

THIS FORM MUST BE COMPLETED BY LICENSE APPLICANT

UPON APPROVAL BY THE BOARD OF LICENSES THE ISSUANCE OF ANY LICENSE IS SUBJECT TO EVIDENCE OF WORKER'S COMPENSATION INSURANCE.

All companies that have one (1) or more employees are required to have Worker's Compensation Insurance coverage. Individual owners and partners are exempt. Independent contractors are required to file notice of designation as independent contractor with the Department of Labor and Training. Corporate officers (except those appointed as corporate officers between 1/1/1999 and 12/31/2001 who were not previously employees of the corporation) are included under the Worker's Compensation Act unless they file a waiver form with the Department of Labor and Training.

If a business has an employee and does not have a worker's compensation policy then all work must stop until a policy is in place. Businesses operating without required worker's compensation insurance may be closed by the Director of the Department of Labor and Training.

Please complete the information below:

Name on Policy

Street

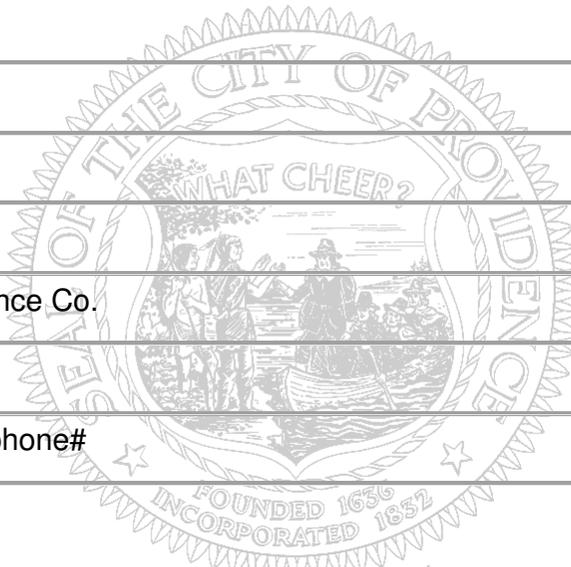
Telephone

City/State/Zip

Worker's Compensation Insurance Co.

Policy #/Effective Date

Insurance Agency/Broker/Telephone#



I attest that the above information is accurate

Signature of Licensee/Date

Printed name of Licensee

IF THE BUSINESS DOES NOT HAVE EMPLOYEES, PLEASE SIGN AND DATE BELOW:

Signature/Date: