

<p>INSTRUCTIONS: Visit our website: mtcontractor.mt.gov or call (406) 444-7734 for assistance.</p> <p><input type="checkbox"/> Complete this registration if your business is engaged in the construction industry and has employees, or is a Manager-Managed LLC, or a Corporation.</p> <p><input type="checkbox"/> LLCs and Corporations must register their business entity with the Montana Secretary of State's office; business structure and principals will be verified.</p> <p><input type="checkbox"/> To qualify for "Bid Only" status, your out-of-state business cannot be actively performing work in Montana. Once awarded the job in Montana, you must notify us in writing immediately to change your status and provide proof of a valid Montana workers' compensation insurance policy for your employees.</p> <p><input type="checkbox"/> Businesses working in Montana with employees must provide proof of a valid Montana workers' compensation insurance policy. Out of state businesses – see reverse side or second page for requirements on demonstrating compliance with Montana's workers' compensation compliance.</p> <p><input type="checkbox"/> Enclose a check payable to the Montana Department of Labor & Industry (DLI) in the amount of \$70 (non-refundable) or pay online.</p> <p><input type="checkbox"/> Sign and send this completed application to: Dept of Labor and Industry / Registration Section • PO Box 8011 • Helena, MT 59604-8011</p>	<p>THIS BLOCK FOR OFFICE USE</p>
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Business Name:	Does this business use Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy#:
	Name of workers' compensation company:
Federal Employer Identification Number if required, or SSN: (Call the IRS at 1 (800) 829-1040 to verify your tax obligations)	Does this business use Leased Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Policy#
	Name of Professional Employer Organization (PEO):
Mailing Address:	Does this business use Temporary Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Temporary Service Contractor (TSC):
City:	Are you an out-of-state business and requesting "BID ONLY" status? <input type="checkbox"/> Yes <input type="checkbox"/> No
State:	
Zip:	Is this business in the construction industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	
Email:	Is this business in the trucking industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Agent:	Does this business perform work solely on residential construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Structure: (Selection must match your business name registration with the Montana Secretary of State; contact their office at (406) 444-3665 for verification)	
<input type="checkbox"/> Sole Proprietor (List Owner below)	<input type="checkbox"/> Partnership or LLP (List Partners below)
<input type="checkbox"/> Member-Managed LLC (List Members below)	<input type="checkbox"/> Manager-Managed LLC (List Managers below)
<input type="checkbox"/> Corporation (List Corporate Officers below)	

Sole Proprietors, Partners, Members of Member-Managed LLC's, and Managers of Manager-Managed LLC's working on a jobsite in Montana, and are NOT personally covered under a Montana workers' compensation insurance policy, must have or apply for an active independent contractor exemption certificate (ICEC). Each ICEC application is \$125 (non-refundable).

Corporate officers working in Montana are considered employees and must be covered under a Montana workers' compensation insurance policy unless the officer owns 10% or more of the shares of the corporation or is related to another officer of the corporation and the aggregated shares equal 10% or more. **See reverse side or second page for explanation.**

If necessary, attach an additional sheet to list owners, partners, members, managers, or corporate officers.				Percent Owned:	Work performed in Montana: (select all that apply)	Personally covered by Montana workers' comp?	*Corp Officers Only* Are you related to another corporate officer, and combined shares equal 10% or more:
First Name • MI • Last Name:	SSN:	Mailing Address • City • State • Zip:					
				%	<input type="checkbox"/> Jobsite <input type="checkbox"/> Office <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ICEC	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%	<input type="checkbox"/> Jobsite <input type="checkbox"/> Office <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ICEC	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%	<input type="checkbox"/> Jobsite <input type="checkbox"/> Office <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ICEC	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%	<input type="checkbox"/> Jobsite <input type="checkbox"/> Office <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ICEC	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Applicant Signature:	 Printed Name:
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ATTENTION CORPORATE OFFICERS:

Montana Code Annotated 39-71-401 (2) (r) exempts from workers' compensation coverage, officers of a corporation and managers of a manager-managed limited liability company (**excluding managers of a manager-managed LLC working in the construction industry**) who meet specified criteria. To be exempt, one of the following criteria must be met:

- (i) the officer or manager is not engaged in the ordinary duties of a worker for the corporation or the limited liability company and does not receive any pay from the corporation or the limited liability company for performance of the duties;
- (ii) the officer or manager is engaged primarily in household employment for the corporation or the limited liability company;
- (iii) the officer or manager either:
 - (A) owns 10% or more of the number of shares of stock in the corporation or owns 10% or more of the limited liability company;
 - (B) owns less than 10% of the number of shares of stock in the corporation or limited liability company if the officer's or manager's shares when aggregated with the shares owned by a person or persons listed in subsection (2) (r) (iv) total 10% or more of the number of shares in the corporation or limited liability company; or
- (iv) the officer or manager is the spouse, child, adopted child, stepchild, mother, father, son-in-law, daughter-in-law, nephew, niece, brother, or sister of a corporate officer who meets the requirements of subsection (2) (r) (iii) (A) or (2) (r) (iii) (B).

If a corporate officer does not meet the criteria listed in Montana Code Annotated 39-71-401 (2) (r), they **are required to be covered** under a Montana workers' compensation insurance policy.

DEMONSTRATING COMPLIANCE WITH MONTANA WORKERS' COMPENSATION LAWS:

If your business has employees, you will need to provide proof of a valid Montana Workers' Compensation policy before the department will approve your CR. ***Contractors from Wyoming, Idaho, or South Dakota, with an existing workers compensation policy, may request an extra territorial agreement if they are working in Montana temporarily. Otherwise,** the department will attempt to verify coverage using the National Council on Compensation Insurance (NCCI) national workers' compensation database. However, there may be a delay in new policies being reported from insurers to NCCI. To avoid possible delays in processing your CR, you must provide one of the two options listed below with your CR application.

Option 1: Providing a declarations page from the workers' compensation policy provided all of the following conditions are met:

- The insurer is a company authorized to write workers compensation coverage in Montana.
- The name of insured as shown on the declaration page is the name of the business listed on the CR application.
- The federal employer identification number as shown on the declaration page is consistent with the FEIN listed on the CR application.
- Montana is listed specifically in section 3A. We will not accept a policy if Montana is listed only in Section 3C and we do not accept an 'all other states' endorsement for businesses engaged in construction.
- A policy number appears on the declaration page.
- The declaration page is signed by an authorized agent of the insurer.

Option 2: Providing a certificate of insurance (COI) issued by the contractor's workers' compensation insurer (or self-insured group) stating that the contractor's employees are covered for liability under the Montana Workers' Compensation Act and Occupational Disease Act, provided all of the following conditions are met:

- The insurer is a company authorized to write workers' compensation coverage in Montana;
- The name of the insured as shown on the COI is the name of business listed on the CR application;
- The insurer's agent is licensed to do business in Montana;
- There is an original signature on the COI of an agent or other person that is authorized to bind the insurer;
- The COI specifies that Montana is listed in section 3A of the policy; and
- The COI must be validated within 20 days by the submission of a declaration page or policy from the business.