

Workers' Comp Broker of Record Requirements & Procedures

| | AIG | BHHC | EMPLOYERS | EVEREST |
|--|--------|--------------|--|--|
| BOR requests must be on insured's letterhead (not on an Acord form) and must be received within 7 days of date on letter | ~ | ~ | Yes, and must specify EMPLOYERS and dated within past 15 days | Yes, and must specify Everest National Insurance Co. |
| Officer/Owner signature required | ~ | ~ | Yes, and must specify title | ~ |
| No Mid-term BORs | ~ | \checkmark | ~ | ~ |
| Letter must include the insured's complete name and address, effective dates, and policy number | ~ | ~ | ~ | ~ |
| Must include updated and current Acord® application | ~ | ~ | ~ | ~ |
| Must list WIAA and your agency together as broker; example: WIAA/Your Agency | ~ | ~ | ~ | ✓ |
| Rescind period | 5 days | 5 days | 3 days | 10 days (must be <u>prior</u> to effective date) |

CALL US AT 800-553-4221

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