2016 DCF / DFES Worker’s Compensation (Declines Coverage)

The W-2 Contractor declines the opportunity to participate in the DCF / DFES Worker’s Compensation Statewide Program. W-2 Contractors declining this coverage must include a copy of the policy describing the coverage that they have obtained.

Business Name – W-2 Contractor

Check the appropriate counties:

- Adams
- Ashland
- Barron
- Bayfield
- Brown
- Buffalo
- Burnett
- Calumet
- Chippewa
- Clark
- Columbia
- Crawford
- Dane
- Dodge
- Door
- Douglas
- Dunn
- Eau Claire
- Florence
- Fond du Lac
- Forest
- Grant
- Green
- Green Lake
- Iowa
- Iron
- Jackson
- Jefferson
- Juneau
- Kenosha
- Kewaunee
- La Crosse
- Lafayette
- Langlade
- Lincoln
- Manitowoc
- Marathon
- Marinette
- Marquette
- Menominee
- Milwaukee
- Oconto
- Oneida
- Outagamie
- Ozaukee
- Pepin
- Pierce
- Polk
- Portage
- Price
- Racine
- Richland
- Rock
- Rusk
- Sauk
- Sawyer
- Shawano
- Sheboygan
- St. Croix
- Taylor
- Trempealeau
- Vernon
- Vilas
- Walworth
- Washburn
- Washington
- Waukesha
- Waupaca
- Waushara
- Winnebago
- Wood

STATEMENT OF WORKER’S COMPENSATION COVERAGE

The W-2 Contractor has obtained the required WC coverage from a source other than DCF / DFES. The insurance company, policy number and dates of coverage are as follows:

Name – Insurance Company

Policy Number

Dates of Coverage

SIGNATURE – W-2 Contractor Authorized Representative  Date Signed

Printed Name – W-2 Contractor Authorized Representative

DCF / DFES WC CONTACT:

Accountant – Senior, Bureau of Finance
201 East Washington Ave Rm A200
PO Box 8916
Madison WI 53708-8916
Telephone: 608-422-6394
Email: VictoriaM.Stolen@wisconsin.gov

Reminder: Attach a copy of the policy referenced above.

DCF-F-2899-E (N. 10/2015)