

Referral for Lack of Coverage Form
(Form 62)



Virginia Worker's Compensation
1000 DMV Drive
Richmond, VA 23220
www.workcomp.virginia.gov

Purpose: Use this form to report an employer who may be operating without workers' compensation insurance coverage required by law. All referrals submitted will be kept confidential to the extent possible under the law.

Instructions: Complete form and send to the Insurance Investigator by mail to the address above or by fax to: (804) 367-2239 or by e-mail to: vwinsurance@workcomp.virginia.gov. You can also report an uninsured employer by calling (804) 205-3223 or call toll-free (in VA) to the Commission at 1-877-664-2566 and ask for the Insurance Investigator.

EMPLOYER INFORMATION			
Virginia law requires that employers who regularly employ three or more full-time or part-time employees purchase and maintain workers' compensation insurance.			
NAME OF BUSINESS / TRADE NAME or PERSON			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
TYPE OF BUSINESS OR INDUSTRY IN OPERATION			
What leads you to believe the business or person listed above is operating without worker's compensation insurance?			
Please provide complete name, address and information for VWC review and investigation.			

OPTIONAL INFORMATION	
An Insurance Worker may contact you to clarify the information that was provided or to obtain additional information. All information in this section is optional.	
REPORTER'S NAME	
DAYTIME TELEPHONE NUMBER ()	EMAIL ADDRESS
YOUR RELATIONSHIP TO THE BUSINESS BEING REPORTED	
<input type="checkbox"/> Spouse/Ex <input type="checkbox"/> Competitor <input type="checkbox"/> Employee/Ex <input type="checkbox"/> Other: _____	