



**SECTION I: BUSINESS INFORMATION, Continued**

6. Federal ID #: 

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7. WV Unemployment Compensation Account #: \_\_\_\_\_

8. WV State Tax ID #: \_\_\_\_\_  
*Attach Copy of WV Business Registration Certificate*

9. **Type of Organization:** *Check all that apply*
- |   |  |
|---|--|
| <input type="radio"/> Sole Proprietorship           | <input type="radio"/> 'S' Corporation            |
| <input type="radio"/> Partnership                   | <input type="radio"/> Limited Partnership        |
| <input type="radio"/> Limited Liability Corporation | <input type="radio"/> Joint Venture, Corporation |
| <input type="radio"/> Domestic Corporation          | <input type="radio"/> Joint Venture, Partnership |
| <input type="radio"/> Foreign Corporation           | <input type="radio"/> Association                |
| <input type="radio"/> State Agency                  | <input type="radio"/> County Agency              |
| <input type="radio"/> Municipality                  | <input type="radio"/> Trustee                    |
| <input type="radio"/> Receivership                  | <input type="radio"/> For Profit                 |
|   | <input type="radio"/> Not for Profit             |

10. Describe in Detail the Complete Business Operation and Work Process, including the primary type of work that is performed by your Business and its workers. Please provide sufficient documentation with this application to support the representations in this section (i.e., if applicable, professional or industrial licensures, etc.). If out of state employer, include how long you anticipate working or having operations in West Virginia.

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11. State Where Incorporated: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

12. First Date Owner, Partners, Officers, Members Began Working in WV: \_\_\_\_\_

13. Date Employees with Workers' Compensation Coverage in Another State Began Working in WV: \_\_\_\_\_

14. Do you currently have employees who:
- (a) Work in, or within the past year, have worked in, the state of West Virginia?
  - (b) Are residents of the State of West Virginia?
  - (c) Are covered by a workers' compensation policy for West Virginia Workers' Compensation benefits?
  - (d) If so please provide a list of all employees on a separate page.
  - (e) Do you anticipate hiring any such employees in the future? If so, please provide an estimated date of hire?

15. List ALL Licenses, Permits & Certificates Issued by any State Agency for the Purpose of Doing Business in WV:  
*Provide copy of any certification or license that is required by the state.*

Issuing Agency	Issued To	Type of License, Permit, Certificate	License, Permit, Certificate #

16. Did Applicant Purchase or Lease an Existing Business:  Yes  No  
*If Yes, Answer the Following Questions and Attach a Copy of Purchase/Lease Agreement/Contract*

Effective Date of Purchase/Lease: \_\_\_\_\_

Name of Business Purchased/Leased: \_\_\_\_\_

**SECTION I: BUSINESS INFORMATION, Continued**

Address of Purchased/Leased Business:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City* *County* *State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Contact Person's Telephone #*

Name of Individual/Contact Person from Whom Business was Purchased/Leased: \_\_\_\_\_

Address of Individual/Contact Person from Whom Business was Purchased/Leased: \_\_\_\_\_

\_\_\_\_\_  
*Street* *City* *County* *State* *zip*

**SECTION II: SUBCONTRACTOR/INDEPENDENT CONTRACTOR INFORMATION**

**WARNING:** The burden of proving independent contractor status of certain individuals is on the employer who is claiming such status. In order to receive a letter of exemption based on independent contractor status, the employer must prove that all the employer's workers are independent contractors (i.e., no employees). **Any change or addition in regard to subcontractor/independent contractor status following an approved must be supplied to WV Insurance Commission immediately.**

17. Independent Contractor Questions. If you fail to answer these questions, your application will be denied.

- a. Who owns and/or leases the equipment used to perform your work?
- b. Who controls your work schedule?
- c. Does anyone supervise or direct the work you are performing? If yes, please provide details.
- d. Do you have a written contract for the performance of work? If so, please provide a copy of the contract.
- e. Do you contract with multiple persons or companies to perform the work described herein or just a single person or company?

18. Do you employ or anticipate employing any subcontractors or independent contractors?  Yes  No

*If yes, complete the following for each subcontractor/independent contractor. Attach additional pages if necessary.*

Name of Subcontractor/Indep. Contractor # 1:	_____
Subcontractor's Workers' Compensation Policy #:	_____
Subcontractor's State/Federal Tax ID #:	_____
Subcontractor's Address:	_____
	<i>Street</i>
Phone # _____	<i>City</i> <i>County</i>
	<i>State</i> <i>Zip</i>
Description of Work Performed by Subcontractor:	_____
Estimated Length of Contract:	_____

**SECTION II: SUBCONTRACTOR/INDEPENDENT CONTRACTOR INFORMATION, Continued**

<b>Name of Subcontractor/Indep. Contractor # 2:</b>			
<b>Subcontractor's Workers' Compensation Policy #:</b>			
<b>Subcontractor's State/Federal Tax ID #:</b>			
<b>Subcontractor's Address:</b>	<i>Street</i>		
	<i>City</i>	<i>County</i>	<i>State</i>
<b>Phone #</b> _____	<i>Zip</i>		
<b>Description of Work Performed by Subcontractor:</b>			
<b>Estimated Length of Contract:</b>			

**SECTION III: OWNER, PARTNER, OFFICER, MEMBER IDENTIFICATION AND ELECTIONS OF COVERAGE**

*Pursuant to W. Va. Code § 23-2-1(f)(2), workers' compensation coverage is not required for certain sole proprietors, members and officers. For corporations and associations, only the following principal officers are exempt from having to be covered for workers' compensation regardless of whether they work in dual capacity: a president, a vice-president, a secretary and a treasurer. "Dual capacity" is defined as any one person who performs duties and has responsibilities typically associated with an officer, but also performs duties associated with a worker, manager or other employee who is not an officer.*

- 19. List ALL owners, partners, officers, directors, and members. List all individuals who own 10% or more of the business entity. List any persons who have a working relationship with the applicant to provide authority, direction or control over the business operations. 'S' Corporations must list ALL individuals legally associated with the 'S' Corporation.**

**Provide the name, title or position, social security number and percent of ownership for all individuals listed. Indicate whether the individuals elect not to be covered by WV workers' compensation insurance and whether they work in a dual capacity. Dual capacity is defined as any one person who performs duties and has responsibilities typically associated with an officer, but also performs duties associated with a worker, manager or other employee who is not an officer.**

**Please note that the information provided in this section does not, by itself, entitle the employer to a letter of exemption. The information in this section only serves the purpose of showing that certain individuals serving as sole proprietors, partners and officers for the applying company are exempt from coverage. An employer is not entitled to a letter of exemption from West Virginia workers' compensation coverage unless it meets one of the specific exemptions as set forth in W. Va. Code § 23-2-1(b)(1) through (8), or otherwise proves that the employer is exempt from West Virginia workers compensation laws because it does not fall under the purview of W. Va. Code § 23-2-1(a). For example, if an employer has several employees that meet the exemption under this section, but several that do not, it would not be entitled to an exemption letter – the employer would still need to show its entitlement to an overall exemption under the provisions of 23-2-1(a) or (b).**

Name	Title / Position	Effective Date Title / Position Held	SSN	% Owned	Elect Coverage? (Yes / No)	Dual Capacity? (Yes / No)

**SECTION IV: SIGNATURE AUTHORITY**

**20. This application must be signed and sworn to by the appropriate persons listed below.**

*Signatures of accountants or agents are not acceptable.*

- a) If the applicant is a corporation or a limited corporation this application may be signed by the president or the vice-president *and* secretary of the corporation.
- b) If the applicant is a partnership or limited liability company this application must be signed by *all* general partners or members. If the applicant is a limited partnership the application must be signed by *all* general partners.
- c) If the applicant is a sole proprietorship this application must be signed by the sole owner.

I hereby swear or affirm that to the best of my knowledge and belief these statements and representations are true and accurate. I accept the provisions of the WV Workers' Compensation Act and the Rules promulgated thereunder, as amended. I am aware that I **MUST** timely notify the WV Insurance Commission in writing, of any changes in our business operations, including but not limited to employment of even one person; entering into contracts with subcontractors; change in business type; location; ownership; covered/non-covered status of individual owners, partners, officers, and members; and the status of the business as described in this application. I further realize that all businesses are subject to an ongoing right to inspect and audit in order to maintain exempt status. Pursuant to this ongoing right to inspect and audit, I understand that the Insurance Commissioner may, at any time, request for inspection any documents deemed necessary to confirm that my exempt status is valid, including, but not limited to, tax documents, payroll documents, and financial documents. I understand that my failure to comply with any request for documents may result in the immediate revocation of my exempt status. **I further understand that in accordance with W.Va. Code §61-3-24e(5), it is a felony to knowingly and willingly make false statements respecting any information required to be provided under the WV Workers' Compensation Code Chapter 23. Upon conviction the individual shall be confined in a penitentiary for up to three years, fined up to \$10,000, or both.**

Signature # 1: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_, To Wit:

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

Signature # 2: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_, To Wit:

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**SECTION IV: SIGNATURE AUTHORITY , Continued**

Signature # 3: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_, To Wit:

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Signature # 4: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_, To Wit:

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**REMEMBER TO INCLUDE ALL REQUESTED DOCUMENTATION.**

**Addendum to Application for Exemption from WV Workers' Compensation Coverage for Individual Subcontractors/Independent Contractors**

I, \_\_\_\_\_, understand that I am performing services for  
[state individual name]  
\_\_\_\_\_ as an independent contractor and not as an  
[state company name]  
employee. Specifically, I am performing the following independent contractor  
services for \_\_\_\_\_:  
[state company name]

State services being performed here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I were injured in performing the above services for  
\_\_\_\_\_, I would not be provided any workers'  
[state company name]  
compensation benefits by \_\_\_\_\_, nor from the West  
[state company name]  
Virginia Uninsured Employer's Fund, and that if I wish to be provided workers'  
Compensation benefits in the event of an injury while working for  
\_\_\_\_\_, I must obtain workers' compensation insurance  
[state company name]  
on my own.

Additionally, I state that my business currently has no employees. I understand that if my company employs other individuals in the future, I will be responsible for providing them West Virginia Workers' Compensation benefits as required by law.

I further understand that as a requirement to being an Independent Contractor, I may be required to obtain certain licenses, certificates, etc. from other West Virginia State Agencies and otherwise comply with all West Virginia State Laws regarding my business.

Finally, I understand that making any false statements or knowingly making misrepresentations to the Offices of the Insurance Commissioner pursuant to an

application for a letter of exemption from workers' compensation and this Addendum can subject me to severe civil and criminal penalties, including being convicted of a felony.

\_\_\_\_\_  
Signature (Independent Contractor)

\_\_\_\_\_  
Date

Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_  
Signature (Primary Contractor)

\_\_\_\_\_  
Date

State of \_\_\_\_\_,

County of \_\_\_\_\_, To Wit:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_