

# *Operations & Audit*

---

## GUIDELINES



[www.schbsif.com](http://www.schbsif.com)

**Effective January 2026**





## OPERATIONS & AUDIT GUIDELINES

### TABLE OF CONTENTS

I)	General Information . . . . .	4
II)	Safety and Risk Control . . . . .	4
III)	Safety and Risk Control and Claims Management Seminars . . . . .	4-5
IV)	Hiring Practices . . . . .	5
V)	Discount Schedule . . . . .	5
VI)	Payment Plans . . . . .	5-6
VII)	Special Conditions or Operations Affecting Coverage and Premium . . . . .	6
	a) Corporate Officers . . . . .	6
	b) Sole Proprietors, Partners and Members of LLC or LLP . . . . .	6
	c) Changes in Operations . . . . .	6
VIII)	Certificate of Insurance . . . . .	7
IX)	Subcontractors . . . . .	7
X)	Endorsements/Changes . . . . .	7
XI)	Operations - Exclusions . . . . .	7
XII)	Out of State Exposures . . . . .	8
XIII)	Late Fees, Cancellation, Reinstatement and Termination . . . . .	8
XIV)	Renewals . . . . .	9
XV)	Expense Constant . . . . .	9
XVI)	Premium Audit Guidelines . . . . .	9
	Section A - Employee Records . . . . .	10
	Corporate Officer Notice to Reject Form . . . . .	11
	Section B - Subcontractor, Contractor, or Casual Labor . . . . .	12
	Section C - An example of Acord Certificate of Insurance . . . . .	13-15
	Monthly SCHBSIF Payroll Report . . . . .	16
	Audit Appointment Letter . . . . .	17
	Computerized Payroll Report . . . . .	18
	Computerized Accounts Payable Printout . . . . .	19
	Materials & Labor Invoice . . . . .	20
XVII)	Deposits . . . . .	21
XVIII)	Returned Checks . . . . .	21
XIX)	Drug and Alcohol Testing . . . . .	21-22
	a) Post-Injury and Alcohol Testing Policy . . . . .	21
	b) Service Procedures for Workers' Compensation Management . . . . .	21-22
	Post-Injury Drug and Alcohol Testing Acknowledgement Form . . . . .	23
	Physician's Post-Injury Drug and Alcohol Testing Authorization Form . . . . .	24
XX)	Notice of Compliance . . . . .	25
XXI)	Report of Injury . . . . .	25
XXII)	Initial Report . . . . .	25
XXIII)	Return to Work Report . . . . .	25
XXIV)	Claims Reporting Procedures . . . . .	25
XXV)	OSHA Reporting Requirements . . . . .	26
XXVI)	Policyholder Self Service Portal . . . . .	26
XXVII)	Contacts . . . . .	27

## I-General Information

---

We reserve the right to reject any application for coverage when in the judgment of management accepting such application may obligate SCHBSIF to accept risk contrary to the best interest of The Fund.

## II-Safety and Risk Control

---

As your workers' compensation insurer, we share your commitment to preventing workplace accidents and injuries. The workers' compensation premiums you pay provide coverage for medical expenses and a portion of your injured employees' wages. Indirect costs associated with occupational accidents and injuries can result in substantial additional costs to you such as work stoppage, damaged materials and replacement of injured workers. As the costs of accidents and injuries increase, your expenses may increase as a result of higher workers' compensation insurance rates and, if applicable, an increase in your experience modifier.

The Risk Control and Safety Department conducts safety surveys of SCHBSIF's policyholders to assist them in providing a safe workplace for their employees and reducing the potential for accidents and injuries. Your cooperation with the scheduling of surveys and compliance with prescribed corrective actions is vital to the success of this program.

Being a SCHBSIF policyholder gives you the opportunity to affect your workers' compensation premium by controlling on-the-job accidents. To achieve this objective, an effective Safety and Risk Control Plan is a viable and necessary cost containment tool. For these reasons, and as part of our service, we provide numerous accident prevention services including:

- A) Consultation on specific safety related problems
- B) Safety surveys of your premises and/or job sites
- C) Analysis of accident causes
- D) Recommendation for correction of hazards of work practices or work sites
- E) Employee safety training
- F) Regional safety seminars

Safe work practices are required of all policyholders.

All SCHBSIF policyholders are expected to follow OSHA regulations at a minimum.

Please contact the Risk Control and Safety Department at SCHBSIF if you have a specific loss problem or would like safety assistance.

## III-Safety and Risk Control and Claims Management Seminars

---

All new policyholders are REQUIRED to attend a Safety and Risk Control/Claims Management Seminar within 18 months of joining SCHBSIF. If you report your premiums monthly, you will be notified monthly, by mail, of all upcoming seminars. You may also sign up for upcoming seminars on our website at [www.schbsif.com](http://www.schbsif.com) under the Risk Control and Safety Section, or in your policy packet. In addition, if you are placed on probation based on losses or other reasons, you will be required to attend the NEXT seminar in your area which will be specified in a letter mailed to you about the probationary status.

In addition, policyholders with **significant** payroll in class code 5645 or 5403 will be required to attend a fall protection seminar with their employees during the 2026 policy term. Significant 5645 or 5403 exposure is deemed to be any policyholder with audited payroll in 5645 or 5403 >25% of total payroll, or a combination of \$50,000 in payroll in these two codes. The Risk Control / Safety Manager has the sole discretion to excuse policyholders from training. The fall protection seminars will be scheduled at the conclusion of the Risk Control and Claims Management seminars. We will notify policyholders whose employees are required to attend. A 5% premium credit will be applied to your policy at renewal. Any policyholder that does not attend the required training or has a fall claim during the policy term will have the 5% credit removed at audit.

*Failure to attend the required seminars will result in cancellation of your workers' compensation coverage.*

## Seminar Schedule for 2026

### JANUARY

13th Myrtle Beach  
14th Charleston  
15th Bluffton

### FEBRUARY

10th Spartanburg  
11th Greenville  
12th Clemson

### MARCH

10th Columbia

### APRIL

7th Charleston  
8th Myrtle Beach

### MAY

NONE

### JUNE

10th Bluffton

### JULY

15th Greenville

### AUGUST

12th Columbia

### SEPTEMBER

15th Myrtle Beach  
16th Charleston  
17th Bluffton

### OCTOBER

6th Clemson  
7th Greenville  
8th Spartanburg

### NOVEMBER

10th Columbia  
11th Charleston

### DECEMBER

NONE

To register for a seminar near you, please contact our office at 803-771-0566 or 800-678-8178.

## IV-Hiring Practices

---

Your hiring decisions can have a direct impact on your workers' compensation experience. Hiring qualified individuals who know how to do the job and are capable of performing the tasks needed coupled with a safe work environment makes good business sense. Consider the following in your hiring practices:

*Be cautious of who you consider for employment*

- Confirm prior employment
- Check job references
- Require a Motor Vehicle Record of any employee operating a vehicle for your business-your vehicle or theirs. Ensure your drivers have a CDL if required by law.
- Is the applicant qualified to do the job? If not, is training available to ensure they will perform the job safely and properly?
- Is the applicant physically capable for the demands of the job?
- I-9 Form completed

Please remember, any casual labor or uninsured subcontractor is your employee for workers' compensation purposes. Can you verify the above information for these individuals as well? If not, a workers' compensation claim could become your responsibility.

## V-Premium Volume Discount /Schedule Credits/Debits

---

- A. Premium volume and /or scheduled credits/debits are determined annually.
- B. Final premium volume discounts are based upon audited premium and may vary with the final adjustment of actual premium.
- C. There are no premium discounts for minimum premium policies.

## VI-Payment Plans

---

1. Annual Pay
2. Monthly Self Reporting
3. 9 Pay

Policyholders on monthly reporting will receive a monthly payroll reporting form. Payroll reporting and payment are available online through the portal.

This form:

- A. Provides maximum control of cash flow
- B. Projects a more realistic final audit due to accurate monthly payroll reporting

Monthly payroll reports are mailed to each policyholder on or around the 24th of the month. They are to be completed and returned along with premium owed by the 10th of the following month. **If no payroll is generated for the month, return the report indicating no payroll. There is a minimum monthly payment of \$125.00 unless the minimum premium has been met.** *Premiums and/or Monthly Payroll Reports received after the 10th day of the month will be considered delinquent. If the Premiums and/or Monthly Payroll Reports are not credited to your account by the close of business on the 20th day of the month, a Late Notice will be mailed to the policyholder and a Late Fee of \$25.00 will apply. Premiums and/or Monthly Payroll Reports credited to your account after the close of business on the last day of the month will result in cancellation.*

3. Optional 9 Pay Plan:

1. Requires 15% deposit (escrowed)
2. 9 equal payments beginning first month of coverage
3. Billed on 21st of month
4. Mailed on the 25th of month
5. Due on 10th of month
6. Late on 20th of month
7. Cancellation Notice the first of the following month
8. The system will calculate monthly premiums for policy terms less than 10 months

**SCHBSIF does not accept premium finance contracts.**

## **VII-Special Conditions or Operations Affecting Coverage and Premium**

---

### **A) Corporate Officers**

Executive officers of a corporation are defined as the “president, vice president, treasurer or any other officer appointed in accordance with the charter or bylaws of corporation.”

Executive officers covered under the policy have the same status as the other employees under the policy. In South Carolina, executive officers can elect not to be subject to coverage provided by the law by completing and signing a Corporate Officer Notice to Reject form. If a Corporate Officer chooses to exclude himself from coverage, the change will be effective the date we receive the properly completed form in our office.

### **B) Sole Proprietors, Partners and Managing Members of a Limited Liability Company or Limited Liability Partnership**

These individuals are excluded from workers’ compensation coverage unless they elect to be covered. While normally not considered employees, sole proprietors, partners and managing members of a limited liability company or limited liability partnership can be covered under the policy by election. Once covered, they will have the same status as employees under the policy.

When covered sole proprietors, partners or managing members of a limited liability company or limited liability partnership are considered employees, their payroll will be assigned to classifications and rates under the rules that apply to employees. Premium for each sole proprietor, partner and managing member of a limited liability company or limited liability partnership treated as an employee shall be based on the flat payroll amount established by NCCI. Please contact the Policy Services Department at SCHBSIF if you have any questions.

For any form of business, an Election of Coverage form can be secured from your agent or from SCHBSIF. Once an election has been filed, it remains in effect until a withdrawal of election is filed. If an election of coverage is requested after inception of coverage, the election will be effective 30 days after receipt at SCHBSIF.

### **C) Changes in Operation**

If your firm experiences a change in operation or undertakes a new operation that is not reflected on your monthly payroll report, please call SCHBSIF for new payroll classifications. This will provide us with more accurate payroll reports and notify us of a new exposure, and will allow you to report your exposures correctly.

## VIII-Certificate of Insurance

---

Please contact your insurance agent for all Certificates of Insurance. If a Waiver of Subrogation, individual or blanket, is needed, the agent must obtain prior approval. A Waiver of Subrogation request form must be completed and include the following information:

- A) Location of job
- B) Type of work to be performed
- C) Length of job
- D) Contract number (#) if available

The agent must also show on all Certificates of Insurance whether Principals (Proprietor/Partner/Corporate Officer or Member of Limited Liability Company or Limited Liability Partnership) are included or excluded from coverage.

## IX-Subcontractors

---

SCHBSIF policyholders will be subject to the following provision relating to workers' compensation coverage for their uninsured subcontractors:

A contractor is liable for the injuries to any uninsured subcontractor including its sole proprietor, partner, corporate officer or member of a limited liability company or limited liability partnership or any employee of any uninsured subcontractor.

The policyholder is responsible for benefits and therefore liable for premium for all uninsured subcontractors. Waivers of Subrogation in lieu of Certificates of Insurance are not acceptable.

## X-Endorsements/Changes

---

The following is a list of changes that require an endorsement. Please notify your agent or SCHBSIF in writing for any of the following:

- A) Name Change
- B) Address Change
- C) Changes in Federal Employer ID number
- D) Ownership Change
- E) Addition/Deletion of Named Insured with the same Federal Employer ID Number
- F) Changes in Legal Entity
- G) Addition or Deletion of an Officer, Sole Proprietor, Partner or Managing Member
- H) Change in Percentage Ownership by Officers/Partners

\*Please note that certain changes will require that you complete an ERM-14 and a new Agreement to Pay Premium and Reasonable Attorney's Fees and Costs in the Event Collection Becomes Necessary/Personal Guaranty Form. This form will be provided to you by your agent or can be located on our website at [www.SCHBSIF.com](http://www.SCHBSIF.com).

## XI-Operations-Exclusions

---

This coverage excludes exposures under the US Longshoreman and Harbor Workers Act, the Admiralty Law and the Federal Employers Liability Act. This coverage also excludes exposure arising out of aircraft operations.

If at audit or during inspection it is determined the policyholder's payroll includes prohibited operations, the coverage may be subject to cancellation.

## **XII-Out-of-State Exposures**

---

SCHBSIF provides South Carolina workers' compensation benefits to employees hired in South Carolina by an employer domiciled in South Carolina. There may be coverage afforded for incidental out of state exposures. Please contact your agent or SCHBSIF if you will be working outside the state of South Carolina.

There is NO coverage afforded for employees, casual labor or uninsured subcontractors hired outside the state of South Carolina. Please note that if your percentage of out of state payroll exceeds 10% your coverage may be subject to cancellation.

## **XIII-Late Fees, Cancellation, Reinstatement and Termination**

---

### **A) Late Fees**

Premiums and/or Monthly Payroll Reports received after the 10th day of the month are considered delinquent. If the Premiums and/or Monthly Payroll Reports are not credited to your account by the close of business on the 20th day of the month, a Late Notice will be mailed to you and a Late Fee of \$25.00 will apply. Premiums and/or Monthly payroll reports credited to your account after the close of business on the last day of the month will result in cancellation. If the policy is reinstated, a \$30.00 reinstatement fee will also apply.

### **B) Cancellation**

Cancellation of your coverage can occur for the following reasons:

- 1) Nonpayment of premium due (30 day notice of cancellation)
- 2) Noncompliance (30 day notice of cancellation)
  - a) Failure to submit monthly payroll report
  - b) Failure to comply with interim or year end audit
  - c) Failure to comply with Safety & Risk Control recommendations
  - d) Unsafe work practices
  - e) Delinquency in claims reporting
  - f) Failure to cooperate with Claims Department in the investigation and/or defense of a claim
  - g) Failure to attend a required seminar
  - h) Underwriting reasons
- 3) Undocumented cash payments to workers (employees, uninsured subcontractors, casual or contract laborers)

### **C) Reinstatement**

The Board of Trustees has adopted a reinstatement fee policy for policyholders that have received cancellation notices. If a reinstatement is allowed, a fee of \$30.00 will be applied to your account.

Only three (3) cancellations and reinstatements are allowed per policyholder in any policy year. Those whose policies are cancelled for nonpayment of premium (monthly premium, renewal premium, renewal deposit, expense constant or premium audit due) and/or failure to submit Monthly Payroll Reports for a fourth time during that policy year will be ineligible for coverage for a period of 12 months from the final date of cancellation.

### **D) Termination – Policyholder's Request**

Requests for cancellation of coverage must be in writing from the policyholder and received in our office no later than 30 days in advance of the requested cancellation date and must include:

- 1) Signature of an Owner or Officer
- 2) Reason for cancellation of coverage

We are required to give 30 days notice of cancellation to the SCWCC. If we do not receive your request at least 30 days in advance, the cancellation date will be 30 days after we have received your request in our office.

### **Duplicate Coverage**

In the event that you replace your coverage with a new carrier, you must send proof of coverage (copy of new policy) in order to cancel on the effective date of the new coverage.

### **Short Rate Penalty**

Please be advised that if you request to cancel your workers' compensation policy midterm, there will be a short rate penalty calculated in accordance with NCCI rules.

## XIV-Renewals

---

All policyholders have a common renewal date of January 1st, regardless of their original effective date. **Your policy will automatically renew on January 1st unless you request cancellation thirty (30) days prior to that date.** We are required by the South Carolina Workers' Compensation Commission to give 30 days notice of cancellation. If we do not receive the request at least 30 days in advance, the cancellation date will be 30 days after we receive the signed request in our office.

The staff of SCHBSIF annually reviews the program's overall safety record to determine which policyholders will be required to attend a Safety and Risk Control and Claims Management Seminar during the next fund year. The decision is based on the cost of claims that a policyholder's employees incur, the nature of the injury as well as premiums paid. The policyholder will be notified with their renewal policy if attendance is required. Attendance will be required irrespective of whether the policyholder has attended a seminar in any previous year. Failure to attend will result in cancellation of coverage.

In addition, policyholders with **significant** payroll in class code 5645 or 5403 will be required to attend a fall protection seminar with their employees during the 2026 policy term. Significant 5645 or 5403 exposure is deemed to be any policyholder with audited payroll in 5645 or 5403 >25% of total payroll, or a combination of \$50,000 in payroll in these two codes. The Risk Control / Safety Manager has the sole discretion to excuse policyholders from training. The fall protection seminars will be scheduled at the conclusion of the Risk Control and Claims Management seminars. We will notify policyholders whose employees are required to attend. A 5% premium credit will be applied to your policy at renewal. Any policyholder that does not attend the required training or has a fall claim during the policy term will have the 5% credit removed at audit.

## XV-Expense Constant

---

All policyholders are charged annually for an Expense Constant. This is an administrative fee. The fee is fully earned and nonrefundable in the event of cancellation of coverage.

## XVI- Premium Audit Guidelines

---

Final audits are required and will be conducted for all policyholders after each policy year. The audit consists of obtaining and verifying gross payrolls by job classification for all employees and included owners with payments and type of work performed for uninsured subcontractors, contract and cash laborers.

The purpose of the final policy audit is to accurately and equitably determine the amount of premium payable to SCHBSIF for the length of time coverage was provided. Compliance with an audit is mandatory.

Your auditor will contact you regarding the audit appointment and records needed (see page 18). Some audits may qualify to be completed remotely (virtual audit) by submitting your records to us electronically. The same records are required whether the audit is done remotely or in person by your auditor. Your auditor will let you know if your audit will be completed remotely or if he/ she will be meeting with you in person (physical audit). If your policy qualifies to be done remotely this year, be aware that a physical audit may still be done periodically.

It is permissible to break down an employee and included owners payroll amongst the various class codes they perform if detailed records are maintained identifying hours worked, wages paid, and type of work performed. This advantage offered by the SCHBSIF can account for a significant reduction in your policy premium versus other carriers. Refer to Page 10, Section A Notes regarding division of labor exceptions.

***Failure to comply with a physical audit appointment request after two attempts will result in your audit being "Closed Out". Failure to provide records for a virtual audit within 10 business days of request from the Audit Department will result in your audit being "Closed Out."***

*A Closed Out audit will result in the doubling of your policy premium. Notice of cancellation will also be issued for non-compliance with year-end audit. The state of South Carolina permits a tripling of premium under these circumstances. SCHBSIF has chosen to take a more moderate approach. This premium is payable and due until a final audit is completed. Please keep in mind our auditors cover an extensive territory and are not readily available to return to your area if you cancel an appointment.*

Deposit Premium Adjustment: the deposit premium of your current policy may be adjusted ("trued up") based "on your prior year's audit" if that audit developed an additional premium.

Interim Audits: SCHBSIF reserves the right to conduct interim audits on all policyholders.

## SECTION A

### EMPLOYEE RECORDS REQUIRED FOR AUDIT

**Records Required:**

Computerized Payroll Printout or Manual Payroll Register  
(See sample of Computerized Payroll Printout on Page 19)  
General Ledger/Journal  
Check Book

**Verification Documents:**

W2's, W3, 941's, 940, Schedule C, 1120, P & L Statement,  
or South Carolina Employment Security documents.  
(If the audit cannot be verified to a second record source return premiums  
cannot be refunded until these documents are provided.)

**Notes:**

The following **is included** in payroll:

- Payments for bonuses, travel, commissions, holidays or vacations, overtime, periods of sickness, value of meals and value of lodging/housing.
- Corporate officers are subject to minimum and maximum payroll annually unless they elect to be excluded. See sample of Corporate Officer Notice to Reject form on page 11. The current minimum is \$28,600 annually and the maximum is \$228,800 annually. This amount is subject to change based on NCCI rules.
- Owners/sole proprietors, partners and managing member of LLC/LLP, who elect to be included for coverage, are subject to a flat amount for annual payroll. The current annual amount is \$56,900. This amount is subject to change based on NCCI rules.
- Payments or allowances to employees for hand or power tools furnished by employees.
- Flat expenses included in payroll are not deductible unless properly documented with receipts or expense reports.
- Employee contributions to medical and dental plans.

The following applies to **exclusion of payroll**:

- **Corporate officers must elect to exclude themselves** from coverage if so desired, by completing a Corporate Officer Notice to Reject Form- see sample of Corporate Officer Notice to Reject form on page 11. This form is available from SCHBSIF or your Insurance Agent. The effective date of the Exclusion form is the date received by SCHBSIF. The exclusion cannot be backdated.
- Overtime, when properly documented, will be credited at 1/3 rate for time and a half and 1/2 rate for double time. To qualify for this discount you must maintain accurate records providing a detailed listing by employee of the amount of overtime paid and an exact description of the work performed.
- Employer contributions to medical and dental plans.
- Severance pay (not including unused vacation pay), uniform allowance, third party sick pay, active military duty pay and jury duty pay.
- Reimbursed expenses and flat expense allowances, except for hand or power tools, paid to employees may be excluded, provided they meet the following conditions:
  1. Reimbursed expenses, except for hand or powered tools, must be documented by receipts and expense report.

**and**

  2. The amount of flat expense allowance must be consistent with costs in the area.
  3. The amount of each employee's expense payments or allowances must be shown separately.

The following applies to **division of labor**:

- Requires that detailed records be maintained that show by employee the exact dollar amounts and hours for each type of work performed by that employee
- **Payroll for Clerical (Class Code 8810), Salespersons (Class Code 8742), Drivers (Class Code 7380) and Executive Supervisor (Class Code 5606) and direct supervision of workmen (Class Code #5607) cannot be split with any other classification.**



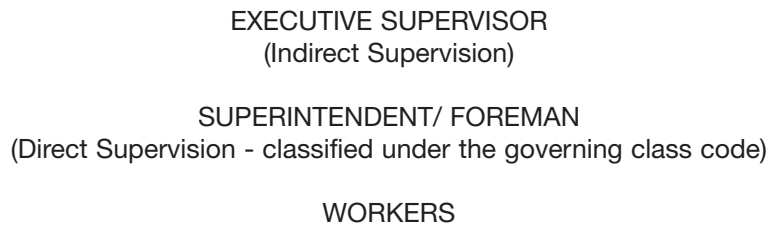
**Executive Supervisor Class Code 5606  
(Description and Usage)**

Class code 5606 Executive Supervisor, Project Manager; Construction Executive/Manager

- 1) These individuals have administrative and managerial responsibility for construction projects operating indirectly through full-time job supervisors or foreman of the employer.
- 2) When exercising control through a subcontractor, each subcontractor must have their own supervisor or foreman on the job site. This applies to subcontractors who have employees or 1099 laborers.
  - a. Sole proprietors and owners without employees would prevent the use of class code 5606 Executive Supervisor since the mid-level of supervision is absent.
- 3) Class code 5606 Executive Supervisor is NOT applicable to anyone who has direct control and supervision of workers on a job site or who performs any type of labor at the job site.

Supervision does not automatically qualify an individual for class code 5606 Executive Supervisor. The deciding factor is whether or not that person's supervising activities are direct or indirect.

The diagram below shows the chain of command that is required to establish the use of class code 5606 Executive Supervisor.



Without the mid-level of supervision, Superintendent/ Foreman, class code 5606 Executive Supervisor is **not** applicable and that individual is to be classified under the governing class code.

If upon audit it is determined that class code 5606 does not apply the wages of the individual will be included in the governing class code, not 5606.

I acknowledge and accept the above referenced criteria for use of class code 5606, Executive Supervisor, and will comply with the requirements of the SCHBSIF to qualify for the use of this class code.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SCHBSIF 10/2017

## SECTION B

### SUBCONTRACTOR, CONTRACTOR OR CASUAL LABOR

**Records Required:**

Payment Printout by subcontractor, contractor and casual labor  
Computerized Accounts Payable Printout-see sample on Page 20.

Checkbook/Register

General Ledger/Journal

Disbursement Journal/ Transaction Register/ Vendor Detail Report

1096

1099's

Schedule C (from personal income tax return)

Certificates of Insurance

- **COI's are required to be available on the date of the audit appointment**
- COI's must show workers' compensation coverage for the entire period of time that the subcontractor was engaged and/or paid for work performed. Multiple COI's may be necessary to cover the period.
- Lapses in coverage will be included as payroll for audit

Lack of a COI at the time of audit will result in sub-contractor being treated as an uninsured sub and they will be included in the final exposure. Uninsured subcontractors may be eligible for Materials Credit if properly documented. You must have an itemized Material and Labor Invoice reflecting division for each job performed. Please note this division must be by dollar amount—percentages are not acceptable.-see sample of Invoice on Page 21.

In the absence of an itemized Material and Labor Invoice and at the **auditor's discretion**, if through the auditor's investigation on a specific job it is **substantiated** that the subcontract price includes materials, then payroll **may** be calculated as follows:

- In contracts for mobile equipment with operators (such as but not limited to earth movers, graders, or bulldozers. the payroll shall not be less than 33 1/3% of the subcontract price.
- In contracts for labor and material, without an invoice, the payroll shall be 100% of the subcontract price.
- In contracts for labor and material, with an invoice, but no breakdown, the payroll shall not be less than 75% of the subcontract price.
- In contracts for labor and material with an invoice breaking each down, the material may be deducted from the subcontract price to determine labor cost.
- In contracts for labor only, the payroll shall be established at 100% of the subcontract price.

#### **Cash Payments**

All cash payments must be documented (name, amount paid, type of work). The practice of making undocumented cash payments to employees, subcontractors, contract or casual labor is unacceptable to the SCHBSIF. Any policyholder found to be making such undocumented cash payments will be subject to immediate cancellation.

Other cash payments may also obligate you to assume the responsibility for claims which will affect your experience modification and policy premium.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

① DATE (MM/DD/YYYY)

<b>PRODUCER</b> ②	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> ③	INSURER A:	
	INSURER B:	④
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSR/	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
④		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		<b>OTHER</b>				⑤								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

⑥

<b>CERTIFICATE HOLDER</b> ⑦	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. ⑧ AUTHORIZED REPRESENTATIVE
--------------------------------	--

## SECTION C

### CERTIFICATES OF INSURANCE What Is A “Good” Certificate of Insurance (COI)?

Following is a checklist of items you should note when accepting a COI. *The following information corresponds to the COI example on page 13.*

- 1) **Date: The date should correspond with the date the Certificate of Insurance was requested by you. Also, agents may often keep a log of Certificate Holders and routinely mail new certificates at the time the policy is renewed. However, the responsibility for obtaining a current certificate of insurance rests with you our insured.**
- 2) **Producer: This should be the complete name and address of the agent that issued the Certificate of Insurance. It should include their telephone number and fax number.**
- 3) **Insured: The name of the insured must match the subcontractor’s name. It will also include the insured’s address. Payments must be made in this exact name. Example: payments for John Smith Concrete, Inc. cannot be made to Jack Smith. This is unacceptable and no exceptions will be made.**
- 4) **Insurers Affording Coverage: A carrier’s name should appear and correspond with the Insurer Letter (A,B, etc) shown on the far right hand column for workers’ compensation and employers’ liability coverage.**
- 5) **Workers’ Compensation and Employers’ Liability: If any principals are excluded from coverage it should be marked “Y” or “Yes” in Section 4. List Excluded persons by name under Description of Operations, Section 6. The policy number should be shown. **If this is shown as “Binder”, TBD or NCCI you need to follow up with the Agent to obtain a revised COI showing the policy number.** Clearly stated policy effective and expiration dates should always be shown. Employers’ Liability Limits should always be shown.**
- 6) **Description of Operations/Locations/etal: This section should be used to state if any subcontractor principals are excluded from coverage. It is also used to state if a Waiver of Subrogation applies complete with all the details of the specific project.**
- 7) **Certificate Holder: This must be your complete name and should include your address. Most agents will also show your fax number.**
- 8) **Authorized Representative: All Certificates of Insurance issued by an agency and must be signed by a licensed agent.**

## ***IMPORTANT INFORMATION!!!!!!***

Do not allow a subcontractor to perform work for you until you have a valid Certificate of Insurance in hand. Otherwise, this can cause you increased premium and possibly affect your experience modification factor due to the potential of claims exposure. You can find proof of coverage for South Carolina insureds on the computer at: [wcc.sc.gov](http://wcc.sc.gov). You will need to choose Verify Coverage and then input the name or FEIN of the sub-contractor. This will let you know if the sub has coverage on the date you have chosen. You will still need to obtain the COI from their carrier or agent to have for your files.

Request a new COI or verbally verify the COI with the insurance agent every 30 days. If workers' compensation insurance is cancelled for nonpayment of premium or any other reason, 30 days notice of cancellation must be provided to the insured (Not the Certificate Holder) as required by the South Carolina Workers' Compensation Commission. The insurance agent is not required to notify a Certificate Holder of cancellation of coverage. **According to Section 42-1-415 of the workers' compensation statute, the subcontractor is required to notify the higher tier subcontractor, contractor or project owner of a lapse in coverage within five days after the lapse. Failure to do so is considered fraud. This notification of cancellation of coverage must be by certified mail to the higher tier contractor.**

Accept COI's ONLY FROM YOUR SUBCONTRACTOR'S INSURANCE AGENT OR CARRIER. Do not accept a COI from the subcontractor directly.

COI's notated "Binder", "TBD" or "NCCI" in the policy ID block are not proof of coverage as no actual policy has been issued. The subcontractor's agent should be contacted to obtain a valid COI showing a policy number.

If there is any appearance of alteration of the Certificate of Insurance-different font type, obvious white out and retyping of information, please contact the Insurance Agent listed on the Certificate of Insurance immediately.

If you know the Certificate of Insurance presented is not valid, it is deemed to be insurance fraud and should be reported to the Attorney General's Office for Investigation.





## **NOTICE OF INSURANCE PREMIUM AUDIT APPOINTMENT**

When your Workers Compensation policy was written, the premium was based on anticipated exposures for the policy year. At the expiration date of the policy, an audit of the actual exposure must be completed per the policy provisions to determine if a final adjustment is necessary.

You may receive a letter, email or phone call from your auditor requesting the information below and time to meet if the audit is in person or how to submit records electronically if the audit qualifies for a remote audit.

**Your cooperation with scheduling this appointment and/or providing records for a remote audit will insure the Fund meets its regulatory filing deadline.**

PLEASE HAVE THE FOLLOWING RECORDS, IF APPLICABLE, READY FOR REVIEW:

- ✓ **Payroll Records for All Locations** – QuickBooks or Dome or ADP or Manual, etc.
- ✓ **Vendor List with Payments and Payment Dates to Vendors**
- ✓ **Subcontractor Cost** – breakdown of labor vs. material, if applicable, and duties
- ✓ **Certificates of Insurance for subcontractors covering the period of time they were paid by you**
- ✓ **Case disbursement Journal or Check Book**
- ✓ **Uninsured Subcontractors and Contract Labor** – Names, Amount Paid  
(including amount \$600 or less) and Type of Work performed
- ✓ **Listing of ALL Cash Payments made to Laborers by Name, Type of Work Performed and Amount Paid**
- ✓ **1099s & 1096**
- ✓ **Federal 941 Quarterly Reports or State Quarterly Wage & Tax Report or W3 or 940**
- ✓ **Personal Income Tax Return Schedule C** – required for Sole Proprietors only
- ✓ **Most Current Profit & Loss Statement**

# SAMPLE COMPUTERIZED PAYROLL REPORT

## WORKERS COMP PAYROLL JOURNAL ABC CONSTRUCTION COMPANY

Period 1-1-200x to 12-31-200x

Employee Number	Department Number	Name Last	First	Int.	Labor Code	Job/Duties Description	Regular Wages	Over Time Wages	Gross Pay	Employee Count
<b>Masonry &amp; Brick Department</b>										
2253	300	Poplin	Carl	F	5022	Mason-Brick	39,076.12	0.00	39,076.12	
3012	300	Sullivan	Frank	C	5022	Mason-Brick	200.00	0.00	200.00	
3392	300	Taylor	Robert	L	5022	Mason-Brick	35,332.88	1,788.00	37,120.88	
Code:		5022		Department Total			74,609.00	1,788.00	76,397.00	3
<b>Cement Work &amp; Driveways Department</b>										
1426	515	Money	Glen	A	5221	Cement Work/Drwvy	400.00	0.00	400.00	
5123	515	Newman	Morton	E	5221	Cement Work/Drwvy	38,483.36	2,480.00	40,963.36	
2532	515	Pardue	Pat	L	5221	Cement Work/Drwvy	31,234.80	2,045.00	33,279.80	
4775	515	Robinson	Ron	R	5221	Cement Work/Drwvy	24,135.04	45.00	24,180.04	
Code:		5221		Department Total			94,253.20	4,570.00	98,823.20	4
<b>Carpentry Trim &amp; Cabinets Department</b>										
3405	550	Howell	Charles	A	5437	Carpentry-Trim	33,721.92	25.84	33,747.76	
4238	550	Ball	Jack	C	5437	Carpentry-Trim	35,616.00	163.00	35,779.00	
1371	550	Adams	Jeff	K	5437	Carpentry-Trim	38,048.40	1,149.00	39,197.40	
103	550	Cauthern	Lewis	S	5437	Carpentry-Trim	33,348.00	0.00	33,348.00	
2007	550	Douglas	Paul	L	5437	Carpentry-Trim	51,001.92	0.00	51,001.92	
864	550	Fitch	Todd	P	5437	Carpentry-Trim	39,315.84	0.00	39,315.84	
110	550	Gaither	Ray	C	5437	Carpentry-Trim	44,444.64	0.00	44,444.64	
Code:		5437		Department Total			275,496.72	1,337.84	276,834.56	7
<b>Drywall Installation Department</b>										
275	310	Huffman	Don	S	5445	Drywall-Installation	28,396.40	1,798.00	30,194.40	
4871	310	Johnson	Phillip	L	5445	Drywall-Installation	24,806.56	1,566.00	26,372.56	
5078	310	Kincaid	Robert	A	5445	Drywall-Installation	28,927.04	0.00	28,927.04	
348	310	Lincoln	James	M	5445	Drywall-Installation	40,496.08	0.00	40,496.08	
Code:		5445		Department Total			82,130.00	3,364.00	125,990.08	4
<b>Sales Department</b>										
1694	340	Duncan	Patty	D	8742	Sales-Outside	43,949.84	0.00	43,949.84	
4276	340	Everham	Doug	T	8742	Sales-Outside	29,191.96	1,358.00	30,549.96	
Code:		8742		Department Total			73,141.80	1,358.00	74,499.80	2
<b>COMPANY TOTALS</b>							599,630.72	12,417.84	612,048.56	20

## Sample Computerized Accounts Payable Printout

Accounts Payable Department  
ABC Construction Company

Period 1-1-200x to 12-31-200x

Contractor Number	Transaction Date	Contractor Name	Type Work	Job/Services Performed	Amount Paid	Labor Charges	Material Charges	Insured with Certificate
J1005	01/05/0x	Jimmy Jones Heating & Air	Furnace	Repair Furnace	320.00	180.00	140.00	No
	03/03/0x	Jimmy Jones Heating & Air	Furnace	Repair Furnace	675.00	431.00	244.00	No
	04/04/0x	Jimmy Jones Heating & Air	A/C	Replace Unit	7,800.00	3,400.00	4,400.00	No
	09/07/0x	Jimmy Jones Heating & Air	A/C	Re-charge Unit	480.00	190.00	290.00	No
	09/24/0x	Jimmy Jones Heating & Air	A/C	Adjust A/C	120.00	120.00	0.00	No
	11/01/0x	Jimmy Jones Heating & Air	Furnace	Annual Service	600.00	600.00	0.00	No
<b>Vendor/Contractor Totals</b>					<b>9,995.00</b>	<b>4,321.00</b>	<b>5,074.00</b>	
D1032	03/15/0x	D & J Electrical	Electrical	Add Outlet	124.00	112.00	12.00	Yes
	04/13/0x	D & J Electrical	Electrical	Light Repairs	370.00	300.00	70.00	Yes
	05/26/0x	D & J Electrical	Electrical	Re-Wire Office	4,200.00	2,900.00	1,300.00	Yes
	09/18/0x	D & J Electrical	Electrical	Repair to Breakers	760.00	340.00	420.00	Yes
	10/01/0x	D & J Electrical	Electrical	Add service outlets	396.00	347.00	49.00	Yes
<b>Vendor/Contractor Totals</b>					<b>5,850.00</b>	<b>3,999.00</b>	<b>1,851.00</b>	
P1071	02/07/0x	Pat Hefferman Plumbing	Plumbing	Comode Repairs	276.00	146.00	130.00	No
	04/08/0x	Pat Hefferman Plumbing	Plumbing	Leaking Pipe	182.00	182.00	0.00	No
	05/05/0x	Pat Hefferman Plumbing	Plumbing	Add Utility Sink	332.00	140.00	192.00	No
	07/01/0x	Pat Hefferman Plumbing	Plumbing	Pipe damage repair	486.00	320.00	166.00	No
	08/01/0x	Pat Hefferman Plumbing	Plumbing	Clogged Drain	132.00	132.00	0.00	No
	09/09/0x	Pat Hefferman Plumbing	Plumbing	Clogged Drain	132.00	132.00	0.00	No
<b>Vendor/Contractor Totals</b>					<b>1,540.00</b>	<b>1,052.00</b>	<b>488.00</b>	
U1053	04/22/0x	Tom's Roof Services	Roof Repairs	Leaky Roof-fix	766.00	535.00	231.00	Yes
	7/27/0x	Tom's Roof Services	Roof Repairs	Roof Patch	388.00	320.00	68.00	Yes
<b>Vendor/Contractor Totals</b>					<b>1,154.00</b>	<b>855.00</b>	<b>299.00</b>	

## Sample Materials & Labor Invoice

### Jimmy Jones Heating & A/C

1001 Cool Lane  
Beach City, SC 29277

Phone Number 843-555-5555

**SOLD TO:**  
ABC Construction Company  
123 Main Street  
Anywhere, SC 29200

**SHIPPED TO:**  
Cozy Home-Lot #5  
Cozy Home Devepment S/D  
Hwy 11  
Beach City, SC 29277

Invoice Number	200x-12-155
Invoice Date	Dec 15-200x
Our Order Number	N/A
Your Order Number	Cozy Home #5
Terms	
Sales Rep	Jones
Shipped Via	

Quantity	Description	Unit Price	Amount
1	Trane 2.5Ton Heat Pump-A/C SER12 Model #t2.5-12 Ser#22222	3,400.00	3,400.00
1	Installation Assembly Kit	432.00	432.00
1	Base Mount Platform	42.00	42.00
1	Air Handler/Filtration	1,440.00	1,440.00
1	Duct Work package 230'	230.00	230.00
1	Labor-A/C System Installation	1,835.00	1,835.00
			<b>Sutotal</b>
			<b>7,379.00</b>
			Tax
			Freight

Questions concerning this invoice?

Call: 843-555-5555

MAKE ALL CHECKS PAYABLE TO:

Jimmy Jones Heating & A/C

**\$7,379.00**  
PAY THIS  
AMOUNT

**THANK YOU FOR YOUR BUSINESS!**

**Note: For an invoice presented in this manner, only \$1,835.00 will be used as labor for workers' compensation premium calculation purposes.**

## XVII-Deposits

---

The SCWCC requires the SCHBSIF to maintain a deposit in the amount equal to 15% of the estimated annual premium on all monthly reporting or 9 pay policies. The deposit is adjusted annually based on your most recent audited or reported payrolls in order to maintain 15% of the estimated annual premium and is retained to apply towards audited premium in the event of nonpayment after cancellation. This requirement promotes the financial integrity of SCHBSIF by controlling exposure to bad debt.

A surety bond may be available in lieu of deposit.

## XVIII- Returned Checks

---

All checks which are returned for “insufficient funds” or other reasons will subject the policyholder to an additional charge per check. The second time a policyholder submits a payment that is returned as described above, it will be necessary for the policyholder to submit all future payments to SCHBSIF with certified checks or money orders.

## XIX-Drug and Alcohol Testing

---

### A) Post-Injury Drug and Alcohol Testing

**History-** Drug and alcohol abuse poses a direct threat to the well being of the user, the workplace and the public at large. The use of alcohol, drugs, illegal or nonprescription controlled substances impair judgment and motor sensory coordination on the job. SCHBSIF policy requires post injury drug and alcohol testing after any alleged work related injury.

**Purpose-** In order to protect the public and to promote health and safety in the workplace, SCHBSIF has established a post injury drug and alcohol testing program.

**Statement of Policy-** Any employee reporting a work related injury requiring medical treatment must be tested for the presence of drugs or alcohol at the time of the initial treatment.

An employee’s refusal to submit to drug and alcohol testing will be deemed an admission of impairment. Any person who refuses to submit to such a screening, test or any other procedure to help in the detection of drug and alcohol use, or is found working under the influence of alcohol, illegal substances or non-prescribed controlled substances may be denied workers’ compensation benefits under 42-11-100 of the Workers’ Compensation Act. All terms and conditions of employment are strictly within the discretion and control of the employer.

**Procedures-** SCHBSIF requires each policyholder to notify its employees of this policy, and to obtain a signed authorization form as soon as an employee is hired.

SCHBSIF requires that you instruct your employees to immediately report any alleged work-related injury to the appropriate company representative.

Employers must contact SCHBSIF office immediately to report the incident and to receive assistance on the initial medical treatment and drug and alcohol testing procedures.

SCHBSIF requires a signed Drug and Alcohol Testing Acknowledgement Form accompany any employee seeking medical treatment whenever possible. Drug and alcohol testing for emergency room cases should be managed in the way most suitable to the policyholder, but it must be done within the requirements of the policy.

SCHBSIF requires that employers refer any alleged related injury treatment to an approved health care provider. Please see the enclosed list of approved medical providers or contact the Claims Department for additional information.

### B) Service Procedures for Workers’ Compensation Management

- 1) After the initial hiring, ensure all employees sign the Drug and Alcohol Testing Acknowledgement Form.
- 2) Report all alleged work-related injuries to SCHBSIF as soon as you are aware of them.
- 3) For non-emergencies, refer injured employees to one of the providers approved by SCHBSIF.
- 4) When an injury occurs outside of normal operating hours, or in an emergency situation, the injured employee should be directed to the nearest emergency facility.

- 5) Ensure the employee provides the Accident Reporting and Treatment Form to the health care provider before initial treatment.
- 6) Ensure the injured employee's supervisor completes the gray shaded portion of the top of the Accident Reporting and Treatment Form before giving it to the employee.
- 7) Utilize alternative or light duty work options for employees who return to work after the authorized treating physician releases them to restricted work capabilities.

Please contact SCHBSIF if you have any questions. Proper claims management will ensure proper care for your employees.

**POST-INJURY  
DRUG AND ALCOHOL TESTING  
ACKNOWLEDGEMENT FORM**

I have read and understand the policy of the South Carolina Home Builders Self Insurers Fund. I understand that all insured policyholder employees shall be tested for drugs and alcohol use if the employee is involved in an alleged work-related injury which may result in the filing of a workers compensation claim.

I am an employee of a SCHBSIF policyholding employer and I consent and agree to be tested for the use of drugs, alcohol, illegal or non-prescribed substances in the event of an alleged work-related injury.

I understand that if I do not agree to be tested or to submit to any procedure to detect the presence of drugs, alcohol, illegal or non-prescribed substances, this will be deemed an admission of impairment by such substances.

I understand that according to South Carolina law, my workers compensation claim may be denied.

I understand that if the results of the test are positive for drugs or alcohol, my claim for workers compensation benefits may be denied.

I hereby acknowledge receipt of this policy concerning drug and alcohol testing.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Policyholder Company Name

**PHYSICIAN'S POST-INJURY  
DRUG AND ALCOHOL TESTING  
AUTHORIZATION FORM**

**Employer Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Testing Results Recipient's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Employee Information**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Forward Drug and Alcohol Testing Fees to:**

**Attn.: Claims Department**  
South Carolina Home Builders Self Insurers Fund  
P.O. Box 7727  
Columbia, SC 29202  
1-800-678-8178 or (803) 771-0566

## XX-Notice of Compliance

---

The South Carolina Workers' Compensation Commission Notice of Compliance (available at no charge from SCHBSIF) is to be posted in a conspicuous location where it can be seen by all employees.

## XXI-Report of Injury

---

The law requires the employer to report an on the job injury within ten (10) days of notification. Failure to do so could cause a fine to be levied against the employer. Proper reporting following the enclosed guidelines, will also ensure prompt payment of those claims that are covered.

## XXII-Initial Report

---

Call SCHBSIF at 1-800-678-8178 or 803-771-0566 to report a new injury. Specific instructions regarding information needed are enclosed.

## XXIII-Return to Work Report

---

Whenever an employee returns to work, please call SCHBSIF at 1-800-678-8178 or 803-771-0566 to ensure the appropriate workers' compensation benefit is paid.

## XXIV-Claims Reporting Procedures

---

After an on the job accident, the policyholder should direct the appropriate immediate medical attention: on-site first aid, Minor Emergency/Urgent Care Center, emergency room or ambulance assistance. Advise the care provider that this is a workers' compensation accident and to perform an alcohol and drug test during treatment. All medical procedures after the initial treatment must be authorized by SCHBSIF to secure payment of further procedures. Send all correspondence and medical bills to SCHBSIF office.

Immediately after learning of an on the job injury, please complete an ACORD Form 4 (Workers' Compensation-First Report of Injury or Illness). The form should be accurate, complete and legible. As an alternative, you can call SCHBSIF at 1-800-678-8178 or 803-771-0566 and we will take the claim over the telephone. After hours emergency claims should be reported to 803-309-9761.

The Workers' Compensation-First Report of Injury or Illness form must include the employee's correct social security number, address and date of birth, as well as the county where the accident occurred and the member's federal tax identification number. The company name must be the exact name on the workers' compensation policy. The claim cannot be processed without these items.

You may fax the ACORD Form 4 (Workers' Compensation-First Report of Injury or Illness) to SCHBSIF (fax 803-252-8581), but please mail the original to: SCHBSIF, P.O. Box 7727, Columbia, SC 29202.

- *Do not mail* the ACORD Form 4 to your agent, your association office or the SC Workers' Compensation Commission Office.
- Mail new reports of injury separately from other correspondence.
- Please send subsequent correspondence, SC Workers' Compensation Commission Forms and medical bills to SCHBSIF office.

When sending follow up material on pending claims, some policyholders identify that material by attaching a photocopy of the ACORD 4 to the material. If you do this, please write "Photocopy" on the form so it will not be confused with a new claim. All that is needed to identify a claim is the employer name, the employee name or the social security number and the date of the accident.

## XXV-OSHA Reporting Requirements

---

Accidents that results in DEATH must be reported to OSHA by the employer within 8 hours.

Accidents that result in the following must be reported to OSHA by the employer within 24 hours;

- Inpatient hospitalization
- Amputations
- Loss of eye

1-800-321-OSHA (6742)  
(803) 896-7672

## XXVI-Policyholder Self Service Portal

---

SCHBSIF policyholders have access to an electronic self-service portal. Policyholders may obtain access credentials by contacting their SCHBSIF customer service representative.

In addition to a full range of account management capabilities, policyholders can also use the portal to report their monthly payroll and, if desired, pay invoices through ACH transactions debited directly from their checking account. Policyholders can obtain necessary forms and access SCHBSIF informational publications through the Policyholder Resources link found on the self-service portal.

## XXVII - Contact Information

---

Address: P. O. Box 7727 • Columbia, SC 29202 • Telephone: 803-771-0566

Toll Free: 800-678-8178 • Fax: 803-252-8581 • After Hours Claims: 803-309-9761

### Email Addresses

Weston Griffeth, Administrator	wgriffeth@schbsif.com	803-978-5006
Brandy Shealy, Underwriting Manager	bshealy@schbsif.com	803-978-5046
Kenyana Carter, Policy Services-Senior CSR-names A-J	kcarter@schbsif.com	803-978-5057
Darlene Frick, Claims Manager	dfrick@schbsif.com	803-309-9761
Vickie Rita, Senior Claims Adjuster	vrita@schbsif.com	803-978-5061
Shawn Elwood, Senior Claims Examiner	selwood@southernstatesadmin.com	803-422-2584
Richard Balmer, Risk Control Safety Manager	rbalmer@schbsif.com	803-600-2468
Ron Hunter, Risk Control Consultant	rhunter@schbsif.com	864-323-7883
Adam McCarthy, Risk Control Consultant	amccarthy@schbsif.com	803-391-9638
Rob Roberts, Risk Control Consultant	rroberts@ptf.southernstatesadmin.com	803-250-3571
Theresa Simmons, Manager, Premium Audit Services	tsimmons@schbsif.com	803-312-2050
Pat Brogan, Audit Consultant	pbrogan@schbsif.com	803-636-7273
Chris Newman, Audit Consultant	cnewman@schbsif.com	803-603-5227
Danny Johnson, Marketing Manager	djohnson@schbsif.com	803-422-2364

Visit us on SCHBSIF.com



[www.schbsif.com](http://www.schbsif.com)

PO Box 7727 • Columbia, SC 29202 • 803.771.0566 or 1.800.678.8178