

## 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 this 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:

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

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