



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 the Form 61A - Certificate of Workers' Compensation Insurance. The progress bar at the top indicates that this is the second step, with 'Important Message' as the first and 'Business's Information' as the third. The section title is 'Owner/Contractor's Information' and the instruction is 'Enter the Name of the Business Owner/Contractor certifying compliance with Section 55.1-5714'. The form contains the following fields: 'First Name *', 'Last Name *', 'Enter the Home Mailing Address of the Business Owner/Contractor' (with an 'Override Address Validation' checkbox), 'Address Line 1 *', 'Address Line 2', 'City *', 'State *', 'Zip *', and 'Enter the Contact Telephone Number of the Business Owner/Contractor' (with a 'Phone *' field). 'Back' and 'Next' buttons are at the bottom.

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 the Form 61A - Certificate of Workers' Compensation Insurance. The progress bar at the top indicates that this is the third step, with 'Important Message' as the first, 'Owner/Contractor's Information' as the second, and 'Insurance's Information' as the fourth. The section title is 'Business's Information' and the instruction is 'Select your business entity type'. The form contains the following fields: 'Business Type *', 'Type of Trade or Industry' (with a 'Trade Type' dropdown), 'Is the business address different from the address of the Business Owner/Contractor? *' (with 'Yes' and 'No' radio buttons), 'Enter the Telephone Number of the business address' (with a 'Phone *' field), 'Enter your email address' (with an 'Email *' field), and 'What is the Business Federal Employer ID (FEIN) or Tax ID Number of the business?' (with a 'FEIN / Tax ID *' field). 'Back' and 'Next' buttons are at the bottom.


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. At the top, a progress bar indicates the current step (4) and previous steps (1-3) are completed. The main heading is 'Insurance's Information'. Below it, the question 'Is this business insured for workers' compensation?' is marked with an asterisk. Two radio buttons are present: 'Yes' (selected) and 'No'. The next question is 'How did you obtain your insurance?' also marked with an asterisk. It has 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, there 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 as the previous one, but with additional fields. Below the radio button options, there is a text input field for the 'Carrier Code' with a red asterisk. The value '125' is entered in the first three characters. Below this, a dropdown menu is open, showing 'MID CENTURY INS CO' and '12998'. Below the dropdown is a 'Policy Number' field with an asterisk. Then, there are two date fields: 'Effective Date' and 'Expiration Date', both with asterisks and calendar icons. At the bottom, there are 'Back' and 'Next' buttons.

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.

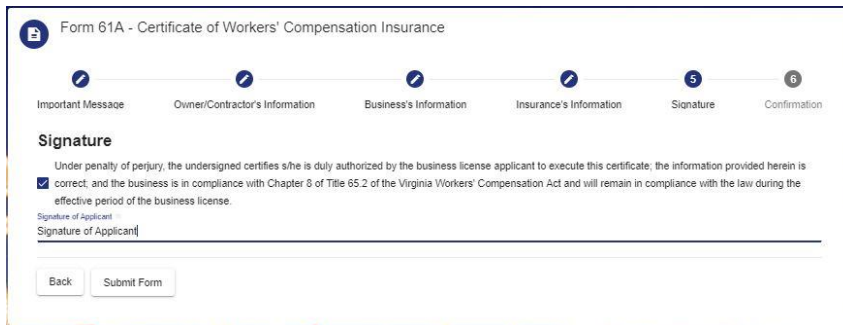


Enter the policy number listed on your declaration page of your policy, excluding spaces and dashes (example PWJK123478901)

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

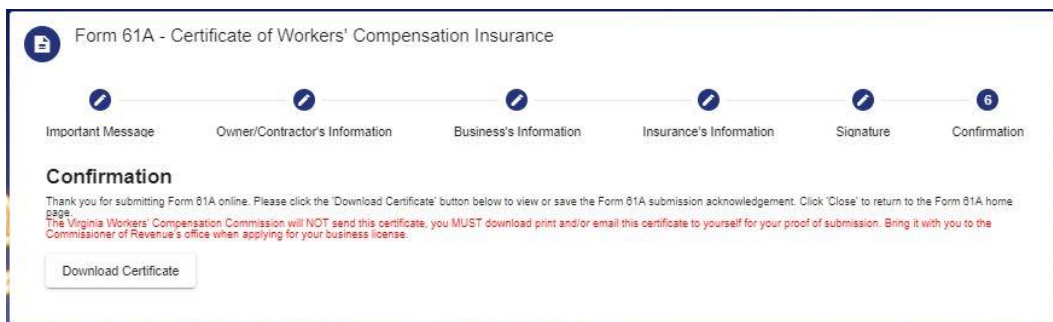
correct, and the business is in compliance with Chapter 8 of Title 65.2 of the Virginia Workers' Compensation Act and will remain in compliance with the law during the effective period of the business license.

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.