GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF LABOR

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Workers' Compensation Administration

MEMORANDUM

TO: All Employers

FROM: Workers' Compensation Administration

DATE: _____

SUBJECT: EMPLOYER'S INSURANCE CERTIFICATE

The Division of Workers' Compensation Administration is requesting that **ALL** Employers submit along with and in addition to the *"Employer's First Report of Injury";* proof of **GOVERNMENT INSURANCE FUND COVERAGE**.

Further, the certificate must state **"This is a true and certified copy."** Remember, a signature of authorized personnel **must** be on the insurance certificate.

Your continued cooperation is requested in order to expedite the processing of this case.

Form Number: _____