



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Construction Contractors Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ConstructionContractors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

Workers Compensation Worksheet

Doing Business As (DBA):		
Alaska Construction Contractor License Number:		<input type="checkbox"/> <i>Application in Process</i>

If your business uses employee labor, or if your business is a corporation or LLC, you must provide proof of workers compensation insurance by a certificate of insurance issued by a carrier authorized by the Alaska Division of Insurance to transact business in Alaska. This certificate must include the following six items:

1. Name of the insured exactly as licensed
2. The DBA
3. Name of the insurance provider
4. Policy number
5. Commencement date
6. Expiration date

A policy with "All Other States (AOS)" endorsement will only be accepted if the certificate states "covers activities in Alaska".

Note: There are no exemptions for family, friends, non-residents, for part-time or temporary jobs. Do not classify workers as "independent contractors" without calling the Alaska Workers' Compensation Division Special Investigations Unit at 907-269-4002.

Are you a sole proprietor or partnership and you have employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Limited Liability Company (LLC) or Corporation and you have employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to either of the questions above, check the appropriate box below:

Sole Proprietorship

- I am a sole proprietor and have workers compensation insurance coverage for all my employees, *excluding* myself as the owner; and I have attached the necessary certificate to this application.
- I am a sole proprietor and have workers compensation insurance coverage for all my employees *including* myself; and I have attached the necessary certificate to this application.

Partnership

- We are a partnership and have workers compensation insurance coverage for all employees, *excluding* the owners; and we have attached the necessary certificate to this application.
- We are a partnership and have workers compensation insurance coverage for all employees *including* the owners; and we have attached the necessary certificate to this application.

Limited Liability Company (LLC)

- We are an LLC and have workers compensation insurance coverage for all employees excluding any members who own 10% or greater of this company (members who own 9% or less are required to be covered by workers compensation insurance); and we have attached the necessary certificate to this application.

Corporation

- We are a corporation and have workers compensation insurance coverage for all employees excluding any officers or members who own 10% or greater of this company (officers or members who own 9% or less are required to be covered by workers compensation insurance); and we have attached the necessary certificate to this application.