RESPONSE REQUIRED

Yes No		Future Hire Date
	· · · · · · · · · · · · · · · · · · ·	
Number of Idaho Employees or Employees work	ting In Idaho?	Idaho I st Hire Date
Work Comp Policy Number?		_ Effective Date
Idaho requires a named insured on the policy If your business is covered under another nam		
List your business Federal Employer Identific	ation Number (FE	IN):
What is the business' legal status? Corporatio how did you register your business with your hom		
What is the legal name of your business?		
What is the legal name of your business? If any of the following apply to your business,		
If any of the following apply to your business,		propriate information: Date business closed
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No		propriate information: Date business closed Date business sold
If any of the following apply to your business, Out of Business? Yes <u>No</u> Business Sold? Yes No Purchaser's name		propriate information: Date business closed Date business sold Purchaser's phone #
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No	please fill in the ap	propriate information: Date business closed Date business sold Purchaser's phone # New business name
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No Purchaser's name Purchaser's email	please fill in the ap	propriate information: Date business closed Date business sold Purchaser's phone # New business name
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No Purchaser's name Purchaser's email Purchaser's address	please fill in the ap	propriate information: Date business closed Date business sold Purchaser's phone # New business name
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No Purchaser's name Purchaser's email Purchaser's address	please fill in the ap	propriate information: Date business closed Date business sold Purchaser's phone # New business name :
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No Purchaser's name Purchaser's email Purchaser's email Purchaser's address Purchaser's address Please list the owners and/or responsible partition Are you operating this business with exempt of Attached additional page if needed Owner's name	please fill in the ap ies for this business owners only? If yes Position_	propriate information: Date business closed Date business sold Date business sold Purchaser's phone # New business name
If any of the following apply to your business, Out of Business? Yes No Business Sold? Yes No Purchaser's name Purchaser's email Purchaser's email Purchaser's address Please list the owners and/or responsible parti Are you operating this business with exempt operation	please fill in the ap ies for this business owners only? If yes Position Position	propriate information: Date business closed

Completed by	Date
Position	Phone Number
Email	Mailing 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)