


Form AR-A	ARKANSAS WORKERS' COMPENSATION COMMISSION	
Ark. Code Ann. § 11-9-102(9)(D), 11-9-402 Revised: 1-1-2001	324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	

APPLICATION FOR CERTIFICATE OF NON-COVERAGE

Please note prior to completing this Application:

1. Arkansas law requires workers' compensation insurance for every employment:
 - (a) in the state in which three or more employees are regularly employed by the same employer;
 - (b) in which two (2) or more employees are employed by any person engaged in building or building repair work;
 - (c) in which one (1) or more employees are employed by a contractor who subcontracts any part of his contract;
 - (d) in which one (1) or more employees are employed by a subcontractor.
2. There are some exceptions to this requirement. Contact your insurance agent or the Workers' Compensation Commission for an explanation.
3. Exclusion of business arrangements or professions from the definition of "employee" under law does not affect the coveragerights of employees of the pers on(s) listed below.
4. It is a felony for prime contractors to compel sole proprietors or partnerships to pay or contribute to workers' compensation insurance coverage of that sole proprietor or partnership when presented with a Certification of Non-Coverage by the sole proprietor or partnership.
5. It is a felony for prime contractors or employers to compel sole proprietors, partnerships or "employees" to obtain a Certificate of Non-Coverage when the sole proprietor, partnership or employee does not desire to do so.
6. Sole proprietors or partners of a partnership who devote full time to the proprietorship or partnership are presumed to be "employees" for workers' compensation purposes and subject to coverage for themselves UNLESS they obtain a Certificate of Non-Coverage.
7. Address below must be applicant's OWN business or home address, NOT address of company to whom the applicant is contracting or for whom the applicant is doing a project.

Company Name (list ALL names under which you yourself conduct business): _____

Address of YOUR Company or Home: _____

Name of Party Applying (please print; attach additional sheets if necessary): _____

	- -		
(Printed Name)	Social Security No.	Signature	Date
	- -		
(Printed Name)	Social Security No.	Signature	Date

1. Yes No Does the business employ others in addition to the parties listed above?
2. Yes No Have any partners determined they wish to remain under workers' compensation coverage?
3. Yes No Is the company or are the companies incorporated?
4. If you or any of your employees are covered under a workers' compensation policy, please list:

Insurance Company: _____ Policy No.: _____

If answers to any questions above are "yes," provide the application to your insurance agent for further processing during the writing of your workers' compensation insurance policy. The agent is to provide the following information, then forward the Application to the Arkansas Workers' Compensation Commission at the address below:

Agent's Name _____

Agent's Address _____

(City) _____ (State) _____ (Zip Code) _____

Agent's Signature _____

If answers to ALL questions above are "no", submit Form A to the Coverage/Compliance Section, Arkansas Workers' Compensation Commission, P.O. Box 950, Little Rock, Arkansas 72203-0950 or deliver to 324 Spring St., Little Rock, Arkansas 72201. Your Application will be processed and action communicated back to you within ten (10) working days.

AWCC Form A
(Application for Certificate of Non-Coverage)

Form A is not used by corporations or corporate officers to be excluded. Exclusion of corporate officers is handled directly by the agent/carrier.

If the answer is yes to Question 1 on **Form A**, the application for non -coverage will be rejected unless:

1. The AWCC has **Form I** (insurance coverage card) for the employment from a carrier; or
2. The agent furnishes a copy of the declarations page or the National Council on Compensation Insurance application for proof of workers' compensation coverage; or
3. The applicant has furnished proof that coverage is not required.

Help with Form A is available from the AWCC Compliance Section. General information is available from the AWCC Support Services Division. (1-800-622-4472 or 501-682-3930)

Ark. Code Ann. §11-9-106(a): Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission.

AFFIDAVIT FOR CERTIFICATE OF NON-COVERAGE

To the Arkansas Workers' Compensation Commission:

You are hereby notified that the undersigned who has submitted an application for a Certificate of Non-Coverage is a:

- Sole proprietor
- Partner
- Member of a Limited Liability Company

and, being engaged as such in the State of Arkansas, has elected to be excluded as an employee and from the mandatory insurance requirement of the Arkansas workers' compensation laws:

Signed: _____
_____ Social Security Number

(Street, City, State, Zip)

Dated this _____ day of _____, 2_____

STATE OF ARKANSAS
COUNTY OF _____

Before me, the undersigned authority, on this day appeared _____ who acknowledged that he/she executed the foregoing for the purposes and consideration therein stated.

WITNESS by my hand and my notarial seal this _____ day of _____, 2_____

Notary Public

My Commission Expires: _____