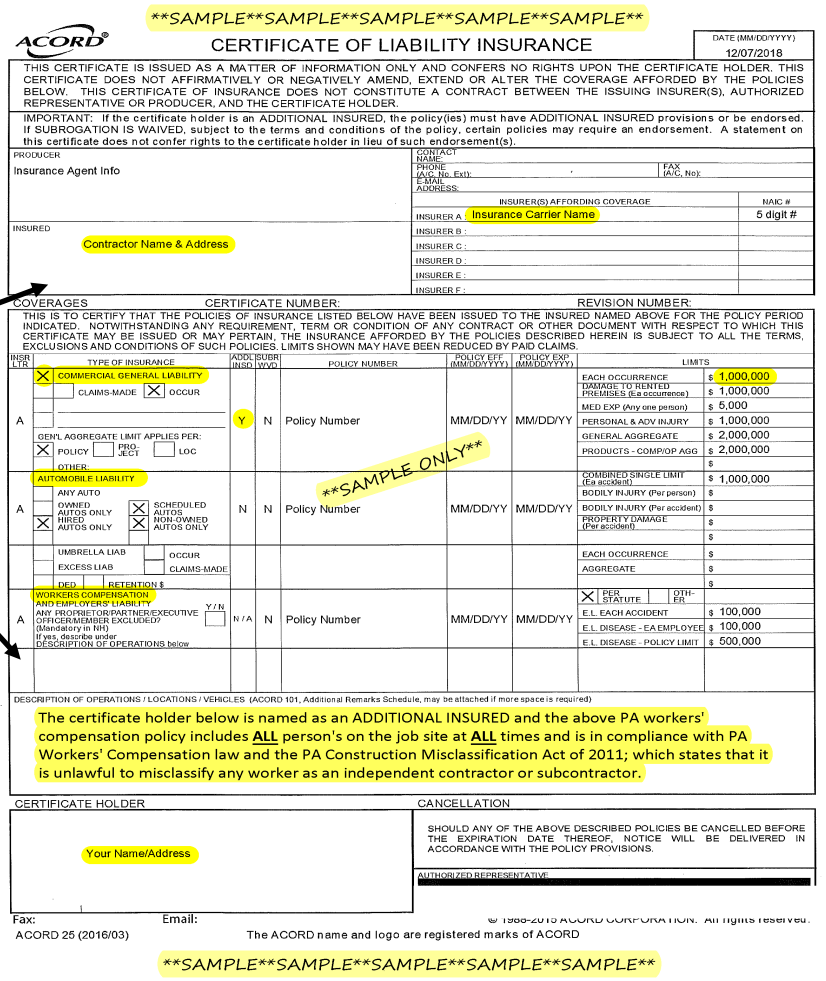
Homeowners Guide To Hiring a Contractor

Do:

- Check for contractor's license and references
- Get multiple quotes from reputable contractors
- Get a written contract with detailed job specifics (consult your attorney) & confirm the payment plan
- Obtain a certificate of insurance before the job begins including lawsuit liability and workers' compensation benefits for <u>every worker</u> on your property. Call us to review!
- According to the PA Construction Misclassification Act; it is illegal to hire any workers "under the table" as the contractor and homeowner can be fined.
- Confirm building permits

Don't:

- Don't skip your homework *(accidents happen)*! If the contractor or any helpers don't have the correct insurance including "subs", the medical bills could fall on you!
- Don't let any workers on your property unless they are protected by PA workers' compensation benefit laws
- Don't sign a hold harmless agreement
- Don't pay in cash and do not pay in full until the project is complete and you're 100% satisfied!



SAMPLESAMPLE**SAMPLE**SAMPLE**SAMPLE**

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/07/2018

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 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).

PRODUCER: Insurance Agent Info

CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE — NAIC #

INSURER A: Insurance Carrier Name — 5 digit #

INSURED: Contractor Name & Address

INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY — CLAIMS-MADE / X OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC; OTHER:	Y	N	Policy Number	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE $ 1,000,000; DAMAGE TO RENTED PREMISES (Ea occurrence) $ 1,000,000; MED EXP (Any one person) $ 5,000; PERSONAL & ADV INJURY $ 1,000,000; GENERAL AGGREGATE $ 2,000,000; PRODUCTS - COMP/OP AGG $ 2,000,000; $
A	AUTOMOBILE LIABILITY — ANY AUTO; OWNED AUTOS ONLY / X SCHEDULED AUTOS; X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY	N	N	Policy Number	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000; BODILY INJURY (Per person) $; BODILY INJURY (Per accident) $; PROPERTY DAMAGE (Per accident) $; $
	UMBRELLA LIAB — OCCUR; EXCESS LIAB — CLAIMS-MADE; DED — RETENTION $						EACH OCCURRENCE $; AGGREGATE $; $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY — ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	N	Policy Number	MM/DD/YY	MM/DD/YY	X PER STATUTE / OTH-ER; E.L. EACH ACCIDENT $ 100,000; E.L. DISEASE - EA EMPLOYEE $ 100,000; E.L. DISEASE - POLICY LIMIT $ 500,000

SAMPLE ONLY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder below is named as an ADDITIONAL INSURED and the above PA workers' compensation policy includes **ALL** person's on the job site at **ALL** times and is in compliance with PA Workers' Compensation law and the PA Construction Misclassification Act of 2011; which states that it is unlawful to misclassify any worker as an independent contractor or subcontractor.

CERTIFICATE HOLDER: Your Name/Address

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

Fax: Email:

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ROSSBACHER INSURANCE GROUP

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Call us for liability advice before you hire any contractor!

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