

Project name: \_\_\_\_\_

Project number and Contract letter: \_\_\_\_\_

**WORK CERTIFICATE for CONTRACTORS  
BEFORE BEGINNING THEIR 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 documents:

1. Attach a certificate of your current workers' compensation insurance coverage, naming NH Department of Administrative Services, Bureau of Public Works Design & Construction, Room 250, 7 Hazen Drive, Concord, NH 03302-0483 as the certificate holder, showing coverage specific for work within the State of New Hampshire. The Project Number and Contract Letter must be included on the certificate. [Note that any person directly performing work on a project, or who is actively engaged in on-site work on any construction site, cannot elect exclusion from workers' compensation coverage under RSA 281-A:18-a.]

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:

<u>Number of workers</u>	<u>Days</u>	<u>Classification code &amp; description of work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

[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.

B. Do you have 15 or more employees? **YES** or **NO**

If yes, you shall:

1. Prepare a current Written Safety Program. This program shall be updated biennially but does not need to be filed with the Department of Labor or this document.
2. Establish and administer a Joint Loss Management Committee, composed of equal numbers of employer and employee representatives.
3. Attach a copy of a completed Safety Summary Form, which includes the names of the Joint Loss Management Committee and a summary of your written safety program, to this document. The Safety Summary Form DOES need to be filed with the NH Department of Labor, but only one time. Note: Employers who have a current (2011 or later) Safety Summary form on file with the NH Department of Labor will not be required to file again. Employers who have not filed a Safety Summary Form since 2010 or who have never filed before are subject to the requirements of the revised RSA 281-A:64, effective January 1, 2013. Note that this requirement applies to all employers, including non-resident employers. The Safety Summary Form can be downloaded from the NH Department of Labor website forms link at <http://www.nh.gov/labor/forms/safety-summary.htm>.

**By signing and submitting this form, you are providing a sworn statement that workers' compensation coverage shall remain in effect, covering each employee who is not legally excluded from coverage, for the duration of his or her anticipated work on the project. The commissioner may assess an administrative penalty of up to \$250 a day on any employer not in compliance with the Written Safety Program, and shall not be allowed to bid or work on state projects for up to 5 years. Each violation shall be subject to a separate administrative penalty. All penalties collected under this paragraph shall be deposited into the general fund.**

Signed and submitted on this date: \_\_\_\_\_, 20\_\_

By this contractor, subcontractor or independent contractor:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Owner or Authorized Executive signature: \_\_\_\_\_

Printed name and job title: \_\_\_\_\_

This Form and all supporting documentation shall be forwarded to the address provided in Section 1 of this form.