Workers’ Compensation Insurance
Workers’ compensation insurance is a form of insurance employers purchase that provides compensation for employees who are injured on the job. Workers’ compensation rules and laws vary by U.S. state and some states do not require employers to have this insurance.

Insurance Requirement
J-1 Intern/Trainee Visa regulations require that InterExchange verifies that ALL host employers have a valid workers’ compensation policy for the duration of their intern’s/trainee’s program or provide proof of exemption in accordance with the laws in a host employer’s U.S. state.

This requirement is in addition to the requirement that all participants acquire their own accident & sickness insurance coverage for the duration of their program. In most cases, accident & sickness insurance coverage is included in the InterExchange program fee.

Confirmation of Existing Policy – Workers’ Compensation Certificate
The quickest and easiest way for InterExchange to confirm existence of a valid policy is for employers to provide a certificate of liability insurance issued by their insurance agency.

InterExchange requires that certificates include the following information:
• Company Name & Address (The exact location of the internship/training program MUST appear on the certificate or be provided in an extension of the information page, not certificate holder section.)
• Workers’ Compensation Policy Number
• Policy Coverage Dates (A policy cannot expire prior to the program start date. If a policy expires while hosting interns/trainees, employers must renew the policy in order not to violate programs regulations.)

Most companies have their certificate posted in a public place within the company. If not, host employers can simply contact their insurance company to request a copy of their certificate.

Other Forms of Confirmation
Self-Insured
Companies that are self-insured must provide proof that the insurance will cover employees who are injured on the job and that the policy covers the location and dates of the intern’s/trainee’s program.

State Insurance
If an employer is insured by the state rather than by an insurance agency, InterExchange will accept certificates issued by the state.

We are able to accept documentation other than a certificate, such as an information page from the policy itself, if it contains all of the required information indicated above and if an authorized insurance representative countersigns it.

Please see the following samples of acceptable workers’ compensation insurance documents:
**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY):** 03/31/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 have ADDITIONAL INSURED provisions or 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).

**COVERAGE:**

- **INSURED:**
  - Smith Insurance Company
  - ACME Architecture

- **PRODUCER:**
  - Smith Insurance Company
  - ACME Architecture

- **INSURER AFFORDING COVERAGE:**
  - INSURER A: N/A
  - INSURER B: N/A
  - INSURER C: ABCD Corporation
  - INSURER D: Awesome Underwriters
  - INSURER E: N/A
  - INSURER F: N/A

- **OTHER:**
  - NAIC #

- **CONTACT NAME:**
  - Phone: [A/C, No, Ext]:
  - Fax: [A/C, No]:
  - E-mail: Address:

- **INSURER(S) AFFORDING COVERAGE:**
  - NAIC #

- **CERTIFICATE NUMBER:** XYZ-123456789-05

**REVISION NUMBER:**

- **INSTRUMENT TYPE:**
  - COVERAGES

<table>
<thead>
<tr>
<th>INSTRUMENT TYPE</th>
<th>ADDITIONAL INSURED</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>OCCUR</td>
<td>EACH OCCURRENCE</td>
<td>DAMAGE TO RENTED PREMISES ( Ea occurrence)</td>
<td>$</td>
</tr>
<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>OWNED</td>
<td>COMBINED SINGLE LIMIT</td>
<td>BODILY INJURY ( Per person)</td>
<td>$</td>
</tr>
<tr>
<td>EXCESS LIABILITY</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
<td>EACH OCCURRENCE</td>
<td>MED EXP ( Any one person)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>SCHEDULED</td>
<td>AUTOS ONLY</td>
<td>PROPERTY DAMAGE</td>
<td>GENERAL AGGREGATE</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>NON-OWNED</td>
<td>AUTOS ONLY</td>
<td>EACH OCCURRENCE</td>
<td>PERSONAL &amp; ADV INJURY</td>
<td>$</td>
</tr>
</tbody>
</table>

- **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):**
  - 555 San Ysidro Way, Fresno, CA 93704

**CERTIFICATE HOLDER**

- **InterExchange, Inc.**
  - 100 Wall St., Ste. 301
  - New York, NY 10005

**CANCELLATION**

- **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**

- **Jane Doe**

**NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**
1. Insured:
   ACME Architecture
   9876 Maple Avenue
   Happyville, CA 90123

   Other workplaces not shown above:
   See Extension of Information Page

   Producer:
   Smith Insurance Company
   456 High Street
   Anytown, IL 60413

Policy Number: ACM0987654321

2. The policy period is from 1/1/2021 to 1/1/2022 12:01 a.m. at the insured’s mailing address.

   B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:
      - Bodily Injury by Accident $1,000,000 each accident
      - Bodily Injury by Disease $1,000,000 policy limit
      - Bodily Injury by Disease $1,000,000 each employee
   C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.
   D. This policy includes these endorsements and schedules:
      See attached endorsement schedule.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

   See Extension of Information Page

   TOTAL ESTIMATED ANNUAL PREMIUM 103,474
   STATE ASSESSMENT 13,564
   TOTAL ESTIMATED COST 117,038
   Minimum Premium 875

Issue Date: 12/29/2020
Countersigned By: ____________________________
Authorized Representative
Evidence of Insurance
This document is issued for informational purposes only and confers no rights to additional parties other than those provided by the referenced policy. This evidence of insurance does not amend, extend, or alter any coverage afforded by the policy described herein.

Named Insured(s):
ACME Architecture
9876 Maple Avenue
Happyville, CA 90123

Insurers Affording Coverage
ABCD Corporation
Awesome Underwriters

Please note that the insurance policy scheduled below was issued to the insured named above for the policy period indicated. Please refer to the policy for all terms, conditions, and exclusions. Limits shown below may have been eroded by claims paid. Termination of your Services Agreement with TriNet ETAL will terminate any policy shown below prior to their natural expiration date.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Expiration Date</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker's Compensation Insurance</td>
<td>12/01/2022</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Employer's Liability</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Employer's Liability</td>
<td></td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

Worksite Employees of:
555 San Ysidro Way, Fresno, CA 93704

Effective Date: 12/01/2021
Policy Number: ACM0987654321

The above referenced workers' compensation policy provides statutory benefits only to the worksite employees of the TriNet client listed above on such policy, not to the employees of any other employer.

John Doe
Authorized Representative of Sample Insurance Company
Office of the Secretary
Compliance With Workers' Compensation Law

I, Kim McCarroll, Secretary for the Workers' Compensation Board, DO HEREBY Certify that:

Name: ACME Architecture
WCB #: Y8675309
Tax ID #: 123456789
Qual Date: 3/18/1988

has secured compensation to its employees as a self-insurer in the following manner:

Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law. (County, city, village, town, school district, fire district or other political subdivision)

The status of the self-insurer was effective as noted above and remains in full force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Workers' Compensation Board this 3rd day of January 2019.

Kim McCarroll
SECRETARY

Status Confirmed By
Office of Self Insurance
(518) 402-0247
SelfInsurance@wcb.ny.gov
1/3/2019
CERTIFICATE OF WORKERS’ COMPENSATION INSURANCE (RENEWED)

Policyholder: ACME Architecture
9876 Maple Avenue
Happyville, CA 90123

Certificate Holder: INTEREXCHANGE
100 Walls Street, Suite 301
New York NY 10005

Policy Number: ACM0987654321
Certificate Number: XYZ-123456789-05
Policy Period: 08/31/2019 to 08/31/2020
Date: 1/6/2020

This is to certify that the policyholder named above is insured by the New York State Insurance Fund under Policy ACM0987654321, covering the entire obligation of this policyholder for workers’ compensation under the New York Workers’ Compensation Law with respect to all operations in the state of New York, except as indicated below, and, with respect to operations outside of New York, to the policyholder’s regular New York State employees only.

If you wish to receive notifications regarding said policy, including any notification of cancellations, or to validate this certificate, visit our website at https://www.nysif.com/cert/certval.asp. The New York State Insurance Fund is not liable in the event of failure to give such notifications.

This policy does not cover the sole proprietor, partners and/or members of a limited liability company.

This certificate is issued as a matter of information only and confers no rights nor insurance coverage upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy.

Authorized Representative of Sample Insurance Company

John Doe

VALIDATION NUMBER:
U-26.3
** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW **

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 12/30/2020

EXPIRATION DATE: 12/30/2022

PERSON: 

EMAIL: 

FEIN:

BUSINESS NAME AND ADDRESS: ACME Architecture
9876 Maple Avenue
Happyville, CA 90123

SCOPE OF BUSINESS OR TRADE:

Clerical Office Employees
NOC

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.