

Name of Insurance Co.: _____ Fax/Email: _____ Date: _____

**MASSACHUSETTS ASSIGNED RISK POOL
REQUEST FOR CERTIFICATE OF INSURANCE**

Use this form to request a Certificate of Insurance from an Assigned Risk Pool Carrier.

Please provide all of the requested information, including the email address(es) or facsimile number(s) of the person or persons to whom the Certificate of Insurance should be issued. If this form is fully and accurately completed and if the policy to be listed on the certificate has been issued, the Certificate of Insurance will be issued and distributed by email or facsimile to each contact provided below, within two (2) business days of the carrier's receipt.

This Form may be emailed, mailed or faxed to the Assigned Risk Pool Carrier. To obtain each carrier's contact information refer to the [Certificates of Insurance](#) section located in the *Producer Community* section of the Bureau's website, (www.wcribma.org).

1. Name, address, telephone number and facsimile number or email address of the INSURED:

Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax or Email: _____

2. Name, address, telephone number and facsimile number or email address of the CERTIFICATE HOLDER:

Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax or Email: _____

3. Name, address, contact person, telephone number and facsimile number or email address of the PRODUCER:

Name: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ Fax or Email: _____

4. Policy Number, Policy Effective Date and Policy Expiration Date

If a Certificate of Insurance is needed for more than one policy term, provide the Policy Number, Effective Date and Expiration Date for each policy term.

If the policy has not yet been issued, you **must** attach a copy of the Notice of Assignment.

Policy Number: _____

Effective Date: _____ Expiration Date: _____

5. List any special requests for optional coverages / endorsements (see Page 2 for listing of coverages available in the pool and the conditions of availability) or additional information (including changes in exposure not yet reported to the carrier) that will assist the carrier in the issuance of the Certificate of Insurance.

NOTE: An additional insured(s) shall not be listed on any Certificate of Insurance unless such additional insured(s) is a named insured on the policy.

OPTIONAL COVERAGES / ENDORSEMENTS

NAME	ENDORSEMENT NO.	CONDITIONS OF AVAILABILITY	PREMIUM CHARGE
Longshore & Harbor Workers Act	WC 00 01 06 A	Available in conjunction with State Act Coverage, upon request and if exposure exists.	Non- F class rates are increased by USL&H compensation coverage % on MA Rates- Miscellaneous Values pages.
Defense Base Act	WC 00 01 01	Available upon request and if exposure exists.	Extension of USL & H. Same premium charge.
Non-appropriated Fund Instrumentalities Act	WC 00 01 08 A	Available upon request and if exposure exists.	Extension of USL & H. Same premium charge.
Outer Continental Shelf Lands Act	WC 00 01 09 B	Available upon request and if exposure exists.	Extension of USL & H. Same premium charge.
Maritime - (Program I)	WC 00 02 01 A	Available. Used only in conjunction with State Act Coverage to provide employers liability protection under Program I for admiralty law. *	Refer to Part I of the MA Manual. If Transportation, Wage, Maintenance and Cure Coverage is required by contract, it can be provided at no fee by addition of \$0 in Item 2 of the Schedule.
Maritime - (Program II) Voluntary Compensation	WC 00 02 03	Available. To be used only with State Act Coverage and with WC 00 02 01 A to provide Program II coverage for admiralty law.	Refer to Part I of the MA Manual.
Federal Employers Liability Act - (Program I)	WC 00 01 04	Available. Used in only in conjunction with State Act Coverage to provide employers liability protection under Program I for employments subject to FELA.	Refer to Part I of the MA Manual.
Voluntary Compensation and Employers Liability (FELA Program II)	WC 00 03 11 A	Available. To be used only in conjunction with State Act Coverage and with WC 00 01 04 to provide Program II coverage for employments subject to FELA.	Refer to Part I of the MA Manual.
Alternate Employer	WC 00 03 01 A	Available if required by contract.	None
Designated Workplaces Exclusion	WC 00 03 02	Available upon request and if application is allowable under M.G.L. Ch. 152.	None
Waiver of Our Right to Recover From Others	WC 00 03 13	Available if required by contract.	2% of developed premium for the specific job for which the endorsement is required.
Domestic and Agricultural Workers Exclusion	WC 00 03 15	Available, but only to exclude part time domestic servants as defined by M.G.L. Ch. 152.	None