

STATE OF IDAHO CERTIFICATE OF VERIFICATION OF WORKERS' COMPENSATION INSURANCE

Date: ____ / ____ / ____

Contractor Information

Contractor's Legal Business Name: _____

Contractor's Federal Identification Number or Social Security Number: _____

Contractor's Business Address:

Street: _____ City: _____ State: _____ Zip: _____

Contractor's Telephone Number: (____) ____ - _____

Contractor's Home Address:

Street: _____ City: _____ State: _____ Zip: _____

Contractor's Email Address: _____

Legal Business Entity (Select one business entity type from list below)

Sole Proprietor

Partnership/Limited Liability Company

Corporation

Other – Please explain: _____

Workers' Compensation Insurance

Do you have Workers' Compensation Insurance? Yes No

Carrier: _____

Policy Number: _____

Effective Date: ____ / ____ / ____

Project Details

List the approximate number of workers who are not exempt owners who will be working on this project: _____

Workers who are not exempt owners must be covered under an Idaho Workers' Compensation Policy. This may include spouses and other family members. For more information about exemptions please visit iic.idaho.gov.

Contract #: _____

Estimated Start Date: ____ / ____ / ____

Project Location: _____

Description of Work: _____

Forest Service Office Overseeing Contract: _____

Forest Service Contact Name: _____

Forest Service Contact Email Address: _____

Note: All sub-contractors used on this contract must also complete a certificate of verification of workers' compensation insurance prior for approval before your business commences work on this project. See Title 72-216 of Idaho code to see how this might impact your business.

Do you intend to use and contractors to assist you with the performance of this contract? Yes No

I CERTIFY that the above information is true and correct to the best of my knowledge. 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.

Name: _____ Signature: _____ Date: ____ / ____ / _____

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's:

Certification is approved

Contractor is not required to provide proof insurance coverage because contractor will only use exempt owners in performance of their contract with the USFS.

Contractor provided proof of current workers' compensation insurance as required by state law.

Certification is Denied

Contractor does not meet Idaho's coverage requirements as set forth under Title 72-301 of Idaho code.

Failed to complete certificate of verification.

Subcontractor failed to complete certificate of workers' compensation insurance.

Industrial Commission Compliance Officer Signature

Date: ____ / ____ / _____

Contract/Solicitation # _____