



North Dakota Workforce
Safety & Insurance

**VERIFICATION OF
NON-EMPLOYMENT**
EMPLOYER SERVICES/
PHS DIVISION
SFN 53068 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Fax 701-328-3750
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

Business Name as Registered in North Dakota	Business or Cell Phone	Business Federal ID#
Name of Individual Completing the Document	Email Address	

Type of Ownership

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Other

Address

Business Address	Location where work will be performed:	Start and end date of work performed in ND
City State Zip		

Please list all officer(s), partner(s), and owner(s) of the business – attach a list if more lines are needed

Full Name (including middle initial)	Title	Social Security Number

North Dakota Employers
The purpose of this form is to acknowledge that you, a ND employer, do not have employees at this time and currently are not required to obtain workers' compensation insurance coverage with WSI under NDCC 65-01-02(16). North Dakota Law, with limited exceptions, requires all employers to secure insurance to cover their full-time, part-time, seasonal, or occasional employees **prior** to hiring. To be insured in North Dakota, you must submit an application available online at www.WorkforceSafety.com.

Out of State Employers
The purpose of this form is to acknowledge that you, an Out-of-state employer, do not have employees at this time and currently are not required to obtain workers' compensation insurance coverage with WSI under NDCC 65-08-01(4). Out of state employers working in ND are required to secure WSI insurance coverage if you employ ND based worker(s) or enter into an employment agreement(s) in ND.

If you bring out-of-state employees into ND and this exposure results in significant contacts with ND, coverage is mandatory.
Significant contacts are defined as:

- Any employee earns or is expected to earn 25% or more of their gross annual wage from services rendered within ND.
- My company pays or is expected to pay 25% or more of our gross annual payroll to employees for services rendered in ND.

Both North Dakota and Out of State Employers – Check all that apply

My organization currently does not have significant contacts as defined above.

My organization currently does not employ any workers as defined above as a ND Employer or Out of State employer. It is understood that if my business does employ worker(s) in the future, I will comply with North Dakota law and obtain workers' compensation insurance coverage prior to employing workers.

I have NEVER employed or hired workers in North Dakota.

Acknowledgement
It is understood that if my organization does employ any worker, I will notify WSI before any actual work has been performed by any employee. I understand it is unlawful for me to employ workers without securing workers' compensation insurance coverage. I understand that failure to comply with the requirements of the North Dakota Workers' Compensation Act (NDCC 65-04-33) may subject me to criminal, injunctive, and monetary penalties. I certify that the information contained in this verification is true and correct to the best of my knowledge. I further certify if any of the representations I have made to WSI change, I am obligated to contact WSI with accurate and current information.

Dated this _____ day of _____, _____

(Signature)

(Title)

* In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is mandatory pursuant to N.D.C.C. 65-05-02. The social security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.