

# Request for Insurance Form



General Information		
SCA Contract Number	Prime Contractor	
Project School Name	Borough	
Project School Address		
Firm Name		
Address		
Phone Number	Cell Number	Fax Number
Email	Tax ID Number	
Project Representative	Insurance Risk Manager	
Name	Name	
Address	Address	
Phone Number	Phone Number	
Jobsite Activities		
Description of Firm's Role in Jobsite Activities – be trade specific		
Work Start Date	Completion Date	Award Date
List Participating Subcontractor Apprenticeship Programs that Support Your Firm's Jobsite Activities		
Firm Certification		
MBE <input type="checkbox"/> Yes <input type="checkbox"/> No	WBE <input type="checkbox"/> Yes <input type="checkbox"/> No	LBE <input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation Data		
Classification of Operations	Class Code	Total Estimated Payroll* – round to nearest dollar

*\*Include only the estimated jobsite payroll to be directly performed by your company—not by your subcontractors—for the period coverage is provided.*

WC EXP MOD	Rating Date	
Workers Compensation Bureau Risk Number		
Location of Payroll Records		
Contact for Payroll Records		
Estimated Contract Amount		
<b>Present Insurance Coverage</b>		
	<b>Workers Compensation</b>	<b>General Liability</b>
Insurer		
Policy Number		
Policy Term	From: To:	From: To:
Agent Broker		
Address		
City/State/Zip		
Account Exec.		
Phone Number		

—email, mail, or fax a copy of the Acord Certificate of Insurance evidencing these coverages

<b>Additional Information</b>
Is your firm a Prime Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your firm is a Subcontractor, name the Prime Contractor for this job?
Will your firm need a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Capital Improvement Project? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your firm anticipates subcontracting work to others provide the names and addresses of the firms that will act as your subcontractors.
Is your firm a subsidiary and/or division of another company <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: If you are a subsidiary and/or a division of another company or if you are participating as a Joint Venture Partner, you must complete an EMR-14 Form</i>

**Certification**

The statements in my Request for Insurance are true to the best of my knowledge. I understand that my firm's Workers' Compensation loss experience incurred on this project is reported annually to the Workers' Compensation Bureau and will be used to promulgate my firm's experience modification factor.

*Please also attach completed SCA's Subcontractor Approval Form (SAF).*

<b>Signature Officer of Firm</b>	<b>Print Officer Name</b>
<b>Date of Signature</b>	<b>Officer's Title</b>

Updated: 7/8/19