

RESPONSE REQUIRED

1. Do you currently have employees working in the state of Idaho?

Yes _____ No _____ Future hire date _____
Number of employees working in Idaho _____ Idaho hire date _____
Policy number _____ Effective date _____
Carrier name _____ Agent name & phone _____
If your business is covered under another name, please indicate _____

2. If any of the following apply to your business, please fill in the appropriate information:

Out of Business? Yes _____ Date business closed _____
Business Sold? Yes _____ Date business sold _____
Purchaser's name _____ Purchaser's phone _____
Purchaser's email _____ New Business name _____
Purchaser's address _____

3. Are you operating his business with exempt owners only? If yes, answer the following for each:

Attach additional page if needed

Owner's name _____ Position _____ % Owned _____
Owner's name _____ Position _____ % Owned _____

4. Do you have any employees working from their residence in Idaho? Yes _____ No _____

If yes, provide the name of each employee & their physical address. *Attach additional page if needed*

Completed by _____ Date _____
Position _____ Phone number _____
Email address _____
Legal business name _____
Mailing address _____

Please be aware that the Industrial Commission only accepts electronic policy filings from the National Council on Compensation Insurance (NCCI). The following steps must be followed for your policy to meet Idaho's proof of coverage requirements:

- a) The insurance company must be licensed to write workers' compensation insurance in Idaho.
- b) The policy must include Idaho an exposure/endorsement in section 3A on the Declarations Page.
- c) The insurance carrier must file the policy with NCCI.
- d) NCCI must forward an electronic filing of the policy to the Industrial Commission. (IDAPA 17.02.10).

**Reference IC: [IC#]
[USER ID]**