RESPONSE REQUIRED

1.	Do you currently have employees working in the state of Idaho? This includes employees that are telecommuting or
	working from any Idaho location?

Yes No		Future Hire Date		
Number of Idaho Employees or Emplo	yees working In Idaho?	Idaho 1 st Hire Date		
Work Comp Policy Number?		Effective Date		
	aho requires a named insured on the policy for the business reporting wages to Idaho Department of Labor. your business is covered under another name, please indicate here			
List your business Federal Employer Identification Number (FEIN):				
	y Corp, Sole Prop, Partnership, etc? For example, of State? (may be different than tax filing status)			
What is the legal name of your business?				
2. If any of the following apply to your	If any of the following apply to your business, please fill in the appropriate information:			
Out of Business? Yes No		Date business closed		
Business Sold? Yes No		Date business sold		
Purchaser's name	-	Purchaser's phone #		
Purchaser's email		New business name		
Purchaser's address				
Please list the owners and/or responsible parties for this business:				
Are you operating this business with exempt owners only? If yes, answer the following for each: <i>Attached additional page if needed</i>				
Owner's name	Position	% Owned		
Owner's name	Position	% Owned		
Owner's name	Position	% Owned % Owned % Owned % Owned		
Completed by	Date	<u></u>		
Position	Phot	ne Number		
Email	Mai	ing address		

Please be aware the Industrial Commission only accepts electronic 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 worker's comp insurance in Idaho
- b) The policy must have Idaho endorsed in section 3A on the Declaration 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)