



Insurance Coverage Inquiry

Below is the result of your South Carolina Workers' Compensation insurance coverage inquiry

Policy Information

WC169037204

Effective Date: 03/01/2024

Cancellation Date: 00/00/0000

Carrier Claims Service Address

Zurich American Insurance Company

WC Carrier Code: 00090

P O Box 968084

Schaumburg, IL 60196-8084

800-241-7570

Employer Policy Issued to

G&A OUTSOURCING LLC

17220 KATY FWY STE 350

HOUSTON , TX 77094

☒ I would like to be notified of mid-term cancellations for this policy

Email Address:

Confirm Email Address:

Submit

Clear

For additional information, please contact

SC Workers' Compensation Commission Coverage Division

 (803) 737-6203

 coverage@wcc.sc.gov

Disclaimer: Pursuant to SC Code of Laws 42-1-400; 42-1-410, a general contractor is considered liable for Workers' Compensation injuries/costs incurred by an uninsured sub-contractor. Please be advised that the South Carolina Workers' Compensation Commission provides the above information as 'information only' and DOES NOT affirm the accuracy of the same. Verification of pre-mature policy cancellation is the responsibility of the notification recipient.

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RMD KWIKFORM NORTH AMERICA
INC

[TRACK POLICY](#)

Insurance Coverage Provider

ZURICH AMERICAN INS CO

Policy Number

WC169037204

Coverage Date

09/05/2024

[CLICK HERE FOR CLAIM PROCESSING INFORMATION](#)

1 Employer Location(s)

 Filter by name or address

RMD KWIKFORM NORTH AMERICA INC

104 GREENBRIAR RD

ANDERSON, SC, 29621-1528

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