

OFFICE OF ATTORNEY GENERAL
Bureau of Consumer Protection

INSTRUCTIONS FOR COMPLETING HICPA SELF-INSURANCE CERTIFICATE OF COVERAGE
AND ATTESTATION

Section 517.4(a)(1)(ix) of the Home Improvement Consumer Protection Act, 73 P.S. § 517.1, et seq. (“HICPA”) requires home improvement contractor applications submitted to the Bureau of Consumer Protection (“Bureau”) to include:

*(ix) Proof of liability insurance covering personal injury in an amount not less than \$50,000 and insurance covering property damage caused by the work of a home improvement contractor in an amount not less than \$50,000. **For the purpose of this subparagraph, proof of insurance may include information attested to by an applicant that the applicant is self-insured and the bureau shall develop forms for this purpose and make them available to applicants. The bureau may determine the sufficiency of the self-insurance and the manner in which it is maintained in compliance with this act.***

- *Home improvement contractors wishing to register as self-insured must complete, and attach to their Home Improvement Contractor Registration Application, a **Home Improvement Consumer Protection Act Self-Insurance Certificate of Coverage and Attestation**. This form must be signed by both the home improvement contractor seeking to register as self-insured and the organization providing the self-insurance.*
- *Please type your answers onto the form, or print neatly in blue or black ink.*
- *Please complete each section. If a question does not apply, please indicate that on the form (e.g., “not applicable” or “N/A”).*
- *The signed original document (including the Organization’s list of home improvement contractor members, see page 3) should be mailed along with the Self-insured Member’s Home Improvement Contractor Registration Application to: Office of Attorney General, Bureau of Consumer Protection, 15th Floor, Strawberry Square, Harrisburg, PA 17120.*
- *Note: Online registration is not available for home improvement contractors registering as self-insured.*

- ***Please note, that under Section 517.7(a)(11) the Bureau will require that every home improvement contractor who is self-insured include a statement in every home improvement contract that they are self-insured, and provide the name, address, and telephone number of the organization providing the self-insurance.***

SELF-INSURANCE ORGANIZATION INFORMATION: This section requires information about the organization providing coverage for the self-insured home improvement contractor.

- *Organization name/Phone/Fax/E-mail/Organization address/City/State/Zip Code* – This is the contact information for the organization providing self-insurance coverage for the home improvement contractor.
- *Total Number of Organization Members* – This is the total number of members of the organization providing coverage to the home improvement contractor, regardless of whether they are home improvement contractors.
- *Total Number of Members Self-Insured by Organization* – This is the number of members of the organization who receive coverage for any purpose, not merely home improvement work.
- *Total Years Organization has provided self-insurance* – This is the length of time that the organization has been providing self-insurance of any kind for its members.
- *Contact Person Name/Title* – This is the name and title of an authorized representative of the organization. The Bureau will contact this individual for any questions or issues which arise in relation to the organization.

SELF-INSURED MEMBER INFORMATION: This section requires information about the home improvement contractor who is registering with the Bureau as self-insured.

- *Self-insured Member Name* – This is the home improvement contractor registering as self-insured.
- *Member's business name* – This is the trade or business name (if any) used by the home improvement contractor.
- *Primary business address/City/State/Zip Code/Telephone/Fax/E-mail* – This is the primary address from which the home improvement contractor does business, as well

as the phone number, fax, and e-mail address the home improvement contractor uses for the business.

CLAIM INFORMATION: This section requires information about the representative of the organization who is responsible for handling claims by consumers against a home improvement contractor for whom the organization is providing self-insurance coverage.

SIGNATURES: Page 2 of the form must be signed by **both** an authorized representative of the Organization and the Member

SELF-INSURANCE ORGANIZATION CERTIFICATION AND ATTESTATION (page 3): The authorized representative of the Organization should review this page carefully before signing at the bottom.

The Organization must attach to this Certification and Attestation **a current list of its members** who are home improvement contractors and are covered by the Organization. The list must include the name, business name, and business address of every member self-insured by the Organization for home improvement work.

If you have any questions regarding this form, please contact the Bureau of Consumer Protection at (717) 772-2425. Copies of HICPA can be obtained at www.attorneygeneral.gov.

**Bureau of Consumer Protection
Pennsylvania Office of Attorney General
15th Floor, Strawberry Square
Harrisburg, PA 17120**

**PENNSYLVANIA OFFICE OF ATTORNEY GENERAL
HOME IMPROVEMENT CONSUMER PROTECTION ACT
SELF-INSURANCE CERTIFICATE OF COVERAGE AND ATTESTATION**

SELF-INSURANCE ORGANIZATION INFORMATION

Organization name:		
Phone:	Fax:	E-mail:
Organization address:		
City:	State:	ZIP Code:
Total Number of Organization Members:		
Total Number of Members Self-Insured by Organization:		
Total Years Organization has provided self-insurance:		
Contact Person Name:		
Contact Person Title:		

SELF-INSURED MEMBER INFORMATION

Self-insured Member Name:		
Member's business name:	HIC#:	
Primary business address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:

CLAIM INFORMATION

Person to whom claims should be sent:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

CERTIFICATION AND ATTESTATION

By signing below, the above-named Self-Insured Member and the above-named Self-Insurance Organization through its authorized representative, hereby certify and attest that the Self-Insured Member is covered by the Self-Insurance Organization for liability coverage for personal injury and property damage claims related to the **Self-Insured Member's home improvement contractor business, pursuant to Section 517.4(a)(1)(ix)** of the Home Improvement Consumer Protection Act (HICPA), 73 P.S. § 517.4(a)(1)(ix).

The Self-Insurance Organization further incorporates the certifications on the following pages as part of this document. By signing below, the Self-Insurance Organization agrees that, should this coverage be cancelled, terminated, or otherwise ended, the Organization will immediately notify the Bureau in writing of this. By signing below, the Self-Insured Member agrees that, should this coverage be cancelled, terminated, or otherwise ended, the Member will immediately obtain insurance as required under HICPA Section 517.4(a)(1)(ix), or will have the home improvement contractor registration cancelled and/or revoked.

We hereby certify and attest that the information contained in this Certificate and Attestation is true and correct. I, the authorized representative of the Self-Insurance Organization, further certify and attest that I have actual authority to make this Certification and Attestation on behalf of the Self-Insurance Organization identified above. We also understand that any false statement made herein is subject to the penalties for unsworn falsification to authorities contained in 18 Pa.C.S. § 4904.

SIGNATURES

AUTHORIZED REPRESENTATIVE OF SELF-INSURANCE ORGANIZATION	SELF-INSURED MEMBER
<p>-----</p> <p>Print Name: Title: Date:</p>	<p>-----</p> <p>Print Name: Date:</p>

Please direct any questions to:

**Bureau of Consumer Protection
Office of Attorney General
15th Floor, Strawberry Square
Harrisburg, PA 17120
717.772.2425**

SELF-INSURANCE ORGANIZATION CERTIFICATION AND ATTESTATION

We, the above-named Self-Insurance Organization (“Self-Insurer” or “we”), through our authorized representative, hereby certify and attest that we will provide coverage for the above-named Self-Insured Member (“Member”) pursuant to Section 517.4(a)(1)(ix) of HICPA.

We certify and attest that we have provided the Bureau of Consumer Protection (“Bureau”) with a current list of every Organization Member who performs home improvements as defined under HICPA Section 517.2, and who are covered by our organization. That list includes each Member’s name, business name (if applicable), and business address, and is attached hereto as an exhibit.

We certify and attest that, in the event that any valid claim arises against the Member for personal injury or property damage related to the Member’s work as a home improvement contractor, we will pay such claim without unreasonable delay.

We certify and attest that we have the financial ability to cover liability claims against the Member in amounts not less than \$50,000 for personal injury and \$50,000 for property damage. We further certify and attest that we have the financial ability to cover liability claims against every other home improvement contractor similarly covered by the Self-Insurer. We hereby acknowledge that the Bureau may require proof of our financial ability at any time, and that the Bureau in its sole discretion may determine the nature and sufficiency of the proof required to demonstrate our financial ability to satisfy the self-insurance requirements of HICPA. We hereby agree to provide any and all information and documents that the Bureau may request.

Please note, that under Section 517.7(a)(11) the Bureau will require that every home improvement contractor who is self-insured include a statement in every home improvement contract that they are self-insured, and provide the name, address, and telephone number of the organization providing the self-insurance.

We certify and attest that this self-insurance coverage for the Member shall remain in force unless and until terminated pursuant to the following terms:

1. We may terminate Member’s coverage upon sixty (60) days written notice to the Bureau.
2. We will notify the Member of the cancellation, in writing, sixty (60) days prior to the effective date of cancellation and remind the Member of the obligation to obtain such other insurance as is necessary to comply with HICPA, in a timely manner.
3. We acknowledge that such termination will not eliminate our obligation to pay any valid claims for personal injury or property damage which arose from any home improvement contract signed when this coverage was in force.

I, the authorized representative of the Self-Insurer, hereby certify and attest that the information contained in this Certification is true and correct. I further certify and attest that I have actual authority to make this Certification on behalf of the Self-Insurer identified above. I also understand that any false statement made herein is subject to the penalties for unsworn falsification to authorities contained in 18 Pa.C.S. § 4904.

Date

Signature of Authorized Representative

Printed Name

Title