

**REQUEST FOR MASSACHUSETTS QUALIFIED LOSS MANAGEMENT PROGRAM ASSIGNED RISK CREDIT**

THE WORKERS' COMPENSATION RATING AND INSPECTION BUREAU OF MASSACHUSETTS  
101 ARCH STREET - 5<sup>TH</sup> FLOOR, BOSTON, MA 02110  
(617) 439-9030

Please type or print answers to all questions and mail in DUPLICATE to: WCRIBMA, 101 Arch Street, 5th Floor, Boston, MA 02110, Attn: Legal

The Undersigned qualified loss management firm hereby requests that their approved credit be applied to the Massachusetts operations of the workers' compensation policy of the subscriber assigned risk insured employer indicated below.

**I. SUBSCRIBER EMPLOYER INFORMATION**

1. \_\_\_\_\_  
Name of Subscriber Employer

2. \_\_\_\_\_  
Subscriber Employer's Federal Identification Number

3. \_\_\_\_\_  
Mailing Address (No.) (Street) (City) (State) (Zip) (Phone)

4. \_\_\_\_\_  
Principal Location (No.) (Street) (City) (State) (Zip) (Phone)

\* 5. \_\_\_\_\_  
Other Massachusetts Location (No.) (Street) (City) (State) (Zip) (Phone)

Other Massachusetts Location (No.) (Street) (City) (State) (Zip) (Phone)

Other Massachusetts Location (No.) (Street) (City) (State) (Zip) (Phone)

6. \_\_\_\_\_  
Date of Entry into Loss Management Program

7. Has subscriber employer previously enrolled in a loss management program? [ ] Yes [ ] No

If yes, give name of loss management firm:

\* List additional locations, if any, on supplemental page.

**II. INSURANCE POLICY INFORMATION**

Insurance Company Current Policy Number Policy Effective Date

**III. LOSS MANAGEMENT FIRM INFORMATION**

1. \_\_\_\_\_  
Name of Loss Management Firm

2. \_\_\_\_\_  
Date Firm Qualified

3. \_\_\_\_\_  
Amount of Approved Credit

4. \_\_\_\_\_  
Date Credit Approved

**IV. SUBSCRIBER EMPLOYER'S ACKNOWLEDGMENT**

The Undersigned Subscriber Employer acknowledges that it has subscribed to the Qualified Loss Management Program offered by the firm shown above and that it fully understands the terms of the Program as outlined on the reverse side of this form.

\_\_\_\_\_  
Authorized Signature and Title Date

**V. VERIFICATION OF ELIGIBILITY BY LOSS MANAGEMENT FIRM**

1. The Subscriber Employer show above completed six (6) months of participation in our Program on \_\_\_\_\_  
Date

2. Authorized Signature and Title: \_\_\_\_\_  
Date

## GENERAL TERMS OF QUALIFIED LOSS MANAGEMENT PROGRAM

---

1. The applicable premium credits available under this Program cannot be offered after the subscriber has received credits based on four (4) years of participation in the Program.
2. The subscriber must participate in the Program for a minimum of six (6) months to become credit eligible.
3. The applicable credit will start on the inception date of the first policy term during which the subscriber becomes credit eligible and is subject to change in subsequent policy terms.
4. 50% of the otherwise applicable credit is applied to the third year of participation and 25% of the otherwise applicable credit is applied to the fourth year of participation.
5. Premium adjustments resulting from the application of any policy credit will be made at time of policy audit.
6. This Program does not apply to any policy written under a retrospective rating plan, large deductible, or loss sensitive dividend plan.
7. Subject to the limitations set forth in Item 6 foregoing, a subscriber who, while in the Program, leaves the Massachusetts Assigned Risk Pool and moves to the voluntary market may continue to receive the credits available under this Program provided the subscriber becomes credit eligible before entering the voluntary market and has not already received premium credits based on four (4) years of participation in the Program.
8. In the event the subscriber's participation in the Program is terminated by reason of:
  - (a) termination of the Program by either the loss management firm or The Workers' Compensation Rating and Inspection Bureau of Massachusetts, or
  - (b) withdrawal from the Program by the subscriber,a pro-rata credit will be applied to the affected policies based on the total number of months the subscriber has participated in the Program.
9. Approval of a Qualified Loss Management Program by The Workers' Compensation Rating and Inspection Bureau of Massachusetts is based on information and other data available to the Bureau, at the time of approval, and does not constitute a warranty of the quality or effectiveness of services offered by the loss management firm.