

Tennessee Workers Compensation Insurance Plan

SC/DAC Name, Address, and Contact Information

Insured Name & Address:

Policy Period: From: x/xx/xxxx

To: x/xx/xxxx

Date of Mailing: x/xx/xxxx

Policy Number:

Tax ID #:

Aon Tracking #:

VERIFICATION OF ESTIMATED CONTRACTOR REVENUE FORM

(Copy and complete a separate form for EACH Partner, Corporate Officer or LLC Member)

The purpose of this form is to ensure that the appropriate amount of estimated annual premium is charged on your above-referenced workers compensation insurance policy as a direct result of the Tennessee law changes that are found in Tennessee Public Chapter Number 1149. **This new law requires all construction services providers to be covered on a workers compensation insurance policy.**

However, if you are listed as exempt on the “**Construction Services Provider Exemption Registry**” (for individuals) maintained by the Tennessee Secretary of State (<http://tnbear.tn.gov/wc/>), you may be “exempt” from certain requirements of the workers compensation law. In order to be exempt (for individuals), you must meet one of the following conditions:

- ❖ Be an Officer of a corporation - no more than three officers of one corporation shall be eligible for the exemption;
- ❖ Be a member of a Limited Liability Company (LLC) - provided such member owns at least 30% of the company;
- ❖ Be a partner in a limited partnership, limited liability partnership or a general partnership; provided such partner owns at least 30% of the partnership;
- ❖ Be a sole proprietor; or
- ❖ Be one of the three owners of a family-owned business entity.

If you have a valid exemption, you will only be subject to paying premium for work performed on “**Commercial Construction Projects**”, as defined in 50-6-901. A Commercial Construction Project is defined as any project that involves the construction, erection, remodeling, repair, improvement, alternation or demolition of any structure EXCEPT the following:

- ❖ Any one (1) to four (4) family residence that does not exceed three (3) stories in height;
- ❖ Any building or structure for use and occupancy by the general public that does not exceed \$750,000 in total cost;
- ❖ Any project directly associated with the business of producing/providing electricity, natural gas, water, waste water services, telephone service, telecommunications service, cable service or internet service or any combination thereof, for sale to consumers in a particular area.

Therefore, in order to provide an accurate estimate of premium for your above-referenced policy, we will need to know what your anticipated gross receipts will be (as a percentage), split between work on Commercial Construction Projects and all other construction work during the above-referenced Policy Period. We will also need to know what your net profit/earnings were from your most-recent IRS Tax Forms – Schedule C or K-1 (for Sole Proprietors, Partners and LLC Members). For Corporate Officers, please estimate your payroll amount. Please complete the information as requested below:

<u>IRS NET PROFIT/EARNINGS (Schedule C or K-1)</u>	\$ _____
Or	
PAYROLL (Corporate Officers ONLY)	\$ _____
<u>JOB TYPE</u>	<u>ESTIMATED % of GROSS RECEIPTS</u>
Commercial Construction Projects	% _____
Other Construction Work	% _____
TOTAL CONSTRUCTION WORK	= <u>100%</u>

Are you a sole proprietor, partner, officer or LLC member that is listed on the Secretary of State’s Construction Services Provider Exemption Registry? _____ Yes _____ No If yes, please **PRINT** your name and registration number _____.

I, _____ (PRINTED NAME) certify that I am authorized to sign this document and that the above information provided on this form is true and correct.

X _____ (signed) X _____ (dated)

DUE DATE: XX/XX/XXXX

Failure to return this signed and completed form will result in significant premium charges. If any additional premiums owed are over \$1,000.00, monthly installments will be made available for all premium.