



INDUSTRIAL COMMISSION OF ARIZONA

800 W. WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602)542-4661

Employers' Workers' Compensation Insurance Inquiry Response Form

(If additional space is needed to complete any question, please use the second page.)

1. Business Information.

Complete Legal Name of Business:

Type of Business: Corporation Partnership Sole Proprietorship Limited Liability Company Other:

Business Trade Name (dba):

Business Mailing Address:

Street City State Zip Code

Business Phone Number:

Fax:

Nature of Business (Example: Plumbing, Hotel, Restaurant, Retail, etc.):

Business Locations (List all street addresses):

Table with 4 columns: Street, City, State, Zip Code

Is the business currently operating? Yes No If no, when did the business close?

How many employees does the business currently have?

If the business is a Corporation or Limited Liability Company, identify the state of incorporation/registration:

Business Federal Tax Identification Number:

Please list all owners (with the owner's spouse's name and owner's social security number\*)

Table with 4 columns: Owners' Name, Spouse's Name, Owner SSN, Marital Status

2. Complete this section if the business has a current workers' compensation insurance policy.

Insurance Company:

Telephone Number:

Policy Number: Policy Effective Dates: To:

States covered by insurance policy:

(Please submit proof of workers' compensation insurance coverage using the attachment link above.)

3. Complete this section if the business does not have a current worker's compensation insurance policy.

The business is in the process of obtaining worker's compensation insurance. (Please explain in detail the steps the business has taken to secure workers' compensation insurance. You must provide the Industrial Commission with coverage information immediately upon obtaining coverage.)

The business is not in the process of obtaining worker's compensation insurance. (Please explain in detail why the business does not, or is not required to, have workers' compensation insurance.)

(The Industrial Commission may investigate further or ask for additional information.)

4. Submitter First Name: Last Name:

Signature of Submitter:

Date of Submission:

Phone Number:

Disclosure of your social security number is voluntary. The Industrial Commission will use your social security number for administrative purposes in processing this response and providing your social security number may expedite the processing of this response.



## **Employers' Workers' Compensation Insurance Inquiry Response Form (Supplemental Answers)**

Please use this page to provide additional responses or explanations.