

INSTRUCTIONS FOR COMPLETING DIP APPLICATION

In order to assist you in completing the application we have identified various items which are often omitted. The application is to be filed in **duplicate** with the DCRB. Failure to provide all required information may delay the assignment of coverage. *

Be sure to include:

1. Federal Employers Identification Number (F.E.I.N). Social Security Number may be used only if the risk to be insured is a sole proprietor or partner with no employees.
2. The actual **Delaware** location where the employer will conduct business. If an out-of-state contractor, provide Delaware job site location(s).
3. List **two** Delaware licensed insurance companies that have declined to write workers compensation for the applicant employer. Include company representatives' name and telephone number. Declining carriers may be subject to verification.
4. Coverage election for Sole Proprietors, Partners, Officers and Other Coverage (Endorsement WC 00 03 10). All individuals electing inclusion must complete, and enclose, the applicable endorsement with application. Payrolls for premium computation purposes for these individuals are subject to minimum/maximum amounts of \$450/\$2,200 per week respectively. Use this endorsement form for members of Limited Liability Company.
5. Officers of a corporation or members of a Limited Liability Company may elect exclusion from the Act. Attach the Agreement of Officers/LLC to the application. Note: Where the employer is subject to Title 25 of the Delaware Code only four officers or members are eligible for exclusion.
6. **Certified Check** of the employer, or agency check, for deposit premium, made payable to the Delaware Compensation Rating Bureau, Inc. Deposit Premium **must** accompany the application. If premium is to be financed, attach copy of finance agreement.

Coverage will become effective twenty four (24) hours after the **Federal Post Office** post mark on the application envelope. If a later date is required, please specify.

If you have any questions please contact the DCRB

***Note:** New Delaware employers engaged in commercial trucking operations must complete the Supplemental Application in addition to the standard application. If you are uncertain whether the Supplemental Application needs to be completed, contact the DCRB.