

THIS FORM MUST BE COMPLETED BY THE LICENSE APPLICANT

UPON APPROVAL BY THE BOARD OF LICENSES, THE ISSUANCE OF ANY LICENSE IS SUBJECT TO EVIDENCE OF WORKERS' COMPENSATION INSURANCE

All companies that have one (1) or more employees are required to have workers' compensation insurance coverage. Individual owners and partners are exempt. Independent contractors are required to file a notice of designation as independent contractor with the Department of Labor & Training. Corporate officers (except those appointed as corporate officers between 1/1/99 and 12/31/01 who were not previously employees of the corporation) are included under the Workers' Compensation Act unless they file a waiver form with the Department of Labor and Training.

If a business has an employee and does not have a workers' compensation policy, then all work must stop until a policy is in place. Businesses operating without required workers' compensation insurance may be closed by the Director of the Department of Labor and Training.

TO BE COMPLETED PRIOR TO THE ACTUAL ISSUANCE OF A LICENSE

Please complete the information below:

Name on policy: _____

Street: _____ Telephone No. _____

City/Town _____ State _____ Zip _____

Workers' Compensation Insurance Co. _____

Policy # _____ Effective date _____

Insurance Agency/Broker _____ Tel. No. _____

I attest that the above information is accurate:

Signature of Licensee

Date

Printed Name of Licensee

❖ IF THE BUSINESS DOES NOT HAVE EMPLOYEES, PLEASE SIGN BELOW:

Signature _____

Date _____