



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

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

1

Date

Enter the current day, month, and year.

2

Producer Name & Contact Information

Enter the name and contact information of the individual or entity submitting the certificate to CSLB.

3

Insured

Enter the contractor's business name exactly as listed on the CSLB website—please check the name at www.cslb.ca.gov. Enter only the licensee's business name and address.

4

Insurer(s) Affording Coverage

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.

5

Insurer "LTR"

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.

6

Policy Number

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.

7

Policy Effective & Expiration Date

Enter both an effective date and expiration date for the policy. CSLB will return the certificate if over 90 days have elapsed from the effective date of the policy or if the expiration date has passed.

8

Description of Operations

Enter the contractor's CSLB-issued license number.

9

Certificate Holder

Enter CSLB as the certificate holder:
CSLB
P.O. Box 26000
Sacramento, CA 95826

10

Authorized Representative

Enter a signature. A signature stamp is acceptable; CSLB will not accept a typed, font signature.

