

ATTENTION CONTRACTORS!



The Virginia Workers' Compensation Commission announces **ONLINE FILING** of the Contractor Certification Form (Form 61A) directly with the Commission.

FOLLOW THESE EASY STEPS

- Go to www.workcomp.virginia.gov
- Locate and complete the Online Contractor Certification Form (Form 61A)
- Submit the form and print, save, or download your acknowledgment of compliance
- Submit a copy or enter the acknowledgment number as evidence of compliance to the business licensing authority when applying for, or renewing your business license

Paper filings will still be accepted. These are manually processed and your acknowledgment returned by mail.

You must have your acknowledgment in order to secure your business license or renewal.

TAKE ADVANTAGE OF THIS NEW EASY FILING PROCESS!



QUESTIONS?

Contact the VWC Insurance Department
wcinsurance@workcomp.virginia.gov
(804) 205-3586



COMMONWEALTH OF VIRGINIA
VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220
1-804-205-3586
1-877-664-2566
Fax: 804-367-2239
www.workcomp.virginia.gov

Workers' Compensation Information for Contractors and Subcontractors

Virginia Coverage Requirements

Virginia law requires that an employer who regularly employs three or more part-time or full-time employees to carry workers' compensation. If a business hires subcontractors to perform the same trade, business or occupation, or to fulfill a contract of the business, the subcontractor's employees are included in determining the total number of employees.

Employee is broadly defined in workers' compensation. A corporate officer is an employee. "Employee" also includes part-time, full-time and seasonal workers, minors, aliens and working family members.

Contractor Liability

The legal requirement that a contractor bears potential workers' compensation liability for a subcontractors' employees is from the Statutory Employer law, § 65.2-302. This requirement applies to subcontractors that perform the same trade, business or occupation as the contractor or to fulfill a contract obligation of the contractor. Example: A homebuilding contractor that subcontracts the house electrical must count the employees of the electrical subcontractor because a house requires electrical.

A simple mathematical guide for determining whether a contractor is required to have coverage is for the contractor to add the sum total of all direct employees (the contractor's employees) plus all indirect (the subcontractor's employees). If the contractor has one employee and hires two subcontractors, each with one employee each, the math would look like this:

Contractor	→	hires	Subcontractor 1	and	Subcontractor 2	
(homebuilder)			(electrician)		(plumber)	
with			with		with	
1 employee	+		1 employee	+	1 employee	= 3 employees

The contractor above would be required to have coverage under the law. Contractor liability does not extend to the individual subcontractors or to sole proprietors with no employees, only to subcontractor's employees. The contractor is required to have coverage even if one or all subcontractors have their own coverage. The contractor should gather and maintain proof of coverage for all subcontractors and should not be charged premium for those with coverage.

Voluntary Coverage

Since a potential statutory employer relationship exists for any job done through subcontractors, some contractors will require that all subcontractors they work with carry their own coverage, even sole proprietors and subcontractors that are not required by law to carry coverage. This is because the contractor can be charged additional premium if the subcontractor's coverage is not present. Coverage is available to a business voluntarily, even when it is not required by law.



Commonwealth of Virginia Workers' Compensation Commission

1000 DMV Drive Richmond, VA 23220

vwinsurance@workcomp.virginia.gov

(804) 205-3586

FAX: (804) 367-2239

OFFICER/MANAGER REJECTION OF COVERAGE

Dear Customer:

Fill out this form when an officer of a corporation or a manager of a LLC elects to reject workers' compensation coverage for injury by accident under the Virginia Workers' Compensation Act. **Notice needs to be provided to the employer and a copy must be filed with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220.** A Rejection of Coverage is continuous unless a Termination of Prior Officer Rejection of Coverage (form 17A) is filed.

In order for the Rejection of Coverage form to be processed please keep in mind the following guidelines when completing the form.

1. Please make sure that the most recent version of our Rejection of Coverage form is being submitted. Copies of the most updated forms are available on our website at www.workcomp.virginia.gov in the "Employer Forms" section under the "Employers" tab. You may also request copies by writing to the Commission. Outdated forms will not be accepted.
2. An Executive Officer is defined in the Act as an employee. An Executive Officer means (i) the president, vice-president, secretary, treasurer or other officer, elected or appointed in accordance with the charter and bylaws of a corporation and (ii) the manager elected or appointed in accordance with the articles of organization or operation agreement of a limited liability company.
3. A shareholder of a stock corporation having only one shareholder and a member of a limited liability company having only one member, need not file a rejection of coverage form as they are not considered employees unless they elected to be covered. See § 65.2-101 n.
4. The name of the corporation or LLC should be the same as the Charter by which the corporation or LLC is licensed. The name should also be written on the form as it is registered with the State Corporation Commission. Use the mailing address used by the corporation or LLC to receive mail by the US Postal Service.
5. Identify the entity by checking corporation or LLC. Provide the employer's Federal Identification Number (FEIN) and the State Corporation Commission Identification Number, if applicable.
6. Current Workers' compensation insurance coverage information is to be completed in its entirety. Do not use such terms as "To Be Assigned", "Pending" or "Unknown". Insurance coverage must be active for approval, therefore please do not submit a form using expired coverage, cancelled coverage or coverage that has not yet been filed. You may use the Insurance Coverage search tool on our website under the VWC Resources tab to verify coverage prior to submitting.
7. All requested information **must** be provided for the officer or manager rejecting coverage. If any information or supporting documentation is missing then the form will not be processed.
8. Officer status will be verified by the Commission with the State Corporation Commission. If you anticipate that SCC information is not current or the corporation is based out of state and not listed in SCC you may submit documentation of current officer status (e.g. minutes).
9. Signatures and date of receipt by the employer and officer/manager are required. The form must be signed and dated in both blanks even if the officer/manager and employer are the same person.
10. The effective date of the rejection of coverage is the last to occur: (i) the policy inception or (ii) the delivery of the notice to the employer, in accordance with the statute, section 65.2-101.

Officer/Manager Rejection of Coverage



**PLEASE COMPLETE FULLY AND LEGIBLY
OR FORM CANNOT BE PROCESSED**

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1000 DMV Drive Richmond Virginia 23220
(804) 205-3586
FAX: (804) 367-2239
vwcinsurance@workcomp.virginia.gov

www.workcomp.virginia.gov

All Information Requested is Required

<p style="text-align: center;"><u>Employer Information</u></p> <p>Corporation/LLC Name: _____</p> <p>Address: _____</p> <p>Suite/Bldg: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Corporation: <input type="checkbox"/> LLC: <input type="checkbox"/></p> <p>Business FEIN: (Federal ID Number): _____</p> <p>Va State Corporation Commission ID No: _____</p> <p style="text-align: center;"><u>Employer's Insurance Information</u></p> <p style="text-align: center;"><i>Ensure coverage is filed prior to submitting form to Commission</i></p> <p>Insurance Carrier or Self Insured Group: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p>	<p style="text-align: center;"><u>Officer/Manager Information</u></p> <p>Last Name: _____</p> <p>First Name: _____ MI: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p>SSN (last four digits required): _____</p> <p><u>Officer Title (for those eligible to reject):</u> <i>Officer status will be verified with the State Corporation Commission.</i></p> <p>For a Corporation (check one) <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other(*) _____ <i>*For "Other" titles, corporate charter and bylaws showing title must be included with filing</i></p> <p>For a LLC <input type="checkbox"/> Manager of a Multiple Member LLC <i>LLC Managers or Managing Members must include the employer's Operating Agreement or Articles of Organization showing Manager election or appointment in order to verify Manager status.</i></p> <p style="text-align: center;">Are you paid salary or wages on a regular basis at an agreed amount? <input type="checkbox"/> Yes <input type="checkbox"/> No (Response Required)</p>
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Pursuant to the provision of Section 65.2-300 of the Virginia Workers' Compensation Act, the undersigned hereby rejects the right to claim workers' compensation benefits for injuries by accident. This rejection of coverage shall be effective as of the last to occur (i) the policy inception or; (ii) the delivery of the notice to the employer, pursuant to §65.2-300

Signature of Officer/Manager	Date signed:
Signature of Employer	Date notice received by Employer:

Complete section below for Agent or Agency to receive a copy of the 16A Approval

Agency Name: _____	Agent Name: _____
Address: _____	Agent Telephone: _____
City: _____ State: _____ Zip: _____	Agent Email: _____