

## REGISTRATION RENEWAL INSTRUCTIONS

### APPLICATION FOR RENEWAL OF EMPLOYER FEE PAID EMPLOYMENT AGENCY REGISTRATION

#### Application must be accompanied by:

- ◆ A check or money order for the required registration fee of \$150.00 payable to the Connecticut Department of Labor.
- ◆ Proof of Workers' Compensation Insurance with completed Workers' Compensation Information form. (**PROOF OF WORKERS' COMPENSATION IS A CERTIFICATE OF INSURANCE.**) Corporations or Limited Liability Companies with no employees can be exempted from carrying Workers' Compensation by completing a Workers' Compensation Form 6b. Partnerships or Limited Liability Partnerships with no employees can be exempted from carrying Workers' Compensation Insurance by completing a Workers Compensation Form 6b1. The forms need to be submitted to your local Workers' Compensation Commission office and copies of the forms are sent to the Labor Department with your registration forms and fee. Please contact this office if you need information on the Form 6b or 6b1. The form may not be needed if you have provided it with a past registration.
- ❖ **NOTE: IF YOUR AGENCY IS NO LONGER CONDUCTING BUSINESS PLEASE COMPLETE AND RETURN THE FORM INDICATING THAT YOU HAVE CEASED OPERATING.**

#### The following should be complied with:

- ◆ Contact the Department of Revenue Services at (860) 297-4885 for sales tax regulations required on agency fees.
- ◆ Contact Wage and Workplace Standards Division at (860) 263-6790 for wage and hour regulations.
- ❖ Additional information:

Enclosed is information regarding employer/employee responsibilities under the Connecticut Unemployment Compensation Law.

#### Questions concerning this application or paperwork to be submitted may be addressed to:

Thomas Wydra , Director  
Connecticut Labor Department  
Wage & Workplace Standards Division  
200 Folly Brook Boulevard  
Wethersfield, CT 06109

Telephone (860) 263-6791

**STATE OF CONNECTICUT  
DEPARTMENT OF LABOR  
WAGE & WORKPLACE STANDARDS DIVISION  
200 FOLLY BROOK BOULEVARD  
WETHERSFIELD, CT 06109-1114**

**APPLICATION FOR EMPLOYER FEE PAID EMPLOYMENT AGENCY REGISTRATION**

New Registration \_\_\_\_\_ Renewal \_\_\_\_\_

I(We) \_\_\_\_\_ hereby apply for a registration

Doing Business as: \_\_\_\_\_

Business address: \_\_\_\_\_  
(Street Address - Registration cannot be issued to a Post Office Box)

\_\_\_\_\_ - \_\_\_\_\_  
(City) (State) (Zip) (Business Telephone Number)

Please list additional locations on second page

Owner is:

\_\_\_\_\_ Sole-Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

If business is: • Sole Proprietorship - list owner • Partnership - list all partners • Corporation - list all officers and directors.  
• Limited Liability Corporation - list all members.

<u>Name</u>	<u>Home Address</u>	<u>Title</u>

Please provide your social security # (SSN) \_\_\_\_\_ or your federal employer identification number (FEIN) \_\_\_\_\_.

I (We) certify that the information provided on this application for Employer Fee Paid Employment Agency Registration is true and accurate.

\_\_\_\_\_  
Signature(s) of Officers, Members, Partners or Proprietor Date

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(For Department of Labor Use Only)

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Issuance Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Additional locations:**

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**IMPORTANT**

**WORKER'S COMPENSATION INSURANCE**

You **MUST** return this form with the requested information

Section 31-286a of the Connecticut General Statutes requires that any applicant for a license or permit and/or renewal of the license or permit who has employees in the State of Connecticut, must first provide a **CURRENT** certificate of Worker's Compensation Insurance in order for us to **ISSUE** or **RENEW YOUR LICENSE** or **REGISTRATION**.

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**Print business name**

**Please check one (1) box:**

(  ) **I do not have any employees**

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**Print business address**

(  ) **I have (an) employee(s) and  
have enclosed Worker's Comp.  
Insurance Certificate.**

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**Print your name**

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**Signature**

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**Date**

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

INSURED

- COMPANY LETTER **A**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENTS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PROFESSIONAL-SERVICES-COMP/OP AGG. \$
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY \$
					EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				
	ANY AUTO				COMBINED SINGLE \$
	ALL OWNED AUTOS				DAILY INJURY (per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				EACH OCCURRENCE \$
	GARAGE LIABILITY				AGGREGATE \$
	<b>EXCESS LIABILITY</b>				
	UMBRELLA FORM				STATUTORY LIMITS
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
	<b>OTHER</b>				

SAMPLE FOR

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE