

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
CONTRACTOR LICENSING SECTION  
333 WILLOUGHBY AVENUE, 9<sup>TH</sup> FLOOR, JUNEAU, AK 99801  
P.O. BOX 110806, JUNEAU, AK 99811-0806  
If your company name begins with A-K, contact: 907-465-8444  
If your company name begins with L-Z, contact: 907-465-5372  
If applying for a Mechanical Contractor license, contact: 907-465-8443  
Website: www.commerce.alaska.gov/occ/

**WORKERS' COMPENSATION INSURANCE**

**This form must be completed and returned with the Construction Contractor Application. Submit this completed original form or a Certificate of Insurance issued by your provider.**

Under AS 08.18.101, evidence of workers' compensation insurance is required under AS 23.30 for registration as a construction contractor. The insurance must be provided by a private insurance carrier registered to do business in the State of Alaska and the policy must be specifically written to pay benefits as provided by Alaska law. According to AS 23.30.025, an "all states endorsement" is **not** acceptable.

In order to meet the workers' compensation requirements you must comply with one (or more) of the following sections as applicable.

**A)** Please attach a Certificate of Insurance or have your agent complete the following information regarding the workers' compensation insurance coverage:

**This is to certify that we are a duly authorized insurer admitted to do business in the State of Alaska and have written a workers' compensation policy, as required under AS 23.30 on behalf of:**

Owner, partners, LLC or Corporation name: \_\_\_\_\_

Registered D/B/A (doing business as name): \_\_\_\_\_

Policy number: \_\_\_\_\_

Policy Period effective as: \_\_\_\_\_ to: \_\_\_\_\_

Name of Insurance Provider (not agency): \_\_\_\_\_

Name and Address of Insurance Agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent/Broker

\_\_\_\_\_  
Date

**B)** A **Corporation** must submit a valid workers' compensation policy **and/or** a corporate waiver for the registered officers. Without the waiver, the officers of the corporation are considered employees and a workers' compensation policy must be submitted. Information about the executive officer waiver is available through the Workers' Compensation Board at (907) 465-2790. After the waiver is issued please attach a copy to this form.

**C)** Your company may be **'exempt'** from carrying workers' compensation insurance if you do **not** have employees **and** the construction contractor registration falls under one of the following categories (please check the appropriate 'type of business').

- Sole proprietorship-the registered owner does not need workers' compensation.
- Partnership-the registered partners do not need workers' compensation.
- Limited Liability Company (LLC)-the registered managing partner does not require workers' compensation coverage.

**Under penalty of unsworn falsification, I declare I have read the above statement, have met the requirements of AS 23.30 and will continue to meet these requirements for the duration of the license.**

\_\_\_\_\_  
Printed Name of Owner, Partner, Corporate Officer or Managing Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date