

# Contractor's Certification of Workers' Compensation Insurance

(Form 61-A)



www.workcomp.virginia.gov

Required filing with a Business License or Renewal

Complete Fully – Instructions on Reverse

Business Legal Name:		Locality Issuing License: City <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/>	Name of Locality:
Business License Number:	Business FEIN or Tax ID:	Contractor Name:	
Business Address:		Contractor Home Address:	
City	State	Zip	City
State			State:
Zip			Zip
Business Phone:	E-mail:	Business: Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
<p align="center"><b>Workers' Compensation Insurance?</b></p> <p>If you are insured for Workers' Compensation indicate method:</p> <p><input type="checkbox"/> In State Employer - Insurance Carrier licensed in Virginia</p> <p><input type="checkbox"/> Out of State Employer – Insurance Carrier licensed in Virginia with 3A Virginia Policy Endorsement</p> <p><input type="checkbox"/> Self-insured with certificate of authorization issued by the Virginia Workers' Compensation Commission</p> <p><input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission</p> <p><input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia</p>		Home Phone:	Trade or Industry:
		<input type="checkbox"/> Check here if you believe Workers' Compensation Insurance is <b>Not Required</b> for your business	
		<p>Reason you think workers' compensation is not required:</p> <p><input type="checkbox"/> Less than 3 employees</p> <p>(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.)</p> <p><input type="checkbox"/> Other (Explain)</p>	
Name of Insurance Carrier, Self-Insured, GSIA or PEO:		<p><b>QUESTION:</b></p> <p>If you answered workers' compensation is "Not Required", respond:</p> <p>Do you hire subcontractors with employees or Independent Contractors with employees to assist you in your business?</p> <p align="right"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	
Policy, Master Policy or Certificate Number:			
Policy Effective Date and Policy Period:			

**For VWC Use Only:**

Under penalty of law, 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 Section 58.1-3714, Code of Virginia. It is also available online at [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)

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

## ***Instructions for completing the VWC Form 61-A***

### ***Contractor's Certification of Workers' Compensation Insurance***

#### **To be completed by the official issuing the business license.**

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

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

2. Business legal name, mailing address and phone number are required. Sole-proprietors and partners should include the trade name under which the business operates.
3. Provide the complete business address used to receive mail by the U.S. Postal Service.
4. Provide the Federal Employer Identification Number (FEIN) for the business. If a Temporary FEIN has been issued by the Virginia Tax Dept., list that. A sole proprietor with no FEIN lists social security number.
5. Provide the contractor's home contact information.
6. Provide the complete name of the insurance company or other insuring entity providing workers' compensation insurance for the business. Provide all insurance coverage information requested.

**Note:** Out of state employers holding coverage from another state, be aware that Virginia requires that Virginia be listed in Item 3A of the insurance policy. Virginia in item 3C of the policy is **not** sufficient.

Do not list Employers Liability coverage or coverage other than Workers' Compensation coverage.

Do not list the name of an insurance agency.

If the name of the insurance company is unknown, please contact the agent for this information.

7. For contractors that indicate workers' compensation is not required, indicate if you hire subcontractors or independent contractors with employees to assist you in your work or in fulfilling your contracts.
8. 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.
9. Sign the form and print the name of the person signing the form.
10. Date the form and present it to the licensing authority.

**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**