

Idaho Industrial Commission

**APPLICATION FOR WAIVER OF
IN-STATE CHECK WRITING REQUIREMENT**

Per IDAPA 17.01.01.305.06.a, 17.01.01.305.07 and
17.01.01.302.01.c.i

Date: _____

Name of Idaho-Authorized Carrier (Company) _____

Printed Name of Agent/Officer Title

Signature

Company home office *physical* address:

Address City State Zip

Company home office *mailing* address:

Address City State Zip

If Idaho Workers' Compensation Claims will be managed by a third-party Claims Administrator, please provide the following information:

Name of **Primary** in-state Claims Administrator: _____

The Company avers that it will, pursuant to IDAPA 17.01.01.302.01.c.i, electronically notify the Idaho Industrial Commission of every Claims Administrator relationship for every Idaho employer insured by the Company. Additionally, the Company will notify the Commission, in writing, of any change in its Primary in-state Claims Administrator.

AFFIDAVIT IN SUPPORT OF APPLICATION FOR WAIVER

I, the undersigned _____, being duly sworn, attest to the following:
(Type or print name)

- 1) The information contained in Company's application for Waiver and in this affidavit is complete and accurate to the best of my information and belief.
- 2) I am an agent or officer authorized to act on behalf of _____ (Company) in this application for waiver.
- 3) Company is duly authorized to transact workers' compensation insurance in Idaho.
- 4) Company agrees to follow all statutes and regulations regarding workers' compensation in the State of Idaho.
- 5) All adjusting and decisions regarding payment of claims will be made within the State of Idaho by Idaho licensed adjusters or staff claims examiners. The Idaho based adjusters or staff claims examiners are empowered to authorize compensation checks.
- 6) All of Company's Idaho workers' compensation claim files will be maintained within the State of Idaho for the period specified by Rule.
- 7) Company agrees to cooperate with the Commission and provide information and documentation as may from time to time be requested in accordance with the rules and statutes regarding workers' compensation law.
- 8) Company agrees to cooperate in any review of this waiver.
- 9) Company agrees to notify the Idaho Industrial Commission of any change in third-party Claims Administrator designations, including any in-state Claims Administrator changes for each policy holder per IDAPA 17.01.01.302.01.c.i.

Signature: _____

Date: _____

Title: _____
(Type or print title)