

**STATE OF IDAHO  
CERTIFICATE OF VERIFICATION  
OF WORKERS' COMPENSATION INSURANCE**

**FOR I.C. USE ONLY**

IC# \_\_\_\_\_

Received \_\_\_\_\_

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

1. Contractor's Name \_\_\_\_\_

2. Business Name \_\_\_\_\_

3. Contractor's Federal Identification Number \_\_\_\_\_

4. Contractor's Business Address \_\_\_\_\_  
Street, Box # City, State Zip

5. Contractor's Business Telephone Number \_\_\_\_\_

6. Contractor's Home Address \_\_\_\_\_  
Street, Box # City, State Zip

7. Name of Supervisor in charge of project \_\_\_\_\_

8. Supervisor's Business Address \_\_\_\_\_  
Street, Box # City, State Zip

9. Supervisor's Business Telephone \_\_\_\_\_

10. Supervisor's Home Address \_\_\_\_\_  
Street, Box # City, State Zip

**11. Classification of Business**

(a)  Corporation  
*(List names, addresses & telephone numbers of corporate officers and directors, and percent of ownership.)*

(b)  Partnership/Limited Liability Company  
*(List partner/member names, addresses, telephone numbers, and percent of ownership.)*

(c)  Sole Proprietorship

(d)  Other - Please explain

**Description of Project**

12. Contract # \_\_\_\_\_ Estimated Start Date \_\_\_\_\_

13. Location of Work \_\_\_\_\_

14. Description of Work \_\_\_\_\_

15. Forest Service District Office Overseeing Contract \_\_\_\_\_

16. DO YOU HAVE WORKERS' COMPENSATION INSURANCE?  Yes  No

17. Workers' Compensation Insurance Company

Name of Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_

Name of Agent \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_  
Street, Box City, State Zip

Extraterritorial Coverage # \_\_\_\_\_

State \_\_\_\_\_ Date Approved \_\_\_\_\_ Expiration Date \_\_\_\_\_

18. If Contractor is a **sole proprietorship/partnership/limited liability company**, will workers other than the proprietor or partners/members be performing any of the work to be done under this contract?

Yes  No

a. **If yes**, state the approximate number of such workers and, if known, their names, permanent addresses, telephone numbers, and date of hire. (Attach additional pages, if needed.)

19. If Contractor is a **corporation**, will workers who are not officers and 10% shareholders and directors of the corporation be performing any of the work to be done under this contract?

Yes  No

**If yes**, state the approximate number of such workers and, if known, their names, permanent addresses, telephone numbers, and date of hire. (Attach additional pages, if needed.)

20. Do you intend to use any sub-contractors to assist you in the performance of this contract? **Note: All sub-contractors used on this contract must also submit a Certificate of Verification of Workers' Compensation Insurance for approval prior to commencing work on this contract.**

Yes  No

**If yes**, state their names, business names, permanent addresses and telephone numbers.

21. *Based upon my knowledge of the work to be performed under the contract specified on page 1 and upon my knowledge of work practices, methods and technologies to be applied during this contract, I estimate that \_\_\_\_\_ workers are necessary to do the work in the time prescribed, assuming average production rates and conditions.*

22. **I certify** that the above information is true and correct to the best of my knowledge and belief. Further, I agree to inform the Industrial Commission Compliance Officer if there is any change in the above information during the time this contract is in effect.

\_\_\_\_\_  
Type or Print Contractor's Name

By: \_\_\_\_\_  
Signature

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

23. If the business is a partnership, limited liability company or corporation, this document requires the signature of **all** of the partners/members/corporate officers. (Attach additional pages if necessary.)

\_\_\_\_\_  
Partner/Member/Corp. Off. Title % of Ownership Date \_\_\_\_\_

\_\_\_\_\_  
Partner/Member/Corp. Off. Title % of Ownership Date \_\_\_\_\_

\_\_\_\_\_  
Partner/Member/Corp. Off. Title % of Ownership Date \_\_\_\_\_

\_\_\_\_\_  
Partner/Member/Corp. Off. Title % of Ownership Date \_\_\_\_\_

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CONTRACTOR - DO NOT WRITE BELOW THIS LINE

Based solely upon the assertions above set forth, and without warranty of continued compliance, the Idaho Industrial Commission finds that Contractor:

Currently carries workers' compensation insurance as required by state law.

Has a current extraterritorial on file from the State of \_\_\_\_\_ which covers *only* \_\_\_\_\_ based employees while working temporarily in the State of Idaho. Extraterritorial coverage expires \_\_\_\_\_.

Is not required to provide workers' compensation insurance because:

Is a partnership/limited liability company/sole proprietor which employs no workers other than the partners/members/sole proprietor and will not employ any other workers under this contract.

Is a corporation which employs no workers other than individuals who are corporate officers, directors and 10% shareholders and will not employ any other workers under this contract.

Other (Specify):

(By making the above finding, the Commission does not warrant continued compliance.)

Has not obtained the required workers' compensation insurance.

\_\_\_\_\_  
Industrial Commission Compliance Officer

Date \_\_\_\_\_

Contract/Solicitation # \_\_\_\_\_