

Always Check for a Valid Certificate of Insurance

Genuine Dependability™

LUBA Workers' Comp reminds you to always check for a valid Certificate of Insurance before agreeing to work with any outside vendor.

A Certificate of Insurance is official, written verification of insurance coverage issued by either the insurance company or agent. For workers' compensation, the certificate specifies who has coverage in the event of an accident.

Never let anyone on a jobsite without first verifying they're covered by a valid Certificate of Insurance.

Do not allow subcontractors or independent contractors to start work with the expectation that they'll provide a certificate at some point in the future.

Do not accept a Certificate of Insurance directly from a vendor. View the original certificate through the vendor's agent or insurer.

While Certificate of Insurance verification is crucial for general contractors and subcontractors, it's a good idea for any business that works with outside vendors.

Why is it important?

Ignoring or even delaying Certificate of Insurance verification opens you to huge legal and financial headaches.

If your business fails to check for valid certificates, the payroll is obtained at audit and it increases your

premium. Moreover, if a subcontractor or vendor's employees are injured on the job, they can be deemed your employee, resulting in a claim that's your responsibility.

When accidents involving uninsured subcontractors occur, they often involve claims filed six or eight months after the incident. As with most late claims, they typically end up in litigation resulting in higher costs for everyone involved. Verifying a valid Certificate of Insurance at the start of a job can protect you from ending up in this type of situation.

What to look for:

- A. When reviewing the original Certificate of Insurance document, make sure an insurance carrier is listed.
- B. Make sure the dates are valid during the period in which the work takes place.
- C. Verify workers' comp group coverage and owner exclusions. Owners who exclude themselves from coverage could create a liability.
- D. If the subcontractor is from out-of-state, make sure the certificate indicates coverage extends to the proper state(s).
- E. Have your company listed as a certificate holder. That way, you get notified of any cancellations as well as any rescinded cancellation notices.
- F. Don't accept a Certificate of Insurance directly from contractors. Certificates are typically issued by an insurance agent who can verify coverage.
- G. In addition to verifying the dates of coverage are current, plan to update the certificate at expiration.

Turn page over for a sample form.

LUBA Workers' Comp



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	CONTACT NAME:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

A. Insurance Carrier Indicated Here

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRANCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRANCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below <input type="checkbox"/> Y/N <input type="checkbox"/> N/A					WC STATUTORY LIMITS OTHER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$

B. Effective Dates Indicated Here

C. Workers' Comp Coverage & Owner Exclusions Indicated Here

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional remarks Schedule, if more space is required)

D. Make Sure Coverage Extends to the Proper State(s)

CERTIFICATE HOLDER **CANCELLATION**

E. Make Sure Your Company is Listed	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE