be returned to the Prime Contractor, who shall forward it with each subcontractor approval submission to NHDOT.**