



**AWCC Form A**  
**(Application for Certificate of Non-Coverage)**

Form A is not used for exclusion from a workers' compensation policy by corporations or corporate officers, sole proprietors, partners of a partnership, members of a limited liability company, members of a professional association, or a self-employed employer who is not a subcontractor and who owns and operates his or her own business. Exclusions of corporate officers from coverage is handled directly by the agent/carrier.

If the answer is yes to Question 1 on **Form A**, the application for non-coverage will be rejected unless:

1. The agent furnishes a copy of the declarations page or the National Council on Compensation Insurance application for proof of workers' compensation coverage; or
2. The applicant has furnished proof that coverage is not required.

**Assistance with Form A and/or the accompanying affidavit is available from the AWCC Compliance Section. General information is available from the AWCC at 800-622-4472 outside of Pulaski County, or 501-682-3930.**

**Ark. Code Ann. §11-9-106(a):** "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willingly and knowingly employs any device, scheme, or artifice for the purpose of : obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under ... this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."

(Revised 1-1-2008)

**AFFIDAVIT FOR CERTIFICATE OF NON-COVERAGE**

To the Arkansas Workers' Compensation Commission:

You are hereby notified that the undersigned who has submitted an application for a Certificate of Non-Coverage is a:

- Sole proprietor
- Partner
- Member of a Limited Liability Company

and, being engaged as such in the State of Arkansas, has elected to be excluded as an employee and from the mandatory insurance requirement of the Arkansas workers' compensation laws:

Signed: \_\_\_\_\_  
\_\_\_\_\_ Social Security Number

\_\_\_\_\_  
(Street, City, State, Zip)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

**STATE OF ARKANSAS**  
**COUNTY OF** \_\_\_\_\_

Before me, the undersigned authority, on this day appeared \_\_\_\_\_ who acknowledged that he/she executed the foregoing for the purposes and consideration therein stated.

**WITNESS** by my hand and my notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_