

Contractor's Certificate of Workers' Compensation Insurance

(Form 61A)



PLEASE COMPLETE FULLY AND LEGIBLY

RETURN TO:

Commissioner of the Revenue, or
the appropriate official of a county, city, or town
(<https://www.vacomrev.com/who-we-are/districts-localities/>)

Name of Contractor		Contractor's Business or Trade Name	
Last:		Contractor's Federal Employer ID (FEIN) or Tax ID Number:	
First:		Contractor's Business Address if different from Mailing Address:	
Contractor's Mailing Address:			
City: State: Zip:		City: State: Zip:	
Home Telephone:		Business: Corp. ☐ L.L.C. ☐ Sole Prop ☐ Partnership ☐ Other ☐ # of officers ☐ # of paid members ☐ # of partners: ☐	
WORKERS' COMPENSATION INSURANCE <i>If you have workers' compensation insurance check type and complete below:</i>			
List <u>ONLY</u> WORKERS' COMPENSATION, <u>not</u> General Liability		Type of Trade or Industry:	
☐ 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		Business Telephone: E-mail Address:	
NCCI Carrier Code: Name of Insurance Carrier, Self-Insured, GSIA or PEO:		If you do not list workers' compensation insurance you <u>must</u> answer below: 1. Do you have more than two part-time or full-time 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 eliminate or alter employee status under the Workers' Compensation Act.) ☐ Yes ☐ No	
Policy, Master Policy or Certificate Number:		2. Do you hire Independent Contractors or subcontractors with employees to assist you in your work? ☐ Yes ☐ No	
Policy Effective Date: Policy Expiration Date:		What is the number of subcontractor workers that assist you in your work? ☐	
Failure to insure when required by law shall subject an employer to civil penalties of up to \$250 per day uninsured, subject to a maximum penalty of \$50,000.00 plus costs, pursuant to Virginia Code § 65.2-805			

Under penalty of perjury, the undersigned certifies/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 (Contractor)	Date
Print Name of Applicant (Contractor)	

Return your completed form to your local Commissioner of the Revenue or the appropriate official of a county, city, or town.
(<https://www.vacomrev.com/who-we-are/districts-localities/>)

INSTRUCTIONS FOR COMPLETING THE FORM 61A

To be completed by the contractor. All information requested is required.

1. Enter the Contractor's name, mailing address and phone number, all information is required. List the trade name under which the business operates if a trade name is used.
2. Provide the Federal Employer Identification Number (FEIN). If one has not been issued, a Temporary FEIN may be obtained by the Virginia Tax Dept.
3. If a corporation, enter the number of officers. If a LLC, enter the number of paid members. If a partnership, enter the number of partners.
4. Provide the type of trade or industry in which the business is classified.
5. Provide the workers' compensation insurance information if you have coverage. Enter **only** workers' compensation insurance. No other form of insurance substitutes. Provide the complete name of the insurance company or other insuring entity providing workers' compensation insurance coverage. Also enter the policy or member number and policy effective dates. Do not list the name of an insurance agent or agency. If you do not know or recall the name of your insurance company or insuring entity, please contact your agent to obtain this information.
6. **Out of state contractor:** Virginia requires valid Virginia workers' compensation coverage for work performed in Virginia. A contractor may obtain Virginia coverage with the proper Virginia Amendatory Endorsement, adding Virginia to Item 3A of the policy.
7. **If you do not list workers' compensation insurance on your form you must answer additional questions, i.e.,** whether you have more than two employees, whether you hire subcontractors to assist in your work and the number of subcontractor workers.
8. **Virginia workers' compensation insurance coverage requirements:** Virginia requires that every employer who regularly employs more than two part-time or full-time employees purchase and maintain workers' compensation insurance. A business that hires subcontractors to assist in the work of the business or fulfill a contract of the business must count the subcontractor's employees when counting employees to determine if / when coverage is required. This is true even if the subcontractor has their own workers' compensation coverage.
A contractor should gather proof of coverage from **all** subcontractors hired and should not be charged insurance premium for subcontractors that have their own coverage. Regardless, a contractor that hires subcontractors with employees must count the subcontractor's employees when counting total employees and determining when / whether the contractor is required to carry coverage. For additional information, please contact your insurance agent.
9. Contractors that would like further information concerning Virginia Workers' Compensation insurance requirements should visit workcomp.virginia.gov/content/employers.
10. **Return your completed form to your local Commissioner of the Revenue or the appropriate official of a county, city, or town. (<https://www.vacomrev.com/who-we-are/districts-localities/>)**