

Contractor's Certificate of Workers' Compensation Insurance

(Form 61-A)



www.workcomp.virginia.gov

PLEASE COMPLETE FULLY AND LEGIBLY

INSTRUCTIONS ON REVERSE SIDE

This form must be filed in each Virginia locality where a contractor applies for or renews a business license

Locality Issuing License: City <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/>		Name of Locality:		Business or Trade Name		Business License Number:	
Name of Contractor Last:		First:		Business FEIN or Tax ID Number:			
Contractor Home 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"/>			
WORKERS' COMPENSATION INSURANCE:							
List <u>ONLY</u> WORKERS' COMPENSATION, <u>not</u> General Liability <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 you claim Workers' Compensation is <i>Not</i> Required			
				Reason: <input type="checkbox"/> Less than 3 employees (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.) <input type="checkbox"/> Other (Explain)			
Name of Insurance Carrier, Self-Insured, GSIA or PEO:				If you answered workers' compensation Not Required, answer below: Do you hire Independent Contractors or subcontractors with employees to assist you in your work? (Response Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy, Master Policy or Certificate Number:							
Policy Effective Date and Policy Period:							

For VWC Use Only:

Under penalty of perjury, the undersigned certifies s/he is duly authorized by the business license applicant to execute this certificate; 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			

Form 61-A is prepared and distributed by the Virginia Workers' Compensation Commission to local licensing authorities for use in compliance with §58.1-3714, Code of Virginia. Form 61 A is available online at www.workcomp.virginia.gov Return this form to the licensing authority.

For questions regarding this form, please contact the Commission toll-free at 1-877-664-2566 or 804 205-3586

A Certificate of Insurance Will Not Be Accepted in Lieu of Completed Form

Return completed form to the licensing authority where business license is obtained

INSTRUCTIONS FOR COMPLETION OF VWC FORM 61-A

Contractor's Certificate of Workers' Compensation Insurance

To be completed by the official issuing the business license.

1. Check one. City, Town or County.
Provide the name of locality issuing the license.
Provide business license number including any prefix or suffix.

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

2. Contractor'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) for the business. If one has not been issued, list the Temporary FEIN issued by the Virginia Tax Dept. If you are a sole proprietor with neither, list your social security number, however it is best to obtain a FEIN, given the restrictions on use of social security numbers.
6. Check the legal status of the business.
7. Provide the type of trade or industry in which the business is classified.
8. Provide the business phone number and the 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. Do not list an insurance other than workers' compensation. If the name of the insurance company is unknown, contact the agent for this information.

10. For contractors that indicate workers' compensation is not required, indicate if you hire subcontractors to assist you in your work or in fulfilling your contracts. A response is required.
11. For general information regarding whether workers' compensation coverage is required, please review the brochure provided or contact the Virginia Workers' Compensation Commission at 1-877-664-2566.
12. Sign the form and print the name of the person signing the form.
13. Date the form.
14. **Return the completed form to the licensing authority where it was obtained.**

Note: The state funds of West Virginia and Maryland are not authorized to write workers' compensation insurance in Virginia.

DO NOT ATTACH ANY DOCUMENTS TO THE CONTRACTOR'S CERTIFICATE.