



THE STATE

of

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

**Construction Contractors Program**

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Website: [ProfessionalLicense.Alaska.Gov/ConstructionContractors](http://ProfessionalLicense.Alaska.Gov/ConstructionContractors)

**Workers' Compensation Worksheet**

<b>Doing Business As (DBA):</b>	
<b>Construction Contractor License #:</b>	<i>If applying for an initial registration please note pending.</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 and 6) expiration date.

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

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

*Please note: There are no exemptions for family, friends, or non-residents, or 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.*

If **YES** to either of the above questions, then please 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.