COMMONWEALTH OF VIRGINIA

VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220

ANNUAL SURVEY OF INDIVIDUAL SELF-INSURERS – PUBLIC

October 1, 2018

Public Self-Insured Number:_____

Public Self-Insured Name: _____

2019 Update to Virginia Workers' Compensation Commission Records

In order to update Commission records, we are asking you to provide the following information to us. This information is essential in ensuring that the Commission meets its responsibilities under Virginia law for the certification of individual self-insurers for workers' compensation.

Once you have completed the survey, check off the lines below, sign and date this top sheet, and return the survey and the necessary additional materials by **January 7, 2019** to Self-Insurance Program, Attn: Mechelle Esparza-Harris, Insurance Financial Examiner, Virginia Workers' Compensation Commission, 333 E. Franklin Street, Richmond, Virginia 23219 or by e-mail to **selfinsurance@workcomp.virginia.gov**. If you have any questions, please contact Mechelle Esparza-Harris at (804) 205-3599 or at **Mechelle.Esparza-Harris@workcomp.virginia.gov** or Brandy Giles at (804) 205-3113 or at **Brandy.Giles@workcomp.virginia.gov**.

_____ The survey is completed and enclosed.

_____ The list of locations is enclosed.

_____ The Employer Identification Number (EIN), also known as the Federal Employer Identification Number (FEIN), is listed for ALL public agencies, departments, or operating entities with operations in Virginia.

I certify that all information provided is correct to the best of my knowledge.

My typed name below shall have the same force and effect as my written signature for all purposes under Virginia law including the Virginia Workers' Compensation Act, and any Rule or Regulation of the Virginia Workers' Compensation Commission.

Signature _____ Date _____

1. Contacts: corporate, claims processing, and designated representative

The #1 address is for the person we will contact regarding basic issues of self-insurance, the #2 address is the address to which all routine mail regarding claims will be sent, and the #3 address is for the in-state designated representative. The #3 address must be a **street address** within Virginia.

#1 Corporate representative:

PHONE:

FAX:

E-Mail Address:

#2 Claims processing contact(s):

PHONE:

FAX:

E-Mail Address

Change from prior year Survey? ❑ Yes ❑ No
If yes: Date of Change _____
Will Handle Previous Claims? ❑ Yes ❑ No

#3 Designated representative (street address in Virginia is required):

PHONE:

FAX:

E-Mail Address:

Change from prior year Survey? ❑ Yes ❑ No
If yes: Date of Change _____
Will Handle Previous Claims? ❑ Yes ❑ No

2. Excess insurance coverage (if applicable):

Effective date:

Expiration date:

Carrier:

Limits:

	Specific	**Aggregate**
Retention level		
Limit of indemnity		
Deductible		

3. Locations and employees grouped by Employer Identification Number (EIN)

A. For all locations list the name, address, nature of operations, and number of employees. Page 4 of the survey includes form "2019 Public List of Subsidiaries and Locations" for your use.

Example:

Federal Tax ID	Location Name	Street Address	City	State	Zip Code	Nature of Operations	Number of Employees
54-1111111	**ABC Variety**	**123 ABC Street**	**Anytown**	**VA**	**12345**	**Retail sales**	**15**

B. If you have closed a location since the last annual survey and have not advised the Virginia Workers' Compensation Commission of the closure, list the location and give the closing date for that location on this report (use separate sheet of paper if needed).

Public Self- insured Name: _____

Self-insurance Number: _____

Federal Tax ID	Location Name	Street Address	City	State	Zip Code	Nature of Operation	Number of Employees

Public Self- insured Name: _____

Self-insurance Number: _____

Federal Tax ID	Location Name	Street Address	City	State	Zip Code	Nature of Operation	Number of Employees

Public Self- insured Name: _____

Self-insurance Number: _____

Federal Tax ID	Location Name	Street Address	City	State	Zip Code	Nature of Operation	Number of Employees