



## 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](http://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.

Form 61A - Certificate of Workers' Compensation Insurance

1 Important Message 2 Owner/Contractor's Information 3 Business's Information 4 Insurance's Information 5 Signature 6 Confirmation

**Important Message**  
For guidance to commonly reported issues, please click here.

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.

For Workers' Compensation Insurance Information for employers click here.

Next

### 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 'Form 61A - Certificate of Workers' Compensation Insurance' interface. At the top, a progress bar indicates the current step is '2. Owner/Contractor's Information', with other steps (1. Important Message, 3. Business's Information, 4. Insurance's Information, 5. Signature, 6. Confirmation) shown as completed. The main heading 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 section is 'Enter the Home Mailing Address of the Business Owner/Contractor', featuring an unchecked 'Override Address Validation' checkbox and fields for 'Address line 1 \*', 'Address line 2', 'City \*', 'State \*', and 'Zip \*'. The final section is 'Enter the Contact Telephone Number of the Business Owner/Contractor' with a 'Phone \*' field. At the bottom 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 'Form 61A - Certificate of Workers' Compensation Insurance' interface. The progress bar now highlights step '3. Business's Information'. The main heading is 'Business's Information' with a sub-instruction: 'Select your business entity type'. Below this is a 'Business Type \*' dropdown menu. The next section is 'Type of Trade or Industry' with a 'Trade Type' dropdown menu. This is followed by a question: 'Is the business address different from the address of the Business Owner/Contractor? \*', with radio button options for 'Yes' and 'No'. Below are fields for 'Enter the Telephone Number of the business address' (Phone \*), 'Enter your email address' (Email \*), and 'What is the Business Federal Employer ID (FEIN) or Tax ID Number of the business?' (FEIN / Tax ID \*). At the bottom 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. 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. There are two radio button options: 'Yes' (selected) and 'No'. Below this, another question 'How did you obtain your insurance?' is 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 the instruction 'Enter five digit NCCI carrier code found on the declaration page of your policy'. The field contains the value '125' and a dropdown menu showing 'MID CENTURY INS CO' and '12998'. Below this is a 'Policy Number' field. Then, there are two date fields: 'Effective Date' and 'Expiration Date', both with 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.

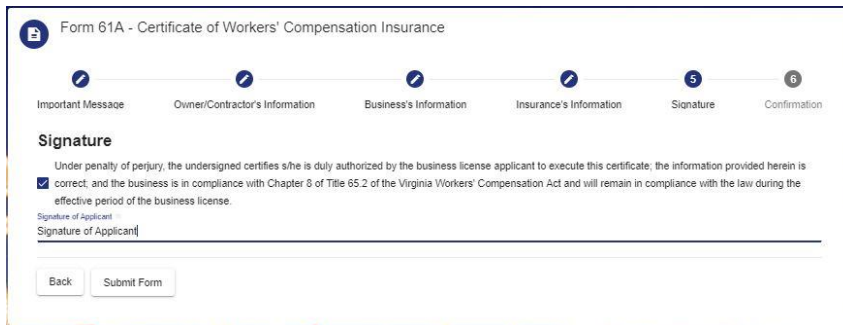


Enter the policy number listed on your declaration page of your policy, excluding spaces and dashes (example PWJK123478901)

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

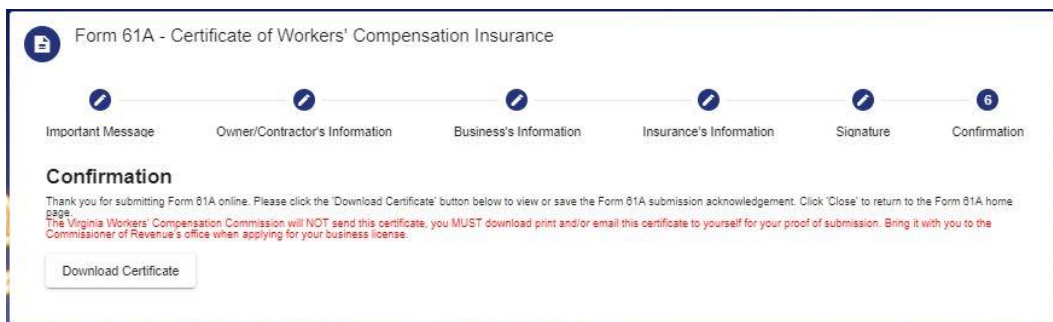
correct, and the business is in compliance with Chapter 8 of Title 65.2 of the Virginia Workers' Compensation Act and will remain in compliance with the law during the effective period of the business license.

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.