

Idaho Industrial Commission

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

**Per IDAPA 17.01.305.06.a and
17.01.01.302.c.i**

DATE: _____

Name of Idaho-Authorized Carrier (“Company”) _____

1) _____ Title _____
Printed Name of Agent/Officer

2) _____
Signature

Company Home office physical Address:

3) _____

City _____ State _____ ZIP _____

Mailing address if different than physical Address:

4) _____

City _____ State _____ ZIP _____

5) 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: _____

Address _____ City _____ State _____ ZIP _____

Telephone number _____ or 1-800 _____

If Company has more than one Idaho in-state Claims Administrator, include with the application a list of all Idaho policyholders who are not adjusted by this Claims Administrator. The list should include the policyholder’s name, the complete policy number, and the name, address, telephone number, and FEIN of the in-state Claims Administrator designated for each policy holder, as well as the effective date of the exceptional (non-Primary) relationship.

The Company further avers that it will, pursuant to IDAPA 17.01.01.302.c.i, notify the Idaho Industrial Commission of any Claims Administrator relationship change for any Idaho employer insured by the Company, including a 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 with 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.

Signature: _____

Date: _____

Title: _____
(Type or print title)