

**DWD/DWS/Wausau Insurance Worker's Compensation Coverage  
Application**

The W-2 Agency requests Worker's Compensation coverage, for W-2 participants in the Community Service Jobs and Transitional Placements components and FSET participants, under the DWD/Division of Workforce Solutions contract with Wausau Insurance Company. Please complete with the information and signatures.

W-2 Agency Name (applicant) \_\_\_\_\_

For geographic area(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

W-2 Agency contact person for Worker's Compensation issues address, telephone number, fax number and email address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

W-2 Agency Authorized Representative (signature) \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
(name printed)

**Contact person:** Rita Black-Radloff, DWD/DWS/Bureau of Workforce Programs, PO Box 7972, 201 E. Washington Avenue, Room G100, Madison, WI 53707-7972, phone #-608/261-6967, fax #-608/261-6968, email address-rita.black-radloff@dwd.state.wi.us

**Note:** By submitting this application, your agency is authorizing DWS to directly charge Worker's Compensation premiums as an expense to your W-2 Contract.