# Kentucky Department of Workers' Claims

Insurance Coverage Lookup & Notification

# What is the Insurance Coverage Lookup & Notification?

- A tool used by Employers and Insurance Carriers to check workers' compensation coverage on a company doing business in KY and it's locations
- A tool by which a Contractor can search and select a particular line of coverage for a business that may be a subcontractor and sign up to be notified when/or if a line of coverage is cancelled

### How does it help Employers and \or Carriers?

- Carriers can check to see if the coverage information they have sent to KY has been accepted and our database has been updated with that information.
- Employers can check to make sure a company has coverage before they do business with them.
- Employers can check to see if their coverage information is in our database-if coverage is not in our database then the business is not considered to have coverage.



### What Information does it show?

- Workers' Compensation Insurance Coverage information for businesses
- Location information
- Employer(DBA) names and locations.
- EDI POC Transaction History
- Policy Number
- Carrier
- Effective Date of Policy
- Cancel Date of Policy
- DC Date



### What is EDI or POC?

- EDI or Electronic Data Interchange is the process by which Vendors, Trading Partners, Third Party Administrators, or Carriers transmit Workers' Compensation Injury Claim Information to the State of Kentucky.
- POC or Proof of Coverage is a type of Data that is Transmitted to the State to Establish, Edit, Add, Delete, or Cancel Coverage on a Business or Business Location

### How does the Cancellation Notification Work?

 When you select a line of coverage and submit your email address you will receive an email that has a link to active your request. If an EDI POC cancellation transaction is received by the Department of Workers' Claims, you will be notified via email when that line of coverage is cancelled.



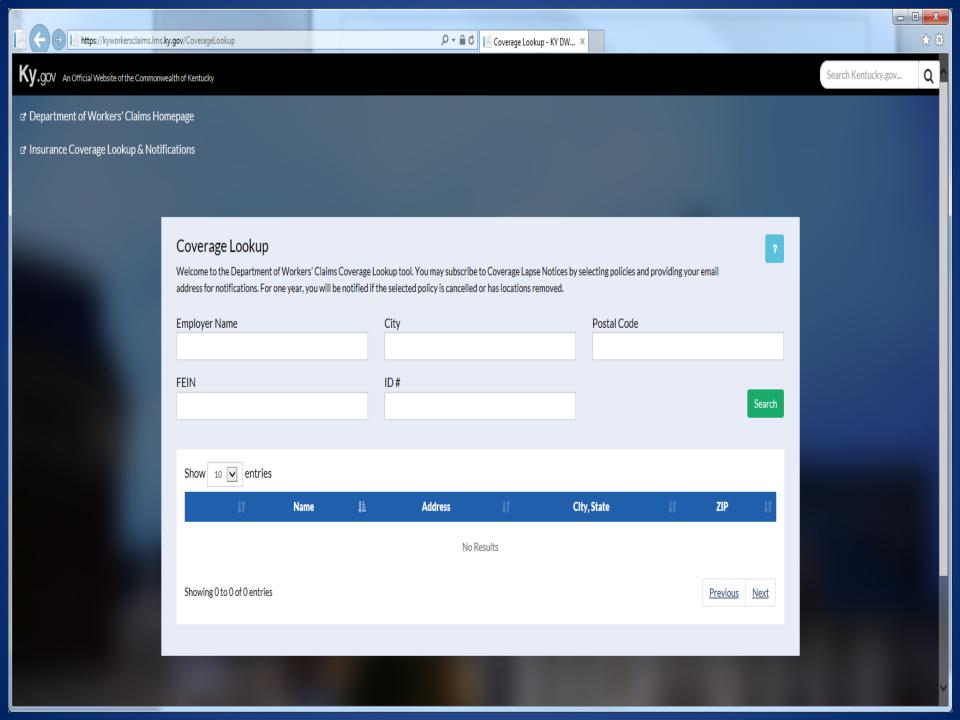
### How quick is Information\Notification transmitted?

- When subscribing for a notification, you will receive an email the same business day. The email will have a link you must click to complete/activate your subscription for that specific notification.
- A Subscription will take affect within 24 hours of the completed/activated subscription.
- A Notification Email will be sent out the day a policy is cancelled via EDI POC transaction.

### Using the Coverage Insurance Lookup & Notification

- To use the Insurance Lookup & Notification Site
  - In your internet browser, navigate to

https://kyworkersclaims.lms.ky.gov/CoverageLookup



- From this screen you can search for an Employer and check its coverage using:
  - Name, FEIN, City, Zip, Or Employer ID if available
    - When searching by City or Postal Code, your results will only show Insureds.
    - When searching by Name or FEIN, your results will show Locations as well as Insureds.
    - You can refine your search using more than one search field.

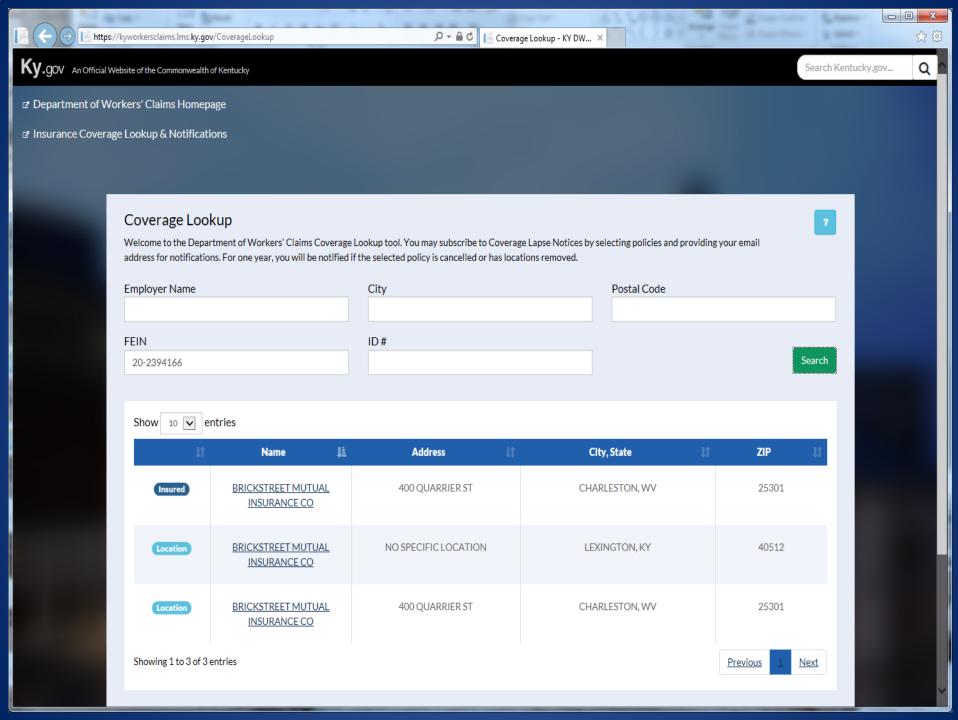
# Coverage Lookup Welcome to the Department of Workers' Claims Coverage Lookup tool. You may subscribe to Coverage Lapse Notices by selecting policies and providing your email address for notifications. For one year, you will be notified if the selected policy is cancelled or has locations removed. Employer Name City Postal Code Lexington FEIN ID# Search

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Search Kentucky.gov...

It.	Name 🖺	Address II	City, State 11	ZIP J↑
Insured	ABACUS II INC/STAT 2	169-A BURT ROAD	LEXINGTON, KY	40503
Insured	AMERICAN NURSERY	1851 BELLEFONTE DR	LEXINGTON, KY	40503
Insured	B B D M INC	2573 RICHMOND RD STE 215	LEXINGTON, KY	40509
Insured	BERRY BEST {THE}/STAT 2	364 LONGVIEW PLAZA	LEXINGTON, KY	40503
Insured	BLAUSER ELECTRIC CO INC(H)	727 DELLA DRIVE PO BOX 4557	LEXINGTON, KY	40504



- When Selecting the Insured, you will see information tabs for the Policies, Names, POC Transaction History, and Locations.
- You will also see information on the Main Record.

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New Coverage Search / Insured Details

### **Insured Details**

### Main Record

Insured ID Name

790554701

BRICKSTREET MUTUAL INSURANCE CO

Street Address

400 QUARRIER ST

CHARLESTON, WV 25301

Parent Company

Previous Parent

Status

Governing Class

Special Flags

1 - Current coverage

8720 - Inspection Of Risks For Insurance Or

Valuation Purposes Noc

99 - Other Legal Status

Policies	<u>Names</u>	POC History	<u>Locations</u>
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Policy#	Carrier	Effective Date	Cancel Date	DC Date	Notifications
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2015			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2014			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2013			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2012			Select
WCB1002181	BRICKSTREET MUTUAL INS (1065)	8/24/2011			Select



New Coverage Search / Insured Details

### **Insured Details**

### Main Record

Insured ID

790554701

Name

BRICKSTREET MUTUAL INSURANCE CO

Street Address

**Previous Parent** 

400 QUARRIER ST

CHARLESTON, WV 25301

Parent Company

Status

Governing Class

Legal Status

Special Flags

1 - Current coverage

8720 - Inspection Of Risks For Insurance Or

Valuation Purposes Noc

99 - Other

**Policies Names** POC History **Locations** 

	d
BRICKSTREET MUTUAL INSURANCE CO LEGAL 8/24/2011	

Policies

Security

Disclaimer

Accessibility



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New Coverage Search / Insured Details

### **Insured Details**

### Main Record

Insured ID

790554701

1 - Current coverage

Name

BRICKSTREET MUTUAL INSURANCE CO

Governing Class

8720 - Inspection Of Risks For Insurance Or

Valuation Purposes Noc

Street Address

400 QUARRIER ST

CHARLESTON, WV 25301

Legal Status

Status

99 - Other

Locations

Parent Company

Special Flags

**Previous Parent** 

<u>Policies</u> <u>Names</u> POC History

Process Date	Triplicate Code	Description	Policy#	Effective Date	Audit#	Line#
7/15/2015	00-20-01	Renewal	WCB1007043	7/15/2015	20150720-N0	953
7/15/2014	00-20-01	Renewal	WCB1007043	7/15/2014	20140718-N0	1467
7/15/2014	00-32-84	Change Insured Demographics	WCB1007043	7/15/2014	20141104-N0	406
7/15/2014	00-60-64	Non-Renewal by Carrier / Underwriting Discretion	WCB1007043	7/15/2014	20150428-N0	159
7/15/2014	00-70-01	Reinstatement	WCB1007043	7/15/2014	20150720-N0	200
7/15/2013	00-20-01	Renewal	WCB1007043	7/15/2013	20130718-N0	1334
7/45/0040	00.04.54		14004007040	7/45/2040	00400040 NO	550

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New Coverage Search / Insured Details

### **Insured Details**

### Main Record

Insured ID

790554701

Name

BRICKSTREET MUTUAL INSURANCE CO

400 QUARRIER ST

Street Address

CHARLESTON, WV 25301

Parent Company Previous Parent

Status

1 - Current coverage

Governing Class

8720 - Inspection Of Risks For Insurance Or

Valuation Purposes Noc

99 - Other

Locations

Legal Status Special Flags

**Policies** POC History Names

Location ID	Name	Industry	Address
L790610649	PENNCOMMONWEALTH CASUALTY OF AMERICA CORP	561410 - Document Preparation Services	400 QUARRIER ST CHARLESTON, WV 25301
<u>L790657684</u>	PINNACLEPOINT INSURANCE CO	561410 - Document Preparation Services	400 QUARRIER ST CHARLESTON, WV 25301
<u>L790554702</u>	BRICKSTREET MUTUAL INSURANCE CO	561499 - All Other Business Support Services	NO SPECIFIC LOCATION LEXINGTON, KY 40512
<u>L790624858</u>	NORTHSTONE INSURANCE CO	561410 - Document Preparation Services	400 QUARRIER ST CHARLESTON, WV 25301
L790610003	BRICKSTREET MUTUAL INSURANCE CO	561410 - Document Preparation Services	400 QUARRIER ST CHARLESTON , WV 25301

- When Selecting the Insured Location, you will see information tabs for the Policies and Names only.
- You will also see information on the Main Record.

Ky.gov An Official Website of the Commonwealth of Kentucky

Search Kentucky.gov...

561410 - Document Preparation Services

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- ☑ Department of Workers' Claims Homepage
- ☑ Insurance Coverage Lookup & Notifications

New Coverage Search / Location Details

### **Location Details**

### Main Record

Insured

**BRICKSTREET MUTUAL INSURANCE CO** 

Location ID

L790610003

Name

BRICKSTREET MUTUAL INSURANCE CO

Street Address

400 QUARRIER ST

CHARLESTON, WV 25301

Policies

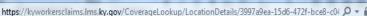
<u>Folicies</u>	<u>inames</u>				
Policy#	Carrier	Effective Date	Cancel Date	DC Date	Notifications
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2014			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2013			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2012			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2015			Select

Industry

Next Location

Previous Location





https://kyworkersclaims.lms.ky.gov/CoverageLookup/LocationDetails/3997a9ea-15d6-472f-bce8-c04 🔎 🕶 🗎 🖒 Location Details - KY DWC ... ×

Search Kentucky.gov...

561410 - Document Preparation Services

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☑ Department of Workers' Claims Homepage

☑ Insurance Coverage Lookup & Notifications

New Coverage Search / Location Details

### **Location Details**

### Main Record

Insured

**BRICKSTREET MUTUAL INSURANCE CO** 

Location ID

L790610003

Name

BRICKSTREET MUTUAL INSURANCE CO

Street Address

400 QUARRIER ST

CHARLESTON WV 25301

Ci	AREESTON, *** 25001			
<u>Policies</u> <u>Names</u>				
	Date A	ided	Date Removed	
BRICKS	9/2/	2011		

Industry

Next Location

Previous Location

- To select a policy to receive a Cancel Notification, simply click on the Green Select button in the "Notifications" column.
- When the button is clicked, a message will pop up near the top of the screen instructing you on how to complete your subscription to this Insured.
- Click this link

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Industry

Next Location

Previous Location

Search Kentucky.gov...

- ☑ Department of Workers' Claims Homepage
- ☑ Insurance Coverage Lookup & Notifications

You have selected 1 policy. Click here to complete your subscription!

561410 - Document Preparation Services

New Coverage Search / Location Details

### **Location Details**

### Main Record

Insured Location ID **BRICKSTREET MUTUAL INSURANCE CO** 

L790610003

Name

BRICKSTREET MUTUAL INSURANCE CO

Street Address

400 QUARRIER ST

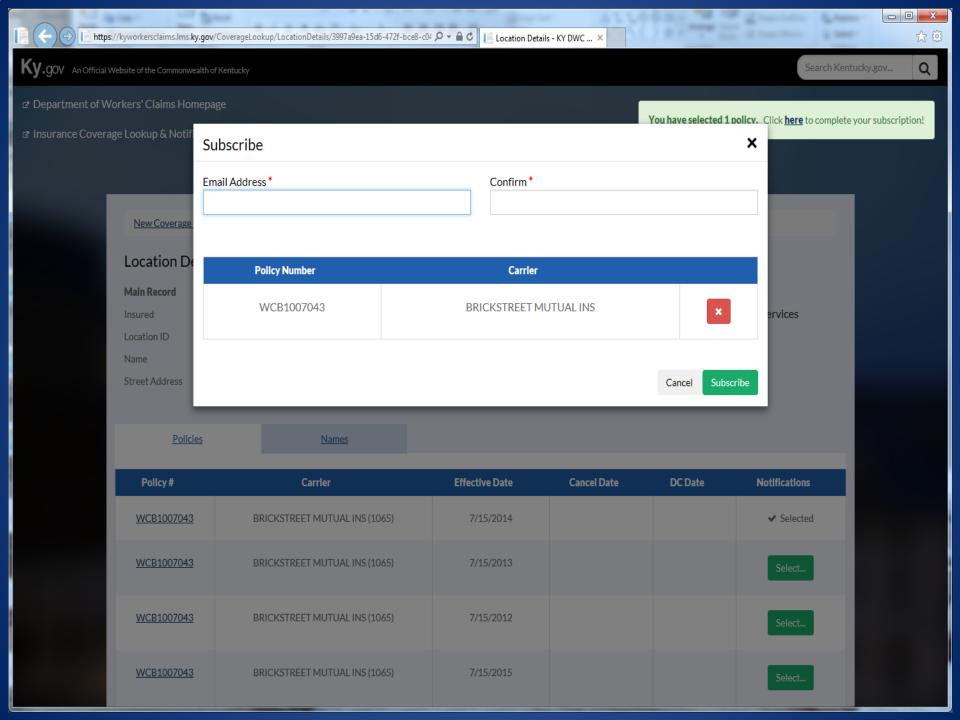
CHARLESTON, WV 25301

**Policies** 

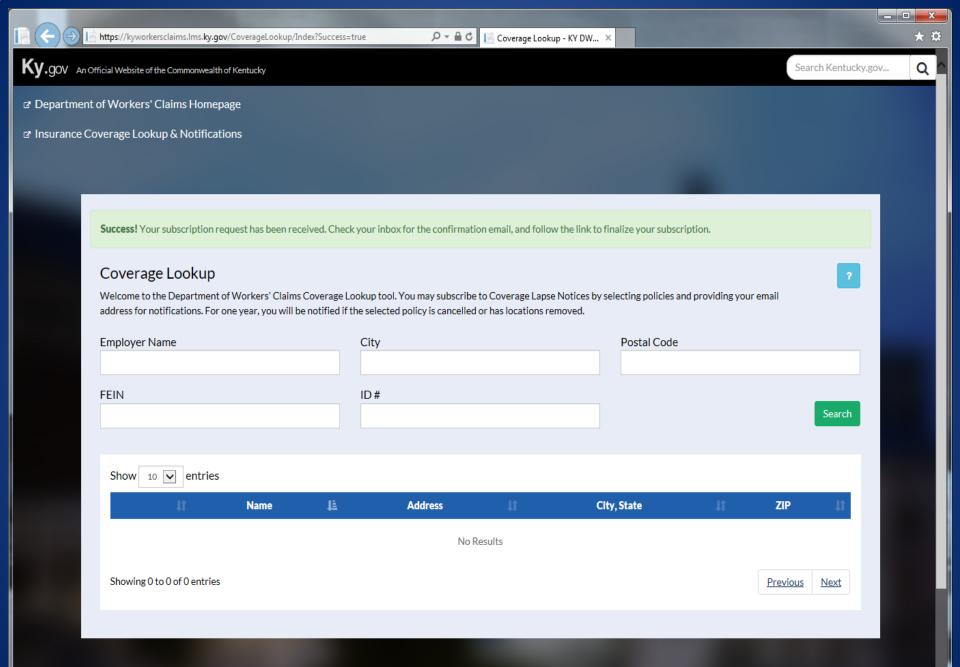
Names

Policy#	Carrier	Effective Date	Cancel Date	DC Date	Notifications
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2014			✓ Selected
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2013			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2012			Select
WCB1007043	BRICKSTREET MUTUAL INS (1065)	7/15/2015			Select

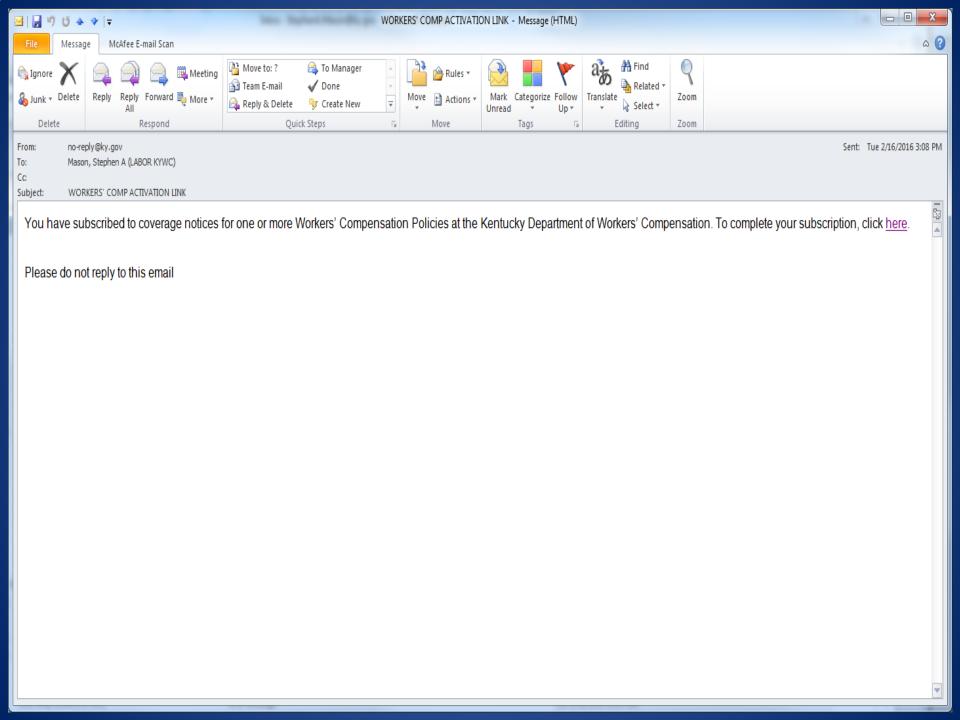
 Once the link is clicked, another popup screen will appear.

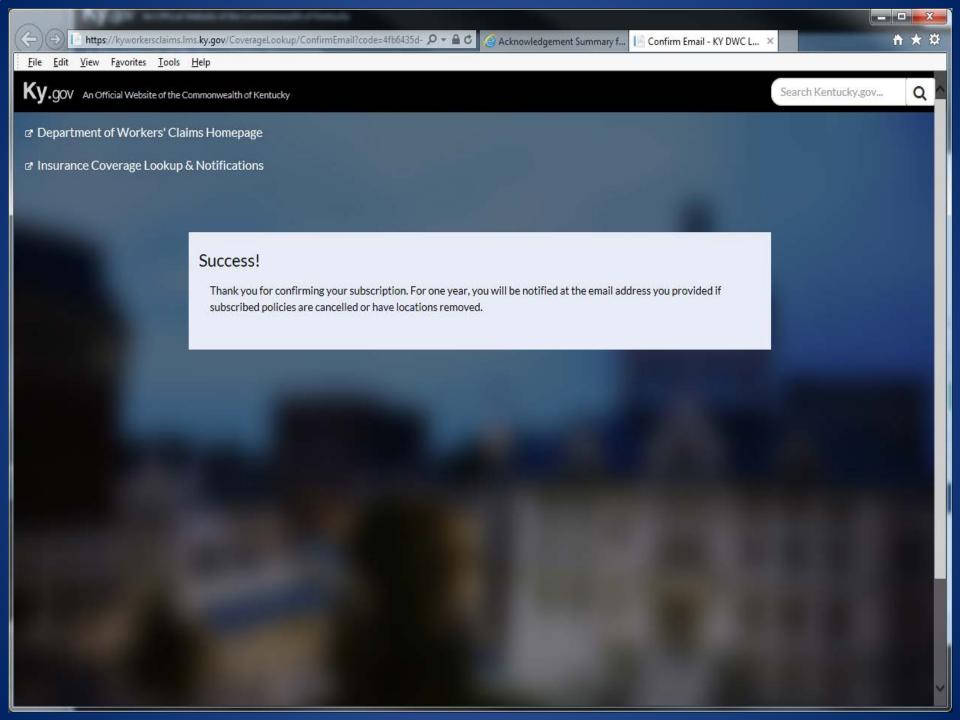


- Here you will type the email address that you want the Email Notification to come to, and confirm that email address.
- When finished, you can click the Green Subscribe button.
- This action will take you back to the Search screen, which will have a message telling you that your Subscription was a "Success".

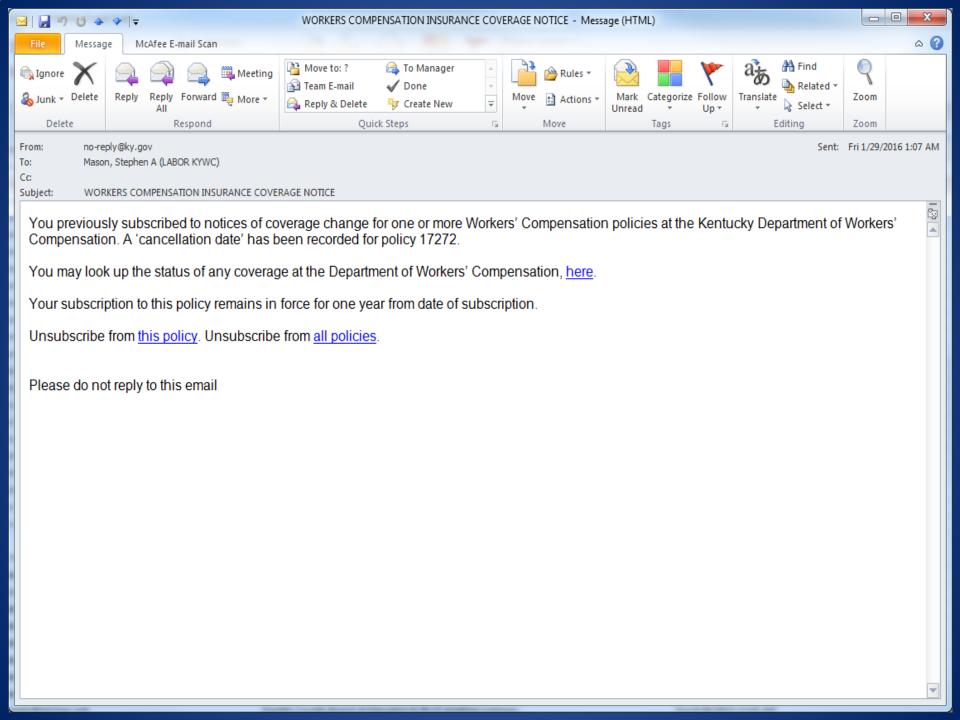


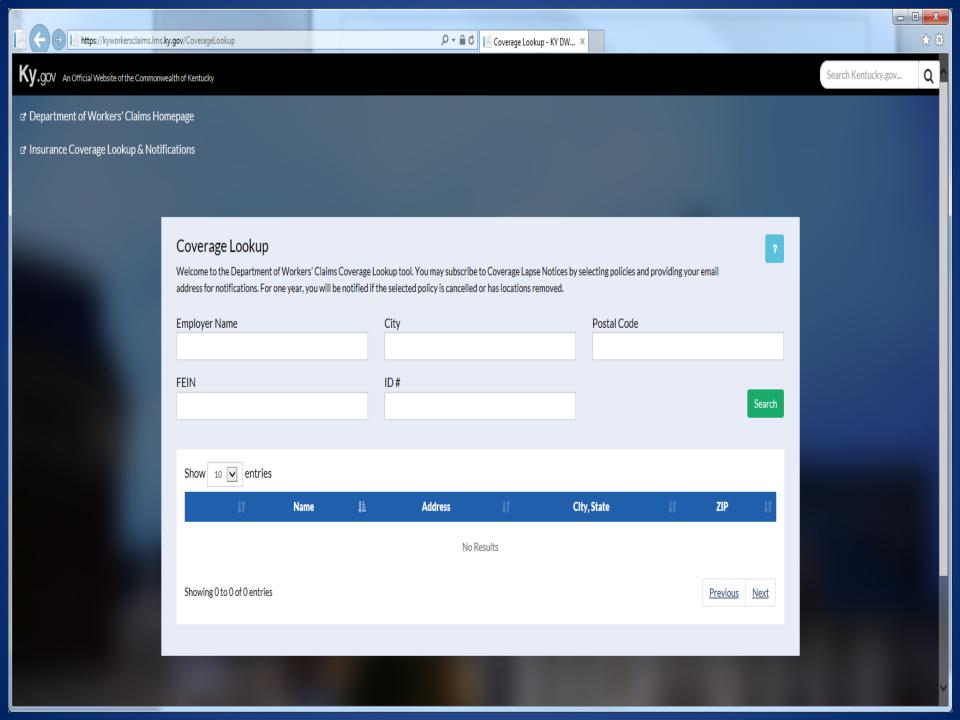
- You will also receive an email confirming that you Subscribed to receive a Notification, as well as a link to complete the subscription process.
- Click the link, and you will receive a message concerning your Subscription.





 Once a Policy that you have subscribed to receive Notifications from has been cancelled, you will receive a Notification Email stating such.





### **Contacts**

- Beth Baxter
  - Marybeth.Baxter@ky.gov
  - **-** 502-782-4465
- Cam Lawson
  - HowardC.Lawson@ky.gov
  - **-** 502-782-4486

# Kentucky Department of Workers' Claims

Thank You

# Kentucky Department of Workers' Claims

Insurance Coverage Lookup & Notification

### **Proof of Coverage Criteria**

- KRS 342.340 States that proof must be filed within 10 days after issuance of policy, endorsement to a policy of similar documentation of coverage, so:
  - <= 10 days between policy effective date (DN0029) and jurisdiction designee received date (DN 0302)---
  - Timely 11-25 days between policy effective date (DN0029) and jurisdiction designee received date (DN 0302)---
  - Untimely without penalty >=26 days between policy effective date (DN0029) and jurisdiction designee received date (DN 0302)----
  - Penalty For cancellations and non-renewals, the Jurisdictional Designee Received Date (DN0302) should not be more than 75 days prior to the Transaction Set Type Effective Date (DN0304).
  - Please wait to file cancellations and non-renewals until 75 days or less before the cancellation/non-renewal date.

### Procedure for e-mail notification of cancellation or removal of location of specific workers' compensation coverage

- RELATES TO: KRS 342.260, 342.340
- STATUTORY AUTHORITY: KRS 342.260(2), 342.340
- NECESSITY, FUNCTION, AND CONFORMITY: KRS 342.260(2)
  - requires the commissioner of the Department of Workers' Claims to promulgate administrative regulations on or before December 31, 2015, establishing information necessary to be received to create an e-mail notification system where a person may enter his or her e-mail address into the Insurance Coverage Look-up database and be notified of any cancellation of a specific business workers' compensation coverage. This administrative regulation establishes procedures and standards for e-mail notification of cancellation of specific business workers' compensation coverage to persons registered with the Department of Workers' Claims Insurance Look-up database.