

**Bureau of Workers'  
Compensation****Initial Application by Employer for Authority  
to Pay Compensation Etc., Directly**

Submit the form to BWC in one of the following ways.

**Email:** [siing@bwc.ohio.gov](mailto:siing@bwc.ohio.gov)

**Fax:** 614-621-9405

**Mail:** BWC Mail Processing Center

Attn: Employer Services

30 W. Spring St.

Columbus, OH 43215-2256

**Important:** If you email, fax, or mail the form to BWC, be sure to sign and date the form. BWC cannot process it without a signature.

**Business information**

Name of applicant (shown exactly as in the Articles of Incorporation)

Federal tax ID number

Present state-fund policy number

Type of entity (Check appropriate box.)

☐ Association ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole proprietor

State of incorporation

Date of incorporation

Requested effective date

Are you a professional employer organization (PEO)?

☐ Yes ☐ No

Are you an alternate employer organization (AEO)?

☐ Yes ☐ No

**Demographics**

Address

City

County

State

ZIP code

Corporate contact person

Contact phone number

Contact email address

**Ultimate parent information**

Name of ultimate parent (shown exactly as in the Articles of Incorporation)

Ultimate USA parent federal ID number

State of incorporation

Date of incorporation

Percentage of ownership  
%

**Additional information**

How long have you been operating in Ohio under the state-fund policy number listed above? \_\_\_\_\_ Years \_\_\_\_\_ Months

Have you ever carried Ohio workers' compensation under any other policy number or name before? ☐ Yes ☐ No

If yes, please complete information below.

Company name

Policy number

Did you purchase

☐ All ☐ Part of business?

Was business at *time of purchase*

☐ Operating? ☐ Inactive?

What is the nature of the business of the applicant employer, within the State of Ohio?

What was the date of commencement, or is the proposed date of commencing business in Ohio?

Number of Ohio employees

**Financial information**

**Note:** If the applicant does not possess the GAAP compliant financial information, the ultimate parent of the applicant must provide all required GAAP compliant financial information. This information must include certified balance sheets and profit and loss statements (with footnotes). In addition, you must include 10K and 10Q reports, if available, for the last five years. We also require current year unaudited balance sheet and profit and loss statements. Formal annual reports containing the above-mentioned statements are acceptable.

Total Ohio assets at end of last fiscal year or calendar year

Total Ohio gross payroll for last calendar year or fiscal year

**Excess workers' compensation insurance**Does your company currently have excess workers' compensation insurance? ☐ Yes ☐ No

Name of carrier

Name of agent

Telephone number

Policy number

Limit of indemnity

Self-insured retention

**Subsidiary addition**Are there any additional subsidiary entities included with this application? ☐ Yes ☐ No

If yes, fill out the SI-6S for each additional entity.

**Certification**

Print name

Print title

Signature

Date signed