

VERMONT AGENCY OF TRANSPORTATION  
CERTIFICATE VERIFYING WORKERS' COMPENSATION COVERAGE  
**(SUBCONTRACTORS AND SUBCONTRACTORS' SUBCONTRACTORS)**

**REQUIRED FOR CONTRACTS OVER \$250,000, PER ACT 54 OF 2009 & ACT 50 OF 2011**

VTrans Project: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Vermont statutes and standard State contract provisions require contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work for the State.

Evidence of coverage, including but not limited to this Certificate, must be provided prior to commencement of work.

1. The undersigned organization [subcontractor] certifies that it either:

A. Has workers' compensation insurance

Insurance Company: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

-OR-

B. Is approved by the Vermont Department of Labor to operate as a self-insured for workers' compensation

2. The undersigned organization [subcontractor] certifies that it has verified that its workers' compensation coverage contains a rider or non-cancellation clause reading in substance (per 2018 Standard Specifications for Construction §103.04(e)) as follows:

*Anything herein to the contrary notwithstanding, no cancellation, termination, or alteration of this policy by the company or the assured shall become effective unless and until notice of cancellation, termination, or alteration has been given by registered mail to the Chief Engineer of the Vermont Agency of Transportation, 1 National Life Drive, Montpelier, Vermont 05633-5001, at least 30 Calendar Days before the effective cancellation, termination, or alteration date, unless all work required to be performed under the terms of the Contract is satisfactorily completed as evidenced by the formal, final acceptance of the Project by the Agency.*

\_\_\_\_\_  
Signature (must be by a person authorized to sign for subcontractor)      Date

\_\_\_\_\_  
Print name of person signing      Title

**TO BE COMPLETED BY PRIME CONTRACTOR:**

Prime Contractor (print name) \_\_\_\_\_ has specifically verified the above-claimed coverage by using the Vermont Department of Labor's on-line portal for checking workers' compensation coverage, and has retained and will retain a print-out or other recorded image of such verification for the duration of the project plus three years, to be made available upon request to the Vermont Agency of Transportation or other unit of the State of Vermont.

\_\_\_\_\_  
Signature (must be by a person authorized to sign for subcontractor)      Date

\_\_\_\_\_  
Print name of person signing      Title