



# Instructions for completing a Certificate of Workers' Compensation or Liability Insurance for CSLB

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CSLB will return certificates that do not comply with these requirements. Certificates are processed by the date a correct, acceptable certificate is received.

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| <b>1</b> | <b>Date</b><br>Enter the day, month, and year the Certificate is being issued. CSLB will return the certificate if over 90 days have elapsed from the issue date of the certificate.  | <b>6</b>  | <b>Policy Number</b><br>Enter the policy number. If multiple policy numbers are shown, clearly identify which policy is to be used for California by noting "CA" with the policy number.                               |
| <b>2</b> | <b>Producer Name &amp; Contact Information</b><br>Enter the name and contact information of the individual or entity submitting the certificate to CSLB.  | <b>7</b>  | <b>Policy Effective &amp; Expiration Dates</b><br>Enter the effective and expiration dates for the policy.   |
| <b>3</b> | <b>Insured</b><br>Enter the contractor's business name exactly as listed on the CSLB website—please check the name at <a href="http://www.cslb.ca.gov">www.cslb.ca.gov</a> . Enter only the licensee's business name and address. | <b>8</b>  | <b>Description of Operations Box</b><br>Enter the contractor's CSLB issued license number. Certificates missing this are <u>not</u> processed.   |
| <b>4</b> | <b>Insurer(s) Affording Coverage</b><br>Enter the complete name of the insurance company as licensed with the California Department of Insurance that is providing coverage; parent or group insurance names are not acceptable.  | <b>9</b>  | <b>Certificate Holder</b><br>Enter CSLB as the certificate holder:<br>CSLB<br>P.O. Box 26000<br>Sacramento, CA 95826   |
| <b>5</b> | <b>Insurer "LTR"</b><br>Enter the insurer "letter" ("A," "B," "C," etc.) that corresponds to the company name previously entered under "Insurer(s) Affording Coverage" (see number 4, above). These must match.                   | <b>10</b> | <b>Authorized Representative Signature</b><br>A signature from an authorized representative of the insurance agency/company is required. A signature stamp is acceptable; CSLB will not accept a typed font signature. |

