



# 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](mailto: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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