



Application for Verification of Statutory Exemption from WV Workers' Compensation Coverage

900 Pennsylvania Avenue
 Charleston, WV 25302

Mail Completed Application To:

WV OFFICES OF THE INSURANCE COMMISSIONER
Employer Coverage Division
PO Box 11682
Charleston, WV 25339-1682
Telephone: 304-414-0539

For Insurance Commission Use Only	
Exemption ID #:	
Effective Date:	
Reviewed By:	Date:

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED IN FULL. Additional pages may be attached.
 THE APPLICATION MUST BE NOTARIZED.
 A \$25.00 APPLICATION FEE IS REQUIRED.

With limited exceptions, as set forth in W. Va. Code § 23-2-1 and W. Va. Code R. § 85-8-4, workers' compensation coverage is **mandatory** for all employers who employ one or more employees in West Virginia. Pursuant to W.Va. Code R. §85-8-4.4, an employer may apply to the Insurance Commissioner for a letter of exemption from coverage should the employer qualify for one of the exemptions set forth in W.Va. Code R. §85-8-4.3. It is strongly advised that before applying for a letter of exemption, the applicant be familiar with the applicable law as referenced above, and only make application if the applicant believes that he or she qualifies for one of the limited exemptions as defined in W.Va. Code R. §85-8-4.3.

SECTION I: BUSINESS INFORMATION

1. **Legal Name of Business:** _____
Trading As/Doing Business As: _____

2. **Primary Business Address:** _____
Not a Post Office Box

Street _____

City _____ *County* _____ *State* _____ *Zip* _____

Name of Contact Person _____ *Telephone #* _____ *Fax #* _____

Contact Person's Email Address _____ *Cell #* _____

3. **Mailing Address:** _____
Street _____

City _____ *County* _____ *State* _____ *Zip* _____

4. **Primary WV Address:** _____
Not a Post Office Box

Street _____

City _____ *County* _____ *State* _____ *Zip* _____

5. **Federal ID #:**

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OR

SSN:

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SECTION I: BUSINESS INFORMATION, Continued

6. WV Unemployment Compensation Account #: _____

7. WV State Tax ID #: _____

Attach Copy of WV Business Registration Certificate

8. Type of Organization:

<i>Check all that apply</i>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Foreign Corporation
	<input type="checkbox"/> Partnership	<input type="checkbox"/> 'S' Corporation
	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Limited Partnership
	<input type="checkbox"/> Domestic Corporation	

9. **Exemption Criteria:** Applications for verification of statutory exemption are only accepted from an exempt employer as defined in W.Va. Code R. § 85-8-4.3 (*employers of domestic services, agricultural services with 5 or fewer employees, casual employers, churches, professional sports activities, volunteer rescue squads, etc.*). While an employer may not be required to provide workers' compensation insurance to an independent contractor under certain circumstances, an independent contractor is not entitled to apply for a letter of exemption pursuant to W.Va. Code R. § 85-8-4.

Describe in detail the type of work that is performed by your business and its workers and the category of exemption requested. Exempt Legislative Rule §85-8-4.3 (a. through g.) provides guidance on statutorily exempt categories of employers. Please provide sufficient documentation in support of the claimed statutory exemption with this application section.

10. List ALL licenses, permits & certificates issued by any State or Federal Agency for the purpose of doing business:

Provide a copy of any certification or license that you or your business has obtained.

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

SECTION II: SIGNATURE AUTHORITY

This application must be signed and sworn to by the appropriate persons.

Signatures of accountants or agents are not acceptable.

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 Offices of the Insurance Commissioner in writing, of any changes in my business operations, including but not limited to new employment of even one person; entering into contracts with subcontractors or independent contractors; changes 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 by the WV Offices of the Insurance Commissioner 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 the exempt status is valid, including, but not limited to, tax documents, payroll documents, and financial documents. I understand that failure to comply with any request for documents may result in the immediate revocation of 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: _____