

Florida Painting Subcontractor Insurance Verification Packet

A professional risk management worksheet for Florida painting contractors hiring subcontractors.

How To Use This Packet

Use this resource before allowing a subcontractor to begin work. The goal is to document insurance requirements, verify important records, and reduce avoidable risk exposures.

Section 1 — Subcontractor Information

Subcontractor Company Name: _____

Contact Person: _____

Phone / Email: _____

Scope of Work Being Performed: _____

Project Name: _____

Project Location: _____

Section 2 — Pre-Work Documentation Checklist

- Signed subcontract agreement
- Certificate of insurance received
- General liability coverage verified
- Workers compensation coverage verified or exemption reviewed
- Auto insurance information reviewed when applicable
- Additional insured requirements reviewed
- Contract requirements documented

Section 3 — Certificate of Insurance Review

Review the certificate for:

- Correct subcontractor name
- Current effective dates
- Appropriate liability limits

- Workers compensation information
- Automobile liability information when required
- Evidence of required endorsements

Section 4 — Workers Compensation Verification

Questions to review:

- Does the subcontractor have employees?
- Is workers compensation coverage active?
- Has any exemption documentation been reviewed?
- Are additional subcontractors being used?
- Are payroll and classification concerns understood?

Section 5 — Additional Insured Review

Before work begins, confirm:

- Additional insured wording matches contract requirements
- Required endorsements have been requested
- Completed operations requirements have been reviewed
- Documentation is maintained with project records

Section 6 — Contractor Risk Review Questions

Does this subcontractor perform:

- Exterior painting
- Spray application
- Waterproofing or coatings
- High-access work
- Specialty finishes

Notes: _____

Section 7 — Project File Checklist

Maintain:

- Contract
- Certificate of insurance
- Endorsements
- Scope of work
- Communication records
- Final completion documentation

Final Action Plan

Issue Identified | Responsible Person | Completion Date
