

# InterExchange Career Training USA

## Workers' Compensation Guidelines

### **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**

Regardless of the laws in a host employer's U.S. state, 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. This requirement is in addition to the requirement that all participants acquire their own accident & sickness insurance coverage for the duration of their program.

### **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** issued by their insurance agency. InterExchange requires that certificates include the following information:*

- **Company Name**
- **Company Address** (The exact location of the internship/training program **MUST** appear on the certificate or be provided in an extension of information page.)
- **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—in most cases, the insurance provider will even mail or email it straight to InterExchange.

### **Other Forms of Confirmation**

#### *State Insurance*

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

#### *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.

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.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID M3  
FROMY-1

DATE (MM/DD/YYYY)  
04/24/09

**PRODUCER**  
Burnham Insurance Company  
2244 East Malburn Road  
Burnsville, AK 67548

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
Logan Hotel  
123 Archer Avenue  
Bisby, CA 90345

**INSURERS AFFORDING COVERAGE**

INSURER A:	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
	POLICY PROJECT LOC				
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
	OCCUR CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC 8498 3847 4973	09/27/08	09/27/09	E.L. EACH ACCIDENT \$ 500000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\* \* \* PROOF OF INSURANCE \* \* \*

**CERTIFICATE HOLDER**

**CERTONE**

Interexchange, Inc.  
Attn: Daria Mickowski  
161 Sixth Avenue  
New York NY 10013

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED \_\_\_\_\_

**NEW YORK STATE INSURANCE FUND**  
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
(212) 587-2168  
**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

INTEREXCHANGE  
161 6TH AVENUE  
NEW YORK NY 10013

POLICY NUMBER WC 45637364
DATE 12/05/2008
CERTIFICATE NUMBER 220-240

PERIOD COVERED BY THIS CERTIFICATE  
*11/11/2007 TO 11/11/2009*

POLICYHOLDER  Logan Hotel 123 Archer Avenue Bisby, CA 90345
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CERTIFICATE HOLDER  INTEREXCHANGE 161 6TH AVENUE NEW YORK NY 10013
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 45637364 UNTIL 11/11/2009, 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.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 11/11/2009 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

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.

**THE STATE INSURANCE FUND**

DIRECTOR, INSURANCE FUND UNDERWRITING

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2009

GROUP:  
POLICY NUMBER: WC 8498 3847  
CERTIFICATE ID: 1  
CERTIFICATE EXPIRES: 04-01-2010  
04-01-2009/04-01-2010

INTEREXCHANGE INC  
161 6TH AVE 10TH FL  
NEW YORK NY 10013-1205

SC


JOB: VARIOIUS CALIF OPERATIONS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

  
AUTHORIZED REPRESENTATIVE  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

Logan Hotel  
123 Archer Avenue  
Bisby, CA 90345

ISSUING OFFICE 102  
INFORMATION PAGEWorkers Compensation and  
Employers Liability Policy

ACCOUNT NO.	SUB ACCT NO. 0000	Liberty Mutual Insurance Group/Boston The First Liberty Insurance Corporation 27359					
POLICY NO. WC 8498 384	TD/CD 92/2	SALES OFFICE	CODE	SALES REPRESENTATIVE	CODE	N/R	1ST YEAR

Item 1. Name of Insured: Logan Hotel  
 Address: 123 Archer Avenue  
 Bisby, CA 90345  
 Status: Corporation  
 Other workplaces not shown above: See Item 4

Item 2. Policy Period: From Mo. Day Year to Mo. Day Year  
 07 18 2008 to 07 18 2009  
 12:01 am standard time at the address of the insured as stated herein.

## Item 3. Coverage

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:  
 AZ AR CT FL GA IL IN KS ME MD MS MO NV NH NJ NC PA  
 TN TX VT
- 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 those listed in Item 3.A and the States of:  
 ND OH WA WV WY
- D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE

Item 4. Premium — 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.

Classifications	Code No.	Premium Basis	Rates	LINE 110
		Estimated Total Annual Remuneration	Per \$100 of Re-muneration	Estimated Annual Premiums
SEE EXTENSION OF INFORMATION PAGE				

Minimum Premium \$ 1022 (PA) Total Estimated Annual Premium \$ 185,872  
 Interim adjustment of premium shall be made: Annual Deposit Premium \$ 185,872

This policy, including all endorsements issued therewith, is hereby countersigned by

Authorized Representative Date 08/06/2008

Loc. Code	Term. Oper. AAR	Audit Basis	Periodic Payment	Rating Basis	Pol. H.G.	Home State	Dividend	Renewal Of
	08/06/2008	1		NR		TN		

**INSURANCE DIVISION OF IOWA  
DES MOINES  
EMPLOYERS RELEASE**

From the Insurance Requirements Under the Workers' Compensation Law

This is to Certify That  
Logan Hotel Company and Subsidiaries

An employer of labor, having elected to remain under the Workers' Compensation Law and agreed to provide and pay compensation and other benefits growing out of personal injuries, occupational, disease, or death of employees as provided by Chapters 85, 85A, 86 and 87, Code of Iowa, as now or hereafter amended, and having submitted satisfactory proof of solvency and financial ability to pay the compensation and benefits contemplated

Is Hereby Granted Relief

pursuant to the provisions of Section 87.11, from the insurance requirements provided in Chapter 85A and Chapter 87, Code of Iowa.

This release is granted upon the following conditions:

- (1) Employer shall make payment when due of any compensation or other benefits awarded under the provisions of chapters 85, 85A, 86 and 87 Code of Iowa.
- (2) Employer shall maintain in effect any excess insurance indicated on its application for relief from insurance requirements.
- (3) Employer shall continuously maintain a surety bond, trust account or combination thereof, in amount and form as required by the commissioner. The penal sum of the bond or trust account shall be increased as determined by the commissioner.

Failure to maintain one or more of these conditions of relief shall provide sufficient cause for revocation of this release.

Dated at Des Moines, Iowa August 1, 2008.

This release expires July 31, 2009 unless sooner revoked.



Original seal is red

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COMMISSIONER OF INSURANCE