

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 its 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>

- [Department of Workers' Claims Homepage](#)
- [Insurance Coverage Lookup & Notifications](#)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
FEIN	ID #	<input type="button" value="Search"/>
<input type="text"/>	<input type="text"/>	

Show entries

	Name		Address		City, State		ZIP	
--	------	--	---------	--	-------------	--	-----	--

No Results

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)

Using the Coverage Lookup & Notification

- 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.

Department of Workers' Claims Homepage

Insurance Coverage Lookup & Notifications

Coverage Lookup



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Employer Name City Postal Code

FEIN ID #

Show 10 entries

	Name	Address	City, State	ZIP
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

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- Insurance Coverage Lookup & Notifications

Coverage Lookup



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Employer Name City Postal Code

FEIN ID #

Show 10 entries

	Name	Address	City, State	ZIP
Insured	BRICKSTREET MUTUAL INSURANCE CO	400 QUARRIER ST	CHARLESTON, WV	25301
Location	BRICKSTREET MUTUAL INSURANCE CO	NO SPECIFIC LOCATION	LEXINGTON, KY	40512
Location	BRICKSTREET MUTUAL INSURANCE CO	400 QUARRIER ST	CHARLESTON, WV	25301

Showing 1 to 3 of 3 entries

Using the Coverage Lookup & Notification

- 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.

Insured Details

Main Record

Insured ID	790554701	Status	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	99 - Other
Parent Company		Special Flags	
Previous Parent			

[Policies](#)

[Names](#)

[POC History](#)

[Locations](#)

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	Status	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	99 - Other
Parent Company		Special Flags	
Previous Parent			

[Policies](#)

[Names](#)

[POC History](#)

[Locations](#)

Name	Type	Date Added	Date Removed
BRICKSTREET MUTUAL INSURANCE CO	LEGAL	8/24/2011	

[New Coverage Search](#) / Insured Details

Insured Details

Main Record

Insured ID	790554701	Status	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	99 - Other
Parent Company		Special Flags	
Previous Parent			

[Policies](#)

[Names](#)

[POC History](#)

[Locations](#)

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

[New Coverage Search](#) / Insured Details

Insured Details

Main Record

Insured ID	790554701	Status	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	99 - Other
Parent Company		Special Flags	
Previous Parent			

[Policies](#)

[Names](#)

[POCHistory](#)

[Locations](#)

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

Using the Coverage Lookup & Notification

- 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.

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

[New Coverage Search](#) / Location Details

Location Details

Main Record

Insured	BRICKSTREET MUTUAL INSURANCE CO	Industry	561410 - Document Preparation Services
Location ID	L790610003	Next Location	
Name	BRICKSTREET MUTUAL INSURANCE CO	Previous Location	
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			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...

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

[New Coverage Search](#) / Location Details

Location Details

Main Record

Insured	BRICKSTREET MUTUAL INSURANCE CO	Industry	561410 - Document Preparation Services
Location ID	L790610003	Next Location	
Name	BRICKSTREET MUTUAL INSURANCE CO	Previous Location	
Street Address	400 QUARRIER ST CHARLESTON , WV 25301		

[Policies](#)

[Names](#)

Name	Date Added	Date Removed
BRICKSTREET MUTUAL INSURANCE CO	9/2/2011	

Using the Coverage Lookup & Notification

- 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

[Department of Workers' Claims Homepage](#)

[Insurance Coverage Lookup & Notifications](#)

You have selected 1 policy. Click [here](#) to complete your subscription!

[New Coverage Search](#) / Location Details

Location Details

Main Record

Insured	BRICKSTREET MUTUAL INSURANCE CO	Industry	561410 - Document Preparation Services
Location ID	L790610003	Next Location	
Name	BRICKSTREET MUTUAL INSURANCE CO	Previous Location	
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...

Using the Coverage Lookup & Notification

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

Department of Workers' Claims Homepage

Insurance Coverage Lookup & Notif

You have selected 1 policy. Click [here](#) to complete your subscription!

Subscribe

Email Address*

Confirm*

Policy Number	Carrier	
WCB1007043	BRICKSTREET MUTUAL INS	

- New Coverage
- Location Details
- Main Record
- Insured
- Location ID
- Name
- Street Address

[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...

Using the Coverage Lookup & Notification

- 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”.

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

Success! Your subscription request has been received. Check your inbox for the confirmation email, and follow the link to finalize your subscription.

Coverage Lookup



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Employer Name City Postal Code

FEIN ID #

Show entries

Name	Address	City, State	ZIP
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No Results

Showing 0 to 0 of 0 entries

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Using the Coverage Lookup & Notification

- 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.

File Message McAfee E-mail Scan

Ignore X Meeting
 Junk Delete Reply Reply All Forward More
 Delete Respond

Move to: ? To Manager
 Team E-mail Done
 Reply & Delete Create New
 Quick Steps

Move Rules
 Actions

Mark Unread Categorize Follow Up
 Tags

Translate Find
 Related Select
 Editing

Zoom

From: no-reply@ky.gov Sent: Tue 2/16/2016 3:08 PM
 To: Mason, Stephen A (LABOR KYWC)
 Cc:
 Subject: WORKERS' COMP ACTIVATION LINK

You have subscribed to coverage notices for one or more Workers' Compensation Policies at the Kentucky Department of Workers' Compensation. To complete your subscription, click [here](#).

Please do not reply to this email

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

Success!

Thank you for confirming your subscription. For one year, you will be notified at the email address you provided if subscribed policies are cancelled or have locations removed.

Using the Coverage Lookup & Notification

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

File Message McAfee E-mail Scan

Ignore X Delete Reply Reply All Forward More Meeting

Move to: ? To Manager

Team E-mail Done

Reply & Delete Create New

Move Rules Actions

Mark Unread Categorize Follow Up

Translate Find Related Select

Delete Respond Quick Steps Move Tags Editing Zoom

From: no-reply@ky.gov

Sent: Fri 1/29/2016 1:07 AM

To: Mason, Stephen A (LABOR KYWC)

Cc:

Subject: WORKERS COMPENSATION INSURANCE COVERAGE NOTICE

You previously subscribed to notices of coverage change for one or more Workers' Compensation policies at the Kentucky Department of Workers' Compensation. A 'cancellation date' has been recorded for policy 17272.

You may look up the status of any coverage at the Department of Workers' Compensation, [here](#).

Your subscription to this policy remains in force for one year from date of subscription.

Unsubscribe from [this policy](#). Unsubscribe from [all policies](#).

Please do not reply to this email

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Employer Name	City	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
FEIN	ID #	<input type="button" value="Search"/>
<input type="text"/>	<input type="text"/>	

Show entries

	Name		Address		City, State		ZIP	
--	------	--	---------	--	-------------	--	-----	--

No Results

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)

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.