



FORM-EC1: CLEARANCE FOR COMPLIANCE CERTIFICATE

Instructions: An employer is required by law to file a secured Certificate of Compliance (or exemption coverage for exempted employers) with the Workmen's Compensation Commission, including the securing of a workmen's compensation insurance coverage with any authorized insurance carrier in the Territory if the employer employs 3 or more employees. Violation or failure to secure a Certificate of Compliance with the Commission is considered a Class A Misdemeanor [A.S.C.A. §32.0559]. Failure to secure a workmen's compensation insurance is considered a Class A Misdemeanor [A.S.C.A. §32.0557].

Filing a Compliance Certificate:

For filing a secure a Certificate of Compliance with the Commission, the following documentations are required for submission:

- (1) A completed EC-1 Clearance Form.
- (2) Copy of a valid workmen's compensation insurance policy with a local authorized insurance carrier – if applicable.
- (3) Copy of the *Notice of Workmen's Compensation Coverage Secured* issued by the carrier to verify policy – if applicable.

1. Name of Business Owner (or President if Corporation or Association):			2. Official Name of Business (Print Name):		
3. Type of Business: <input type="checkbox"/> Sole Ownership / Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association / Non-Profit <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Others (Specify):		4. Specify the Nature of Business or Industry:		5. Employer's EIN No.:	
6. Employer's Contact Information: Mailing Address:					
Telephone (Business / Office):				Email Address:	
7. Specify the total number of all employees employed:			8. Purpose of Filing a Workmen's Compliance Certificate:		
Regularly Employed:	Part-time:	Volunteer:	<input type="checkbox"/> File and secure a new compliance certificate <input type="checkbox"/> Renew an expired compliance certificate <input type="checkbox"/> None – employer failed to file and secure a compliance certificate		
9. Does the employer have a workers compensation insurance with an authorized local insurance carrier? <div style="text-align: right;"> <input type="checkbox"/> No <input type="checkbox"/> Yes (proceed to Questions 10 to 13) </div>					
10. Status of the employer's insurance policy with the carrier:			<input type="checkbox"/> Updated and active <input type="checkbox"/> Policy expired or lapsed in payments		
11. Name of Insurance Carrier:		12. Insurance Policy Number:		13. Policy Expiration Date:	
14. Name of Person Preparing this Form:		15. Name of Person Signing this Form:		16. Title of Person Signing this Form:	
17. Authorizing Employer's Request: (Sign Here) _____ : Authorized Signature _____ Date			OWCC USE ONLY *** Receive Stamp ***		