

Employers' Workers' Compensation Insurance Inquiry Response Form

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

Complete Legal Name of Business: _____

Type of Business: _____

(Example: Corporation, Partnership, Sole Proprietorship, Limited Liability Company, etc.)

Business Trade Name (dba): _____

Mailing address: _____

Phone #: _____ Fax: _____

Nature of Business: _____

(Example: Plumbing, Hotel, Restaurant, Retail, etc.)

Business Locations: _____

(List all street addresses) _____

Is the business currently operating? _____ If no, when did the business close?: _____

How many employees does the business currently have? _____

If the business is a corporation or LLC, state of incorporation/registration: _____

Federal Tax Identification Number: _____

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

Owner 1. _____
Married () Single () Divorced () Widowed ()

Owner 2. _____
Married () Single () Divorced () Widowed ()

Owner 3. _____
Married () Single () Divorced () Widowed ()

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

Insurance Company: _____

Telephone number: _____

Policy #: _____ Policy Effective Dates: _____

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. Name of person submitting this form: _____

Signature: _____ Date: _____

*Disclosing your Social Security number is voluntary. It will assist in the processing of your account. It will also be used by this agency in carrying out other duties including but not limited to, proper identification of individuals, law enforcement, claims processing/collection/compliance, and program administration.

