



WebFile Guide for

# Self-Insurers

**How to Navigate through WebFile**

# WELCOME

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Welcome to Virginia Workers' Compensation Commission's WebFile system.

This Guide is designed to assist Self-Insurers with using WebFile, the Virginia Workers' Compensation Commission's self-service efficient, easy-to use web-based system implemented so that Self-Insurers may view, initiate changes, and submit the Annual Survey. Questions about any of the information provided in this guide should be directed to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov) or 804-729-6407.

This document provides the information and instructions necessary for navigating the new online tool for Self-Insurers. It has been designed to be used in two different ways:

- the printed document may be used as a hard-copy comprehensive reference manual
- the electronic file may be used as a quick reference guide by clicking the role-based questions in the Contents section

Complete information can be found on the WebFile for Self-Insurers page of the Commission's website: [workcomp.virginia.gov/webfile/webfile-for-self-insurers](http://workcomp.virginia.gov/webfile/webfile-for-self-insurers).

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# WebFile SECURITY

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The WebFile system uses a variety of security protocols to help ensure that case records remain confidential. A key component of this structure (which governs access rights) is username and password.

## USERNAME

All WebFile users will have individual usernames. The username cannot be changed after the registration and activation process is complete.

## PASSWORD

All users are required to use a password along with the username. The initial password will be set up by the Commission. The user will then set up a new password at the time of registration.

### Password Criteria

- ✓ Must be at least 8 characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (i.e., @, #)
- ✓ Password will expire every 90 days and will not be re-usable for 12 months

## SAVE FEATURE

The system has an autosave feature which periodically saves your work while working through SI WebFile.

## TIMEOUT FEATURE

The system has been set up with a 45-minute timeout feature. If there is no activity within 45 minutes, the user will receive a message notifying them that they need to log back in to WebFile.

## COMMON TERMS & ACRONYMS

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The following terms are used throughout this guide and within the WebFile system:

<b>All Other Contacts</b>		This contact is assigned by the Self-Insurer and serves as an alternative contact when the Corporate Contact (Headquarters) is not available. This contact does not receive mailings or notices.
<b>(cont.)</b>	<b>Continued</b>	Additional space allowed in the address field.
<b>Corporate Contact (Headquarters)</b>		This contact serves as the person responsible to submit all required reports and records, and signs that the Self-Insurer is in compliance with the Regulations Governing Individual Self-Insurance and is the contact regarding questions related to the Self-Insurance Certificate, coverage verification and all other matters.
<b>EDI</b>	<b>Electronic Data Interchange</b>	A general term used to describe the method and standards for transferring data via electronic transmission; VWC follows IAIABC EDI standards for accepting claim data. For more information on EDI standards email <a href="mailto:edi.support@workcomp.virginia.gov">edi.support@workcomp.virginia.gov</a> .
<b>EXT</b>	<b>Extension</b>	A general term used to describe the allowable additional time allotted for filing, compliance, and/or special request
<b>Excluded location</b>		All operating entities and worksite location addresses that are to be <b>excluded</b> from the Virginia Certificate of Self-Insurance for your company. Operating entities include all parent corporations, subsidiary companies or specific worksite location addresses with WC coverage placed elsewhere.
<b>FEIN</b>	<b>Federal Employer Identification Number</b>	A business US Federal Tax ID. The FEIN is a primary data element used to link parties to claims data in WebFile
<b>IBNR</b>	<b>Incurred but Not Reported</b>	In Insurance, incurred but not reported (IBNR), is a type of reserve account used in the insurance industry as the provision for claims and/or events that have transpired but not yet been reported to an insurance company
<b>In-State Designated Representative</b>		The office of a designated representative located within the Commonwealth of Virginia per 16 VAC 30-30-20.
<b>Primary Corporate Contact</b>		This contact will receive all mailing notices sent out by the Commission relative to hearings, meditations and changes related to Jurisdictional Claim Numbers (JCN's).

<b>Mailing Contact</b>		The contact person to receive all Self-Insurance notices.
<b>NAICS</b>	<b>North American Industry Classification System</b>	NAICS is a six-digit hierarchical coding system to classify all economic activity into twenty industry sectors. Five sectors are mainly goods-producing sectors and fifteen are entirely services-providing sectors. These codes replaced the four-digit structure of the Standard Industrial Codes (SIC) and are maintained by the Department of Labor.
<b>SI</b>	<b>Self-Insurer</b>	Public or Private employer certified by the Virginia Workers' Compensation Commission as an individual self-insurer for workers' compensation
<b>SIR</b>	<b>Self-Insured Retention</b>	The defined dollar amount of WC benefits the Self-Insurer retains as granted by the Commission.
<b>Subsidiary Location</b>		Worksite location addresses reporting into the Subsidiary and the subsidiaries federal identification number.
<b>Submission Date</b>		Date in which the Self-Insurer submitted the completed Annual Survey
<b>Reporting Date</b>		The established date in which a Self-Insurer is required to report the Annual Survey
<b>VWC</b>	<b>Virginia Workers' Compensation Commission</b>	The state agency, which administers the Virginia Workers' Compensation Act.
<b>URL</b>	<b>Uniform Resource Locator</b>	A web address.
<b>Work from Home Location</b>		Worksite location addresses where the employee works from home.

## WebFile ROLE OVERVIEW

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A Self-Insurer WebFile user refers to an individual who is an employer who satisfies the requirements of Self-Insurance under the Act; is permitted to pay direct compensation in the amount and manner and when due as provided for in the Act; legally able to access and view its official, reported data on record at the Commission; designated with the authority to make changes; and designated with the authority to certify information being submitted.

A Self-Insurer is responsible for:

- ✓ Updating contact information
- ✓ Accessing and viewing reported data on file
- ✓ Resetting user passwords
- ✓ Submitting a request for changes
- ✓ Submitting the Annual Survey



## REQUEST ACCESS

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If you need to be set up as a Self-Insurer, send an e-mail to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov) and include the following information:

- Company issued e-mail address
- Your first and last name
- Your phone number
- Self-Insurer number (example: S0899)



### **IMPORTANT**

*Within WebFile, employers' names and addresses are associated with FEINs. If the information that displays in WebFile is incorrect, or if you need to update your organization's list of FEINs, submit a request via e-mail with the correct information to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).*

## WEB BROWSER RECOMMENDATIONS

We recognize that our users may have various Internet Browsers and Operating Systems or devices. We like our users to have the best possible experience when using our WebFile application. The Virginia Workers' Compensation Commission recommends Google Chrome for best results or any other modern web browsers with HTML5 and CSS3 compatibility.

**Note:** If you are using Microsoft Internet Explorer and still encounter problems, please verify that your browser is not operating in Compatibility Mode. For instructions on how to disable Compatibility Mode, [click here](#).

# LOGIN & REGISTRATION

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## BEFORE YOU GET STARTED

*User has been set up in system and a confirmation e-mail has been sent. The user has received an email with login username and temporary password.*



## STEPS TO COMPLETE

1. Go to the WebFile website at:  
[webfile.workcomp.virginia.gov/](http://webfile.workcomp.virginia.gov/)
2. Enter your login username and temporary password.

3. The first time you log in you will need to complete the WebFile enrollment page.
4. Create a username.



## QUICK TIPS

*If you have an existing WebFile account, please create a unique username that is not your email nor is the same username on the existing account.*

5. The current password on this screen is the temporary password that was just sent. Create a new password based on the following criteria:
  - ✓ Must be at least 8 characters in length
  - ✓ Must have at least one number
  - ✓ Must have at least one letter
  - ✓ Must contain one special character (i.e., @, #)
6. Select and answer three security questions. These questions will assist you in case you are ever locked out of the system or forget your password.
7. Review the Terms and Conditions by clicking on the “Terms and Conditions” link in the bottom left hand corner.
8. After reviewing, check the box to accept the Terms and Conditions.
9. Click “Save” to complete your registration.
10. Confirmation message verifying your successful registration is displayed.

# CHANGE PASSWORD

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This section covers changing a password after a profile has been created.

## BEFORE YOU GET STARTED

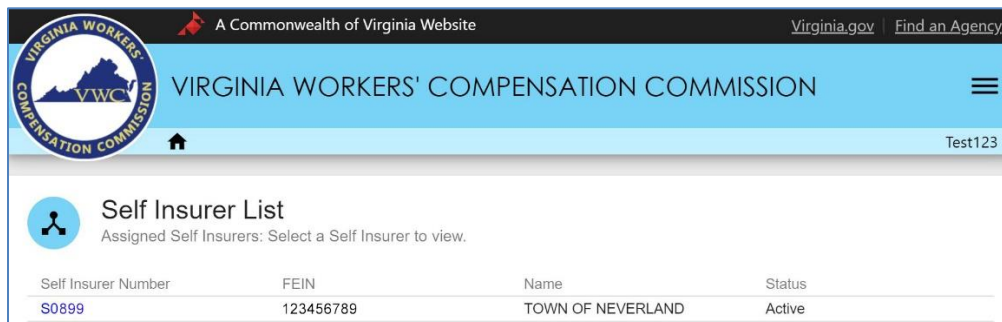
Remember the WebFile Password Criteria:

- ✓ Must be at least 8 characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (i.e., @, #)
- ✓ Passwords will expire every 90 days and will not be re-usable for 12 months

## STEPS TO COMPLETE

1. Go to the WebFile website at:  
  
[webfile.workcomp.virginia.gov](http://webfile.workcomp.virginia.gov)
2. Enter username and password.
3. Click the “Login” button.

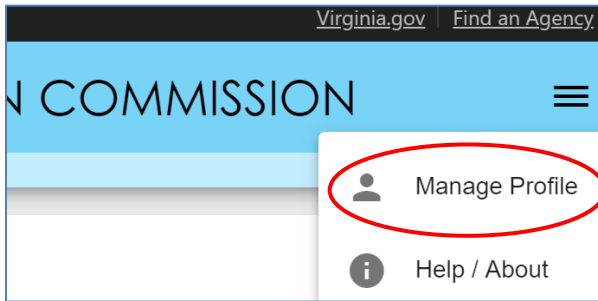
### SI WebFile Home Interface



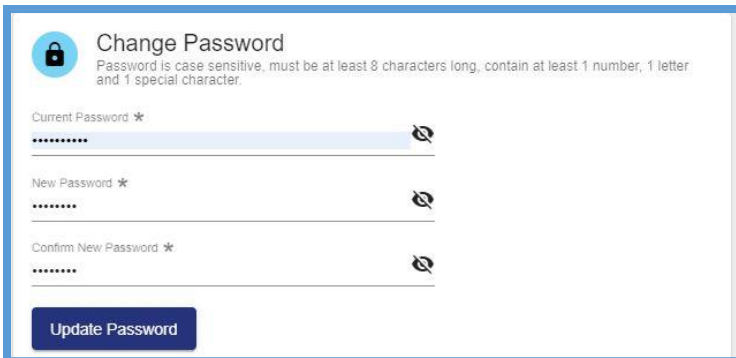
The screenshot displays the 'Self Insurer List' page on the Virginia Workers' Compensation Commission website. The page header includes the VWC logo, the text 'A Commonwealth of Virginia Website', and navigation links for 'Virginia.gov' and 'Find an Agency'. The main content area features a 'Self Insurer List' section with a sub-header 'Assigned Self Insurers: Select a Self Insurer to view.' Below this is a table with the following data:

Self Insurer Number	FEIN	Name	Status
S0899	123456789	TOWN OF NEVERLAND	Active

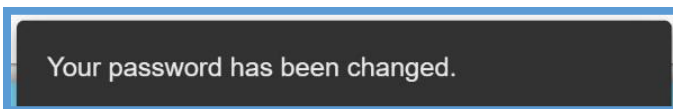
4. Click the menu dropdown ( ≡ ) in the top right and select “Manage Profile.”



5. Go to the “Change Password” section.
6. Enter the current profile password.
7. Enter and confirm the new password.
8. Click the “Update Password” button.



9. A confirmation message will appear.



Questions regarding WebFile processes should be directed to the Commission at 804-729-6407 or please visit [workcomp.virginia.gov/webfile/webfile-support](http://workcomp.virginia.gov/webfile/webfile-support) and complete a WebFile Support Request.

# PASSWORD RESET

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This section covers how to reset a password.



## STEPS TO COMPLETE

On the log in screen, you have the option to request a new password.

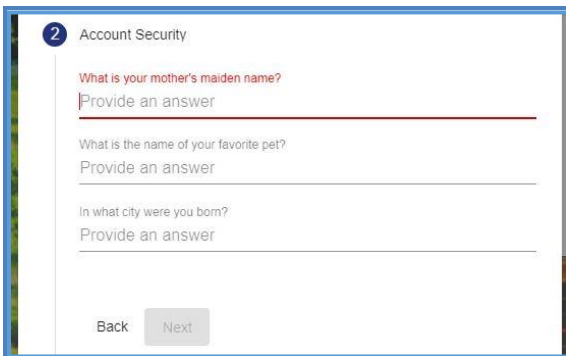
1. Click “Forgot Password/Unlock Account.”

The screenshot shows the 'WebFile Login' interface. At the top, there is a lock icon and the title 'WebFile Login'. Below this are two input fields: 'Username' and 'Password', each with a red underline and a question mark icon to the right. A grey 'Login' button is positioned below the password field. Underneath the button is a list of links: '+ Create Claimant Account', 'Forgot Username', 'Forgot Password/Unlock Account', 'Supported Browsers', and 'Help / About'. A large blue arrow points from the right side of the screen towards the 'Forgot Password/Unlock Account' link.

2. Enter your username and click the “Next” button.

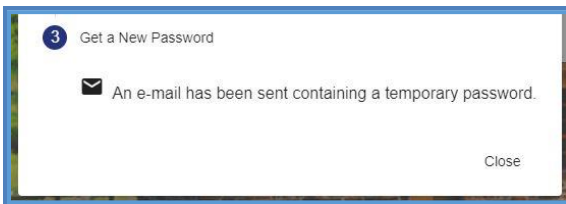
The screenshot shows the 'Forgot Password' screen. At the top, there is a lock icon and the title 'Forgot Password'. Below this is a step indicator '1 Account Info'. Underneath is an input field with the label 'Enter your username' and a red underline. Below the input field is a red error message 'This field is required'. At the bottom of the form is a grey 'Next' button.

3. Answer the three security questions from initial registration and click the “Next” button. Answers are case sensitive.



The screenshot shows a web form titled "2 Account Security". It contains three text input fields, each with a question and a "Provide an answer" label below it. The questions are: "What is your mother's maiden name?", "What is the name of your favorite pet?", and "In what city were you born?". At the bottom of the form, there are two buttons: "Back" and "Next".

4. A confirmation message will appear and an email will be sent.



5. Retrieve the email from [noreply@workcomp.virginia.gov](mailto:noreply@workcomp.virginia.gov) containing the new, temporary password. **This password will expire in 5 days.** The email could also be in a spam or junk folder.
6. After logging in with your username and temporary password, you will be required to create a new permanent password and set up three new security questions.

If you cannot remember the answers to your security questions, visit [workcomp.virginia.gov/webfile/webfile-support-request](https://workcomp.virginia.gov/webfile/webfile-support-request) and complete a WebFile Support Request or contact [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

# VIEWING OFFICIAL REPORTED DATA

**This section covers viewing officially reported data on record at the Commission.**

Reported data for the privilege of self-insurance is received from the application for self-insurance, regular annual reports and other correspondence pertaining to requests for amendment to this data. All data can be reviewed by the organization’s WebFile users with the exception of audited financial statements, securities and claims statistics.



## STEPS TO COMPLETE

1. Go to the WebFile website at:  
[webfile.workcomp.virginia.gov](http://webfile.workcomp.virginia.gov)
2. Enter username and password.
3. Click the “Login” button.
4. Select the Self-Insurer Number to access information to a Self-Insurer Summary.

A Commonwealth of Virginia Website [Virginia.gov](#) [Find an Agency](#)

VIRGINIA WORKERS' COMPENSATION COMMISSION

Test123

Self Insurer List  
Assigned Self Insurers: Select a Self Insurer to view.

Self Insurer Number	FEIN	Name	Status
S0899	123456789	TOWN OF NEVERLAND	Active

A Commonwealth of Virginia Website [Virginia.gov](#) [Find an Agency](#)

VIRGINIA WORKERS' COMPENSATION COMMISSION

Self Insurer Summary

Test123

There are no change requests currently in progress. [Request Changes](#) [Help](#)

TOWN OF NEVERLAND

Self Insurer Number	FEIN	Self Insurer Type	Business Type	NAICS
S0899	123456789	Public	Municipality	921190 - Other General vernment Support

Status	Date of Financials	Reporting Date:	Effective Date	End Date



## SI SUMMARY

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This section covers the **Self-Insurer Summary** page views and functions.

The SI Summary portlet is divided into six sections:

1. Contacts
2. Subsidiaries
3. Locations
4. Excess Insurance
5. Annual Survey History
6. FEIN History
7. Upload Document

### SI Summary Interface

TOWN OF NEVERLAND				
Self Insurer Number	FEIN	Self Insurer Type	Business Type	NAICS
S0899	123456789	Public	Municipality	921190 - Other General vernment Support
Status	Date of Financials	Reporting Date:	Effective Date	End Date
Active			07/01/1956	

## CONTACTS

This section defaults to the Self-Insurers' reported contacts.

Contacts		
Contact Type ↑	Title	Name
Other	Town Administrator	Mr. Clark W. Draper

Items per page: 10 1 – 1 of 1



## QUICK TIPS

Clicking the expand toggle ( ^ ) to the left of a contact type displays additional details.

### Contacts

Contact Type ↑	Title	Name
Other	Town Administrator	Mr. Clark W. Draper

**Contact Information**

Address	Work Phone	Email
PO Box 398	4342869267 x	
Scottsville, Virginia 24590-0398	Alternate Phone	URL
	Fax	

Items per page: 10 1 - 1 of 1

## SUBSIDIARIES

This section displays all reported and approved subsidiaries for the Self-Insurer included in the Self-Insurance Certificate. Expand all sections to verify individual worksite location addresses and number of employees reporting to each location.

Name	FEIN	Effective Date ↑	Expiration Date	Status
TOWN OF WONDERLAND	888888888	01/01/1996	01/01/2015	Inactive
TOWN OF EVERETT	888888888	01/01/1996		Active
TOWN OF FAIRY	888888888	07/07/1997	01/01/2000	Inactive
TOWNE HEARTLAND	888888888	07/26/2010	08/04/2010	Inactive
TOWN OF CRYSTAL	888888888	07/26/2010		Active
TOWN OF MERCYLAND	888888888	05/19/2019		Active
TOWN OF PARADISE	888888888	05/07/2020		Active

0 active filters

Items per page: 10 1 - 7 of 7

### Expanded Subsidiary View

Name	FEIN	Effective Date ↑	Expiration Date	Status
TOWN OF WONDERLAND	888888888	01/01/1996	01/01/2015	Inactive
TOWN OF EVERETT	888888888	01/01/1996		Active
TOWN OF FAIRY	888888888	07/07/1997	01/01/2000	Inactive
TOWNE HEARTLAND	888888888	07/26/2010	08/04/2010	Inactive

0 active filters

Locations

Location Description	Address	Employee Count	Nature of Operations	Status	Effective Date	Expiration Date
HR DEPARTMENT	PO Box 160 Verona, Virginia, 24482-0160	20	MAIN OFFICE	Inactive	07/26/2010	08/04/2010
TOWN OF CRYSTAL	888888888	07/26/2010		Active		
TOWN OF MERCYLAND	888888888	05/19/2019		Active		
TOWN OF PARADISE	888888888	05/07/2020		Active		

Items per page: 10 1 - 7 of 7

## WORKSITE LOCATION ADDRESSES

This section contains all worksite location reporting into the main employer (name on the Self-Insurance Certificate and shown on the summary portlet).

4 Locations

If you have closed a location since the last annual survey and have not advised the Virginia Workers' Compensation Commission of the closure, give the closing date for that location on this survey.

[+ Add Location](#) [Expand All](#) [? Help](#)

Filter your results...

Location Description ↑	Street	City	State	Zip	Employee Count	Status	Effective Date	Expiration Date	Modification Status	Actions
▼ ARLINGTON OFFICE	2111 WILLIS ROAD	ARLINGTON	Virginia	22201	10	Inactive	01/01/2008	01/01/2011	Modified	
▼ CHANTILLY OFFICE	15059 TECH CENTER DR	CHANTILLY	Virginia	20151	10	Inactive	01/01/2003	01/01/2008	Modified	
▼ CHANTILLY STORAGE	15030 LANDING DR	CHANTILLY	Virginia	20151	41	Active	05/19/2014		Modified	
▼ KING GEORGE OFFICE	5131 JAMES JONES PKWY	KING GEORGE	Virginia	22485	50	Inactive	04/12/1996	01/01/2000	Modified	
▼ Manufacturing Plant	750 OLD FIELD HWY	BRISTOL	Virginia	24201-1899	100	Active	08/10/1998		Modified	
▼ PRODUCTION SITE	56 DUNNS RIVER FALL RD	VERONA	Virginia	24482	25	Active	07/26/2010		Modified	
▼ Retail Store	PO Box 5012	Broomfield	Colorado	80036-5000	782	Active	01/01/1985		Modified	
▼ SOUTH HILL OFFICE	890 GRACE ST	SOUTH HILL	Virginia	23970	23	Inactive	07/07/1997	01/01/2000	Modified	
▼ VERONA OFFICE	PO BOX 1606	VERONA	Virginia	24482	75	Inactive	07/26/2010	08/04/2010	Modified	

### Expanded Locations View

4 Locations

If you have closed a location since the last annual survey and have not advised the Virginia Workers' Compensation Commission of the closure, give the closing date for that location on this survey.

[+ Add Location](#) [Collapse All](#) [? Help](#)

Filter your results...

Location Description ↑	Street	City	State	Zip	Employee Count	Status	Effective Date	Expiration Date	Modification Status	Actions
▲ ARLINGTON OFFICE	2111 WILLIS ROAD	ARLINGTON	Virginia	22201	10	Inactive	01/01/2008	01/01/2011	Modified	
Nature of Operations SECURITY										
▲ CHANTILLY OFFICE	15059 TECH CENTER DR	CHANTILLY	Virginia	20151	10	Inactive	01/01/2003	01/01/2008	Modified	
Nature of Operations OFFICE										

## EXCESS INSURANCE

This section displays each period of excess insurance coverage. In some instances, there will be gaps in coverage dates. Generally, this means the Commission does not have an official record of excess coverage during that period. If there are any questions regarding the gap in coverage dates, please submit those questions to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

Excess Insurance

0 active filters

Policy Number	Carrier	SIR Amount	Effective Date ↑	Expiration Date	Statutory	Specific Limit of Insurance	Aggregate Limit of Insurance	Other Amount
ABC123	Travelers Property & Casualty Company of America	\$1,000.00	02/01/1999		Yes	\$0.00	\$0.00	

Items per page: 10 1 - 1 of 1

## ANNUAL SURVEY HISTORY

This section shows the receipt dates of Annual Surveys.

Year ↑	Year-End Date	Reporting Date	Date Mailed	Date Completed
2020	12/31/2019	07/29/2020	04/30/2020	04/30/2020
2020		08/09/2020	05/11/2020	

Items per page: 10 1 – 2 of 2

## FEIN HISTORY

FEIN History displays changes made to the FEIN following the acceptance of the Self-Insurance certificate.

Effective Date	FEIN ↑	Name
04/07/2020	788812288	Texting, Inc.

Items per page: 10 1 – 1 of 1

## UPLOADED DOCUMENTS

This section allows Self-Insurers to view uploaded documents. The documents are viewable in PDF format.

Document Type	Upload Date ↑
📄 Notice of change	04/30/2020

Items per page: 10 1 – 1 of 1

## ELECTRONIC SIGNATURE

This section allows the Self-Insurer to electronically sign all updates made during the open session certifying all the information provided is correct to the best of their knowledge.

8 Submission

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.

Preparer's Signature \* \_\_\_\_\_ Title \* \_\_\_\_\_

Submit

# CRITICAL TIPS FOR MODIFYING AND UPDATING DATA

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## INTERNET BROWSER

- Always check the settings on your internet browser. If autofill is enabled on your browser settings when inputting location addresses, the location address you enter may be overridden by previously stored data.

## Summary View versus Edit Function



This icon represents a summary view of the Self Insurer profile information. Summary View sections are not editable.



This icon is displayed beside each individual section name as part of the Summary View. Summary View sections are not editable.



This icon represents an editable reporting section. This appears after you initiate a change request and accept the instructions.



A section is grayed out when you have not hit the Accept button in section 1 (Instructions). It is also grayed out when you are not actively editing that section.



A section number represents an editable reporting section and the number will turn blue when you are actively editing that section. If the section is grayed out, check to make sure you have accepted the instructions.

## WORKSITE LOCATION ADDRESSES

If a location warrants a deletion, send an email to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov) with the deletion request and an explanation. All changes to worksite locations include subsidiary worksite locations and main worksite locations address.

### If a worksite...

- **has closed**, please provide the closing date in the expiration field.
- **has moved to a new location**, expire/close the old location with an expiration date. Create a new location with the updated information and effective date of the new location address.

- **is a personal home for “work from home employees,”** enter the following:

**For Location Description** = Work from Home

**For Street Address** = No physical address

**For City, State, Zip** = The city, state and zip code from the employee’s personal address

Once entered, override the address validation.

- **is being entered new for the first time and has been entered with wrong information**, or entered by mistake, you have the option to delete the location before hitting the submit button.
- **has an effective and expiration date**, you feel is incorrect, do not change those dates. Instead, send an email to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov) notifying us that there is a discrepancy in the dates and provide an explanation.



## Uploading Documents

- All documents are required to be submitted in PDF form.
- The maximum size capacity of all documents being uploaded at any given time is 15 MB. Encrypted and/or secured documents are not accepted.
- Submitted documents will be available to view after review and approval by the Self-Insurance program at the Commission. If verification of receipt is needed, please email [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov) once the Annual Survey is complete and submitted.

## Submitting the Annual Survey

- Once you receive your email notification that your Annual Survey is due, please initiate and complete your Annual Survey at or before the reporting date. If your Annual Survey is not received at or before the reporting date, you will receive a demand(s) asking you to explain why the Annual Survey has not been submitted by the reporting date and requesting you submit the report by a specified date. Failure to submit the Annual Survey or respond to the notices issued by the Commission may result in the Commission issuing a Judicial Order to submit the documents and if the documents are not presented with the timeframe, a **Show Cause** will be issued against the employer to appear before the Commission to show cause why the certificate of Self-Insurance should not be revoked pursuant to 16 VAC 30-80-70.

**Note:** Once you have received your initial email stating your Annual Survey is due, this locks the system to only allow Self-Insurers to input data. The Self-Insurance staff at the Commission will not be allowed to change or update the system during that time.

Once you have submitted your Annual Survey, you will receive an email that your Annual Survey was submitted.

# REQUEST CHANGES

This section covers making or requesting changes to self-insurer data outside of the Annual Survey process.

1. Click the “Request Changes” button located at the top of the page.

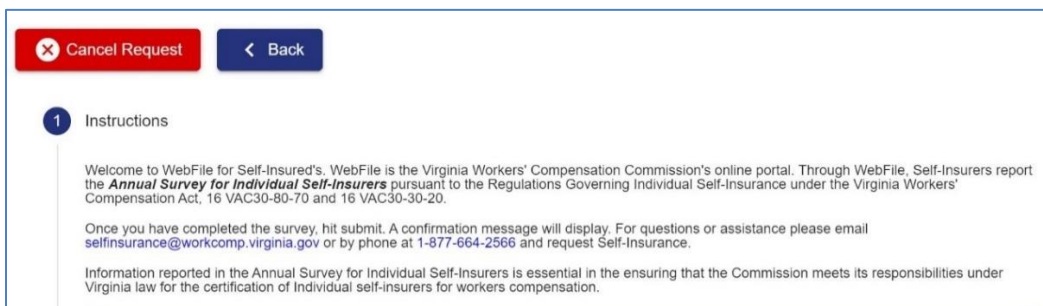


## IMPORTANT

*The “Request Changes” button is available throughout the year, however is not available when the Annual Survey is due, or if there is an unfinished pending change request. The Annual Survey will be available 90 days prior to your due date.*

*Any pending/unfinished change request updates will not be saved if not submitted before the 90-day mark before your due date.*

2. Read the Request Changes instructions.



3. Press the “Accept” button to continue to the Contacts section.

Self-Insurers must also respond to individual requests for information from the Commission. Such requests may include, but not be limited to, the following:

1. Quarterly financial reports
2. Clarification of information provided in regular reports
3. Information on particular accidents and claims
4. Copies of Insurance policies and endorsements
5. Copies of claims management and loss control reports and statistics

**Independent Audits**

The Commission reserves the right to conduct independent audits of a Self-Insurer's financial records, claims management practices, and safety and loss control programs. Such audits may be conducted by Commission staff or by their authorized agents.

**Accept**

2 Contacts



**IMPORTANT**

The bottom section displaying the “SI Summary” is “View-Only.” Clicking the “Accept” button confirms you have read the instructions and you are ready to continue to the next section.

**Note:** After clicking “Accept,” each of the following sections can be modified or changed. See *Summary View versus Edit Function* in the [Critical Tips for Modifying and Updating Data](#) section for additional details.

Next

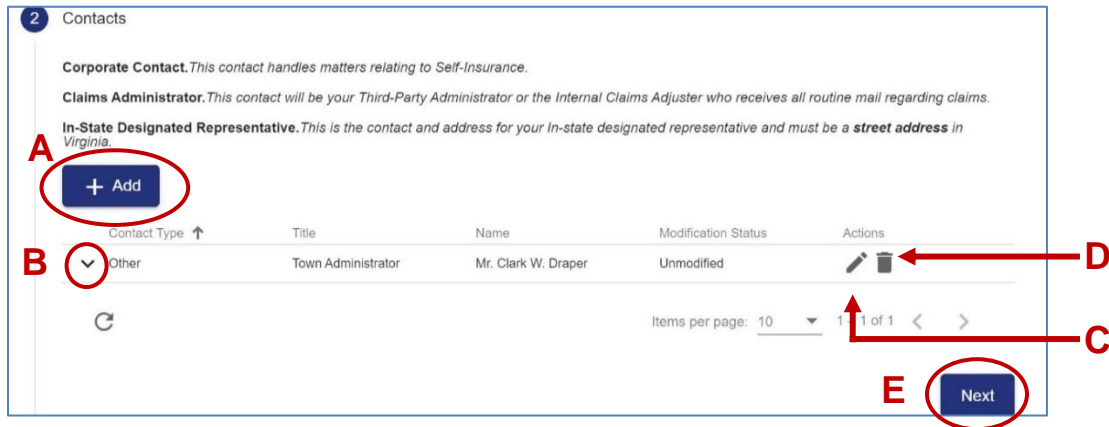
- Subsidiaries and Subsidiary Locations
- Locations
- FEIN History
- Excess Insurance
- Document Upload
- Submission

**Test Self Insurer Company**

Self Insurer Number 50008	FEIN 232222222	Self Insurer Type Private	Business Type Municipality	NAICS 111110 - Soybean Farming
Status Active	Date of Financials	Reporting Date: 06/24/2022	Effective Date 04/11/1980	End Date 10/25/2049
Total VA Employees 76	Total VA Locations 7			

## CONTACTS

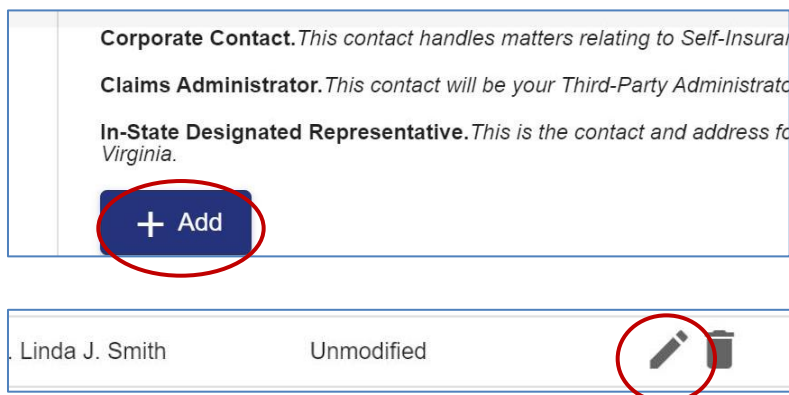
1. Review the contact information listed.



- A. **Add Button:** Clicking the “Add” button allows you to add a new contact.
- B. **Expand Toggle:** Clicking the “Expand” toggle allows you to view additional details.
- C. **Edit Button:** Clicking the “Edit” button allows you to modify an existing contact.
- D. **Remove Button:** Clicking the “Remove” button allows you to remove a contact from the contact list.
- E. **Next Button:** Clicking the “Next” button takes you to the next section.

## ADDING/MODIFYING CONTACTS

1. Click the “Add” button to create a new contact or click the “Edit” button to modify an existing contact.



2. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.
3. Click the “Save” button.

**Add/Modify Contact**

Contact Type \*  
 Claims Administrator

Did Claims Administrator contact type change from prior year survey?  
 Yes  No

Will handle previous claims?  
 Yes  No

**Name**

Title

Prefix

Firstname \*  
 Test First Name

Middle

Lastname \*  
 Test Last Name

Suffix

**Address**

Street \*  
 333 E Franklin St

Address(cont.)

City \*  
 Richmond

State \*  
 Virginia

Zip \*  
 23219

**Contact Methods**

Work \*  
 1234567890 Ext. Alternate Fax

Email URL  
URL starts with http:// or https://

Cancel **Save**

4. Click the “Next” button to continue to the next section.

**2** Contacts

**Corporate Contact.** This contact handles matters relating to Self-Insurance.

**Claims Administrator.** This contact will be your Third-Party Administrator or the Internal Claims Adjuster who receives all routine mail regarding claims.

**In-State Designated Representative.** This is the contact and address for your In-state designated representative and must be a **street address** in Virginia.

**+ Add**

Contact Type ↑	Title	Name	Modification Status	Actions
Claims Administrator		Carl Alexandro	Unmodified	
Corporate Contact (Primary) ?	Boss	Mr. Abhi Mohan	Unmodified	
In-State Designated Representative	Boss 2	Mrs. Kayla English	Unmodified	
Other		DJ Szymanski	Unmodified	
Other	Boss 3	Newb Contact	Unmodified	
Other	Boss 3	Newb Contact	Unmodified	

Items per page: 10 1 - 6 of 6 < >

**Next**

## SUBSIDIARIES AND SUBSIDIARY LOCATIONS

1. Review the subsidiary information listed.

3 Subsidiaries and Subsidiary Locations

Review the name and the **Federal Employer Identification Number (FEIN)** of **all** companies, subsidiaries, or operating entities with operations in Virginia that are **included** under the Virginia Certificate of Self-Insurance.

+ Add Subsidiary
? Help

Name	FEIN	Effective Date <span style="font-size: 12px;">↑</span>	Expiration Date	Status	Modification Status
MANSION 1	██████████	04/01/1999		Active	Unmodified

↻
Items per page: 10 1 – 1 of 1 < >

Next

**Note:** Clicking the expand toggle to the left of a subsidiary allows you to view, add, modify or delete location addresses associated with that subsidiary.

+ Add Subsidiary
? Help

Name	FEIN	Effective Date <span style="font-size: 12px;">↑</span>	Expiration Date	Status	Payroll	Modification Status	Actions
Webfile Remote Location	232222222			Inactive		Unmodified	<span style="font-size: 18px;">^</span> <span style="font-size: 18px;">v</span> <span style="font-size: 20px;">✎</span>

+ Add Location

Locations v

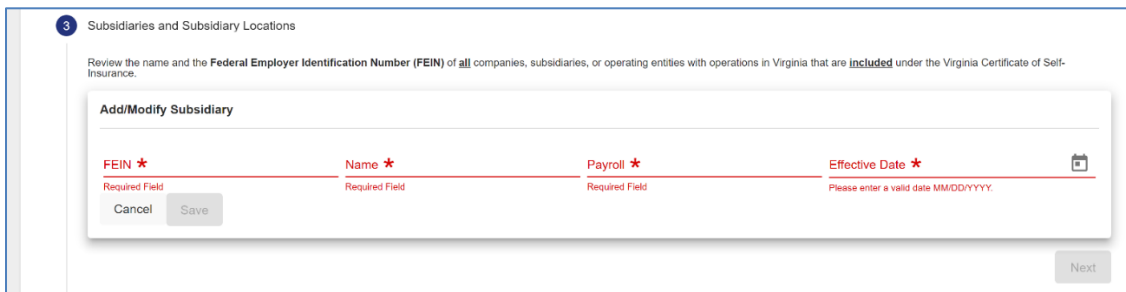
Location Description	Address	Employee Count	Nature of Operations	Status	Effective Date	Expiration Date	Modification Status	Actions
SECONDARY SITE	1000 Dmv Dr Richmond, Virginia, 23220-2036	2	test	Inactive	09/09/2020	09/27/2020	Unmodified	<span style="font-size: 20px;">✎</span>
Richmond Location	1000 Dmv Dr Richmond, Virginia, 23220-2036	10	WebFile	Active	08/05/2020	08/31/2021	Unmodified	<span style="font-size: 20px;">✎</span>
Richmond 2	1000 Dmv Dr Richmond, Virginia, 23220-2036	1	WebFile	Active	08/04/2020	08/31/2021	Unmodified	<span style="font-size: 20px;">✎</span>
Prince George Loc	233233 kkjjoekdkgjd skdjfdjfkeldjfdjalfjdjfd richmondskdkjfdkfkdkdjg, Virginia, 23220	10	webfile design	Active	08/07/2020		Unmodified	<span style="font-size: 20px;">✎</span>

## ADDING/MODIFYING SUBSIDIARY

1. Click the “Add Subsidiary” button to create a new subsidiary or click the “Edit” button to modify an existing subsidiary.



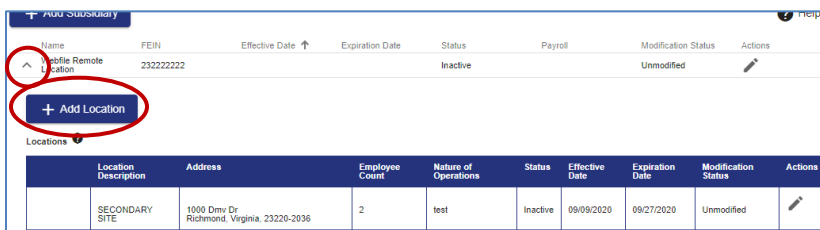
2. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.
3. Click the “Save” button.



**Note:** Clicking the expand toggle to the left of a subsidiary allows you to view, add, modify or delete location addresses associated with that subsidiary.

## ADDING/MODIFYING SUBSIDIARY LOCATIONS

1. Click the “Add Location” button to add a location.



2. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.
3. Click the “Save” button.

**Add/Modify Subsidiary Location** ?

---

**Location Information**

Location Description \* ?

Nature of Operations \*

Effective Date \* 📅  
Select a date

Expiration Date 📅  
Select a date

Number of Employees \*

**Address**

Street \*

City \*

State \* ▼

Zip \*

Cancel
Save



**IMPORTANT**

Once a new subsidiary is entered and saved, and the complete Annual Survey is submitted, it has to be approved by the Commission before it will show within the SI Summary view. Attach all supplemental subsidiary information when uploading documents to include:

- Articles of Incorporation
- M&A agreement (if applicable)
- Class codes
- Minimum three years of hard copy loss experience.

4. Click the “Next” button to continue to the next section.

+ Add Subsidiary
? Help

Name	FEIN	Effective Date ↑	Expiration Date	Status	Payroll	Modification Status
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Actions</span> <span>▼</span> </div>						
No One	550301503	08/13/2020		Active		Unmodified

🔄
Items per page: 10 ▼ 1 - 1 of 1 < >

Next



## LOCATIONS

The location addresses displayed under this section report directly from the main employer (name on the self-insurance certificate and shown in the summary portlet). All other location addresses are displayed under the Subsidiary section.

1. Review the Locations information listed.
2. Expand each section to verify and/or input the number of employees and nature of operations for each location.

4 Locations

If you have closed a location since the last annual survey and have not advised the Virginia Workers' Compensation Commission of the closure, give the closing date for that location on this survey.

[+ Add Location](#) [Expand All](#) [Help](#)

Filter your results...

Location Description ↑	Street	City	State	Zip	Employee Count	Status	Effective Date	Expiration Date	Modification Status	Actions
▼ Chester10	2818 Pine Meadows Cir	Chester	Virginia	23831-5282	104	Active	10/16/2020	10/16/2021	Unmodified	
▼ Testing	1000 Dmv Dr	Richmond	Virginia	23208-2036	10	Active	12/01/2020		Unmodified	
▼ The place where we get stuff done	11732 W Broad St	Richmond	Virginia	23233-1005	12	Inactive	08/14/2020	04/21/2020	Unmodified	
▼ WebFile - Chester	2818 Pine Meadows Cir	Chester	Virginia	23831-5282	10	Active	01/01/2019		Unmodified	
▼ WebFile 2	333 E Franklin St	Richmond	Virginia	23219-2213		Inactive	03/31/1978	01/31/2014	Unmodified	
▼ WebFile 2	123 Westover Hills	Wilson	Virginia	23221		Inactive	01/01/2008	01/01/2010	Unmodified	
▼ WebFile 3	231 W. Grace Stret	Richmond	Virginia	23220		Inactive	03/31/1978	11/01/1996	Unmodified	
▼ WebFile 5	789 Disney Lane	Moseley	Virginia	23228	10	Inactive	01/01/2006	01/31/2020	Unmodified	
▼ WebFile 6	101 Reading Rainbow Lane	Lynchburg	Virginia	23220		Active	03/31/1978		Unmodified	
▼ test AC	1000 Dmv Dr	Richmond	Virginia	23208-2036	-1	Inactive	08/10/2020	08/10/2020	Unmodified	

Items per page: 10 1 - 10 of 10 [Next](#)

### QUICK TIPS



Existing data can be modified but not deleted. If there is an instance where a deletion is necessary, provide the detailed location information and reason for deletion to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

Entering a new location requires the mandatory fields of location address, effective date, number of employees and nature of operations. The deletion option is available in this instance only.

For Self-Insurers with 100 or more locations in the state of Virginia, the large location exception rule applies. "The number of employees per worksite is required. However, any time the average number of employees changes by less than 5% for each individual worksite location in any given reporting year, the employee changes are not required to be entered for each individual location." The exception does not apply to new worksite locations nor worksite locations with 100 or more employees. Both new worksite locations and worksite locations with 100 or more employees must always be entered.



### IMPORTANT

Always check the settings on your internet browser. If autofill is enabled on your browser settings when inputting locations addresses, the location address you enter may be overridden by previously stored data. Please disable this function to aide in data accuracy.

## ADDING/MODIFYING LOCATIONS

### IMPORTANT



**Virginia employees classified to work from home should:** insert “Work from home” in the Location Description; insert “No physical location” in the Street Address if the location is a full-time work from home employee; and input the City, State and Zip Code of their personal address. Once entered, override the address validation.

1. Click the “Add Location” button to create a new location or click the “Edit” button modify an existing location.

4 Locations

If you have closed a location since the last annual survey and have not advised the Virginia Workers' Compensation Commission of the closure, give the closing date for that location on this survey.

**+ Add Location** Expand All Help

Filter your results...

Location Description	Street	City	State	Zip	Employee Count	Status	Effective Date	Expiration Date	Modification Status	Actions
Texting, Inc.	40 Westminster St	Providence	Rhode Island	02903-2525		Active	09/01/1992		Unmodified	

2. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.
3. Click the “Save” button to add/modify location.

Add/Modify Location

Location Description \*

Nature of Operations \*

Effective Date \*

Select a date

Expiration Date

Select a date

Number of Employees \*

**Address**

Street \*

City \*

State \*

Zip \*

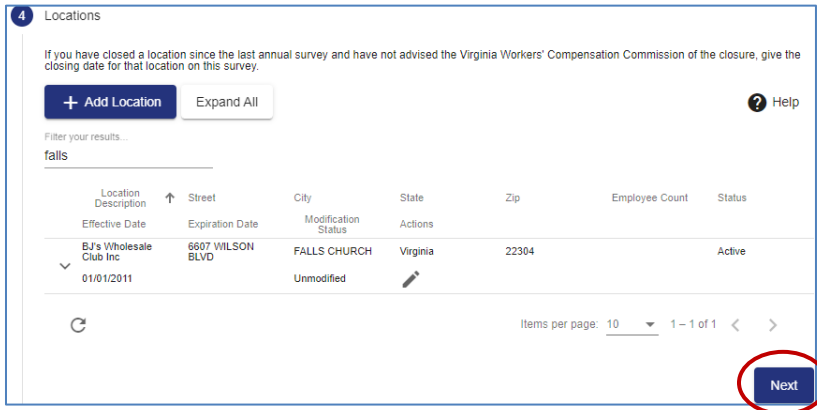
Cancel **Save**



### QUICK TIPS

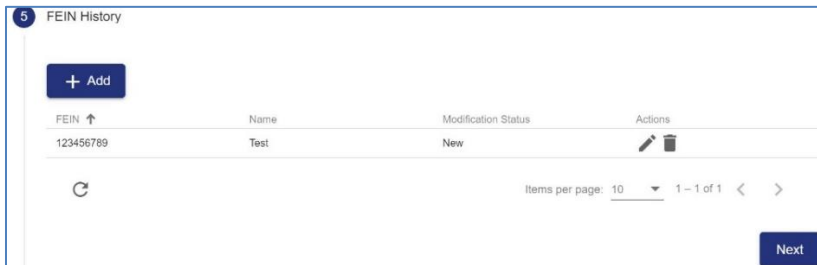
All updates should be completed in SI WebFile, however if you want to receive a list of your locations in excel form, please email [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

- Click the “Next” button to continue to the next section.



## FEIN HISTORY

- Click the “Add” button to create FEIN History or click the “Edit” button to modify an existing FEIN History.



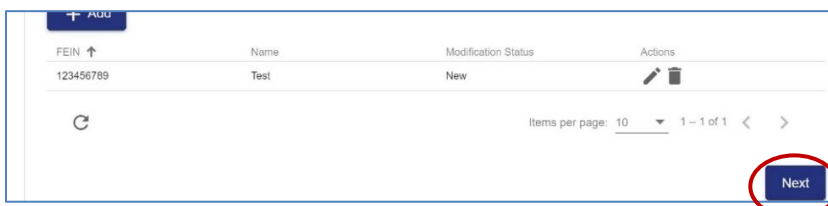
- To add or edit FEIN History you will need to enter a FEIN and Name.
- Click the “Save” button.

**Add/Modify FEIN History**

---

FEIN \*  Name \*

- Click the “Next” button to continue to the next section.



## EXCESS INSURANCE

1. Review Excess Insurance information.

In addition to providing your Excess Coverage information below, you must provide copies of your policy or a Certificate of Insurance for Excess Coverage. The sixty (60) day advance notice of cancellation must be included.

[+ Add](#)

Policy Number	Carrier	SIR Amount	Effective Date ↑	Expiration Date	Statutory	Specific Limit of Insurance	Aggregate Limit of Insurance
ABC123	Travelers Property & Casualty Company of America	\$1,000.00	02/01/1999		Yes	\$0.00	\$0.00

Items per page: 10 1 - 1 of 1 [Next](#)

2. Click the “Add” button to create an excess insurance or click the “Edit” button to modify an existing excess insurance.
3. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.
4. Only the approved SIR Amount or lesser value can be entered.

**Add/Modify Excess Insurance**

Policy Number \*  SIR Amount \*  ?

Required Field

Carrier \*  Specific Limit of Insurance \*

Effective Date \*  Aggregate Limit of Insurance \*

Please enter a valid date MM/DD/YYYY.

Expiration Date \*  Other Amount

Please enter a valid date MM/DD/YYYY.

Statutory  Yes  No

[Cancel](#) [Save](#)

5. Click the “Save” button.
6. Click the “Next” button to continue to the next section.

[+ Add](#)

Policy Number	Carrier	SIR Amount	Effective Date ↑	Expiration Date	Statutory	Specific Limit of Insurance	Aggregate Limit of Insurance
ABC123	Travelers Property & Casualty Company of America	\$1,000.00	02/01/1999		Yes	\$0.00	\$0.00

Items per page: 10 1 - 1 of 1 [Next](#)



### IMPORTANT

Excess Insurance data cannot be deleted. If there is a discrepancy in previous reported excess coverage, email [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

## DOCUMENT UPLOAD



### QUICK TIPS

The maximum size capacity for all documents being uploaded in any one Annual Survey session or Request Changes session is 15 mb. If the total size of all documents exceeds 15 mb, remove the largest document and hit submit. Then initiate a new Request Changes session to upload the additional document. Encrypted and/or secured documents are not accepted.

1. Click the “Upload Document” button to add a new document.

Document Upload

Self-Insurers are required to upload the following documentation:

- Excess Insurance Policy Document or Excess Certificate if any modifications were made

Please upload any additional documents that are required to be included as a part of the Annual Survey.

+ Upload Document Help

Document Type	Upload Date ↑	Modification Status	Actions

Items per page: 10 0 of 0 < >

\* If you choose not to upload your Financial Report at this time, it must be sent to the Commission 60 days after the audit is complete. Please email your Financial Report, or link to your Financial Report, to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov). Please call (804) 729-6407 if you have any questions.

Next

2. Select a Document Type and choose the PDF file to upload.

Upload Document

Document Type \*

Upload PDF \*

Choose a non-encrypted PDF

Cancel Save

3. Click the “Save” button.

**Note:** Once a document is uploaded, it will be visible to the user. If you choose not to upload your Financial Report, it must be uploaded to SI WebFile 60 days after the audit is complete. You can also submit a link to your Financial Report to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

4. Click the “Next” button to continue to the next section.

Items per page: 10 0 of 0 < >

\* If you choose not to upload your Financial Report at this time, it must be sent to the Commission 60 days after the audit is complete. Please email your Financial Report, or link to your Financial Report, to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov). Please call (804) 729-6407 if you have any questions.

Next

## CHANGE REQUEST SUBMISSION

1. Review all information provided and enter signatures.
2. Click the “Submit” button to complete the change request.

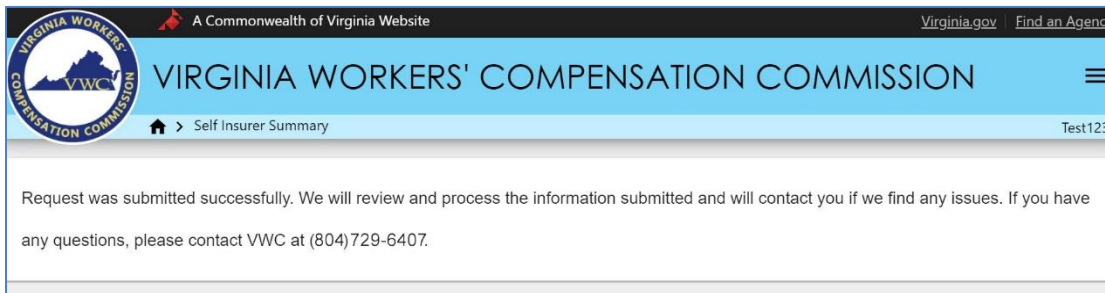
8 Submission

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.

Preparer's Signature *	Title *
Test Signature _____	Test Title _____

**Submit**

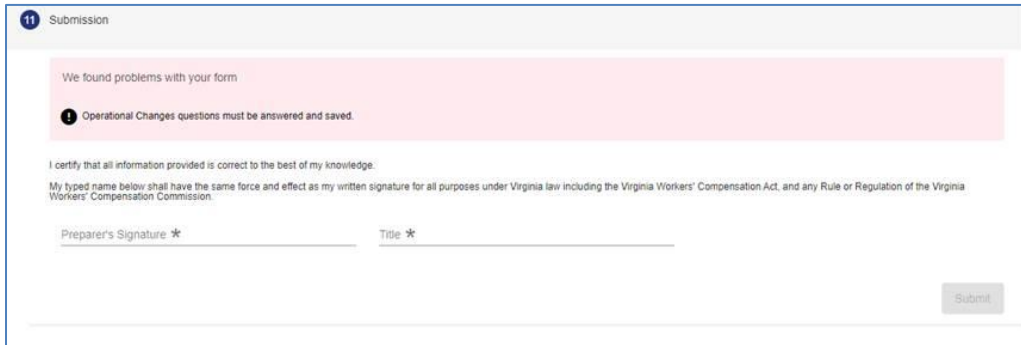


**Note:** You will receive a confirmation email after a change request is submitted. Change requests will reflect in SI WebFile once reviewed and accepted. If the changes are **not** reflected in SI WebFile, an email notification will be sent regarding submission requirements.

## SUBMITTING CHANGES

This section allows Self-Insurers to enter their name and title to submit the updates within a Change request or Annual Survey.

**Note:** If the pink box populates, it means there is a required field or section that is incomplete.



The screenshot shows a web form titled "11 Submission". A prominent pink error message box at the top states: "We found problems with your form" followed by a red exclamation mark icon and the text "Operational Changes questions must be answered and saved." Below this, there is a certification statement: "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." Underneath the certification, there are two input fields: "Preparer's Signature \*" and "Title \*", both with asterisks indicating they are required. A "Submit" button is located in the bottom right corner of the form area.

# SUBMITTING AN ANNUAL SURVEY

This section covers completing an Annual Survey and submitting supporting documentation to the Commission.



## IMPORTANT

The “Complete Annual Report” button is available once a year, 90 days before your Annual Survey date. Starting the Annual Survey will delete/close any incomplete (open/saved) change requests.

1. Click the “Complete Annual Report” button located at the top of the page.

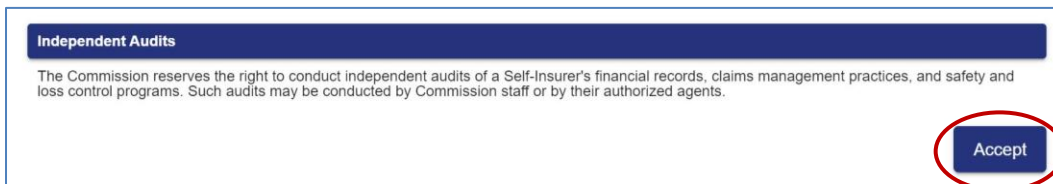


2. Read the Annual Survey instructions.



**Note:** The bottom section “SI Summary” is for viewing only. All changes should be made through the Request Changes function.

3. Press the “Accept” button to continue to the Reporting Info section.





## REPORTING INFO

1. Review the reporting information listed and compare current data in each section as required.
2. Click the “Next” button to continue to the next section.

2 Reporting Info

Self Insurer Number	Self-Insured Company Name	Reporting Date	Reporting Year
S0221	TOWN OF NEVERLAND	08/09/2020	2020

The information you are about to review has been reported to the Commission and is the official record we have on file. The information is grouped into six (6) sections. The six sections are:

Section 3: **Contacts:** Corporate Contact (Primary), **Corporate Contact**, Corporate Contact (Other), Claims Administrator and In-State Designated Representative pursuant to 16 VAC 30-30-20.

Section 4: **Subsidiaries and Subsidiary Locations:** All subsidiary names, Federal Employer Identification (FEIN) numbers, including all worksite location addresses associated with the applicable subsidiary.

Section 7: **Parent Corporation:** The parent information should be reported even if the parent has no operations in Virginia. If the parent is not the self-insurance certificate holder, you can view the information currently on file in the Parent Guarantor section.

Section 8: **Locations and employees reporting to the main Federal Employer Identification (FEIN).**

Section 9: **Excess Insurance.**

Section 10: **Aggregate Claims Information.**

Please review all information and compare current data in each section as required.

In section 10, Aggregate Claims Information, you will upload your Cumulative Claims Summary Addendum, Detailed Losses in excess of \$100,000 report, copy of your Excess Insurance Policy or Certificate and the most recent audited Financial Statement or Annual Report.

Next

## CONTACTS

1. Review contacts information.
2. Click the “Add” button to create a new contact or click the “Edit” button to modify an existing contact.

**Note:** The “Contact Type” dropdown will populate any contact type that is not currently in use. If the contact type is not within the dropdown, it is because the contact type already exists and must be modified.

3. Click the “Next” button to continue to the next section.

3 Contacts

**Corporate Contact.** This contact handles matters relating to Self-Insurance.

**Claims Administrator.** This contact will be your Third-Party Administrator or the Internal Claims Adjuster who receives all routine mail regarding claims.

**In-State Designated Representative.** This is the contact and address for your In-state designated representative and must be a **street address** in Virginia.

+ Add

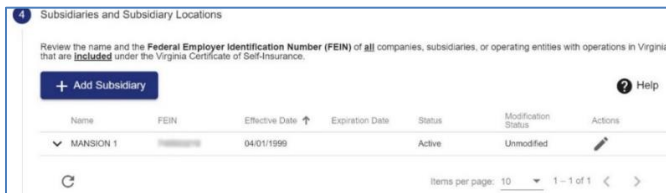
Contact Type ↑	Title	Name	Modification Status	Actions
Claims Administrator		Test CA	Unmodified	
Corporate Contact	Set as Primary	Test Corporate Contact	Unmodified	
In-State Designated Representative		Test Designated Rep	Unmodified	
Other	Town Administrator	Mr. Clark W. Draper	Unmodified	

Items per page: 10 1 - 4 of 4

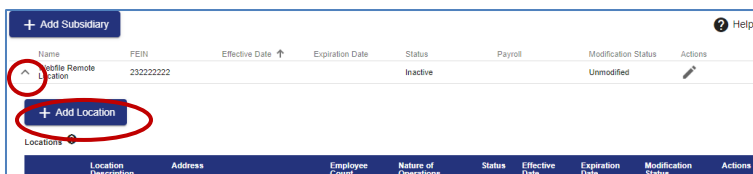
Next

## SUBSIDIARY AND SUBSIDIARY LOCATIONS

1. Review the name and the FEIN of all companies, subsidiaries, or operating entities with operations information.
2. Click the “Add Subsidiary” button to create a new subsidiary or click the “Edit” button to modify an existing subsidiary.



3. Click the expand toggle to the left of a subsidiary and click the “Add Location” button to add any locations.

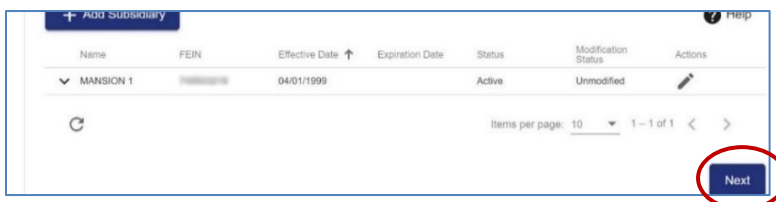


### IMPORTANT

Per regulation 16 VAC 30-80-70B, all requests requiring approval, such as a new subsidiary, has to be approved by the Commission before it will show within the Summary View. Attach all detailing subsidiary information, including payroll information, when uploading documents. Commission before it will show within the Summary View. Attach all detailing subsidiary information when uploading documents to include:

- Articles of Incorporation
- M&A agreement (if applicable)
- Class codes
- Minimum three years of hard copy loss experience

4. Click the “Next” button to continue to the next section.



### IMPORTANT

Subsidiaries can be modified, but not deleted! If a subsidiary no longer exists or is not included under the Self-Insurance Certificate, please enter the expiry date for that subsidiary.

## SUBSIDIARY EXCLUSIONS

1. Review Subsidiary Exclusions.
2. Click the “Add Exclusion” button to create a new exclusion or click the “Edit” button to modify an existing subsidiary exclusion.

5 Subsidiary Exclusions

List the name and Federal Employer Identification Number (FEIN) of all parent corporation, subsidiary company, or other operating entity with operations in Virginia that are to be **excluded** from the Virginia Certificate of Self-Insurance for your company.

+ Add Exclusion ? Help

FEIN ↑	Name	Modification Status	Actions
--------	------	---------------------	---------

Items per page: 10 0 of 0 < >

Next

3. Click the “Next” button to continue to the next section.

operations in Virginia that are to be **excluded** from the Virginia Certificate of Self-Insurance for your company.

+ Add Exclusion ? Help

FEIN ↑	Name	Modification Status	Actions
--------	------	---------------------	---------

Items per page: 10 0 of 0 < >

Next

## OPERATIONAL CHANGES

1. List any core operation changes since the last Annual Survey.

6 Operational Changes

Any changes to the Core Operation?\*

Yes  No

Has any state rejected, revoked, or not renewed Self-Insurance privileges in the past 5 years?\*

Yes  No

Save Operational Changes & Next

2. If yes was selected, explain the changes and make sure all required fields marked with an asterisk (\*) are complete.

Any changes to the Core Operation? \*

Yes  No

Explain changes... \*

Required Field

Has any state rejected, revoked, or not renewed Self-Insurance privileges in the past 5 years? \*

Yes  No

Explanation of Action \*

Required Field

State \*

Required Field

Date \*

Please enter a valid date MM/DD/YYYY.

3. Click the “Save Operational Changes & Next” button to continue to the next section.

6 Operational Changes

Any changes to the Core Operation? \*

Yes  No

Has any state rejected, revoked, or not renewed Self-Insurance privileges in the past 5 years? \*

Yes  No

Save Operational Changes & Next

## PARENT INFORMATION

### 1. Review Parent information.

**7** Parent Information

The name of the parent corporation should be reported even if the parent has no operations in Virginia. If the parent corporation is not the Self-Insured, you can view the information currently on file below for the Parent Guarantor.

No parent guarantor is currently associated.

**Parent Corporation**  
Please list the name of the Parent Corporation even if the parent has no operations in Virginia.

Name \_\_\_\_\_

FEIN \_\_\_\_\_

Next



### IMPORTANT

*The name of the parent corporation should be reported even if the parent has no operations in Virginia. If the parent corporation is not the Self-Insured, you can view the information currently on file below for the Parent Guarantor.*

### 2. Click the “Next” button to continue to the next section.

**Parent Corporation**  
Please list the name of the Parent Corporation even if the parent has no operations in Virginia.

Name \_\_\_\_\_

FEIN \_\_\_\_\_

Next

## LOCATIONS

1. Review the Locations information listed.
2. Expand each section to verify and/or input the number of employees and nature of operations for each location.

4 Locations

If you have closed a location since the last annual survey and have not advised the Virginia Workers' Compensation Commission of the closure, give the closing date for that location on this survey.

[+ Add Location](#) [Expand All](#) [? Help](#)

Filter your results...

Location Description	Street	City	State	Zip	Employee Count
▼ TOWN OF NEVERLAND	PO Box 398	Scottsville	Virginia	24590-0398	
Active	07/01/1956		Unmodified		
▼ TOWN OF NEVERLAND	PO Box 398	Scottsville	Virginia	24590-0398	
Active	07/01/1956		Unmodified		
▼ TOWN OF NEVERLAND	PO Box 430	Scottsville	Virginia	24590-0430	
Active	07/01/1956		Unmodified		

Items per page: 10 1 - 3 of 3 < >

[Next](#)

### QUICK TIPS



Existing data can be modified but not deleted. If there is an instance where a deletion is necessary, provide the detailed location information and reason for deletion to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

Entering a new location requires the mandatory fields of location address, effective date, number of employees and nature of operations. The deletion option is available in this instance only. For Self-Insurers with 100 or more locations in the state of Virginia, the large location exception rule applies. "The number of employees per worksite is required. However, any time the average number of employees changes by less than 5% for each individual worksite location in any given reporting year, the employee changes are not required to be entered for each individual location." The exception does not apply to new worksite locations nor worksite locations with 100 or more employees. Both new worksite locations and worksite locations with 100 or more employees must always be entered.



### IMPORTANT

Always check the settings on your internet browser. If autofill is enabled on your browser settings when inputting locations addresses, the location address you enter may be overridden by previously stored data. Please disable this function to aide in data accuracy.

## IMPORTANT



**Virginia employees classified to work from home should:** insert “Work from home” in the Location Description; insert “No physical location” in the Street Address if the location is a full-time work from home employee; and input the City, State and Zip Code of their personal address. Once entered, override the address validation.

3. Click the “Add Location” button to create a new location or click the “Edit” button modify an existing location.

Location Description	Street	City	State	Zip	Employee Count	Status	Effective Date	Expiration Date	Modification Status	Actions
Texting, Inc.	40 Westminster St	Providence	Rhode Island	02903-2525		Active	09/01/1992		Unmodified	

4. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.

**Add/Modify Location**

Location Description \*

Nature of Operations \*

Effective Date \*

Select a date

Expiration Date \*

Select a date

Number of Employees \*

**Address**

Street \*

City \*

State \*

Zip \*

Cancel Save

5. Click the “Save” button.
6. Click the “Next” button to continue to the next section.

▼	TOWN OF NEVERLAND	PO Box 430	Scottsville	Virginia	24590-0430					
	Active	07/01/1956		Unmodified						

Items per page: 10 1 – 3 of 3 < >

**Next**

## EXCESS INSURANCE

When entering the most current excess insurance policy information, a list of insurance carriers on record will populate upon entering your carrier name. If the carrier is not within that list please email [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov) to have them added to the list.

6 Excess Insurance

In addition to providing your Excess Coverage information below, you must provide copies of your policy or a Certificate of Insurance for Excess Coverage. The sixty (60) day advance notice of cancellation must be included.

+ Add

Policy Number	Carrier	SIR Amount	Effective Date	Expiration Date	Statutory	Specific Limit of Insurance	Aggregate Limit of Insurance
ABC123	Travelers Property & Casualty Company of America	\$1,000.00	02/01/1999		Yes	\$0.00	\$0.00

Items per page: 10 1 - 1 of 1

Next

1. Click the “Add” button.
2. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.

Add/Modify Excess Insurance

Policy Number \*  SIR Amount \*

Carrier \*  Specific Limit of Insurance \*

Effective Date \*  Aggregate Limit of Insurance \*

Expiration Date \*  Other Amount

Statutory  Yes  No

Cancel Save

3. Click the “Save” button.
4. Click the “Next” button to continue to the next section.

ABC123	Property & Casualty Company of America	\$1,000.00	02/01/1999		Yes	\$0.00	\$0.00
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Items per page: 10 1 - 1 of 1

Next



### IMPORTANT

Excess Insurance data cannot be deleted. If there is a discrepancy in previous reported excess coverage, email [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).



## DOCUMENT UPLOAD



### QUICK TIPS

The maximum size capacity for all documents being uploaded in any one Annual Survey session or Request Changes session is 15 mb. If the total size of all documents exceeds 15 mb, remove the largest document and hit submit. Then initiate a new Request Changes session to upload the additional document. Encrypted and/or secured documents are not accepted.

1. Click the “Upload Document” button to add a new document.

Document Upload

Self-Insurers are required to upload the following documentation:

- Excess Insurance Policy Document or Excess Certificate if any modifications were made

Please upload any additional documents that are required to be included as a part of the Annual Survey.

+ Upload Document

Help

Document Type	Upload Date ↑	Modification Status	Actions

Items per page: 10 0 of 0 < >

\* If you choose not to upload your Financial Report at this time, it must be sent to the Commission 60 days after the audit is complete. Please email your Financial Report, or link to your Financial Report, to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov). Please call 1-877-664-2566 if you have any questions.

Next

2. Select a Document Type and choose the PDF file to upload.

Upload Document

Document Type \*

Upload PDF \*

Choose a non-encrypted PDF

Cancel Save

3. Click the “Save” button.

**Note:** Once a document is uploaded, it will be visible to the user. If you choose not to upload your Financial Report, it must be uploaded to SI WebFile 60 days after the audit is complete. You can also submit a link to your Financial Report to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

4. Click the “Next” button to continue to the next section.

Document Upload

Self-Insurers are required to upload the following documentation:

- Excess Insurance Policy Document or Excess Certificate if any modifications were made

Please upload any additional documents that are required to be included as a part of the Annual Survey.

+ Upload Document

Help

Document Type	Upload Date ↑	Modification Status	Actions

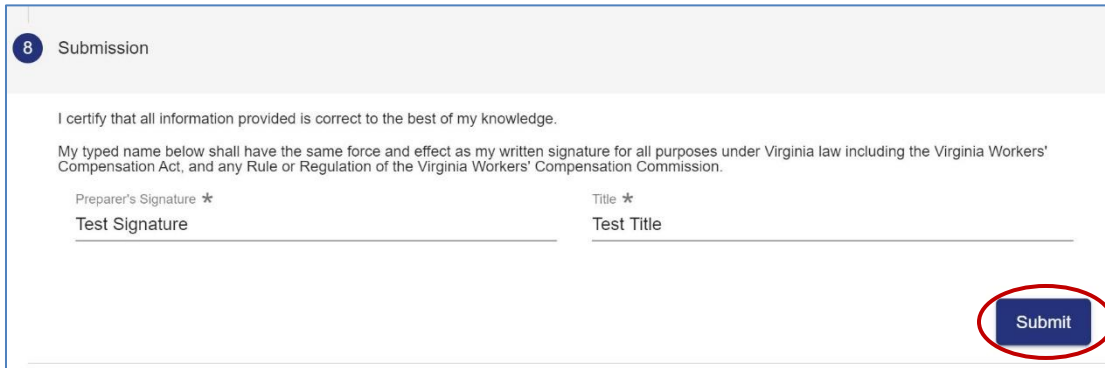
Items per page: 10 0 of 0 < >

\* If you choose not to upload your Financial Report at this time, it must be sent to the Commission 60 days after the audit is complete. Please email your Financial Report, or link to your Financial Report, to [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov). Please call 1-877-664-2566 if you have any questions.

Next

## ANNUAL SURVEY SUBMISSION

1. Review the submission statement.
2. Enter signature and title.
3. Click the “Submit” button to complete the Annual Survey submission.



8 Submission

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.

Preparer's Signature \*                      Title \*

Test Signature                                      Test Title

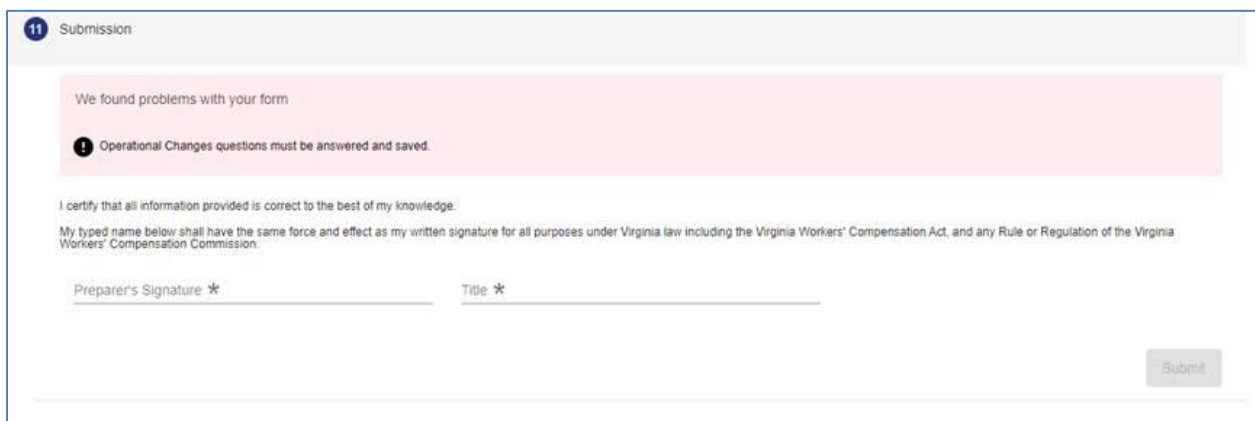
Submit

**Note:** You will receive a confirmation email after you submit your Annual Survey. The Annual Survey is reviewed within 30 days of the submission date and will reflect in SI WebFile if accepted.

## SUBMITTING CHANGES

This section allows Self-Insurers to enter their name and title to submit the updates within a Change request or Annual Survey.

**Note:** If the pink box populates it means there is a required field or section that is incomplete.



11 Submission

We found problems with your form

Operational Changes questions must be answered and saved.

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.

Preparer's Signature \*                      Title \*

Submit

## WebFile SUPPORT

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WebFile Support pertains directly to WebFile accounts, transactions, and errors. WebFile users can find answers and solutions to common issues such as creating or unlocking a WebFile account and viewing or managing a claim.

[Click here to use the interactive WebFile Support tool.](#)

# WebFile Support

If you are still having issues, or have additional questions after using the WebFile Support tool, WebFile Users may contact the Commission for WebFile support by emailing: [selfinsurance@workcomp.virginia.gov](mailto:selfinsurance@workcomp.virginia.gov).

Self-Administered Self-Insurers acting as their own claims administrators may contact the Commission for EDI-related support by emailing [EDI.Support@workcomp.virginia.gov](mailto:EDI.Support@workcomp.virginia.gov).



