

Idaho Industrial Commission New Business Information Form

Employer Compliance Department
P.O. Box 83720
Boise, ID 83720-0041

If you have any questions about how to complete this form, please contact a Compliance Representative at (208) 334-6060, or email us at suretyrequest@iic.idaho.gov.

1. Do you currently have employees working in Idaho? ___ Yes ___ No

- a) Number of employees working in Idaho _____ Idaho hire date _____
- b) Name of workers' compensation insurance company _____
- c) Policy number _____ Effective date _____
- d) Agent's name _____ Phone number _____
- e) Agent's email contact _____
- f) If your business is covered under another name, please indicate _____

If you have a workers' compensation policy in another state, contact your agent/broker to request that your policy be endorsed to include Idaho coverage under Section 3A of the policy.

2. Do you intend to hire in Idaho at a future date? ___ Yes ___ No

Expected date of hire _____ Expected Number of Idaho employees _____

3. Do you have an Idaho location that is different from your mailing address? ___ Yes ___ No

If yes, provide physical address _____

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, and date of hire. Attach additional page if needed. _____

5. Are you operating this business with exempt owners only? If yes, answer the following for each:

Owner's name _____ Position Title _____ % Owns _____
Owner's name _____ Position Title _____ % Owns _____
Owner's name _____ Position Title _____ % Owns _____

6. If you have employees working in Idaho and have not obtained a workers' compensation policy, give the reason you believe coverage is not needed. Attach additional pages if necessary.

Completed by _____ Date _____

Position _____ Phone number _____

E-mail address _____