FORM I-1

Effective March 2001, this form must be filed electronically.

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation
220 French Landing Dr.
Nashville, Tennessee 37243-1002

CERTIFICATE OF INSURER

INSTRUCTIONS: This form must be filed electronically. Upon receipt of this form the Tennessee Department of Labor will issue the Certificate of Compliance Posters. The posters will be sent to the primary address for all the locations listed below. Any changes, amendments, revisions or policy status information must be submitted on **Form I-2**.

Doing Business As:			
Owner/Parent Company Name(s):			
Federal Employers' ID #:	NCCI Risk ID #:	SIC:	
Primary Address: P O Box	Street:		
City:	State:	Zip:	TN County:
Nature of Business: (clerical, restaurant, etc.)		# Emps:	
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other:			
Employee Leasing ☐ YES ☐ NO If type of business is employee leasing, list the name and address of the company the employees are leased to in the Location section below. If policy number or effective and expiration dates are different for each company, you must file separate FORM I-1 forms.			

Policy Information

Policy Number:	Renewal of #:	
Effective Date:	Expiration Date:	
Carrier Name:		
Street or P O Box:		
City:	State:	Zip:

LOCATIONS: Use additional forms as needed to list all Tennessee locations covered under this policy.

Street	City	State	Zip	TN County	# Emps	SIC

The carrier named above hereby certifies that it has insured the named employer in compliance with T.C.A., Sections 50-6-408 and 50-6-409 (Tennessee Workers' Compensation Law).

Date: _____ Sign: _____
(Authorized Representative)