



**THE WORKERS' COMPENSATION  
RATING AND INSPECTION BUREAU**

**POOL PROCEDURES**

for

**NEW APPLICATIONS**

for form

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The most recent updates are highlighted.

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## **Introduction**

The following procedures are intended for use by employers and their representatives who are making application for coverage in the Massachusetts Assigned Risk Pool.

These procedures have been prepared by the Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau) in its capacity as the Administrator of the Assigned Risk Pool. If additional information is needed, refer to the Helpful Information page on the Bureau's web site, [www.wcribma.org](http://www.wcribma.org), or contact the Bureau's Customer Service Department at (617) 439-9030.

These procedures are to be used in conjunction with the manuals approved for use in Massachusetts, such as the *Massachusetts Workers Compensation and Employers Liability Insurance Manual*, the *Forms Manual for Workers Compensation and Employers Liability*, and the *Experience Rating Plan Manual*.

## **Eligibility Requirements**

To be eligible to obtain assigned risk coverage, an employer must meet all of the following eligibility requirements:

- The employer's application for voluntary Massachusetts workers' compensation insurance coverage must have been rejected by two (2) insurers licensed to write workers' compensation insurance in Massachusetts;
- Generally, the employer may not have any outstanding offers for voluntary Massachusetts workers' compensation coverage. (Note: If the employer has received and rejected an offer of voluntary coverage, the Bureau will consider all submitted and available information, including the terms of that voluntary offer, when determining if the employer is eligible for Pool coverage.);
- The employer must not be in default of payment of premium for Massachusetts workers' compensation insurance;
- The employer must have complied with all laws, orders, rules and regulations in force and effect relating to the welfare, health and safety of employees;
- The employer must not have an audit or inspection on a prior workers' compensation insurance policy that remains incomplete due to the employer's failure to cooperate with the insurer.

## **Binding of Coverage**

If the application is accompanied by the proper deposit premium and, upon review, the employer is eligible for coverage and the application is satisfactorily completed, then the Bureau will issue a Notice of Assignment that indicates a coverage effective date.

If the employer has coverage at the time the application is received in the office of the Bureau, the Bureau sets a coverage effective date that coincides with the expiration date of that present coverage. If the employer is without coverage at the time the application is received by the Bureau, the Bureau sets a coverage effective equal to 12:01 A.M. the day following the Bureau's receipt of the application and proper deposit premium, unless a later date is requested.

In all instances, the Bureau is limited in its binding authority as follows:

- a. The Bureau can only bind coverage if a check for the proper deposit premium is received with the application. Applications submitted without a check will be automatically rejected without a binding date.

- b. There will be no coverage in place if there are not sufficient funds to cover the deposit premium check when it is cashed by the designated carrier. See *Non-Negotiable Checks* in Pool Procedures for Existing Policies for details.
- c. The Bureau cannot bind coverage if the declination requirements are not met or if the employer has received an offer of voluntary coverage. (Note: If the employer has received and rejected an offer of voluntary coverage, the Bureau will consider all submitted and available information, including the terms of that voluntary offer, when determining if the employer is eligible for Pool coverage).
- d. The Bureau cannot bind coverage for any employer who is in default of premium for Massachusetts workers' compensation insurance.
- e. The Bureau cannot bind coverage for any employer who has **an audit or inspection on a prior workers' compensation policy that remains** incomplete due to the employer's failure to cooperate with the insurer. See *Uncooperative Audits* in Pool Procedures for Existing Policies for details.
- f. The Bureau cannot bind coverage for former self-insurers until an audit is performed and a rating plan deposit is established and received.
- g. The Bureau cannot bind coverage if there is evidence that the employer has not complied with all laws, orders, rules or regulations in force and effect relating to the welfare, health and safety of employees.
- h. The Bureau cannot bind coverage if the employer has a Massachusetts workers' compensation insurance policy in place.
- i. The Bureau can only bind coverage for Massachusetts employees.
- j. The Bureau cannot bind coverage to be effective at a time other than 12:01 A.M.
- k. In no event will coverage be made effective earlier than 12:01 A.M. on the day following receipt of the application and required deposit premium check by the Bureau office.

### **Rejection of Application**

If an application does not meet the eligibility requirements, as stated in the *Eligibility Requirements* and *Binding of Coverage* sections, then the Bureau will not bind coverage. The application, all material submitted and a Rejection Letter will be returned to the agent (to the employer if there is no agent) with no coverage provided.

### **Delayed Processing of Application**

If it appears that the employer is eligible for coverage, but either the application is not completed satisfactorily, additional information is necessary, or the deposit premium check is insufficient, then the application and all material submitted will be returned to the agent (to the employer if there is no agent) with a tentative binding date. The cover letter, called a Delayed Processing Letter, will advise why Bureau Staff is unable to process the application. In order to retain the tentative binding date, all requested information and the original submission must be received by the office of the Bureau within ten (10) business days. Failure to return the original submission and all requested information on a timely basis will result in the loss of the tentative binding date, and a Loss of Binding Date Letter will be mailed to the agent (to the employer if there is no agent) advising that the submission was not returned on time and that no coverage has been provided.

### **Notices of Assignment**

After the submission of a satisfactorily completed application and a sufficient deposit premium check by an eligible employer, the Bureau's computer system designates a

particular servicing carrier or VDAC carrier. (Refer to the *Pool Plan of Operation*, or the *Servicing Carrier* or *VDAC Carrier* sections of the Bureau's website for further information about the carriers.) The Bureau then issues a Notice of Assignment. Copies are sent to the agent, the insured and the designated carrier.

The deposit premium check received with the application is endorsed over to the designated carrier by Bureau Staff. The Notice of Assignment, application, endorsed check, and any other pertinent material is then sent to the designated carrier.

### **Completion of the Application**

The employer, with or without the assistance of an agent, completes an application and computes the estimated deposit premium. The application must be completed fully and accurately.

If additional space is needed for answering questions, a separate sheet should be used and attached to the application. All such attachments must be signed by the employer (e.g., the sole proprietor, general partner, corporate officer, LLC member or trustee).

Each application is reviewed by Bureau Staff. Misrepresentations or omissions may result in delaying the binding of coverage, rejection of the application by Bureau Staff, or, to the extent allowed by law, cancellation of coverage by the designated carrier.

There are several ways to obtain application forms:

- A blank application form can be printed from the website, completed by hand and mailed or submitted to the Bureau;
- An application in Word format, available on the Bureau's website, can be saved to your PC, completed, printed and mailed or submitted to the Bureau; or
- Application forms will be mailed out at no charge by making such a request to the Bureau's Receptionist.

### **Submission of the Application**

Applications submitted by FAX will not be accepted by the Bureau.

Submissions that are delivered by either a courier, agent, or special mailing service must be delivered to the physical address (101 Arch Street, 5<sup>th</sup> Floor, Boston, MA 02110), and not to the post office box. The effective date of coverage is determined by the receipt of the application and the required deposit premium **by the Bureau**, and not by producers, the post office, courier services, property managers or other such entities.

Information concerning the status of an application and binding of coverage can be found in the *Producer Community* section of the Bureau's web site. Refer to the [MWCARP Application Status Search page](#). You can also verify the Bureau's receipt of an application by attaching a self-addressed, stamped postcard to the application. Immediately upon the Bureau's receipt of the application, the Bureau's staff will date-stamp the postcard to show its date of receipt and mail it to the addressee.

**Requested Effective Date**

If the employer presently has insurance in effect, then the effective date of the requested coverage should be the same as the expiration date of the present policy.

In no event will coverage be made effective earlier than 12:01 A.M. on the day following receipt of the application and required deposit premium check by the Bureau.

**Name of Employer**

**Only one employer may be named on each application.** If it is your intent to have more than one employer listed on a single Assigned Risk Pool policy, then that intention must be clearly specified in writing, and all material must be submitted as a single package. A separate application must be submitted for each entity, and an ERM Form (Confidential Request for Information) must be completed and submitted to show combinability.

The name of the employing entity must be provided on line one. If the employer has a trade name (also known as a d/b/a name or a 'doing business as' name), then the trade name must be listed on line one as well. The correct manner in which to complete this item will depend on the legal status of the applicant. See the examples listed below:

Sole Proprietorship:	Joe Smith d/b/a Smith Electrical
Partnership:	Joe Smith & Mary Smith d/b/a Smith Electrical
Corporation:	Smith, Inc. d/b/a Smith Electrical
Trust:	Smith Electrical Trust, Joe Smith Trustee
Limited Partnership:	Smith Electrical LP, Joe Smith General Partner
Limited Liability Co.:	Smith Electrical LLC (Membership information should be listed in Section III)
Limited Liability Partnership:	Smith Electrical LLP, Joe Smith & Mary Smith Partners
Joint Venture:	ABC Joint Venture, (Smith Inc. and Smith Electrical LP, Joint Venturers)

**Federal Employer Identification Number**

The Federal Employer Identification Number (FEIN) must be provided. The box marked "Pending" must be checked if the employer has requested a FEIN from the IRS but has not yet received a number at the time of making application to the Pool. A copy of the request as submitted to the IRS must be attached to the Pool application. Additionally, the FEIN must be submitted to the designated carrier and to the Bureau as soon as it becomes available.

Applicants who do not have a FEIN or are not required by the Internal Revenue Service to have a FEIN must submit their social security number(s).

## **Mailing Address**

Notices of Assignment, policies, bills, cancellations and correspondence will be sent to the mailing address provided on the application. The mailing address must be that of the employer or some other party who has been given power of attorney by the employer. Power of attorney documentation must be provided. The telephone number of the employer must be provided.

## **Principal Massachusetts Location**

The principal Massachusetts location and telephone number must be provided. A street address is required; a post office box is not acceptable.

## **Total Number of MA Locations**

Provide the total number of Massachusetts locations.

## **1<sup>st</sup> Additional MA Location**

Provide a second Massachusetts location and telephone number. Street addresses are required; post office boxes are not acceptable. If the employer has more than one additional Massachusetts location, attach a list of street addresses and telephone numbers.

## **Location of Records**

Providing this information permits the carrier to locate the employer's records and schedule audits. If records are not kept at an address of the employer, identify the addressee. The telephone number must be provided.

## **Legal Status**

The exact legal status of the applicant must be indicated by checking the appropriate box on the application. If "other", you must identify the legal status, (i.e., joint venture, unincorporated association, municipality, etc.). "Non-profit" is not a legal status. The legal status of a husband and wife will be treated as a partnership by Bureau Staff. For joint ventures, a copy of the joint venture agreement must be submitted.

## **Declination Requirements**

Each employer must be rejected by two (2) insurance companies who are **licensed** to write workers' compensation insurance in Massachusetts. The two (2) companies rejecting coverage should not be part of the same company group.

List the names, representatives, date(s) of discussion, and phone numbers of two insurance companies who have refused to write voluntary coverage for this risk in the past sixty (60) days. Each representative named must be an employee of the insurance company who has authority to bind coverage. A failure to reach such a representative cannot be construed as a refusal to write coverage.

If coverage was recently terminated or expired in either the voluntary or assigned risk market, a copy of the cancellation or non-renewal notice that prompted the employer to

make application to the Pool must be attached to the application. If voluntary coverage was cancelled or non-renewed within the past sixty (60) days, then the cancellation or nonrenewal notice will serve as one of the two required voluntary declinations, while an assigned risk cancellation or nonrenewal notice will **not** serve as a voluntary declination.

**Generally**, if voluntary coverage was cancelled or non-renewed at the **employer's** request, the Bureau Staff will **not** make an assignment through the Pool; the insured or agent must replace coverage in the voluntary market. *(Note: If the employer has received and rejected a renewal offer for voluntary coverage, the Bureau will consider all submitted and available information, including the terms of that voluntary offer, when determining if the employer is eligible for Pool coverage.)*

### **Offers of Voluntary Coverage**

Check the appropriate box, and if 'YES', provide the details of any offer(s) of voluntary coverage made to the employer within the past sixty (60) days (i.e., offering carrier, date and terms of offer). Also, provide the employer's reason for not wanting to accept the offer. *(Note: If the employer has received and rejected an offer of voluntary coverage, the Bureau will consider all submitted and available information, including the terms of that voluntary offer, when determining if the employer is eligible for Pool coverage).*

### **Outstanding Premium**

The employer must answer Question 3 fully, since Massachusetts Statute provides that if the employer is in default of premium, that employer is not eligible for coverage in the Pool. If there are any outstanding obligations, complete details must be furnished. If outstanding premium is in dispute at the time of application, documentation must be presented with the application to substantiate the employer's dispute. The Bureau will consider all submitted and available information in determining whether the employer is eligible for Pool coverage.

### **Uncooperative Audits**

With the exception of a final audit on a recently expired policy, the employer must advise if he has an audit or inspection on a prior workers' compensation policy that remains incomplete. An employer is only eligible for assigned risk coverage if he has complied with all laws, orders, rules and regulations in force and effect relating to the welfare, health and safety of his employees. If an employer has refused to permit a carrier to audit their payroll records or inspect their premises, that employer is not eligible for assigned risk coverage, and his application will be rejected. If an employer has an outstanding audit or inspection due to their failure to cooperate, but has recently scheduled an audit or inspection, then the name and telephone number of a carrier representative should be provided on the application. The Bureau will consider all submitted and available information in determining whether the employer is eligible for Pool coverage.

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### **Corporate Officers, Sole Proprietors, Partners and Members**

**If the employer is a corporation**, list the corporate officers named on the corporate Articles of Organization as filed and approved by the Secretary of State. For each



officer, provide their **title**, a detailed description of their duties in Massachusetts, their ownership percentage, and their actual annual Massachusetts salary. Corporate officers will be included unless they are approved to be exempt from coverage by the Department of Industrial Accidents.

**To exempt a corporate officer from coverage:** According to *M.G.L. c. 152, Section 1(4)* as amended by Chapter 169 of the Acts of 2002, workers' compensation coverage is elective for an officer or director of a corporation who owns at least 25% of the issued and outstanding stock of the corporation. In order to become exempt, a **Form 153** must be filed with and approved by the Department of Industrial Accidents in accordance with Regulation 452 CMR 8.00. A copy of Form 153, **stamped and approved by the DIA**, must be attached to the Pool application. Each corporate officer or director who is exempt from coverage as indicated on the **approved** Form must be named on the Pool application along with his **title**, duties, salary and percentage of ownership. **The word "EXEMPT" must be written under "Elect/Exempt" on the application.** The payroll of an exempt officer should not be used in the premium calculation.

**If the employer is a sole proprietorship, partnership, LLC or LLP**, provide the name, title, percentage of ownership and duties of each sole proprietor, partner, LLC member or LLP partner named in the employer's organizational filing. Sole proprietors, partners and members will not be covered unless they elect coverage. Therefore, their salaries should only be included in Section VI of the application if the election for coverage has been made.

**To elect coverage for a sole proprietor, partner or member:** According to *M.G.L. c. 152, Section 1(4)* as amended by Chapter 169 of the Acts of 2002, sole proprietors and partners of a legal partnership may elect to be treated as employees and obtain coverage for themselves under a workers' compensation insurance policy. *(Note: All regulations, rules and procedures applicable to sole proprietors and partners with regards to the election of workers' compensation insurance coverage are also applicable to members of LLCs and partners of LLPs.)* For a sole proprietor, partner or member to elect Pool coverage, a written request on the **employer's** company letterhead must be submitted along with the Pool application. The letter must specify the name and duties of each sole proprietor, partner or member who is electing to be covered under this policy. **The word "ELECT" must be written under "Elect/Exempt" on the application.**

Refer to the Department of Industrial Accidents' Regulation 452 CMR 8.00 for additional information. Refer to the Miscellaneous Values page in the MA Manual for the fixed amount to be included in the premium calculation for the sole proprietor or each partner or member who has elected to be covered by the policy. Refer to Rule IX in the MA Manual for premium determination information.

Once electing to be covered under a workers' compensation insurance policy, no sole proprietor, partner or member may opt out of said coverage until the completion of the current policy term.

***Additional References:***

***Circular Letter #2003 dated October 4, 2005 - Payroll Determination for Sole Proprietors, Partners of Legal Partnerships & Members of an LLC Effective October 1, 2005 – Applicable to New and Renewal Business***

*Circular Letter #1942 dated February 2, 2004 - Circular Letters from the Department of Industrial Accidents on Optional Coverage for Members of an LLC and Partners of an LLP*

*Circular Letter #1902 dated October 30, 2002 - Coverage for Sole Proprietors and Partners of Legal Partnerships and Exemption from Coverage of Corporate Officers or Directors*

### **Former Self-Insurers**

The Premium Determination Endorsement - Former Self-Insurers-1 (WC000409) must be attached to the workers' compensation policies of former self-insurers that obtain coverage through the Assigned Risk Pool. It is not applicable to former members of Self Insurance Groups. This endorsement must be used when insuring employers for exposures:

- i. which have been self-insured within twelve (12) months immediately preceding the date of the application for initial coverage, or
- ii. which were subject to this endorsement on the employer's expiring policy.

**An audit must be completed and a rating plan deposit must be established and received prior to binding coverage.**

A non-refundable Insurance Charge equaling 10% of Standard Premium must be included in the Deposit Premium. The 10% charge is calculated on the basis of the higher of either the average of the last three years' audited payrolls or the last complete year's payroll.

### **Bankruptcy**

If the employer is in bankruptcy, copies of all filings approved by the Bankruptcy Court must be provided.

### **Out of State Operations**

If the employer, or a commonly owned entity, has operations in other states, a list of employer names, states of operation, insurance carriers and interstate or intrastate identification numbers must be submitted along with the application.

The Pool is **not able** to provide insurance for an employer's operations in any state other than Massachusetts. The Massachusetts Limited Other States Insurance Endorsement is mandatory for all Assigned Risk Pool policies.

### **Additional References:**

*Special Bulletin #12-04 dated November 3, 2004 – Massachusetts Limited Other States Insurance Endorsement WC200306A*

*Special Bulletin #9-02 dated July 29, 2002 – Massachusetts Limited Other States Insurance Endorsement WC200306A*

### **Ownership**

Depending on the responses provided in questions 7 through 11, the completion of an ERM Form (Confidential Request for Information) may be required. In lieu of completing an ERM Form, detailed ownership information may be submitted on the letterhead of the insured signed by the owner, partner, corporate officer, or LLC member.

## **Applications for Leased Employees**

211 CMR 111.00 is the Massachusetts Division of Insurance Regulation that ensures that an 'employee leasing company' "properly obtains workers' compensation insurance for itself and all of its employees leased to another entity, and that premium paid for the coverage for such leased employees is commensurate with the exposure and anticipated claim experience." According to the Regulation, "it shall be the responsibility of the employee leasing company to purchase and maintain a separate policy providing standard workers' compensation and employers' liability insurance for each client company." ... "Each policy written to cover leased employees shall be issued to the employee leasing company as the named insured. The client company shall be identified thereon by the attachment of an appropriate endorsement..."

To obtain an Assigned Risk Pool policy that covers workers leased from an employee leasing company to a client company, a Pool application must be properly completed in the name of and by the employee leasing company. The application must include only the payroll for employees leased to one client. A completed *Supplemental Application, Side A* must be attached to provide information about the client. The application is subject to all of the eligibility and binding date procedures.

According to the Regulation, "client company shall not be eligible for coverage pursuant to a workers' compensation policy issued to the employee leasing company if the client company owes its current or prior insurer any premium for workers' compensation insurance." Therefore, if the client company named on the supplemental application owes premium to any of its current or prior insurers, the application submitted by the employee leasing company to cover employees leased to the client company will be rejected.

After the application is successfully processed, a Notice of Assignment and policy will be issued. The policy will be issued in the name of the employee leasing company and will have endorsement *WC200304B* attached, which restricts coverage to the employees leased to the client company named on the endorsement. The experience modification of the client company shall be applied to the Notice of Assignment and the policy.

Refer to *Employee Leasing Arrangements* in the Helpful Information section on the Bureau's website, [www.wcribma.org](http://www.wcribma.org), for more details.

## **Applications for Non-Leased Employees**

If the employee leasing company has Massachusetts employees that are not leased to a client company (i.e., non-leased employees), then the employee leasing company needs to obtain a separate policy for those employees.

To obtain an Assigned Risk Pool policy to cover an employee leasing company's non-leased employees, a Pool application must be submitted in the name of and by the employee leasing company. The answer to question 5 in Section V must indicate that coverage is being requested for non-leased employees. The application is subject to all of the eligibility and binding date procedures.

After the application is successfully processed, a Notice of Assignment and policy will be issued. The policy will be issued in the name of the employee leasing company and will have endorsement *WC200305* attached, which restricts coverage to the employee

leasing company's non-leased employees. The experience modification of the employee leasing company shall be applied to the Notice of Assignment and the policy.

Refer to *Employee Leasing Arrangements* in the Helpful Information section on the Bureau's website, [www.wcribma.org](http://www.wcribma.org), for more details.

### **Applications Submitted by Clients of Employee Leasing Companies**

According to Regulation, 211 CMR 111.00, "nothing in (the Regulation) shall have an effect on the statutory obligation of a client company to secure workers' compensation coverage for employees not provided, supplied or maintained by an employee leasing company pursuant to an employee leasing arrangement."

An employer who is making application for an Assigned Risk Pool policy, and who either currently or within the past three (3) years leased all or a portion of their workers from an employee leasing company, must submit a completed *Supplemental Application, Side B*.

Refer to *Employee Leasing Arrangements* in the Helpful Information section on the Bureau's website, [www.wcribma.org](http://www.wcribma.org), for more details.

### **Applications for Temporary Employees**

The Massachusetts Regulation, 211 CMR 111.00, states that "temporary help services during seasonal or unusual conditions such as temporary skill shortages or temporary special assignments and projects" are not subject to the Regulation. Rather, employers who provide temporary employees to other businesses are able to cover all of their employees on a single workers' compensation policy.

To obtain an Assigned Risk Pool policy that covers temporary employees, a Pool application must be submitted in the name of and by the temporary employment agency. The employer must sign and attach the *Temporary Employment Affidavit* form in which the employer affirms they are not operating as an employee leasing company. The employer must also provide the following information to determine proper classifications and exposures:

- i. the name and address of each Massachusetts businesses to whom the temporary employment agency provided employees over the past 12 months, and
- ii. a description of the duties of the employees that were supplied. The application is subject to all of the normal eligibility and binding date procedures.

After the application is successfully processed, a Notice of Assignment and policy will be issued. The policy will be issued in the name of the temporary employment agency and will have endorsement *WC200305* attached, which restricts coverage to the non-leased employees of the temporary employment agency.

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#### **Description of Operations**

Explain the nature of the business completely. Describe for each separate location, the business in which the employer is engaged. (Do not rely on manual phraseology for this description.)

Also completely describe any changes that have taken place in the past three (3) years that might affect the classification of the operation.

If the allocated space on the application is not sufficient for a **complete** description of the nature of the business or changes to the business, attach a separate sheet to the application for this purpose.

According to Rule IV. D. of the MA Manual, "The object of the classification procedure is to assign the one basic classification which best describes the business of the employer within a state."

### **Classifications, Payroll and Premium Calculation**

In Section VI, classification information must be provided separately for each location and shift. For example, the following instrument manufacturer has two locations with two shifts at one of the locations:

Location #	Shift #	Duties	Class Code	Number of Employees	Remuneration	Rate	Premium
1	1	Machine Operator	3685	10	400,000	.94	3,760
		Clerical	8810	3	120,000	.15	180
2	1	Machine Operator	3685	15	600,000	.94	5,640
		Clerical	8810	1	50,000	.15	75
2	2	Machine Operator	3685	5	225,000	.94	2,115

The **classification code** and wording may be taken directly from the existing policy or from Part Two - Classifications of the MA Manual. Payrolls and classifications are subject to review by Bureau Staff and may be changed.

The **number of employees**, by classification, must also be shown.

Realistic estimates of expected **payrolls** are required. If the payrolls shown on the application are lower than those reflected in the most recent audit, Bureau Staff may change the payrolls to the audited amounts. A letter of explanation from the employer may be submitted with the application, for consideration by the Bureau Staff, to justify the lower payroll amounts.

In order to verify payroll information, copies of Form 941 (Employer's Quarterly Federal Tax Return) filed with the Internal Revenue Service for the four most recent quarters must accompany all applications. Employers in existence for less than four months need not submit these payroll verification forms. Employers with operations in other states must submit copies of DET Form 1 (Employer's Quarterly Contribution Report) filed with the Massachusetts Division of Employment and Training for the four most recent quarters to verify Massachusetts payrolls. The 941 Form or its equivalent should include gross payroll. Applications should also include an explanation of any significant differences between the annualized payrolls on the 941s or DETs and the payrolls on the application. In the event of any unexplained variance, the Bureau or the designated carrier will determine whether additional data or a preliminary audit is appropriate.

For appropriate **rates** refer to the Massachusetts Rates pages in the MA Manual.

The **Waiver of Our Right to Recover From Others Endorsement**, WC000313, is available only to employers who require the endorsement by contract. When making application for coverage, a copy of the contract must be provided. The payroll allocated to that contract must be so indicated on the application. The premium charge is 2% of the developed premium for the specific job for which the endorsement is issued.

The **standard limits for Part Two – Employers Liability Insurance**, code 9845, which are provided at no additional cost, are:

- \$100,000 per Accident – each Accident
- \$100,000 per Disease – each Employee
- \$500,000 per Disease – each Policy

The **increased limits for Part Two – Employers Liability Insurance** available in the Pool are (with 000's omitted):

(\$) 100/100/1,000	.50%	with	\$75.00 minimum	code 9803
500/500/500	1.00%	with	\$50.00 minimum	code 9807
500/500/1,000	1.25%	with	\$75.00 minimum	code 9808
1,000/1,000/1,000	2.00%	with	\$75.00 minimum	code 9812

Apply the **experience rating** (experience modification or merit rating) in effect as of the requested effective date. An employer's experience rating history can be found in the Products and Services section of [www.wcribma.org](http://www.wcribma.org). Instructions for obtaining physical copies of experience ratings can be found in the FAQs section on [www.wcribma.org](http://www.wcribma.org). Experience rating factors are not available over the telephone. For experience rating eligibility levels refer to the Miscellaneous Values page of the MA Manual. Refer to the *Experience Rating Plan* or *Merit Rating Program* sections of the Helpful Information area on [www.wcribma.org](http://www.wcribma.org) for details of these programs.

The **Construction Classification Premium Adjustment Program** credit for a **qualified** employer is applied after the experience modification and is included in Standard Premium. Refer to the Special Pages of the MA Manual or *Massachusetts Construction Classification Premium Adjustment Program (MCCPAP)* on [www.wcribma.org](http://www.wcribma.org) for the details of this program.

If the premium, exclusive of the expense constant, is less than \$500, a **Loss Constant** may be applicable. Refer to Rule VI D. of the MA Manual for details of when a Loss Constant is applicable and to the Massachusetts Rates pages for the Loss Constant factors.

The **Massachusetts Benefits Deductible Program** is available on Assigned Risk Pool policies, excluding those policies subject to the Premium Determination Endorsement - Former Self-Insurers 1. The premium credit for deductible coverage is obtained by applying the appropriate premium reduction percentage to the Standard Premium. Refer to *Deductible Programs* on [www.wcribma.org](http://www.wcribma.org) for details of the program.

**Note:** Employers selecting the \$5,000 deductible are required to provide collateral deemed adequate by the insurer.

Apply the appropriate **ARAP** factor from the applicable experience modification rating sheet to the Standard Premium. Refer to the Experience Rating Plan Manual or *ARAP* on [www.wcribma.org](http://www.wcribma.org) for details of the All Risk Adjustment Program.

Former self-insurers are subject to the Premium Determination Endorsement - Former Self-Insurers 1, which calls for an **Insurance Charge**. Refer to *Former Self-Insurers* on [www.wcribma.org](http://www.wcribma.org) for details.

Refer to Rule VI in the MA Manual for an explanation of the **Expense Constant**, and refer to the Miscellaneous Values page of the MA Manual for the amount(s). The full expense constant must be included in the Deposit Premium.

To calculate the **Terrorism Premium**, divide the total amount of payroll (applicable to all classifications except per capita classes) by 100 and multiply the result by the terrorism rate. Refer to the Miscellaneous Values page of the MA Manual for the terrorism rate.

M.G.L. Chapter 152, Section 65 established the Massachusetts Department of Industrial Accidents (DIA) special fund and assessment charge. On behalf of the DIA, all carriers are required to bill and collect the assessment charge and to remit the amounts collected to the State Treasury. The Massachusetts **DIA Assessment** is a charge that is added to the Total Estimated Annual Premium. DIA Assessment charges are not to be considered premium. Refer to Massachusetts DIA Assessment on [www.wcribma.org](http://www.wcribma.org) for details.

To calculate the required **Deposit Premium**:

- Subtract the Expense Constant and Insurance Charge (if applicable) from the Estimated Annual Premium plus DIA Assessment.
- Apply the appropriate deposit factor to the amount calculated in previous step. (The Monthly factor is .25, the Quarterly factor is .50 and the Semi-Annual factor is .75)
- Add the full Expense Constant and Insurance Charge (if applicable) to the amount calculated in previous step.

The required Deposit Premium is calculated in this manner because the carrier is entitled to 100% of the Expense Constant and the Insurance Charge at the time of policy issuance.

### **Installment Options**

The deposit premium is required at the time of application.

During the application process, the applicant can choose, depending on premium size, to have either one annual payment or an installment plan. An employer may opt to pay more than the minimum deposit premium required at inception and can choose any installment plan that would be available if their premium was lower. The installment basis chosen determines the minimum deposit premium to be collected according to the following table:

<b>Total Estimated Annual Premium</b>	<b>Installment Basis</b>	<b>Deposit Factor</b>	<b>Payment Basis</b>
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Less than \$5,000	Annual	100% of Annual	Deposit + 0
\$5,000 or more	Semi-annual	75% of Annual	Deposit + 1
\$10,000 or more	Quarterly	50% of Annual	Deposit + 3
\$25,000 or more	Monthly	25% of Annual	Deposit + 9

The designated carrier on its own initiative, at the direction of the Bureau, or at the request of the insured, may conduct interim audits to ensure the adequacy of the estimated annual premium. All payments, premiums and payment plans are subject to adjustment at interim or final audit.

There will be no finance or billing charges associated with installment plans. The DIA Assessment is not premium and should not be used in determining eligibility for installment plans. One hundred percent (100%) of the expense constant is required at the time of application, in addition to the deposit premium. All additional payments shall be equal payments, the sum of which, when added to the deposit premium, shall equal 100% of estimated annual premium, plus the Department of Industrial Accidents Assessment.

Refer to *Reinstatement of Policy* in Pool Procedures for Existing Policies for information about the loss of the installment option when a policy has been cancelled more than once by the carrier for nonpayment of premium.

### **Premium Payment**

Enter the check number and amount in the space allotted on the application. The check must be made out to The Massachusetts Workers' Compensation Assigned Risk Pool (or "MWCARP"). The Pool will not accept third-party or pre-endorsed checks. The Bureau Staff will endorse the check over to the designated carrier receiving the assignment. An employer's check, an agent's check, a bank check, a cashier's check, or a money order is acceptable.

Refer to *Non-Negotiable Checks* in Pool Procedures for Existing Policies for the handling of checks not backed by sufficient funds on both new and renewal policies.

### **Premium Financing**

If the premium is being financed, a copy of the legal finance agreement, signed by the employer, must be submitted along with the application and a single check for the **full estimated annual premium plus the DIA Assessment**.

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### **Applicant's Agreement**

By signing this application, the employer certifies that:

- i. He is the employer or has been authorized by the employer to complete this application on its behalf;
- ii. He has read and understands the following statements to which he agrees by signing this application; and
- iii. All information provided in this application is true.



In consideration of the issuance of a Notice of Assignment and subsequent policy of insurance, the employer certifies, under the pains and penalties of perjury, that:

1. He made a good faith effort, but failed to obtain voluntary coverage through the MA voluntary workers' compensation insurance market;
2. He is not knowingly in default of premium on any MA workers' compensation insurance policy;
3. He has complied and will continue to comply with all laws, orders, rules and regulations in force and effect relating to the welfare, health and safety of employees, including but not limited to:
  - a. Allowing the carrier to make a careful inspection of his operation(s) for the purpose of measuring the hazards, making recommendations for the health and safety of employees, and determining the rate or rates which are adequate and reasonable;
  - b. Complying with the carriers' reasonable recommendations aimed at controlling or reducing the hazard(s) insured against;
  - c. Keeping records of information needed to compute premium and providing the carrier with copies of those records when asked for them;
  - d. Fully cooperating with the carriers' attempts to conduct premium audits or inspections of the premises for loss control purposes.

By signing, the employer affirms his understanding that compliance with each of these certifications is material to the issuance of Assigned Risk Pool coverage. An agent or producer can not sign the application on behalf of the employer.

### **Agency and Producer**

Pursuant to M.G.L. Chapter 152, Section 65O, any employer who obtains insurance through the Assigned Risk Pool is entitled to designate any licensed insurance agent or insurance broker to assist him in dealing with the insurer to which he is assigned or with the Bureau. Although the producer provides an important service to the employer, the producer is not a contract agent or agency of the designated carrier, and has no authority to bind or cancel Pool coverage, to issue certificates of insurance, or to otherwise act as an agent of the Bureau or the designated carrier. Unless a legal finance agreement exists that assigns cancellation or premium refund collection rights to a third party, all premium transactions are strictly between the designated carrier and the employer; the producer is not a party to the policy contract. If there is still a question about the producer's authority, the Bureau or designated carrier should be contacted.

If an agent's services are used, the agency name, address, telephone number, and Federal Employer Identification Number must be provided. Also, the name and signature of the producer who actually assisted in completing the application must be included. The producer must also date the application at his/her signing.

Agents not licensed in Massachusetts will not receive a producer fee.

By signing the application, the producer is certifying, under the pains and penalties of perjury, that all information provided is true to the best of his/her knowledge and belief and that he/she has made a good faith effort to place the coverage in the voluntary market as required by M.G.L. Chapter 152, Section 65A.