

Contractor's Certification of Workers' Compensation Liability

(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 Na	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:

- Insurance Carrier licensed in Virginia
- Self insured with certificate of authorization issued by the Virginia Workers' Compensation Commission
- Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission
- A Professional Employer Organization (PEO) registered in Virginia

Name of Insurance Carrier, Self-Insured, GSIA or PEO:

Policy, Master Policy or Certificate Number:

Policy Effective Date and Policy Period:

Type of Trade or Industry:

Business Telephone:

E-mail Address:

Check Here if Workers' Compensation is *Not* Required

Reason:

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.)

Other
(Explain)

If you answered workers' compensation Not Required, answer below:
Do you hire Independent Contractors or subcontractors to assist you in your work?

Yes

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 §58.1-3714, Code of Virginia. Form 61 A is available online at www.workcomp.virginia.gov Return this form to the licensing authority.

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

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

Form #61-A
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