

**Contractor's Certification of Insuring Liability
for
Workers' Compensation In Virginia**

Complete and file this form with each Virginia locality where you have applied for or are renewing a business license. Do not attach any documents to this certificate.

Name of City, Town or County in Virginia Issuing License: _____
(A separate certificate must be filed with each locality in which you obtain a license.)

Business License Number Issued by the locality named above: _____

Name of Contractor: _____

Contractor's Address: _____

Contractor's FEIN OR SSN: _____

Contractor's Telephone Number: (____) _____

Legal Status: (Check One) Sole Proprietor Partnership Corporation LLC
 Other (specify) _____

Method by which contractor's liability for workers' compensation is insured:

Insured by an insurance carrier licensed to do business in Virginia: (The Maryland Injured Workers Fund and the West Virginia Fund are not licensed to write W.C. coverage in Virginia.)

Name of Carrier: _____

Policy Number: _____ **Policy Effective Date:** _____

A member of a group self-insured association licensed to do business in Virginia:

Name of Self-Insured Group: _____

Member Number: _____ **Effective Date:** _____

Self-Insured by the Virginia Workers' Compensation Commission. **Member Number:** _____

Insured under a master policy of a licensed Professional Employer Organization. **Name of PEO:** _____

Workers' Compensation Insurance is not required. **State Reason:** _____

Under penalty of law, the undersigned certifies he/she is duly authorized by the business license applicant to execute this certificate, and the business named above is in compliance with §65.2-800 et seq. 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 or Authorized Agent: _____

Print Name of Applicant or Authorized Agent: _____

Date: _____