



Department of Taxation

P.O. Box 182215
Columbus, OH 43218-2215
(888) 405-4089



07100100

IT 1 Rev. 12/09

**Combined Application for
Registration as an Ohio
Withholding Tax/School District
Withholding Tax Agent**

Employer withholding account no.
(For department use only)

Federal employer identification no.

Social Security no. / ITIN

Ohio corporate charter no. / certificate no.

Reactivate for account number? Yes If yes, provide number if available

Will you have an employee that **resides** in a taxing school district? Yes No

1. Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (150) Nonprofit
(50) LLC (70) LLP (80) LTD Other (please specify) _____

2. Date of first Ohio payroll, if known (MM/DD/YY) _____

3. Provide NAICS code and state nature of business activity _____ (For the most current listings, search NAICS on our Web site at tax.ohio.gov.)

4. Legal name _____
(Corporation, sole owner, partnership, etc.)

5. Trade name or DBA _____

6. Primary address _____
Address of corporation, sole owner, partnership, etc. City State ZIP code

Business phone no. Fax no. Secondary phone no.

7. Mailing address _____
(If different from above) City State ZIP code

8. Name, title and phone number of individual responsible for filing returns and payment of Ohio withholding/school district withholding tax

Name Title Phone no.

9. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account

Name Phone no. Fax no. E-mail address

Date Signature of applicant

Federal Privacy Act Notice
Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

1.h Mailing Address (if different than physical business address):

Note: To have your correspondence sent to a representative (i.e., accountant, payroll company, etc), please complete an Employer's Representative Authorization form (JFS 20106).

Attention

Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

City

State

ZIP

Country

Province - International addresses only

Postal Delivery Code – International addresses only

* 2.a Type of business operation (choose one):

Individual Partnership Association Joint Venture Limited Liability Company (taxed as corporation)

Limited Liability Company (taxed as individual) Limited Liability Company (taxed as partnership)

Limited Partnership Public Entity

Corporation

State of inc. Date of inc. (MM/DD/YYYY)

Charter Number

/

/

Fiduciary (i.e., trust, estate, guardianship or receivership)

Enter name of Trustee, Executor, Guardian or Receiver

Other (explain)

T

3. Provide the following information regarding the principal member(s) of the business (i.e., individual, partners, corporate officers, etc.):

Note: If you selected Public Entity in question #2, you must provide the name of an individual to be responsible for the receipt of all forms, reports and billings.

Salutation (Mr, Mrs) * <input type="text"/>	Position or Title * <input type="text"/>	Social Security Number <input type="text"/>
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* First Name

* Last Name

* Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

* City

* State <input type="text"/>	* ZIP <input type="text"/>	-	<input type="text"/>	* Country <input type="text"/>
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Province - International addresses only <input type="text"/>	Postal Delivery Code – International addresses only <input type="text"/>
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Telephone Number <input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Fax Number <input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Email

Salutation (Mr, Mrs) <input type="text"/>	Position or Title <input type="text"/>	Social Security Number <input type="text"/>
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First Name

Last Name

Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

City

T

T

* 9.b Describe the type of services performed, products made, sold, etc.

[Empty text box for describing services]

* 9.c What Ohio county do you employ the greatest number of workers:

[Grid of boxes for county selection]

9.d Do you have more than one business location in Ohio? Yes No

9.e Is this establishment primarily engaged in performing services for other units of the company? Yes No

If yes, indicate nature of activity:

Central Administrative Office, Storage (warehouse), Research, Development, or Testing, Other [grid]

NOTE: If you have any questions in regard to questions 9.a thru 9.e, please telephone (614) 644-2689.

* 10.a What Type of Business are you engaged in? (Please only check one and answer the questions below it):

General

- a. Have you paid or will you pay wages of \$1,500 or more in covered employment in a calendar quarter?
b. If yes, enter the date this occurred or will occur:
c. Have you had or will you have at least one employee in covered employment for some portion of a day in each of 20 different weeks in any calendar year?
d. If yes, enter the date this occurred or will occur:

Agricultural

- a. Have you paid or will you pay wages of \$20,000 or more in covered employment in a calendar quarter?
b. If yes, enter the date this occurred or will occur:
c. Have you had or will you employ at least 10 individuals in agricultural employment for some portion of a day in each of 20 different weeks in any calendar year?
d. If yes, enter the date this occurred or will occur:

Domestic

- a. Have you paid or will you pay wages of \$1,000 or more in covered employment in a calendar quarter?
b. If yes, enter the date this occurred or will occur:

Non-Profit Organization or Indian Tribe

- a. Do you have a Federal Letter of Exemption from paying income taxes under Section 501(c)(3) of the Internal Revenue Code?
b. If yes, submit a copy of the Exemption Letter with this application.

c. Have you employed or will you employ at least 4 individuals in covered employment for some portion of a day in each of 20 different weeks? Yes No

d. If yes, enter the date this first occurred or will occur: / /

e. If determined liable, do you wish to be set up as a Contributory or Reimbursing employer? Contributory Reimbursing

f. If you are not otherwise subject to unemployment compensation law, would you like to voluntarily cover your employees for unemployment compensation? Yes No

g. If you do not have a Federal Letter of Exemption, have you applied for one? Yes No

h. If you have applied for a Federal Letter of Exemption, but have not received one, please answer the following questions:

i. Have you paid, or will you pay wages of \$1500 or more in covered employment in a calendar quarter? Yes No

ii. If yes, enter the date this first occurred or will occur: / /

iii. Have you had or will you have at least one employee in covered employment for some portion of a day in each of 20 different weeks in any calendar year? Yes No

iv. If yes, enter the date this first occurred or will occur: / /

Government Agency or Public Entity

a. Did you employ at least one (1) individual in covered employment (Elected Officials are not considered as covered employment)? Yes No

Church or Organization Operated Primarily for Religious Purposes

* 11.a Do you have any workers who perform services for your business whom you consider to be self-employed or independent contractors? Yes No

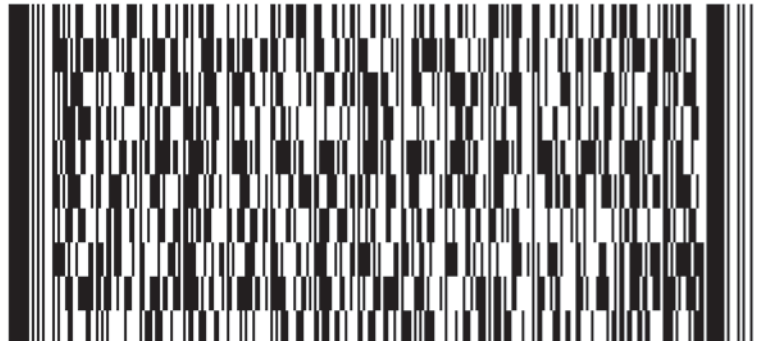
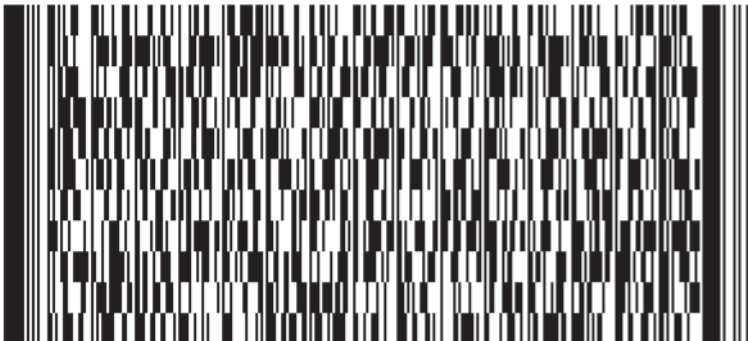
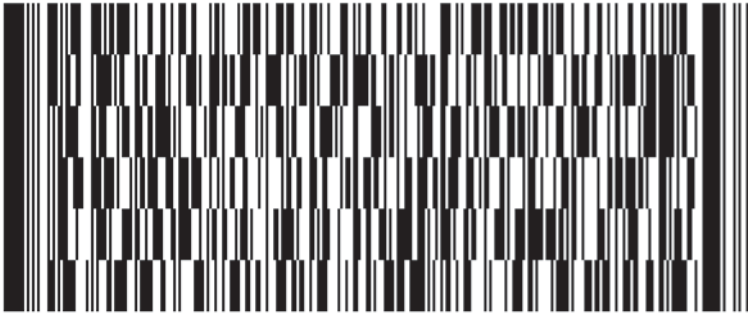
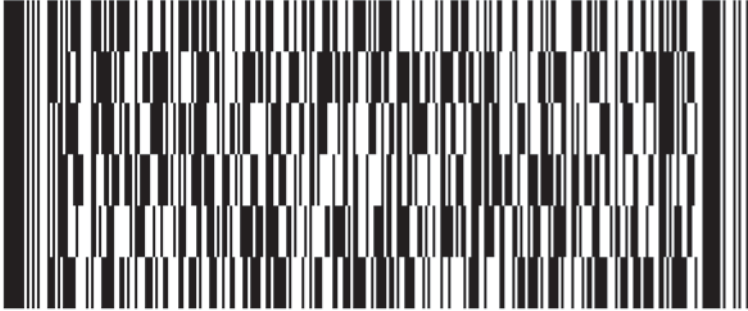
Certification: I hereby certify that the information given in this report is true to the best of my knowledge and belief.

Signature:

Date / /

Title

Please return this page when mailing.



Have questions? Need assistance? BWC is here to help!

Call 1-800-OHIOBWC, and listen to the options to reach a customer service representative.

You can dial the number nationwide, and in Canada and Mexico from 7:30 a.m. to 5:30 p.m. EST.

Remember, you can access information and request services by visiting BWC's Web site at ohiobwc.com

Workers' compensation coverage protects you and your employees in the event of a work-related injury, disease or death. In Ohio, all employers with one or more employees must carry workers' compensation coverage. It's the law. Coverage becomes effective when BWC receives this completed application and the \$10 minimum security deposit. Independent contractors and subcontractors also must obtain coverage for their employees.

BWC considers officers of a corporation employees for the purposes of workers' compensation; except for an individual incorporated as a corporation (to qualify must have a single/sole owner with no employees).

However, if you are self-employed, a partner in a business, an officer of a family farm corporation or an individual incorporated as a corporation, you are not automatically covered. You may elect coverage for yourself by selecting Yes in the elective coverage section and owners/officers/ministers information section of this application.

It's easy to obtain coverage by following these steps:

- ① Apply for coverage online at ohiobwc.com, or complete all fields on this application for coverage;
- ② Provide as many details as possible. When describing the nature of the business, include the type of work performed and the equipment used;
- ③ Sign and date the application. It's not valid without a signature;
- ④ Detach and mail the completed application with a \$10 minimum security deposit to: **Ohio Bureau of Workers' Compensation**
P.O. Box 15698
Columbus, OH 43215-0698

Please make check or money order payable to the **Ohio Bureau of Workers' Compensation**.

What happens next?

Once BWC receives your application for coverage you will receive:

- A new employer kit explaining your rights and responsibilities, and cost-saving tips for your business. The kit includes: an *MCO Selection Guide* with instructions on how to select a managed care organization to medically manage your company's workers' compensation claims; *Certificate of Premium Payment*, including the effective date of coverage, which is the day BWC receives your signed application and \$10 deposit; and your seven-digit identification number called a BWC policy number. Please use it whenever you contact BWC about your policy. Remove the *Certificate of Premium Payment* and post it as proof of coverage;
- An invoice for the difference between the \$10 minimum security deposit and the additional security deposit you owe. The security deposit is 30 percent of your estimated eight months' premium up to a maximum of \$1,000. Your security deposit will not be applied to future premium.

Coverage is not in effect until BWC receives the completed application and the \$10 minimum security deposit. BWC cannot process incomplete applications.

Completing the Application for Ohio Workers' Compensation Coverage

General information – completed by all employer types

Ohio law requires employers to obtain workers' compensation coverage for their employees from the first date of hire. Indicate the date you first hired one or more employees in Ohio or the date you estimate you will hire one or more employees in Ohio. If you do not provide this information, BWC may bill you for two years of prior-to-coverage premium.

Be sure to supply your federal employer identification number (FEIN). You can obtain a FEIN number by calling the Internal Revenue Service. If you have applied for a FEIN, but have not received one, write "applied for" in the appropriate box, and you may supply it at a later date. Domestic household employers, sole proprietors and partnerships who do not need a FEIN should supply a Social Security number of the sole proprietor, or one of the home owners or partners.

BWC uses your primary physical Ohio location to assign one customer service office for all your risk-management services. Please provide the address for your primary Ohio location best capable of handling and resolving your risk-management issues or an out of state location if you have no physical Ohio location.

Business entity information

Select the one business entity type that applies to your company. For workers' compensation purposes, there are four possible business entity types that apply to a corporation (i.e., limited liability company acting as a corporation, corporation, individual incorporated as a corporation with no employees and family farm corporation). Select the business entity type that best describes your corporate structure.

Domestic household coverage: Applies to full or part-time domestic workers employed inside or outside your private residence and includes private chauffeurs. Domestic household employers who pay workers \$160 or more in a calendar quarter must have workers' compensation insurance. Normally these workers provide domestic services, such as gardening, housekeeping, babysitting, etc. However, you should include workers you hire as employees to provide home improvement for construction type activities to your residence if the worker does not have his or her own business or own workers' compensation insurance. Please check the appropriate box under Domestic household employer that applies to the type of worker you will hire, and supply an eight-month payroll estimate so BWC may calculate your premium security deposit. If you are hiring a contractor to perform these services, you may want to verify he or she has active workers' compensation coverage.

Sole proprietors and partners (including limited liability companies acting as a sole proprietor or partnership): Sole proprietors and partners are exempt from workers' compensation coverage. However, you are required to cover your employees. If you qualify for elective coverage, you can elect coverage by selecting Yes in the elective coverage section and owners/officers/ministers information section of this application.

Limited liability companies: These companies can elect to be treated as a corporation, sole proprietorship or partnership for income tax purposes. Because of this, owners of a limited liability company can be treated differently depending upon the form of entity they elect for income tax purposes. If electing to be treated as a sole proprietorship or partnership, coverage is elective for the owners. If electing to be treated as a corporation, coverage for the owners is not elective except for an individual incorporated as a corporation. Please check the appropriate limited liability company box advising whether you are acting as sole proprietor, partnership or a corporation.

Corporations: Corporate officer reportable wages are subject to a minimum and maximum, which is based on the statewide average weekly wage (SAWW) calculated annually by the Ohio Department of Job and Family Services. The minimum payroll reporting limit will be 50 percent of the SAWW and the maximum payroll reporting limit will be 150 percent of the SAWW. The minimum reportable payroll applies only to active executive officers of the corporation (i.e., officers engaged in the decision making and the day to day operation of the corporation). Officers of a corporation who earn between the minimum and maximum will report their actual W-2 wages. For S-corporations, officers must report wages for services they perform. This may include W-2 wages as well as all or part of ordinary income from Schedule K-1 up to the maximum.

Note: Visit BWC's Web site (choose: Ohio Employers; Payroll reporting information under Financial Info heading), or call BWC to obtain the minimum and maximum payroll reporting requirement amounts applicable for each payroll reporting period.

Individuals incorporated as a corporation (with no employees): To qualify for this business entity type you must have a single/sole owner with no employees. The single/sole owner with no employees can elect coverage by selecting Yes in the elective coverage section and owners/officers/ministers information section of this application. Corporations having more than one owner or a single/sole owner with employees are by law required to have workers' compensation coverage for all personnel associated with the corporation, including all corporate officers.

Family farm corporation: These officers are exempt from workers' compensation coverage. However, they must cover their employees. These family farm corporate officers can elect coverage by selecting Yes in the elective coverage section and owners/officers/ministers information section of this application. To qualify as a family farm corporation, you must meet the following criteria:

- The family farm must be founded for the purpose of farming animal or plant products intended for consumption by human beings or animals (excluding nurseries and flower production enterprises);
- A majority of the shareholders must be related within the fourth degree of kinship (siblings, parents, grandparents, aunts, uncles, great aunts, great uncles or first cousins) or be the spouse of such persons;
- No shareholder may be a corporation;
- At least one of the related persons within the corporation must reside on or actively operate the farm.

Business purchase/associated policy information (does not apply to domestic household employees)

Effective July 27, 2006, for all successions taking place on or after Sept. 1, 2006, in situations where a successor takes over the entire operation, any and all existing and future liabilities or credits will transfer to the successor in addition to the experience. In such cases, it will be the successor's responsibility to notify BWC of the succession. When you acquire or purchase a business, you must apply for coverage if you do not already have an Ohio workers' compensation policy.

If an employer purchases or acquires only a portion of the business, BWC transfers only that portion of the former employer's experience to the succeeding employer. BWC will inspect the former employer's payroll and claims records to determine what should transfer to the successor for rate calculation purposes.

Out-of-state considerations

You may segregate your payroll by state if you elect to obtain non-BWC coverage for work done outside of Ohio. Please refer to BWC's Notice of *Election to Obtain Coverage from Other States for Employees Working Outside of Ohio* (U-131) and instructions to determine if this election is available to your business.

Ohio employers: You must disclose payroll information for employees who work both within and outside of Ohio. If you elect coverage from another state, you:

- Should NOT include work done outside of Ohio when reporting payroll or calculating premium payments to BWC for work done in Ohio;
- Must report payroll for work done outside of Ohio to BWC on a separate form. (This is for recordkeeping purposes only. You do NOT have to pay an Ohio premium for out-of-state work.)

Out-of-state employers: BWC will recognize out-of-state coverage for employees who are residents of another state but work in Ohio for no more than 90 days. However, BWC will only recognize that coverage to the extent the other state recognizes Ohio employers operating temporarily in their state. **IF NOT**, you must obtain Ohio coverage and report payroll to BWC for all work done in Ohio that is not subject to recognition from the other state.

If you specifically hire employees to work in Ohio, you must obtain coverage from BWC regardless of where you hired the workers.

Elective coverage (does not apply to domestic household employees)

Coverage on the owners or officers of a corporation and a limited liability company acting as a corporation (except for individuals incorporated as a corporation) is not voluntary. However, coverage on certain owners or ministers is elective. The categories of individuals that qualify for elective coverage are listed below.

- Sole proprietor
- Partnership
- Limited liability company acting as a sole proprietor
- Limited liability company acting as a partnership
- Family farm corporate officers
- Ordained or associate ministers of religious organizations in the exercise of their ministries
- Individual incorporated as a corporation (with no employees)

If you qualify for elective coverage, you can elect coverage by selecting Yes in the Elective coverage section and owners/officers/ministers information section of this application. Once the policy has been established, you will need to complete the *Application for Elective Coverage* (U-3S) to add additional qualifying owners or ministers. Remember, if you choose not to cover yourself and you are injured at work, BWC will not provide coverage, and other insurance may not cover your work-related disability or medical bills.

Specific payroll reporting requirements associated with elective coverage are listed below.

Sole proprietors and partners (including limited liability companies acting as a sole proprietor or partnership): For all individuals electing coverage, the reportable wages are subject to a minimum and maximum, which is based on the SAWW calculated annually by the Ohio Department of Job and Family Services. The minimum payroll reporting limit will be 50 percent of the SAWW and the maximum payroll reporting limit will be 150 percent of the SAWW. Individuals who earn between the minimum and maximum will report their actual net incomes based on their form 1040, Schedule C for sole proprietors, or form 1065 Schedule K-1 for partnerships, inclusive of any draws.

Officers of a family farm corporation: For corporate officers of a family farm electing coverage, the reportable wages are subject to a minimum and maximum, which is based on the SAWW calculated annually by the Ohio Department of Job and Family Services. The minimum payroll reporting limit will be 50 percent of the SAWW and the maximum payroll reporting limit will be 150 percent of the SAWW. Officers of a corporation who earn between the minimum and maximum will report their actual W-2 wages. For S-corporations, officers must report wages for services they perform. This may include W-2 wages as well as all or part of ordinary income from Schedule K-1 up to the maximum.

Religious organizations: Ohio law requires religious organizations to cover their paid employees. However, ordained ministers and associate ministers are not considered employees for the purpose of workers' compensation. When a minister is covered under the religious organization's policy, actual earnings are reportable and are not subject to the minimum and maximum. Ministers not covered under the religious organization's policy can complete an application for coverage and elect coverage on themselves as a sole proprietor. Ministers electing coverage as a sole proprietor are subject to the minimum and maximum reporting requirements as described above.

Individuals incorporated as a corporation (with no employees): For individual corporate officers electing coverage, the reportable wages are subject to a minimum and maximum, which is based on the SAWW calculated annually by the Ohio Department of Job and Family Services. The minimum payroll reporting limit will be 50 percent of the SAWW and the maximum payroll reporting limit will be 150 percent of the SAWW. Officers of a corporation who earn between the minimum and maximum will report their actual W-2 wages. For S-corporations, officers must report wages for services they perform. This may include W-2 wages as well as all or part of ordinary income from Schedule K-1 up to the maximum.

Note: Visit BWC's Web site (choose: Ohio Employers; Payroll reporting information under Financial Info heading), or call BWC to obtain the minimum and maximum payroll reporting requirement amounts applicable for each payroll reporting period.

Owners/officers/ministers information (does not apply to domestic household employers)

You must provide name, home address, Social Security number and title (attach additional sheets, if necessary). Additionally, individuals that qualify for elective coverage must indicate whether or not they wish to elect coverage for themselves.

Religious organizations must list the ordained or associate ministers they elect to cover under the religious organization's policy in this section.

Operations description (does not apply to domestic household employers)

A complete description of your business is necessary to classify your operations. If you supply inadequate information, BWC could misclassify your policy. To prevent this from occurring, BWC asks that you supply in-depth information regarding your processes, the equipment used and any final product you may produce.

Payroll by operation type (does not apply to domestic household employers)

Provide the estimated eight-month payroll for each operation conducted by your employees as well as the number of employees you have under each operation.

All applications require a signature. Please be sure to complete this area.

Coverage is not in effect until BWC receives the completed application and the \$10 minimum security deposit. BWC is unable to process incomplete applications.

Retain for your records



Have questions? Need assistance? BWC is here to help! Call 1-800-OHIOBWC, and listen to the options to reach a customer service representative. You can dial the number nationwide, and in Canada and Mexico from 7:30 a.m. to 5:30 p.m. EST. Remember, you can access information and request services by visiting BWC's Web site at ohiobwc.com.

BWC will not process incomplete applications. All required fields (*) must be completed. BWC will also not process applications without a minimum premium security deposit of \$10.

General information - completed by all employer types. Form with fields for legal business name, trade name, date hired, federal employer ID, primary physical location, contact info, and mailing address.

Business entity information. Form with checkboxes for domestic household, yard maintenance, and business entity types (sole proprietor, partnership, etc.).

Business purchase/Associated policy information. Form with questions about other compensation policies, purchase agreements, and business acquisition.

Are you operating in the former employer's location? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain
Will you conduct business in the same/similar manner as the former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain
How many employees of the former employer did you hire? _____
Did you acquire or purchase any machinery or equipment from the former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain

Elective coverage

See additional details in the business entity information and elective coverage sections for completing the application, which describe the reporting requirements for elective coverage.

Coverage on the owners or officers of a corporation and a limited liability company acting as a corporation (except for individuals incorporated as a corporation with no employees) is not voluntary.

However, coverage on certain owners or ministers is voluntary. Listed below are the categories of individuals that qualify for elective coverage.

- Sole proprietor
- Partnership
- Limited liability company acting as a sole proprietor
- Limited liability company acting as a partnership
- Family farm corporate officers
- Ordained or associate minister of a religious organization
- Individual incorporated as a corporation (with no employees)

If someone at your company meets the qualifications for elective coverage, please enter all of their names in the owner/officers/minister information section. If you select yes to request elective coverage, please understand that by electing coverage that you are acknowledging your agreement to the minimum payroll reporting requirements outlined in the U-3 instructions. Remember, if you choose not to cover yourself and you are injured at work, BWC will not provide coverage, and other insurance may not cover your work-related disability or medical bills.

Please initial to acknowledge you have read and understand the elective coverage guidelines.

Owners/officers/ministers information – Please provide the required information for all owners and officers. If you are a religious organization and wish to elect coverage on your ministers, you must also provide this information for the ministers.

*Name #1 (last, first, middle)	*% Ownership	
*Home address (street or PO Box)		
*City	*State	*ZIP code
*Social Security number	*Title	Phone
*For individuals that qualify, do you wish to elect coverage?		
<input type="checkbox"/> Yes I do wish to elect coverage for myself. <input type="checkbox"/> No I understand that BWC will not pay benefits for my work-related injury if I do not elect coverage.		
*Name #2 (last, first, middle)	*% Ownership	
*Home address (street or PO Box)		
*City	*State	*ZIP code
*Social Security number	*Title	Phone
*For individuals that qualify, do you wish to elect coverage?		
<input type="checkbox"/> Yes I do wish to elect coverage for myself. <input type="checkbox"/> No I understand that BWC will not pay benefits for my work-related injury if I do not elect coverage.		
*Name #3 (last, first, middle)	*% Ownership	
*Home address (street or PO Box)		
*City	*State	*ZIP code
*Social Security number	*Title	Phone
*For individuals that qualify, do you wish to elect coverage?		
<input type="checkbox"/> Yes I do wish to elect coverage for myself. <input type="checkbox"/> No I understand that BWC will not pay benefits for my work-related injury if I do not elect coverage.		
		*Total ownership %

Out-of-state considerations

Are you an Ohio employer with employees working outside Ohio? Yes No

Are your employees covered under another workers' compensation policy issued for a state other than Ohio? Yes If yes, provide the information below.
 No

Insurer name: _____ Policy number: _____

Was the contract of hire for your employees entered into: Select one Exclusively in Ohio Exclusively in a state other than Ohio
 Combination of Ohio and in a state other than Ohio

Operations description

*Check all types that apply to your Ohio operations.

- Agriculture Crop Livestock Dairy Vegetable Poultry Orchard Berry/vineyard
- Extraction Mining Oil or gas Quarry
- Construction Permanent yard operations Residential three stories and under Interior trim/cabinets
 Commercial, industrial and dwellings more than three stories
 Other (describe) _____
- Transportation Owned goods Non-owned goods Ground Air carrier Water transport Interstate carrier
 Gen. Freight Parcel People Appliance Furniture Oil Gas
- Distance Local 200 miles or less More than 200 miles
- Commercial (merchandising) Wholesale: Sales ____% Retail: Sales ____% Packaging Drivers/delivery
 Repair Principal products sold _____
 Coffee or tea house (no cooking) Beverages ____% of total sales Food ____% of total sales
- Service Restaurant – fast food Restaurant – wait service (not counter) Delivery
 Alcohol ____% of receipts compared to total sales
 Warehousing for others Religious organization Residential house cleaning Commercial cleaning
 Vacant residential cleaning Domestic employees working in your home

 Elevated Cleaning from Stool, ladder etc.
- Office work/ Medical office Attorney Real estate agent Property management (not property preservation)

*Describe your services or products, including your methods of operations. Include raw and semi-finished materials used (attach additional documentation, if necessary). Note: It is important for you to provide as much information as possible for BWC to properly determine your correct classification.

*Describe machinery, equipment and tools (attach additional documentation, if necessary).

*If you do not have a primary physical Ohio location, provide an explanation for not having an Ohio location and/or reason you are applying for Ohio coverage.

Payroll by operation type

*List all types of operations that apply (attach additional sheets if necessary).	*For each operation type, estimate total number of employees.	*For each operation type, estimate total payroll for next eight months.
The following are in addition to the above: Clerical <input type="checkbox"/> Office personnel (no duties outside of the office, no counter service); <input type="checkbox"/> Telecommuter (clerical employees working from residence);		
Traveling salespeople (no handling, servicing or delivery);		
Drivers (truck or delivery);		
Sole proprietors, partners or ministers (if elective-coverage is elected).		

Certification – signature required

Name (please print) _____

By my signature, I certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person who does not secure or maintain workers' compensation coverage and pay all appropriate premiums in accordance with Ohio laws, or misrepresents, conceals facts, or makes false statements to obtain coverage may be subject to civil, criminal and/or administrative penalties.

*Employer signature _____ *Date _____

WARNING: Insurance is not in effect until BWC receives the application and the \$10 security deposit.
 BWC will bill the balance of the security deposit.
 BWC cannot process incomplete applications or applications submitted without payment.

You may submit your application online, and pay your minimum premium security deposit of \$10 using a checking or savings account, or a credit card (MasterCard®, VISA® or American Express®) at ohiobwc.com. You may also submit the completed U-3 along with a \$10 check or money order to:
Ohio Bureau of Workers' Compensation
P.O. Box 15698
Columbus, OH 43215-0698

BWC USE ONLY

Policy number	Application number	Effective date	Payment type <input type="checkbox"/> Cash <input type="checkbox"/> Check	Payment amount	Date received	Initials