



**Have questions? Need assistance? We are here to help!**

**Call 1-800-644-6292 and listen to the options to reach a customer service representative available Monday through Friday from 7:30 a.m. to 5:30 p.m. EST.**

**Visit our website for more information at [bwc.ohio.gov](http://bwc.ohio.gov).**

**Complete all required fields (\*) to avoid processing delays.**

**Applications without a \$120 non-refundable application fee will be returned, not processed, and delay the effective date of coverage.**

**How to apply**

- **Online:** at [bwc.ohio.gov](http://bwc.ohio.gov) by completing all required fields and submitting payment of \$120 using Visa, MasterCard, American Express, checking account, or savings account.
  - o Save in progress will allow you up to 15 days to complete the application process.
  - o Coverage is not in effect until the date the application with \$120 is submitted successfully to BWC.
  - o State-fund public employers – defined as school districts, counties, townships, or other public employer taxing districts will need to provide a copy of the resolution, meeting minutes signed by an appointing authority, and any court order creating the entity. This information will be requested when your application is being processed.
  - o Live chat support is available Monday through Friday, 8 a.m. - 5 p.m.
- **Mail:** Complete all required fields on this application, along with any additional details, and mail the completed, signed application with a check/money order for \$120 to:
 

**Ohio Bureau of Workers' Compensation**  
 P.O. Box 15698  
 Columbus, OH 43215-0698  
 Payable to: Ohio Bureau of Workers' Compensation

  - o Coverage is not in effect until the completed application, with the \$120 application fee is received by BWC.
- **In person:** Refer to the BWC service office locator [bwc.ohio.gov](http://bwc.ohio.gov) under Contact Us for a local service office to drop off an application with a check/money order for the \$120 nonrefundable application fee for processing.

**Facts about a policy**

- State-fund private employers' policies **renew every July 1** until you request cancellation in writing. (Ohio Administrative Code, (OAC) 4123-17-01(A))
- State-fund public employers' policies **renew every Jan. 1** until you request cancellation in writing. (OAC 4123-17-01(B))

- Volunteers cannot be covered under a policy unless they meet the definition of an emergency volunteer.
- An officer of a nonprofit entity who volunteers his/her services as a corporate officer to a nonprofit entity is not considered an employee for workers' compensation purposes and should not be included in payroll.

**Who needs a policy?**

- Any entity or employer with employees whose hiring contract was completed within the borders of Ohio.
- Any entity or employer with employees, and the employer's main supervising office is located within Ohio.
- Corporations with more than one owner/officer, the owner/officers meet the definition of statutory employee and are subject to minimum/maximum reporting of payroll unless meeting criteria for exclusion. See elective coverage for more information.
- Independent contractors and subcontractors with employees.
- Domestic household employer who pays a worker at least \$160 in a calendar quarter, or any consecutive 13-week period. Job duties often include cooking, gardening, housekeeping, babysitting, etc.
- Domestic household employers hiring a contractor to perform home improvement and/or construction activities – You may want to verify they have their own active workers' compensation coverage.
- Sole proprietors or partners, and an individual incorporated as a corporation without employees if they wish to obtain coverage for themselves.

**Required fields/areas are indicated by an asterisk (\*) and must be completed to avoid processing delays.**

**General Information\***

- Legal business name/homeowner
  - o Legal business name includes name(s) of individual(s) for a sole proprietor, partnership, or domestic household employers (homeowner).
  - o Please limit the name to 40 characters. If additional space is needed, either abbreviate or use the "doing business as" name(s) field for any overflow.

## Instructions

### Identification number\*

- Federal identification number or Social Security number for the business.

### Do you currently have any employees earning wages in Ohio? Or do you plan on hiring employees within the next 12 months?\*

- If *yes*, provide the date you first hired an Ohio employee, or plan to hire an Ohio employee in the next 12 months.
  - Ohio Revised Code (ORC) 4123.01 – definition of an employee and includes corporate officers earning wages in Ohio as statutory employees, subject to minimum/maximum payroll reporting.
- If *no*, answer the No Employee Questionnaire at the end of this form.
- A no coverage penalty will be calculated from the first hire date through the effective date of the policy.
- Estimated no coverage penalty is calculated using the 12-months payroll estimate and classification for employees.
- The no coverage penalty will be adjusted if actual payroll is provided.

### Business address(es)\*

- Primary location
  - P.O. Box is not permitted.
  - Ohio location preferred.
  - If you are an out of state entity or there is no physical Ohio location for the business, provide the location responsible for handling and resolving your policy issues.
- Mailing address
  - All policy related correspondence, including invoices.
- Additional locations
  - To cover an additional entity under one policy, it must have the same ownership group.
  - If more than one, attach to the end of the application.
- Business communication
  - Business email
  - Business phone
  - Mailing address attention to individual may be added for mailing policy correspondence.
  - Business website
  - Business fax

### Contacts\*

- Up to two contacts may be added.

### Business entity type\*

- Association - In general, an association is a group of persons banded together for a specific purpose.
- Corporation – Conducts business, realizes net income or loss, pays taxes, and distributes profits to shareholders.

- Family farm corporation – A corporation founded for the purpose of farming agricultural land in which the majority of the voting stock is held by and the majority of the stockholders are persons or the spouse of persons related to each other within the fourth degree of kinship, according to the rules of the civil law, and at least one of the related persons is residing on or actively operating the farm, and none of whose stockholders are a corporation.
- Individual incorporated as a corporation (I-Corp) – A corporation with one sole owner/officer and no employees.
- Limited liability company acting as a corporation – An entity created by state statute and the number of members may vary.
- Limited liability company acting as a partnership – A domestic limited liability company with at least two members is classified as a partnership for federal income tax purposes unless designated on IRS Form 8832 to be treated as a corporation. Required at least 51% ownership provided to continue processing without delays.
- Limited liability company acting as a sole proprietor – If an LLC has only one member and is classified as entity disregarded from its owner, its income, deductions, gains, losses, and credits are reported on the owner's income tax return.
- Limited partnership – For professional partnerships, such as law firms or accounting firms. Required at least 51% ownership provided to continue processing without delays.
- Partnership – A relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business.
- Sole proprietor – Someone who owns an unincorporated business by himself or herself.
- State/local government – The state, including state hospitals, each county, municipal corporation, township, school district, and hospital owned by a political subdivision.

### Charter details

- Any limited liability company, corporation, or association must provide:
  - Charter details often filed and provided by the Secretary of State's office in the state in which the entity is registered.
  - Charter number
  - Incorporation date
  - State of incorporation

## Instructions

### Homeowner/Domestic employer

- Make the appropriate selection of the job description or duties for a domestic employee.
- One who pays workers \$160 or more in any calendar quarter from a single household. BWC defines a calendar quarter as any consecutive 13-week period.

### Special employer types

- For Professional Employer Organizations (PEO) refer to Ohio Revised Code 4125, et seq., Ohio Adm. Code 4123-17-15 for appropriate statutes and rules.
- For Alternate Employer Organizations (AEO) refer to Ohio Revised Code 4133, et seq., Ohio Adm. Code 4123-17-15 for appropriate statutes and rules.
- Respond to the special employer type questions.
- These employer types will have additional forms required for processing and to ensure the proper coverages are issued.

### Out-of-state considerations

- Ohio employers with Ohio employees working outside the state and have coverage in the other state for exposure.
- Will need to file Notice of Election to Obtain Coverage from Other States for Employees Working Outside of Ohio (U-131).
- Other states coverage may be an option for these employers to seek.

### Elective coverage

- Coverage on certain owners or ministers is voluntary. Listed below are the individuals who qualify for elective coverage (OAC 4123-17-07).
  - Sole proprietor
  - Partnership
  - Limited liability company acting as a sole proprietor
  - Limited liability company acting as a partnership
  - Family farm corporate officers
  - Ordained or associate minister of a religious organization
  - Individual incorporated as a corporation (I-Corp)
- Acknowledgement required for reporting requirements and how to cancel.

### How much will it cost?

- Minimum/maximum reporting guidelines. (OAC 4123-17-30)
- Ordained ministers and associate ministers of a religious organization report their actual payroll, with no applicable minimum.
- Job duties and business pursuit determine the classification & rate for premium.
- Every July coverage renews and will continue to be charged until you request cancellation in writing.
- Example: Coverage added July 1, 2020, for a sole proprietor who does roofing, receiving no discounts, and makes under the minimum payroll required to report for the year.
  - $\$25,480 * .099625 = \$2,538.45$  annual premium from July 1, 2020, through July 1, 2021

### What about independent contractors or sub-contractors?

- If you are an independent contractor or sub-contractor applying for a policy, and you are applying as a sole proprietor, coverage on yourself is elective.
- If adding elective coverage, premium will be calculated and assessed in addition to the \$120 minimum premium.
- If you add coverage, see **How much will it cost?** for wage reporting requirements.

### What if I do not add elective coverage with this application?

- Apply later to add using BWC U-3S.
- Coverage is added the date we receive your completed application, and applicable premiums charged.
- **Note:** If you choose not to add elective coverage for these individuals and he/she is injured at work, other insurance may not cover the work-related disability or medical bills.

### Does the church need coverage for a minister?

- Ordained ministers are not considered employees for the purpose of workers' compensation by Ohio law and therefore, a church must add coverage for the ministers they want to cover under its policy.
- If the religious entity does not choose to cover a minister and the minister wants to have workers' compensation coverage, they would need a policy as a sole proprietor and add elective coverage for themselves. The minimum and maximum reporting for payroll would apply. See **How much will it cost?** for more information.

### How do I cancel elective coverage?

- Must cancel coverage in writing. If written cancellation notice is not received, coverage will remain, and you will be invoiced applicable premiums.
- Coverage will renew each July unless we receive a written request to cancel.
- Failure to pay billed premiums will lapse your coverage; however, you will continue to be charged premiums during any lapsed period.

### Owner/Officer/Minister information

- Thoroughly complete owner/officer/minister information to avoid processing delays.
- Information required for owners/officers/ministers to submit this application.
  - Name
  - Home mailing address
  - Social Security number
  - Title
  - Job duties
  - Phone number and email address

## Instructions

### Description of operations\*

- Describe, in detail, your services and/or products, including the method of operations performed in Ohio.
- List details including any machinery, equipment, tools and raw, semi-finished materials used to perform all duties.
- Mark the best industry selection and checkbox to match your operations.
  - Refer to OAC 4123-17-04 for more information and rules around classification.
  - Refer to OAC 4123-17-08 for the rules regarding the assignment of class codes.

### Estimated annual payroll by operation type\*

- Provide the 12-month estimated Ohio payroll for each operation conducted by employees and the estimated number of employees in each.
- Include corporate officers in payroll totals pursuant to the OAC 4123-17-14.
- Any included coverage individual(s) estimated 12-month payroll per minimum/maximum rules, OAC 4123-17-07.
- Used to estimate and calculate any applicable no coverage penalty.

### Premium payment installment plan

- Choose the payment plan best for the business, and we will do our best to accommodate your selection.
- Annual premiums totaling \$250 or less will be billed as a one pay, due at the beginning of each policy year.
- If your preferred installment plan is unavailable, we will pick the closest plan when your application is being processed.
- The preferred plan on the application will be noted for consideration upon renewal of the policy.

### Business formation and policy affiliations\*

- Indicate the selection that best describes how the operation or business was established.
- Notice of purchase, sale, merger information involving other policies.
  - Need payroll records up to five years from the previous employer.
  - Refer to OAC 4123-17-02 for the definition of successor requiring notice to workers' compensation, even with no purchase involved in some instances.
- Operations being continued by a family member with an active policy, you may submit to update the existing policy and may not need to complete this application.
  - You may complete the [Notification of Policy Update \(U-117\)](#) with necessary ownership details and signatures.

- And, [Notification of Business Purchase/Merger/Sale \(U-118\)](#) to make additional updates and obtain necessary signatures for changes on an existing policy.

- Provide information of affiliated policies for those owners or officers with ownership of the new entity.

### Certification to submit application\*

- Provide the name, title, and date of the individual completing the application when submitted.

### No employee questionnaire

- For those needing a certificate of coverage without providing coverage for any employees, or being amenable by state law, to gather additional information why the policy and coverage are desired and properly underwrite the policy.

### After my application is processed, what's next?

- Log in to [bwc.ohio.gov](http://bwc.ohio.gov) for additional access after your policy is issued. Most information is found on our website at [bwc.ohio.gov](http://bwc.ohio.gov).
- Receive your Certificate of Coverage
- An invoice statement showing the reconciliation of the \$120 application fee and any additional premiums or calculated no coverage penalty for applicable employers.

### How to contact us

**Toll-free: 1-800-644-6292,**

**Monday through Friday, 7:30 a.m. – 5:30 p.m.**

- Hearing impaired:  
The Ohio Relay Service (ORS) provides full telephone accessibility to people who are deaf, deaf-blind, hard-of-hearing or speech-disabled. Specially trained Communication Assistants (CAs) process relay calls and stay on the line to relay conversations electronically, over a Text Telephone (TTY) or, in some cases, verbally to hearing parties.  
To contact ORS, call 7-1-1 and have the telephone number that you wish to call ready in advance.
- Live chat support is available during the application process Monday through Friday, 8 a.m. – 5 p.m.



Have questions? Need assistance? We are here to help!

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Visit our website for more information at [bwc.ohio.gov](http://bwc.ohio.gov).

Complete all required fields (\*) to avoid processing delays.

BWC will return applications without the \$120 non-refundable application fee.

**\*General information**

*Legal business name/Homeowner		*Federal employer identification number/Social Security number	
Doing business as			
*Do you currently have any Ohio employees? Or do you plan on hiring Ohio employees within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(*Note: If you do not have employees and will not be hiring any, complete the No Employee Questionnaire at the end of this form.)</i>			*First hire date

**\*Business address**

*Primary physical location (Ohio preferred) address line 1 (P.O. Box not allowed)		Address line 2	
*City	*State	*ZIP code	

Mailing address  Check if your mailing address is the same as above.

*Mailing address line 1			
*City	*State	*ZIP code	

Additional Ohio business name			
Additional Ohio physical location address line 1 (P.O. Box not allowed)		Address line 2	
City	State OH	ZIP code	

**Note:** List any additional locations at the end of this form.

**\*Business communication**

*Business email		*Business phone	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address attention to	Business website	Business fax	

**Contacts**

*Primary contact name (First, Middle Initial, Last, and Suffix)			
*Contact email		*Contact phone	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Title/Contact type			
Secondary contact name			
Contact email		Contact phone	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal business name	Quote/Policy (BWC use only)
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Title/Contact type

**\*Business entity type**

<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Limited partnership**	<input type="checkbox"/> Corporation**
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability company acting as a corporation**	<input type="checkbox"/> Family farm corporation**
<input type="checkbox"/> Limited liability company acting as a sole proprietor**	<input type="checkbox"/> Association**	<input type="checkbox"/> State/Local government
<input type="checkbox"/> Limited liability company acting as a partnership**	<input type="checkbox"/> Individual incorporated as a corporation**	

**Note:** For the above (\*\*) entities, complete the required fields below (\*\*).

**Charter number	**Incorporation date	**State of incorporation
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**Homeowner/Domestic employer**

**Construction – new home, room addition, remodel, roofing** (Adding a new room addition to an existing home, roofing a house, having a deck put on, installing a fence, kitchen remodel, etc.)

Hiring an insured contractor

Hiring my own employees/labor - for a homeowner and not contractors

**Domestic inside/outside help** (Cook, babysitter, gardener/lawn care, housekeeper, etc.)

**Home improvement/maintenance** (Interior painting of room, door/window repair, drywall repair, minor carpentry work, etc.)

**Special employer types**

These employer types have additional forms required for processing and to ensure proper coverage. These entities must also register with BWC and follow all appropriate statutes and rules.

Are you a Temporary Service/Staffing Agency?  Yes  No

Are you a Professional Employer Organization (PEO)?  Yes  No

Are you an Alternative Employer Organization (AEO)?  Yes  No

Are you a nonprofit organization?  Yes  No

**Out-of-state considerations**

If you are an Ohio based employer, do you have employees from Ohio who will be working temporarily in another state and have a separate policy to cover them?  Yes  No

\*If yes, we will send you a Notice of Election to Obtain Coverage from Other States for Employees Working Outside of Ohio (U-131), or you can download it from the employer forms section of our website.

**Elective coverage**

Complete ownership must be provided for any sole proprietor or partnership entity types to equal 100% total ownership. Churches who wish to cover their ministers must provide the demographic information for the minister and should read the below regarding elective coverage. If you find a need for elective coverage later, complete the Application for Elective Coverage (U-3S).

Coverage on the owner/officer(s) of certain entity types, or coverage for a minister is voluntary. Listed below are the individuals who qualify for elective coverage (OAC 4123-17-07). See the instructions for additional information and requirements for reporting of wages and premiums.

- Sole proprietor
- Partnership
- Limited partnership
- Limited liability company acting as a sole proprietor
- Limited liability company acting as a partnership
- Family farm corporate officers
- Ordained or associate minister of a religious organization
- Individual incorporated as a corporation (with no employees) (I-corp)

If individuals at the company meet the qualifications for elective coverage, you must enter their name and demographic details in the owner/officer/minister information section. If you select yes to add elective coverage, understand by doing so, you are acknowledging and agreeing to the minimum and maximum payroll reporting requirements outlined in the instructions and in accordance with OAC 4123-17-30. Remember, if you do not cover this individual, and that person is injured at work, BWC will not provide coverage, and other insurance may not cover a work-related disability or related medical bills.

Initial to acknowledge you have read and understand the elective coverage guidelines.

Legal business name	Quote/Policy (BWC use only)
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**\*Owner/Officer/Minister information**

\*Name (First, Middle Initial, Last, and Suffix)  
 Dr.  Mr.  Mrs.  Ms.

\*Home mailing street address

*City	*State	*ZIP code
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*Social Security number	Date of birth	*Ownership %
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*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**\*For individuals that qualify for elective coverage, do you wish to elect coverage? (See elective coverage section)**  
 YES, add elective coverage for this person and agree to reporting and cancellation requirements per OAC 4123-17-30.  
 NO, do not add coverage for this person, and understand that BWC will not pay benefits for a work-related injury for this person since coverage is declined.

*Job duties	*Title
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Are you a volunteer for a nonprofit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*Name (First, Middle Initial, Last, and Suffix)  
 Dr.  Mr.  Mrs.  Ms.

\*Home mailing street address

*City	*State	*ZIP code
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*Social Security number	Date of birth	*Ownership %
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*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**\*For individuals that qualify for elective coverage, do you wish to elect coverage? (See elective coverage section)**  
 YES, add elective coverage for this person and agree to reporting and cancellation requirements per OAC 4123-17-30.  
 NO, do not add coverage for this person, and understand that BWC will not pay benefits for a work-related injury for this person since coverage is declined.

*Job duties	*Title
-------------	--------

Are you a volunteer for a nonprofit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

\*Name (First, Middle Initial, Last, and Suffix)  
 Dr.  Mr.  Mrs.  Ms.

\*Home mailing street address

*City	*State	*ZIP code
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*Social Security number	Date of birth	*Ownership %
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*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**\*For individuals that qualify for elective coverage, do you wish to elect coverage? (See elective coverage section)**  
 YES, add elective coverage for this person and agree to reporting and cancellation requirements per OAC 4123-17-30.  
 NO, do not add coverage for this person, and understand that BWC will not pay benefits for a work-related injury for this person since coverage is declined.

*Job duties	*Title
-------------	--------

Are you a volunteer for a nonprofit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Legal business name

Quote/Policy (BWC use only)

**\*Description of operations**

Describe your services and/or products, including your method of operations performed in Ohio. List any machinery, equipment, tools, raw, and semi-finished materials used to perform all duties.

**Industry groups**

Mark the best selection(s) to describe those business operation(s) and/or goods/services provided.

Agriculture

Utility

Extraction

Commercial

Manufacturing

Service

Construction

High risk commercial/Service

Transportation

Office work/Miscellaneous



Legal business name	Quote/Policy (BWC use only)
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**Estimated annual payroll**

Include the employee operation type, estimated number of employees, and estimated 12-month payroll. Include any owner/officer(s) of a corporation, association, or a limited liability company acting as a corporation (except for individuals incorporated as a corporation without employees). These owner/officer(s) are covered as statutory employees (i.e., coverage is not voluntary) and *should* be included in the estimated annual payroll.

*Operation type (List all types - attach additional sheets if necessary). Provide estimated information for all employees including corporate officers as noted above.	Estimated number of employees	Estimated total payroll
<b>Clerical office personnel</b> (no duties outside the office, in sales or service, no counter service or exposure to factory operations)		
<b>Clerical telecommuter</b> (clerical employees working from residence)		
<b>Domestic workers - residences</b> (not for construction entities)		
<b>Drivers</b> (truck or delivery)		
<b>Traveling salespeople</b> (no handling, service, or delivery)		

**Elective coverage annual payroll**

\*If you have elected coverage for an individual, list their names below and estimate the 12-month payroll for each. You must follow the minimum/maximum reporting requirements for these individuals as outlined, which can be found online at [www.bwc.ohio.gov](http://www.bwc.ohio.gov).

Name of individual electing coverage	Estimated total payroll

**Installment plan selection**

Select the installment option you prefer for the next full policy year. For premiums totaling \$250 or less BWC will set an annual payment plan. Otherwise, if a selection is not made, a bimonthly (6) payment plan will be selected.

- Annual (1)    Semiannual (2)    Quarterly (4)    Bimonthly (6)    Monthly (12)

For partial policy years, not starting on July 1, BWC will match as closely as possible to your selection.

**\*Business formation/Purchase/Sale**

**\*Which best describes the business formation in Ohio?**

- Formation of a new entity operating in Ohio
- Asset purchase only\*\*
- Involuntary transfer\*\*
- Merger\*\*
- Purchase\*\*

**Note:** For any (\*\*) above, you *must* complete the related purchase/sale & policy affiliations below. Any information omitted is subject to BWC findings and process.

Legal business name	Quote/Policy (BWC use only)
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**Purchase/Sale & Policy affiliations**

*Prior business name	Prior policy number
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\*Date of transaction for purchase/merger/transfer

\*Is there a written agreement with this transaction?  Yes  No (If yes, BWC may request a copy of the agreement.)

\*Are you aware of any portions of the former business still having additional ongoing operations?  Yes  No

If yes, provide detail

\*How many employees did you hire from the former employer?

\*Are you operating in the same location as the former employer had?  Yes  No

\*Do you continue to service the contracts or client lists of the former employer?  Yes  No

\*During the transfer, have operations continued without interruption?  Yes  No

\*Are you conducting business in a similar manner as the former employer?  Yes  No

If no, provide detail

\*Name of the individual to contact regarding this transaction

*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*Have any of the owners/officers associated with this business been affiliated with another Ohio workers' compensation policy before now?  Yes  No

If yes, please list the names of those owners/officers or businesses and policy number(s), if known.

Prior business name	Prior policy number

**Certification**

I, \_\_\_\_\_ (print certifier name) certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person who does not secure or maintain workers' compensation coverage and pay all appropriate premiums in accordance with Ohio laws, or misrepresents, conceals facts, or makes false statements to obtain coverage may be subject to civil, criminal, and/or administrative penalties.

Certifier signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** The policy is not in effect until BWC receives the completed application with the \$120 non-refundable application fee. In addition, coverage is contingent on the timely receipt of the first installment payment. BWC cannot process incomplete applications or applications submitted without payment. Signature and date are required.

**BWC USE ONLY**

Policy number	Quote number	Effective date	Payment type <input type="checkbox"/> Money order <input type="checkbox"/> Check	Payment amount	Date received	Initials
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**No employee questionnaire**

**Background**

Frequently, customers submit applications for workers' compensation where no requirement for coverage is indicated. This is often related to the business or individual indicating they have no employees. Nationwide, there is a trend to expand the definition of an independent contractor for the sole purpose of avoiding payment of workers' compensation premiums for those who should be employees. Determining the status of a worker as independent or employee status may require more analysis.

We will provide coverage for a business or individual where coverage is required, and underwriting guidelines are met. However, where the relationship between a worker and the business hiring them appears to be one of employer/employee, a policy issued to the worker offers no value for either the worker or the hiring entity. In such cases we may deny coverage.

Since you are requesting coverage in a situation where no employees are anticipated, provide response to the below questionnaire to provide us with some additional information to aid in our review as we process your application for coverage.

1. Why is coverage desired?

- I am an independent contractor.
- I am an out of state employer wanting to bid on a job in Ohio.
- My business is in its beginning start-up phase.
- Other

Description

2. Are jobs awarded to you through a competitive bidding process?  Yes  No

3. Is there a written contract between you and the general contractor for each new job?  Yes  No

4. Is there direct supervision, instruction, or training provided by the general contractor for the work you are performing?  
 Yes  No

5. Who provides the materials, supplies, tools, and equipment used to perform your work?

- General contractor
- Self

6. How are you paid by the general contractor?

- Commission
- Contract price
- Hourly
- Per job
- Other

Description

7. Do you have auditable records in the name of your business?  Yes  No

8. How do you track your business expenses?

- Business checking account
- Cash distribution journal
- Personal checking account
- Other

Description