

Contractor's Certification of Workers' Compensation Liability

(Form 61-A)



www.workcomp.virginia.gov

PLEASE COMPLETE FULLY AND LEGIBLY

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

FILING INSTRUCTIONS ON REVERSE SIDE

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 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:				Type of Trade or Industry:			
<input type="checkbox"/> Insurance Carrier licensed in Virginia				Business Telephone:		E-mail Address:	
<input type="checkbox"/> Self insured with certificate of authorization issued by the Virginia Workers' Compensation Commission				<input type="checkbox"/> Check Here if Workers' Compensation is <i>Not</i> Required			
<input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission				Reason:			
<input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia				<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.)			
Name of Insurance Carrier, Self-Insured, GSIA or PEO:				<input type="checkbox"/> Other (Explain)			
Policy, Master Policy or Certificate Number:				If you answered workers' compensation Not Required, answer below: Do you hire Independent Contractors or subcontractors to assist you in your work?			
Policy Effective Date and Policy Period:				<input type="checkbox"/> Yes <input type="checkbox"/> No			

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. Form 61 A is also available online at www.workcomp.virginia.gov

If there are any questions regarding this form, please contact the Commission toll-free at 1-877-664-2566

INSTRUCTIONS FOR COMPLETION OF VWC FORM 61-A

Contractor's Certification of Workers' Compensation Liability

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. 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 is not required, 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 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 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.