



Filing a 61A, Certificate of Workers' Compensation Insurance

Pursuant to § 58.1-3714, the governing body of each county, city or town must require every contractor to provide written certification at the time of any application for issuance or reissuance of a business license that such contractor is in compliance with workers' compensation requirements and will remain in compliance during the effective period of the business license.

1. Go to the 61A Form website at:

webfile.workcomp.virginia.gov/public-webforms/form61a

2. Review the important message screen.
3. Click the "Next" button to continue to the "Owner/Contractor's Information" section.

IMPORTANT



You will need your policy information/declaration page to complete this form.

If this is not available to you, you will need to contact your agent/broker to obtain your policy number as it was filed with NCCI, the five-digit NCCI carrier code assigned to the insurance carrier you are insured with and the effective and expiration date of your policy.

4. Complete the blank fields and make sure all required fields (marked with an *) are complete.
5. Click the “Next” button to continue to the “Business’s Information” section.

The screenshot shows the 'Owner/Contractor's Information' section of Form 61A. At the top, a progress bar indicates the current step is 2, with steps 1 through 6 labeled: Important Message, Owner/Contractor's Information, Business's Information, Insurance's Information, Signature, and Confirmation. The section title is 'Owner/Contractor's Information' with a sub-instruction: 'Enter the Name of the Business Owner/Contractor certifying compliance with Section 55.1-5714'. Below this are input fields for 'First Name *' and 'Last Name *'. The next instruction is 'Enter the Home Mailing Address of the Business Owner/Contractor', followed by a checkbox for 'Override Address Validation'. There are three input fields for 'Address Line 1 *', 'Address Line 2', and 'City *'. A dropdown menu for 'State *' and an input field for 'Zip *' are also present. The final instruction is 'Enter the Contact Telephone Number of the Business Owner/Contractor', with a 'Phone *' input field. At the bottom, there are 'Back' and 'Next' buttons.

6. Complete the blank fields and make sure all required fields (marked with an *) are complete.
7. Click the “Next” button to continue to the “Insurance’s Information” section.

The screenshot shows the 'Business's Information' section of Form 61A. The progress bar at the top shows step 3 is active, with steps 1 through 6 labeled: Important Message, Owner/Contractor's Information, Business's Information, Insurance's Information, Signature, and Confirmation. The section title is 'Business's Information' with a sub-instruction: 'Select your business entity type'. Below this is a dropdown menu for 'Business Type *'. The next instruction is 'Type of Trade or Industry', with a dropdown menu for 'Trade Type'. A question follows: 'Is the business address different from the address of the Business Owner/Contractor? *', with radio buttons for 'Yes' and 'No'. The next instruction is 'Enter the Telephone Number of the business address', with a 'Phone *' input field. This is followed by 'Enter your email address', with an 'Email *' input field. The final instruction is 'What is the Business Federal Employer ID (FEIN) or Tax ID Number of the business?', with a 'FEIN / Tax ID *' input field. At the bottom, there are 'Back' and 'Next' buttons.


8. Select “Yes” or “No” to whether your business is insured for workers’ compensation and make sure all required questions (marked with an *) are complete.

The screenshot shows the 'Insurance's Information' step of the Form 61A application. A progress bar at the top indicates the current step is 4 out of 6. The main heading is 'Insurance's Information'. The first question is 'Is this business insured for workers' compensation?' with radio buttons for 'Yes' (selected) and 'No'. The second question is 'How did you obtain your insurance?' with four radio button options: 'Through an Insurance Carrier licensed in Virginia' (selected), 'Became a client of a Professional Employer Organization (PEO) registered in Virginia', 'Became a Member of a Group Self Insurance Association (GSIA)', and 'Was issued a certificate of authorization to be self-insured by the Virginia Workers' Compensation Commission'. At the bottom are 'Back' and 'Next' buttons.

Note: If your business has workers’ compensation insurance, as you type the Carrier Code into the application, the Insurance Carrier name and Carrier number will appear in a list. Selecting your Insurance Carrier from the list will populate your Insurance Carrier’s name in the Insurance Carrier field. If the Insurance Carrier list does not appear in the list, please confirm your Carrier Code.

This screenshot shows the same 'Insurance's Information' step, but with the 'Carrier Code' field populated. The question 'Is this business insured for workers' compensation?' remains 'Yes'. The 'How did you obtain your insurance?' question remains 'Through an Insurance Carrier licensed in Virginia'. Below this, there is a field for 'Enter five digit NCCI carrier code found on the declaration page of your policy' with the value '125'. A dropdown menu shows 'MID CENTURY INS CO' and '12998'. Below this are fields for 'Policy Number', 'Effective Date', and 'Expiration Date', each with a calendar icon. 'Back' and 'Next' buttons are at the bottom.

Note: The Insurance Policy number should **not** include any special characters (i.e., -, *, &, ...) even if they appear on your policy DEC page. The exception is all GSIA (Group Self Insured Agency) policies—they **must** include the dash.

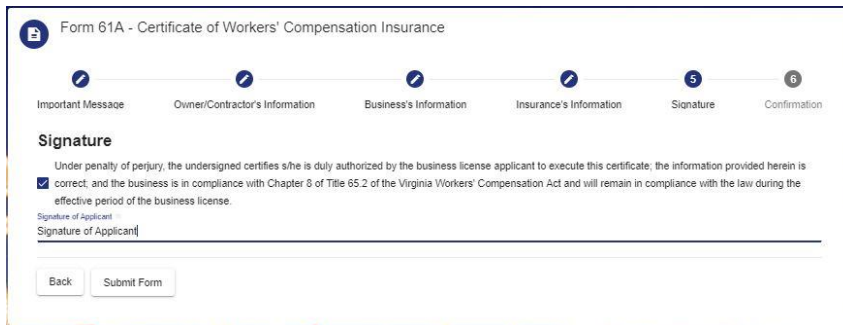


Enter the policy number listed on your declaration page of your policy, excluding spaces and dashes (example PWJK123478901)

Policy Number *

Required Field

9. Click the “Next” button to continue to the “Signature” section.
10. Check box to certify signatures.
11. Enter your signature in the blank field.
12. Click the “Submit Form” button.



Form 61A - Certificate of Workers' Compensation Insurance

Important Message Owner/Contractor's Information Business's Information Insurance's Information **Signature** Confirmation

Signature

Under penalty of perjury, the undersigned certifies s/he is duly authorized by the business license applicant to execute this certificate; the information provided herein is

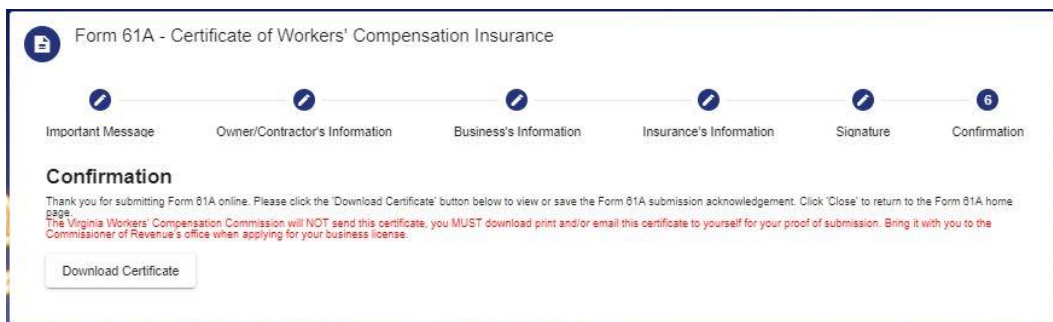
correct; and the business is in compliance with Chapter 8 of Title 65.2 of the Virginia Workers' Compensation Act and will remain in compliance with the law during the effective period of the business license.

Signature of Applicant

Signature of Applicant

Back Submit Form

13. Review the confirmation message.



Form 61A - Certificate of Workers' Compensation Insurance

Important Message Owner/Contractor's Information Business's Information Insurance's Information Signature **Confirmation**

Confirmation

Thank you for submitting Form 61A online. Please click the 'Download Certificate' button below to view or save the Form 61A submission acknowledgement. Click 'Close' to return to the Form 61A home page.

The Virginia Workers' Compensation Commission will NOT send this certificate, you MUST download print and/or email this certificate to yourself for your proof of submission. Bring it with you to the Commissioner of Revenue's office when applying for your business license.

Download Certificate

Note: Upon submission, you **must** select the “Download Certificate” button. The Virginia Workers’ Compensation Commission will not send this.

IMPORTANT



Google Chrome Users—if your certificate **does not** appear, please check the bottom of your browser screen. The PDF may have downloaded and you **must** select the box at the bottom of your screen to open the PDF, and then save it appropriately.