



**Contractor's Workers'
Compensation Form**

PLEASE COMPLETE FULLY AND LEGIBLY

FILING INSTRUCTIONS ON REVERSE SIDE

Locality Issuing License: City <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/>	Provided to Locality: <p align="center"><i>York County</i></p>	Business or Trade Name:	Business License Number:
Name of Applicant Last:	First:	Business FEIN or Tax ID Number:	
Applicant Mailing Address:		Business Address:	
City: State: Zip:		City: State: Zip:	
Home Telephone:		Business: Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
METHOD of INSURING FOR WORKERS' COMPENSATION LIABILITY:			
Indicate One: <input type="checkbox"/> Insurance Carrier licensed in Virginia <input type="checkbox"/> Self insured with certificate of authorization issued by the Virginia Workers' Compensation Commission <input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission <input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia		Type of Trade or Industry:	
		Business Telephone:	E-mail Address:
		<input type="checkbox"/> Check Here if No Workers' Compensation Policy is Active/Current	
		Reason: <input type="checkbox"/> Less than 3 employees <small>(Note: Corporate officers, LLC managers, part-time employees and employees of your subcontractors generally count as your employees for workers' compensation purposes. Filing of a 1099, payment of cash wages or designating a worker an "Independent Contractor" does not necessarily alter employee status under the Workers' Compensation Act.)</small> <input type="checkbox"/> Other (Explain)	
Name of Insurance Carrier, Self-Insured, GSIA or PEO:		If you answered workers' compensation Not Active/Current, answer below: Do you hire Independent Contractors or subcontractors to assist you in your work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy, Master Policy or Certificate Number:			
Policy Effective Date and Policy Period:			

Please Note:

Under penalty of law, the undersigned certifies they are duly authorized by the business license applicant to complete this form; the information provided herein is correct; and the business is in compliance with Chapter 8 of Title 65.2 of the Virginia Workers' Compensation Act and will remain in compliance with the law during the effective period of the business license.

Signature of Applicant	Date
Print Name of Applicant	

INSTRUCTIONS FOR COMPLETION OF
Contractor's Workers' Compensation Form

To be completed by the contractor. All information requested is required.

1. Check County, provide York County the name of locality issuing the license. Provide business license number including any prefix or suffix.
2. Applicant's name, mailing address and phone number are required.
3. Provide complete name of business. Sole-proprietors and partners should include the trade name under which the business operates.
4. Provide the complete business address used to receive mail by the U.S. Postal Service.
5. Provide the Federal Employer Identification Number (FEIN). If one has not been issued, list the Temporary FEIN issued by the Virginia Tax Dept. If a sole proprietor with neither, list your social security number.
6. Check the legal status of the business.
7. Provide the type of trade/industry in which the business is classified.
8. Provide the business phone number and e-mail if available.
9. Provide the complete name of the insurance company or other insuring entity providing workers' compensation liability insurance for the business. If insured with a carrier, provide carrier name and policy number. If self-insured, provide name on certificate and certificate number. If group self-insured, provide group name and member number. If insured under a Professional Employer Organization (PEO) master policy, provide PEO name and policy number. For all coverage provide policy effective dates. Do not use the name of an insurance agency. If the name of the insurance company is unknown, contact the agent for this information.
10. For contractors that indicate workers' compensation policy is not active/current, indicate if you hire subcontractors to assist you in your work or in fulfilling your contracts.
11. For general information regarding whether workers' compensation coverage is required, please contact the Virginia Workers' Compensation Commission at 1-877-664-2566 regarding questions.
12. Sign the form and print the name of the person signing the form.
13. Date the form and present it to the licensing authority.

DO NOT ATTACH ANY DOCUMENTS TO THIS FORM