



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

September 24, 2010

CIRCULAR LETTER NO. 2161

To All Members and Subscribers of the WCRIBMA:

**ADOPTION OF NCCI'S REVISED FORMS MANUAL OF WORKERS'
COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

The Massachusetts Commissioner of Insurance has approved for use in Massachusetts NCCI's updated **Forms Manual of Workers' Compensation and Employers Liability Insurance**, as well as revisions to several national endorsements that have been previously approved for use in Massachusetts. These items have been approved for use in Massachusetts effective **July 1, 2011**.

Attached for your information is a copy of the WCRIBMA's filing memorandum which outlines the applicable changes to both NCCI's Forms Manual of Workers' Compensation and Employers Liability Insurance and the national endorsements that are approved for use in Massachusetts.

Although the majority of NCCI's Filing Item P-1408 – Revisions to Forms Manual of Workers' Compensation and Employers Liability Insurance was adopted, it is important to note that the following national endorsements, which are referenced in Item P-1408, are **not** approved for use in Massachusetts. Therefore, the WCRIBMA did not seek approval of the revisions to these endorsements.

- **WC 00 03 12** - Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement
- **WC 00 03 14** - Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement

THE WORKERS' COMPENSATION RATING & INSPECTION BUREAU OF MASSACHUSETTS

101 ARCH STREET·5TH FLOOR, BOSTON, MASSACHUSETTS 02110-1103
(617) 439-9030, FAX (617) 439-6055, www.wcribma.org

- **WC 89 06 09 B** - State Notes: Policy Termination/Cancelation/Reinstatement Notice
- **WC 89 06 20 C** - State Notes: Proof of Coverage Notice
- **NC-5000** - Contracting Classification Premium Adjustment Program Workers
Compensation Premium Credit Application

Please contact Dan Crowley (617-646-7594 or dcrowley@wcribma.org) if you have any questions.

DANIEL M. CROWLEY, CPCU
Vice President – Customer Services

Attachments

Message

**Filing WCRIBMA DC002 Updated by Massachusetts.
Attn: Dan Crowley****SERFF Tr** MACR-
Num: 126805398**Co Tr** WCRIBMA
Num: DC002**State Tr** WCRIB
Num: REVISION TO
FORMS
MANUAL 2010**Product** NCCI's Item P-1408:
Name: Revision to Forms Manual of
Workers' Compensation and
Employers Liability
Insurance**Type Of** 16.0 Workers
Insurance: Compensation**Sub-Type Of** 16.0004 Standard WC
Insurance:**Filing Type:** Form**Company:** Workers'
Compensation
Rating and
Inspection
Bureau of
Massachusetts**From:** Walter Horn**Message** 09/16/2010 09:54 AM
Received:**Contact:** Dan Crowley**State:** Massachusetts**Event** State Status was Changed to Closed-
Detail: Approved. State Tracking Number was
Changed to WCRIB Revision to Forms
Manual 2010.



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

The Honorable Joseph Murphy
Commissioner of Insurance
Division of Insurance
1000 Washington St 8th Floor
Boston, MA 02118-2218

September 1, 2010

RE: **FILING for Approval of** NCCI's Item P-1408: Revision to Forms Manual of
Workers' Compensation and Employers Liability Insurance

Dear Commissioner Murphy,

Enclosed for your approval is the Bureau's Filing Memorandum and Exhibits regarding the National Council on Compensation Insurance's (NCCI) Filing Item P-1408— Revision to Forms Manual of Workers' Compensation and Employers Liability Insurance, which updates the formatting of NCCI's Forms Manual to be consistent with other NCCI manuals. NCCI also reviewed the accuracy of statutory citations referenced in several national endorsements. As a result of this review, several national endorsements that have been previously approved for use in Massachusetts are being revised. The revised **Forms Manual** and related endorsements have been filed in all NCCI jurisdictions, including New Hampshire, Vermont, Maine, Connecticut and Rhode Island.

Details regarding the WCRIBMA's proposals are contained in the enclosed Filing Memoranda and Exhibits.

As set forth in the enclosed filing memorandum, the Bureau proposes that the revised Forms Manual and applicable endorsements be approved to become effective 12:01 a.m. on July 1, 2011, applicable to new and renewal policies.

Thank you for your attention to this matter. If you have any questions regarding this matter please feel free to contact me at 617-646-7594 or by email at dcrowley@wcribma.org.

Sincerely,

Daniel M. Crowley, CPCU
VP of Customer Services & Residual Markets

FILING MEMORANDUM

PURPOSE

The purpose of this filing is to obtain approval of NCCI's Forms Manual *for Workers' Compensation and Employers' Liability Insurance* and the corresponding revisions to several national endorsements filed in Item P-1408 to be effective July 1, 2011.

BACKGROUND

NCCI reviewed the Forms Manual and determined that the General Information section required format revisions to be consistent with other NCCI manuals. Also, NCCI has proposed to expand the amount of numbers allocated for carrier specific endorsements. In addition to using the number "99", carriers will have the option of using numbers "90" through "98" for carrier specific endorsements.

As part of their review, NCCI also reviewed the accuracy of the statutory citations that are referenced in many national endorsements. As a result of this review, NCCI is proposing that several national endorsements, which are currently approved for use in Massachusetts, be revised.

The revised ***Forms Manual*** and related endorsements have been filed in all NCCI jurisdictions, including New Hampshire, Vermont, Maine, Connecticut and Rhode Island.

PROPOSAL

We propose that NCCI's proposed revisions to the General Information section of the *Forms Manual*, attached as Exhibit 1, be adopted. We also propose that NCCI's revisions to several national endorsements, attached as Exhibit 2-5, be adopted. Following is a summary of each of the exhibits included in this filing package:

Exhibit 1 contains NCCI's proposed revisions to the General Information section of the *Forms Manual*.

Exhibit 2 contains NCCI's proposed revisions to the Workers' Compensation and Employers Liability Insurance Policy - Part Two – Employers Liability Insurance – WC 00 00 00 A.

Exhibit 3 contains NCCI's proposed revisions to the Information Page Notes – WC 00 00 01 A.

Exhibit 4 contains NCCI's proposed revisions to the Federal Coal Mine Health And Safety Act Coverage Endorsement – WC 00 01 02.

Exhibit 5 contains NCCI's proposed revisions to the Outer Continental Shelf Lands Act Coverage Endorsement – WC 00 01 09 A.

Exhibit 6 contains NCCI's Filing Memorandum, Item P-1408.

Note: The following national endorsements, which are referenced in Item P-1408, are not approved for use in Massachusetts. Therefore, the WCRIBMA is not seeking approval of the revisions to these endorsements.

- **WC 00 03 12** - Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement
- **WC 00 03 14** - Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement
- **WC 89 06 09 B** - State Notes: Policy Termination/Cancellation/Reinstatement Notice
- **WC 89 06 20 C** - State Notes: Proof of Coverage Notice
- **NC-5000** - Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application
-

IMPACT

No premium impact is expected as a result of the adoption of Item P-1408.

IMPLEMENTATION

The WCRIBMA proposes a **July 1, 2011** effective date for NCCI's Forms Manual and the **revised national endorsements**.

- This filing contains copyrighted material of NCCI.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

This manual contains rules that have been approved by the state insurance regulators. These rules cover the following topics:

- Introduction
- Rule 1—Authorized Form/Endorsement Changes
- Rule 2—Form/Endorsement Filing
- Rule 3—Copyright
- Rule 4—Form/Endorsement Numbering System

INTRODUCTION

The use of each form in this ~~M~~manual is governed by these ~~R~~rules, the ~~R~~rules governing the **Basic Manual for Workers Compensation and Employers Liability Insurance**, the ~~N~~notes applicable to a form, and by such laws and administrative rules and regulations as may apply to these forms.

~~The National Council on Compensation Insurance, Inc. no longer designates forms as “Standard” or “Advisory.” Some regulatory authorities, however, request NCCI to place a “Standard” designation on some forms to indicate their intention that such forms not be changed. Because some older forms still contain a designation as “Standard” or “Advisory,” these Rules discuss the two types of designations.~~

~~II. STANDARD FORMS~~ AUTHORIZED FORM/ENDORSEMENT CHANGES

A. Authorized changes to a ~~Standard~~ form or endorsement are listed below:

1. Options and changes authorized by the ~~R~~rules or ~~N~~notes of this ~~M~~manual.
2. Changes made by separate endorsement if in accord with the applicable ~~R~~rules of the **Basic Manual for Workers Compensation and Employers Liability Insurance** and approved, if required, by the proper authority.
3. Attachment and execution clauses.
4. Size and style of type.
5. Format of provisions, but not their sequence.
6. Location of a Schedule on an endorsement.
7. Special provisions applicable to the members or policyholders of a mutual or participating stock insurer or a reciprocal association. Such provisions may be printed as Paragraph “F” of Part Six—Conditions of the Policy, on the policy jacket, at the end of the policy, or on an endorsement.

An insurer making any of these changes to a ~~Standard~~ form or endorsement is responsible for obtaining approval from the proper authority, if required.

~~III. ADVISORY FORMS~~

~~Advisory Forms may be used as printed in this Manual or may be changed. An insurer using an Advisory form, whether changed or not, is responsible for obtaining approval from the proper authority, if required.~~

RULE 2—~~IV. FORM/ENDORSEMENT FILING~~

A. ~~National Council~~ NCCI States

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

The laws of most states require the Workers Compensation and Employers Liability Insurance Policy and Endorsement Forms to be filed with an insurance department or other authority for approval. Before using any NCCI-filed endorsement, refer to NCCI's **Filing Guide for Rates and Forms** for endorsement/form filing procedures. NCCI files forms on behalf of its affiliates in the following jurisdictions:

Alabama	Maryland
Alaska	Mississippi
Arizona	Missouri
Arkansas	Montana
Colorado	Nebraska
Connecticut	Nevada
District of Columbia	New Hampshire
Florida	New Mexico
Georgia	Oklahoma
Hawaii	Oregon
Idaho	Rhode Island
Illinois	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Kentucky	Utah
Louisiana	Vermont
Maine	Virginia
	West Virginia ¹

¹ ~~This manual applies in this state; however, the West Virginia Workers Compensation System will be a competitive market on July 1, 2008.~~

B. Independent States

~~In the states listed below, I~~Independent administrative bureaus file forms on behalf of their members in the states listed below, except as noted:

California*	New Jersey*
<u>Delaware</u>	New York*
Indiana	North Carolina

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

Massachusetts

Pennsylvania

Michigan **

Texas ***

Minnesota *

Wisconsin

* Carriers must file forms with the appropriate agency or bureau in California, Minnesota, New Jersey, and New York. ~~Insurers must file to use all forms, including Standard Forms, with the WCIRB in California.~~

** In Michigan, the administrative bureau is authorized to file forms for the residual market.

*** Authorized Texas forms are announced by the Texas Department of Insurance.

C. Monopolistic State Fund States

State workers compensation insurance may be written only by the state insurance fund in:

North Dakota

Washington

Ohio

Wyoming

Coverages other than the state workers compensation insurance may be written in these states as indicated by endorsement ~~N~~notes.

RULE 3—~~V~~ COPYRIGHT

Any insurer may use a copyrighted NCCI form during the period that the insurer is an NCCI affiliate. Such forms must display the notice of copyright as it appears in this ~~M~~manual.

Exception:

If the affiliate uses NCCI forms with changes or other materials, or if it is impractical to display the notice of copyright on each form, as may happen in the case of machine-issued policies, the policy ~~shall~~ must prominently display the following notice:

"Includes copyright material of the National Council on Compensation Insurance, Inc. used with its permission.

© ~~1996~~ Copyright (insert appropriate year) National Council on Compensation Insurance, Inc. All Rights Reserved."

RULE 4—~~VI~~ STANDARD POLICY AND FORM/ENDORSEMENT NUMBERING SYSTEM

The policy and endorsements contained in this ~~M~~manual have each possess a unique identifying number. This number ~~should~~ must be included on all forms.

"WC 00 00 00 ~~AB~~" is the number ~~which that~~ represents the workers compensation and employers liability policy.

"WC 00 00 01 A" is the number ~~which that~~ represents the Information Page.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

All endorsements are assigned numbers ~~which~~^{that} denote the type and purpose of the endorsement. The number consists of either eight or nine characters. They represent the following:

A. Line of Insurance—WC

The first two characters are WC. These establish that the form pertains to workers compensation and employers liability insurance.

B. General/State

The second set of characters identifies the endorsement as a general, state, or company endorsement. General endorsements are designated as "00." Miscellaneous endorsements, notices, and related transactions are designated as "89." State endorsements are designated by the appropriate state codes, which are as follows:

STATE	CODE	STATE	CODE
Alabama	01	Montana	25
Alaska	54	Nebraska	26
Arizona	02	Nevada	27
Arkansas	03	New Hampshire	28
California	04	New Jersey	29
Colorado	05	New Mexico	30
Connecticut	06	New York	31
<u>Delaware</u>	07	North Carolina	32
Dist. of Col.	08	North Dakota	33
Florida	09	Ohio	34
Georgia	10	Oklahoma	35
Hawaii	52	Oregon	36
Idaho	11	Pennsylvania	37
Illinois	12	Rhode Island	38
Indiana	13	South Carolina	39
Iowa	14	South Dakota	40
Kansas	15	Tennessee	41
Kentucky	16	Texas	42
Louisiana	17	Utah	43
Maine	18	Vermont	44
Maryland	19	Virginia	45
Massachusetts	20	Washington	46
Michigan	21	West Virginia	47
Minnesota	22	Wisconsin	48

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EMPLOYERS LIABILITY INSURANCE**

**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

STATE	CODE	STATE	CODE
Mississippi	23	Wyoming	49
Missouri	24		

The numbers "90" through "99" ~~have~~ been reserved for use by companies on their own endorsements.

C. Type

The third set of characters identifies the type of endorsement, i.e., premium as opposed to coverage. The number and types are as follows:

01—Federal Coverages and Exclusions

02—Maritime Coverages and Exclusions

03—Other Coverages and Exclusions

04—Premium

05—Retrospective Premium

06—Miscellaneous

EXHIBIT 1 (CONT'D)

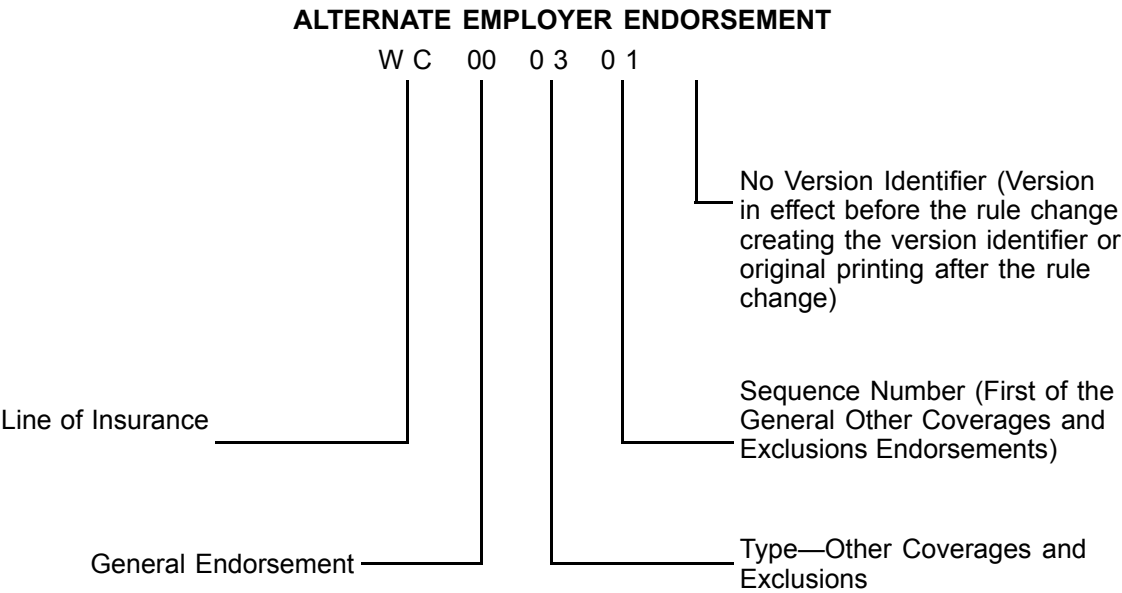
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES

D. Sequence Number

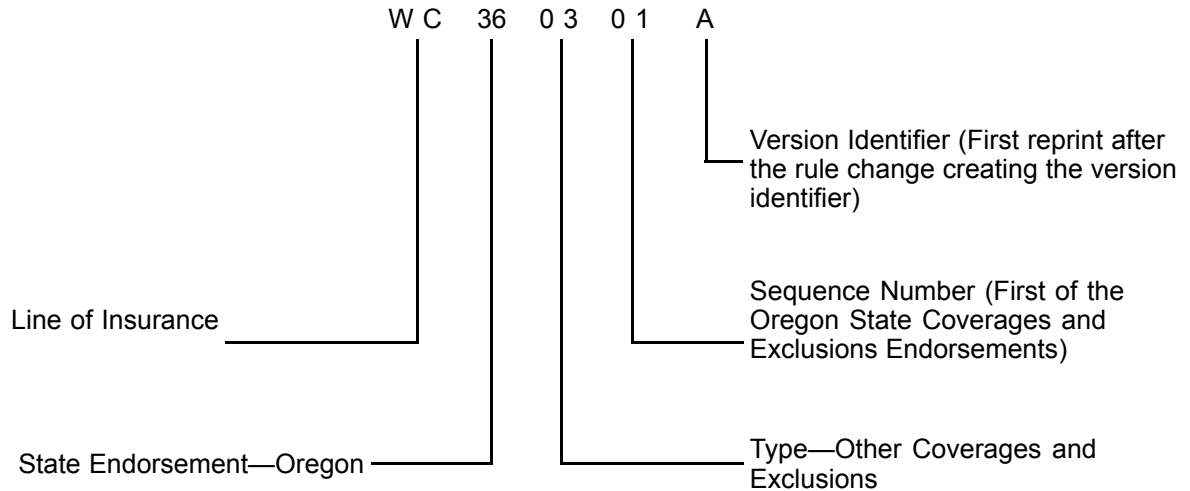
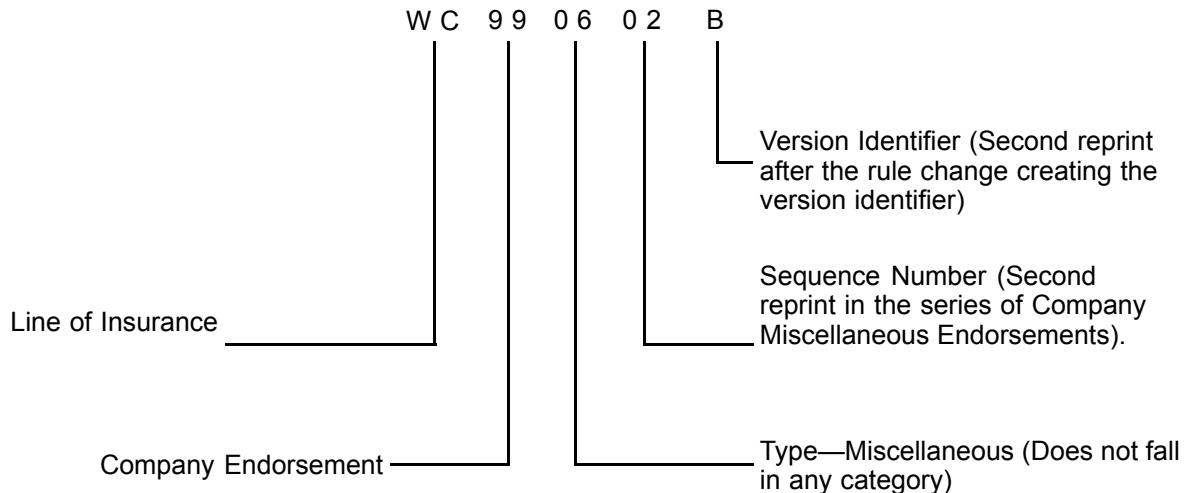
The fourth set of characters is the unique identifying number ~~which~~that differentiates an endorsement from others in the same series. A multi-paged endorsement will have only one number.

E. Version Identifier

The last character identifies the version of the policy and each endorsement. The identifying number of the version of the policy and each endorsement that was in effect prior to the rule change creating the version identifier contains only eight characters. The original printing of an endorsement effective after the rule change will also contain only eight characters. Each subsequent version of the policy and endorsements will contain a ninth character. This character will sequentially identify each subsequent reprint of the policy and endorsements from A through Z (reprints 1 through 26).



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EMPLOYERS LIABILITY INSURANCE****EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES****OREGON UNSAFE EQUIPMENT EXCLUSION ENDORSEMENT****X COMPANY MISCELLANEOUS ENDORSEMENT**

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PAGE 13**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 2****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B****PART TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 ~~A~~ B****A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~E~~for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. ~~E~~for care and loss of services; and
3. ~~E~~for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. ~~L~~iability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. ~~P~~unitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. ~~B~~odily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. ~~A~~ny obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. ~~B~~odily injury intentionally caused or aggravated by you;

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PAGE 14**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

EXHIBIT 2 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B

6. ~~B~~odily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. ~~D~~amages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. ~~B~~odily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901–950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171–8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331–1356a), the Defense Base Act (42 USC Sections 1651–1654), the Federal Coal Mine Safety and Health ~~and Safety~~ Act ~~of 1969~~ (30 USC Sections 801–945 ~~901–942~~), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. ~~B~~odily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51–60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. ~~B~~odily injury to a master or member of the crew of any vessel;
11. ~~F~~ines or penalties imposed for violation of federal or state law; and
12. ~~D~~amages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801–1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. ~~R~~reasonable expenses incurred at our request, but not loss of earnings;
2. ~~P~~remiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. ~~L~~itigation costs taxed against you;
4. ~~I~~nterest on a judgment as required by law until we offer the amount due under this insurance; and
5. ~~E~~xpenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

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EMPLOYERS LIABILITY INSURANCE**

**EXHIBIT 2 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B****G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 3
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
INFORMATION PAGE NOTES WC 00 00 01 A****INFORMATION PAGE NOTES WC 00 00 01 A**

1. The sequence of Items 1 through 4 of the Information Page may not be changed except for Item 3.D. (See Note 14.) The format of each item may be rearranged and these suggested headings may be used:
1. Insured; 2. Policy Period; 3. Coverage; and 4. Premium.

2. The name and the ~~five~~5-digit NCCI carrier code number of the insuring company is to be shown prominently on the Information Page in the space above Item 1. ~~The 5 digit NCCI carrier code must also be shown on the Information Page in all the independent bureau states except in California where it is optional.~~

The address and ~~type-kind~~ of insurer (stock, mutual, or other) are to be shown on the Information Page, the policy, or a policy jacket.

3. The policy number must be appropriately labeled and shown in space reserved above Item 1 on the Information Page. This number shall be unique to the company, shall not exceed 18 alphanumeric digits, and shall remain constant during the policy period. It shall be shown on all endorsements as well as all other policy-related correspondence after the policy is issued.

If the policy number displayed on the Information Page contains a policy symbol consisting of alphanumeric digits that are not entered into the carrier's internal statistical records as part of the actual policy number, those symbols shall be shown as a separate prefix and/or suffix to the policy number and appropriately labeled.

4. On the ~~b~~Bureau copy of a renewal policy Information Page, use space reserved above Item 1 to show and appropriately label the prior policy number. This number shall not exceed 18 alphanumeric digits. If the number displayed on the Information Page contains a policy symbol consisting of alphanumeric digits that are not entered into the carrier's internal statistical records as part of the actual policy number, those symbols shall be shown as a separate prefix and/or suffix to the policy number and appropriately labeled.

New business may be designated "New." At its option, the company may show this on the insured's copy of the Information Page.

~~New Business must be designated "New" in California, Pennsylvania, New Jersey and New York, and the policy number of a rewritten or replaced policy must also be on the Information Page in all of the independent bureau states.~~

~~When a policy is reissued, after canceling the original policy flat, a new, different policy number must be used in , New Jersey and Pennsylvania.~~

5. On the ~~b~~Bureau copy of the Information Page, show the letters "AR" next to the title "Information Page" if the insured is an assigned risk.
6. Show in Item 1 the exact name of the employer insured and indicate whether the employer is an individual, partnership, joint venture, corporation, association, or other legal entity. If separate legal entities are insured in a single policy, consistent with the manual of rules, separately show the complete name of each insured employer and indicate each employer's legal entity status.
7. The Interstate/Intrastate Risk Identification number must be shown and appropriately labeled on the Information Page. ~~Not required in California, , New Jersey or Pennsylvania. No intrastate risk identification number is applicable in Wisconsin.~~

~~In Minnesota the Minnesota Association number must be shown on all policies and properly identified on the Information Page.~~

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EXHIBIT 3 (CONT'D) FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE INFORMATION PAGE NOTES WC 00 00 01 A

8. Reserve space in Item 1 of the ~~b~~Bureau copy to show, if required, the insured's commonly required identification numbers such as: Arkansas Workers Compensation File Number; ~~Bureau File Number for Minnesota and Texas~~; Hawaii Unemployment Number; ~~Michigan Risk ID Number~~; New Mexico Unemployment Insurance Number; Oregon Contract Number; and State Employer Number.

The company may also show this on the Information Page at its option.

9. List in Item 1 or by schedule all usual workplaces of the insured that are to be covered by the policy. Also include the respective ~~F~~Federal ~~E~~Employer's ~~I~~Identification ~~N~~Number (FEIN), appropriately labeled, for each entity included on the policy. ~~Federal employer's identification number not required in California.~~
10. The effective date and hour of the policy, and its expiration date and hour, must be shown in Item 2. The hour may be included as part of the printed form at the company's option.
11. List in Item 3.A. states where workers compensation insurance is provided. If none is provided, "none" or "not covered" may be shown. See, for example, the notes to the Federal Coal Mine Safety and Health and Safety Act Coverage Endorsement.
12. Show limits of liability separately for bodily injury by accident and by disease in Item 3.B.
13. States may be shown in Item 3.C. by name or by designation, but do not name or designate a state listed in Item 3.A., a monopolistic state fund state, or a state where the insurer will not provide this coverage.

The following entry may also be included: "All states except North Dakota, Ohio, Washington, ~~West Virginia~~, Wyoming, states designated in Item 3.A. of the Information Page and _____."

If the company learns that the insured is conducting operations in a 3.C. state, and if the company agrees to continue coverage, the company should add that state to Item 3.A. and remove it from Item 3.C. Normal company procedures apply when the state is added to Item 3.A.

14. Item 3.D. may be omitted so long as the list of the policy's schedules and endorsements appears somewhere on the Information Page. Endorsements for which the company has not filed specimen copies with the rating bureau or bureaus having jurisdiction must be attached to the Information Page filed with the bureau. ~~For NCCI states see Section II.B.2. of the Basic Manual for Workers Compensation and Employers Liability Insurance. Endorsements and schedules applicable to Wisconsin operations must be attached to the Information Page filed with the Wisconsin Bureau.~~
15. The content of Item 4 may be rearranged by the company. If the policy is issued for less than one year, the company may state whether the premium information is shown for the policy period or for an annual period.
16. In Item 4, the development of estimated annual premium shall be displayed separately for each classification by state. This same display of premium development must be shown on any classification schedules attached to the policy. Total Estimated Standard Premium must be shown by state on the Information Page or on a schedule attached to the policy.

~~Item 4 must include and identify all charges or credits affecting the final estimated annual premium for the states of California, New Jersey, New York, and Pennsylvania. The final estimated annual premium as presented to the insured must be shown. Where statistical codes apply to an item in or Pennsylvania, the code must be entered in the classification field.~~

The experience rating modification factor shall be shown in Item 4 for risks subject to the experience rating plan, unless this factor is not available when the policy is issued. The company then may make an appropriate entry in Item 4 to show that the factor is not available. See the Experience Rating

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PAGE 18**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 3 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
INFORMATION PAGE NOTES WC 00 00 01 A**

~~Modification Factor Endorsement for more information. Use of an estimated rating modification factor is not authorized in California.~~

17. In those states where a schedule rating plan has been filed and approved, report the schedule rating information in Item 4, as required by the filed plan.
18. Premium discount may be shown in Item 4, the Premium Discount Endorsement, or both. ~~Premium discount does not apply in California.~~
19. Taxes, assessments, deposit premium, interim adjustments of premium, the rating plan, past experience, cancellation of similar insurance, date and place of policy issuance, date and place of countersignature, and other related information may be shown in Item 4. ~~The deposit premium and the resultant premium adjustment periods must be shown in Item 4 in California, , New Jersey, New York and Pennsylvania.~~

~~The policy issuing office and the date of issue must be shown on the Information Page in the states of California, , New Jersey, Pennsylvania, and Wisconsin. The name of the agent or producer, if any, must be shown on the Information Page in , New Jersey, Pennsylvania, and Wisconsin. This is optional in California and New York.~~
20. ~~Three-y~~Year ~~Fixed-r~~Rate ~~p~~Policies must be so designated on the Information Page as required by Rule 3-B-1-b XI of NCCI's the **Basic Manual**. In Item 4, the company shall report the premium information either as Standard Premium or Total Standard Premium as defined in Rule 3-A-20 VII of NCCI's the **Basic Manual**.

~~Three Year Fixed Rate Policies are not permitted in California.~~
21. Other entries may be made on the Information Page as authorized by Notes to Standard Endorsements, including: Anniversary Rating Date; Defense Base Act Coverage; Nonappropriated Fund Instrumentalities Act Coverage; Partners, Officers and Others Exclusion; Pending Rate Change; Sole Proprietors, Partners, Officers and Others Coverage; and Voluntary Compensation Maritime Coverage Endorsements.
22. The company may place the execution clause at the end of the Information Page, at the end of the standard policy, or on a policy jacket.

State Workers Compensation Rating Bureau Information Page Notes:

Refer to the *Pennsylvania Basic Manual* for Pennsylvania policy issuance instructions and specific requirements.

Refer to the sample Information Page in the Forms Section, Part Three, Section 2, of the *New Jersey Workers Compensation and Employers Liability Insurance Manual* for a description of New Jersey requirements.

Refer to the *New York Manual* (Part Four) for complete instructions on policy issuance, including Information Page Notes for preparing New York policies.

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**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

**EXHIBIT 4
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT WC 00 01
02 A**

**FEDERAL COAL MINE SAFETY AND HEALTH ~~AND SAFETY~~ ACT COVERAGE ENDORSEMENT WC
00 01 02 A**

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Safety and Health ~~and Safety~~ Act of 1969 (30 U.S.C Sections 801-945-931-942). Part One (Workers Compensation Insurance) applies to that work as though that state were shown in Item 3.A. of the Information Page.

The definition of workers compensation law includes the Federal Coal Mine Safety and Health ~~and Safety~~ Act of 1969 (30 U.S.C Sections 801-945-931-942) and any amendment to that law that is in effect during the policy period.

Part One (Workers Compensation Insurance), Section A.2., How This Insurance Applies, is replaced by the following:

Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period or, when the last exposure occurred prior to July 1, 1973, a claim based on that disease must be first filed against you during the policy period shown in Item 2 of the Information Page.

Schedule

State

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EXHIBIT 5**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT WC 00 01 09 B****OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT WC 00 01 09 ~~A~~ B**

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 U.S.C Sections 1331–1356a). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

Schedule

Description and Location of Work

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FILING MEMORANDUM

ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

PURPOSE

This item modifies NCCI's *Forms Manual of Workers Compensation and Employers Liability Insurance* to:

- Revise the General Information section as follows:
 - Update the format to be more consistent with other NCCI manuals
 - Remove references to Advisory Forms because endorsements filed by NCCI no longer have this designation
 - Expand the numbering for carrier-specific endorsements
- Revise several national and state-specific endorsements

BACKGROUND

NCCI recently reviewed the *Forms Manual* and determined that the General Information section required format revisions to be consistent with other NCCI manuals. Also, several carriers have expressed the need to expand the amount of numbers allocated for carrier-specific endorsements. In addition to using the number "99," carriers will have the option of using numbers "90" through "98" for carrier-specific endorsements. The numbering system, which is included in the General Information section, is revised to incorporate the update.

In addition, NCCI reviewed the accuracy of statutory citations referenced in many of the endorsements. As a result of this review, several endorsements are being revised. Finally, one endorsement (WC 89 06 20 C) is being withdrawn as there is no longer a need for it. A summary of the revisions to the applicable national and state endorsements are as follows:

National Endorsement Number and Name	Update Reason
WC 00 00 00 A—Workers Compensation and Employers Liability Insurance Policy Part Two—Employers Liability Insurance	<ul style="list-style-type: none"> • Revise name of Act and statute section number • Minor editorial updates
WC 00 00 01—Information Page Notes	<ul style="list-style-type: none"> • Minor editorial updates • Remove independent bureau references, carriers should refer to the specific bureau requirements for the most current notes • Revise the name of Act and statute number • Update NCCI manual references
WC 00 01 02—Federal Coal Mine Health and Safety Act Coverage Endorsement	Revise name of Act and statute section number
WC 00 01 09 A—Outer Continental Shelf Lands Act Coverage Endorsement	Revise statute section number

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WC 00 03 12—Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement	<ul style="list-style-type: none"> Minor editorial updates Revise schedule due to classification revision
WC 00 03 14—Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement	<ul style="list-style-type: none"> Minor editorial updates Revise schedule due to classification revision
WC 89 06 09 B—State Notes: Policy Termination/Cancellation/Reinstatement Notice	<ul style="list-style-type: none"> Revise title Update Proof of Coverage (POC) terminology and include references to the POC Compliance Guide Revise the spelling of “cancellation/cancelled” to NCCI’s current spelling standards Minor editorial updates Update address information
WC 89 06 20 C—State Notes: Proof of Coverage Notice	Withdraw endorsement because there is no longer a need for this proof of coverage notice
NC-5000—Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application	<ul style="list-style-type: none"> Update address information Minor editorial updates

State Endorsement Number and Name	Update Reason
WC 03 06 03—Arkansas Contract Hauling Warranty Endorsement	Remove outdated phraseology for Code 7228
WC 06 03 03 B—Connecticut Workers Compensation Funds Endorsement	<ul style="list-style-type: none"> Update statute references Minor editorial updates
WC 12 06 01 C—Illinois Amendatory Endorsement	<ul style="list-style-type: none"> Minor editorial updates Remove information from the endorsement that is not included in the statute

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WC 18 06 07—Maine Supplemental Benefits Fund Endorsement	<ul style="list-style-type: none"> Revise title of endorsement and update statute references Minor editorial updates
WC 36 03 03 A—Oregon Employee Leasing Labor Contractor Endorsement	Remove a statute reference that is no longer valid
WC 36 03 04—Oregon Workers Compensation Insurance Plan—Other States Endorsement	Withdraw endorsement because WC 36 03 05—Oregon Residual Market Limited Other States Insurance Endorsement replaced WC 36 03 04—Oregon Workers Compensation Insurance Plan—Other States Endorsement
WC 36 03 05—Oregon Residual Market Limited Other States Insurance Endorsement	Remove a statute reference that is no longer valid
WC 40 06 01—South Dakota Direct Action Statute Endorsement	Revise format of statute reference
WC 47 03 14 A—West Virginia Workers Compensation and Employers Liability Coverage for Domestic Service Employees Endorsement	<ul style="list-style-type: none"> Minor editorial updates Revise schedule due to classification revision

PROPOSAL

This item proposes the revision of the General Information section of the *Forms Manual*. In addition, the following national and state endorsements be withdrawn and their corresponding updated version be adopted:

Current National Endorsement Number and Name	Proposed New National Endorsement Number and Name
WC 00 00 00 A—Workers Compensation and Employers Liability Insurance Policy Part Two—Employers Liability Insurance	WC 00 00 00 B—Workers Compensation and Employers Liability Insurance Policy Part Two—Employers Liability Insurance Note: The entire Workers Compensation and Employers Liability Insurance Policy WC 00 00 00 A is proposed to be revised to WC 00 00 00 B. While only Part Two of the Workers Compensation and Employers Liability Insurance Policy requires an update, all of the parts of the policy require a revision to the endorsement number.
WC 00 00 01—Information Page Notes	WC 00 00 01 A—Information Page Notes

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WC 00 01 02—Federal Coal Mine Health and Safety Act Coverage Endorsement	WC 00 01 02 A—Federal Coal Mine Safety and Health Act Coverage Endorsement
WC 00 01 09 A—Outer Continental Shelf Lands Act Coverage Endorsement	WC 00 01 09 B—Outer Continental Shelf Lands Act Coverage Endorsement
WC 00 03 12—Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement	WC 00 03 12 A—Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement
WC 00 03 14—Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement	WC 00 03 14 A—Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement
WC 89 06 09 B—State Notes: Policy Termination/Cancellation/Reinstatement Notice	WC 89 06 09 C—Policy Termination/Cancellation/Reinstatement Notice Note: This is a new endorsement in the following states: AK, AR, AZ, FL, IA, ME, NV, OK, OR, TN
WC 89 06 20 C—State Notes: Proof of Coverage Notice	N/A (WC 89 06 20 C is proposed to be withdrawn)
NC-5000—Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application	NC-5000 A—Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application

Current State Endorsement Number and Name	Proposed New State Endorsement Number and Name
WC 03 06 03—Arkansas Contract Hauling Warranty Endorsement	WC 03 06 03 A—Arkansas Contract Hauling Warranty Endorsement
WC 06 03 03 B—Connecticut Workers Compensation Funds Endorsement	WC 06 03 03 C—Connecticut Workers Compensation Funds Endorsement
WC 12 06 01 C—Illinois Amendatory Endorsement	WC 12 06 01 D—Illinois Amendatory Endorsement
WC 18 06 07—Maine Supplemental Benefits Fund Endorsement	WC 18 06 07 A—Maine Employment Rehabilitation Fund Endorsement
WC 36 03 03 A—Oregon Employee Leasing Labor Contractor Endorsement	WC 36 03 03 B—Oregon Employee Leasing Labor Contractor Endorsement
WC 36 03 04—Oregon Workers Compensation Insurance Plan—Other States Endorsement	N/A (WC 36 03 04 is proposed to be withdrawn)
WC 36 03 05—Oregon Residual Market Limited Other States Insurance Endorsement	WC 36 03 05 A—Oregon Residual Market Limited Other States Insurance Endorsement

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

WC 40 06 01—South Dakota Direct Action Statute Endorsement	WC 40 06 01 A—South Dakota Direct Action Statute Endorsement
WC 47 03 14 A—West Virginia Workers Compensation and Employers Liability Coverage for Domestic Service Employees Endorsement	WC 47 03 14 B—West Virginia Workers Compensation and Employers Liability Coverage for Domestic Service Employees Endorsement

IMPACT

No premium impact is expected as a result of the proposed updates to NCCI's *Forms Manual*.

IMPLEMENTATION

The attached exhibits outline the changes proposed to NCCI's *Forms Manual*.

Below is a summary of the exhibits included in this filing package:

- **Exhibit 1** contains revisions to the General Information section.
- **Exhibits 2–10** contain revisions to national endorsements, as applicable. Some national endorsements may not be applicable in all states. For those endorsements that are not applicable in all states, a state listing of applicable states is provided above the endorsement title.
- **Exhibits 11–13** contain revisions to state-specific endorsements, as applicable.

This item will be effective at 12:01 a.m. on July 1, 2010, applicable to new and renewal policies as applicable in the voluntary and assigned risk markets.

Exceptions:

- In Hawaii, the effective date is determined upon regulatory approval of the individual carrier's election to adopt this change.
- In Virginia, this item will become effective for policies on and after 12:01 a.m. on July 1, 2010.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

This manual contains rules that have been approved by the state insurance regulators. These rules cover the following topics:

- Introduction
- Rule 1—Authorized Form/Endorsement Changes
- Rule 2—Form/Endorsement Filing
- Rule 3—Copyright
- Rule 4—Form/Endorsement Numbering System

INTRODUCTION

The use of each form in this ~~M~~manual is governed by these ~~R~~rules, the ~~R~~rules governing the ***Basic Manual for Workers Compensation and Employers Liability Insurance***, the ~~N~~notes applicable to a form, and by such laws and administrative rules and regulations as may apply to these forms.

~~The National Council on Compensation Insurance, Inc. no longer designates forms as “Standard” or “Advisory.” Some regulatory authorities, however, request NCCI to place a “Standard” designation on some forms to indicate their intention that such forms not be changed. Because some older forms still contain a designation as “Standard” or “Advisory,” these Rules discuss the two types of designations.~~

~~II. STANDARD FORMS~~ AUTHORIZED FORM/ENDORSEMENT CHANGES

A. Authorized changes to a ~~Standard~~ form or endorsement are listed below:

1. Options and changes authorized by the ~~R~~rules or ~~N~~notes of this ~~M~~manual.
2. Changes made by separate endorsement if in accord with the applicable ~~R~~rules of the ***Basic Manual for Workers Compensation and Employers Liability Insurance*** and approved, if required, by the proper authority.
3. Attachment and execution clauses.
4. Size and style of type.
5. Format of provisions, but not their sequence.
6. Location of a Schedule on an endorsement.
7. Special provisions applicable to the members or policyholders of a mutual or participating stock insurer or a reciprocal association. Such provisions may be printed as Paragraph “F” of Part Six—Conditions of the Policy, on the policy jacket, at the end of the policy, or on an endorsement.

An insurer making any of these changes to a ~~Standard~~ form or endorsement is responsible for obtaining approval from the proper authority, if required.

~~III. ADVISORY FORMS~~

~~Advisory Forms may be used as printed in this Manual or may be changed. An insurer using an Advisory form, whether changed or not, is responsible for obtaining approval from the proper authority, if required.~~

RULE 2—~~IV. FORM/ENDORSEMENT FILING~~

A. ~~National Council~~ NCCI States

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES

The laws of most states require the Workers Compensation and Employers Liability Insurance Policy and Endorsement Forms to be filed with an insurance department or other authority for approval. Before using any NCCI-filed endorsement, refer to NCCI's **Filing Guide for Rates and Forms** for endorsement/form filing procedures. NCCI files forms on behalf of its affiliates in the following jurisdictions:

Alabama	Maryland
Alaska	Mississippi
Arizona	Missouri
Arkansas	Montana
Colorado	Nebraska
Connecticut	Nevada
District of Columbia	New Hampshire
Florida	New Mexico
Georgia	Oklahoma
Hawaii	Oregon
Idaho	Rhode Island
Illinois	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Kentucky	Utah
Louisiana	Vermont
Maine	Virginia
	West Virginia ¹

¹ ~~This manual applies in this state; however, the West Virginia Workers Compensation System will be a competitive market on July 1, 2008.~~

B. Independent States

~~In the states listed below, I~~Independent administrative bureaus file forms on behalf of their members in the states listed below, except as noted:

California*	New Jersey*
<u>Delaware</u>	New York*
Indiana	North Carolina

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

Massachusetts

Pennsylvania

Michigan **

Texas ***

Minnesota *

Wisconsin

* Carriers must file forms with the appropriate agency or bureau in California, Minnesota, New Jersey, and New York. ~~Insurers must file to use all forms, including Standard Forms, with the WCIRB in California.~~

** In Michigan, the administrative bureau is authorized to file forms for the residual market.

*** Authorized Texas forms are announced by the Texas Department of Insurance.

C. Monopolistic State Fund States

State workers compensation insurance may be written only by the state insurance fund in:

North Dakota

Washington

Ohio

Wyoming

Coverages other than the state workers compensation insurance may be written in these states as indicated by endorsement ~~N~~notes.

RULE 3—~~V~~ COPYRIGHT

Any insurer may use a copyrighted NCCI form during the period that the insurer is an NCCI affiliate. Such forms must display the notice of copyright as it appears in this ~~M~~manual.

Exception:

If the affiliate uses NCCI forms with changes or other materials, or if it is impractical to display the notice of copyright on each form, as may happen in the case of machine-issued policies, the policy ~~shall~~ must prominently display the following notice:

"Includes copyright material of the National Council on Compensation Insurance, Inc. used with its permission.

© ~~1996~~ Copyright (insert appropriate year) National Council on Compensation Insurance, Inc. All Rights Reserved."

RULE 4—~~VI~~ STANDARD POLICY AND FORM/ENDORSEMENT NUMBERING SYSTEM

The policy and endorsements contained in this ~~M~~manual have each possess a unique identifying number. This number ~~should~~ must be included on all forms.

"WC 00 00 00 ~~AB~~" is the number ~~which that~~ represents the workers compensation and employers liability policy.

"WC 00 00 01 A" is the number ~~which that~~ represents the Information Page.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

All endorsements are assigned numbers which denote the type and purpose of the endorsement. The number consists of either eight or nine characters. They represent the following:

A. Line of Insurance—WC

The first two characters are WC. These establish that the form pertains to workers compensation and employers liability insurance.

B. General/State

The second set of characters identifies the endorsement as a general, state, or company endorsement. General endorsements are designated as "00." Miscellaneous endorsements, notices, and related transactions are designated as "89." State endorsements are designated by the appropriate state codes, which are as follows:

STATE	CODE	STATE	CODE
Alabama	01	Montana	25
Alaska	54	Nebraska	26
Arizona	02	Nevada	27
Arkansas	03	New Hampshire	28
California	04	New Jersey	29
Colorado	05	New Mexico	30
Connecticut	06	New York	31
<u>Delaware</u>	07	North Carolina	32
Dist. of Col.	08	North Dakota	33
Florida	09	Ohio	34
Georgia	10	Oklahoma	35
Hawaii	52	Oregon	36
Idaho	11	Pennsylvania	37
Illinois	12	Rhode Island	38
Indiana	13	South Carolina	39
Iowa	14	South Dakota	40
Kansas	15	Tennessee	41
Kentucky	16	Texas	42
Louisiana	17	Utah	43
Maine	18	Vermont	44
Maryland	19	Virginia	45
Massachusetts	20	Washington	46
Michigan	21	West Virginia	47
Minnesota	22	Wisconsin	48

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EMPLOYERS LIABILITY INSURANCE**

**EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES**

STATE	CODE	STATE	CODE
Mississippi	23	Wyoming	49
Missouri	24		

The numbers "90" through "99" have been reserved for use by companies on their own endorsements.

C. Type

The third set of characters identifies the type of endorsement, i.e., premium as opposed to coverage. The number and types are as follows:

01—Federal Coverages and Exclusions

02—Maritime Coverages and Exclusions

03—Other Coverages and Exclusions

04—Premium

05—Retrospective Premium

06—Miscellaneous

EXHIBIT 1 (CONT'D)

FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

RULES

D. Sequence Number

The fourth set of characters is the unique identifying number ~~which~~that differentiates an endorsement from others in the same series. A multi-paged endorsement will have only one number.

E. Version Identifier

The last character identifies the version of the policy and each endorsement. The identifying number of the version of the policy and each endorsement that was in effect prior to the rule change creating the version identifier contains only eight characters. The original printing of an endorsement effective after the rule change will also contain only eight characters. Each subsequent version of the policy and endorsements will contain a ninth character. This character will sequentially identify each subsequent reprint of the policy and endorsements from A through Z (reprints 1 through 26).

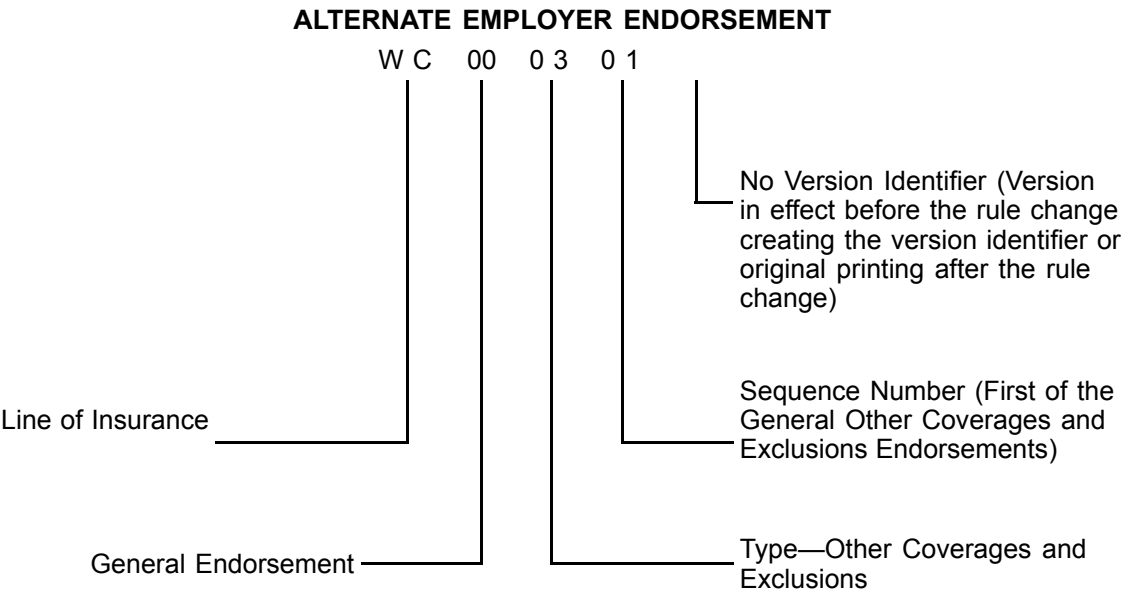
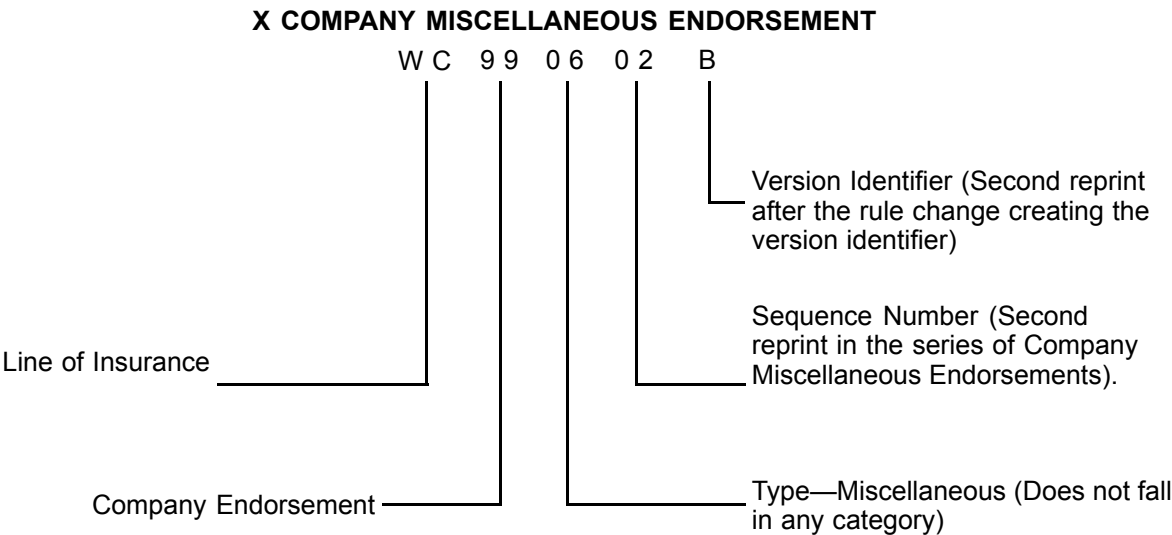
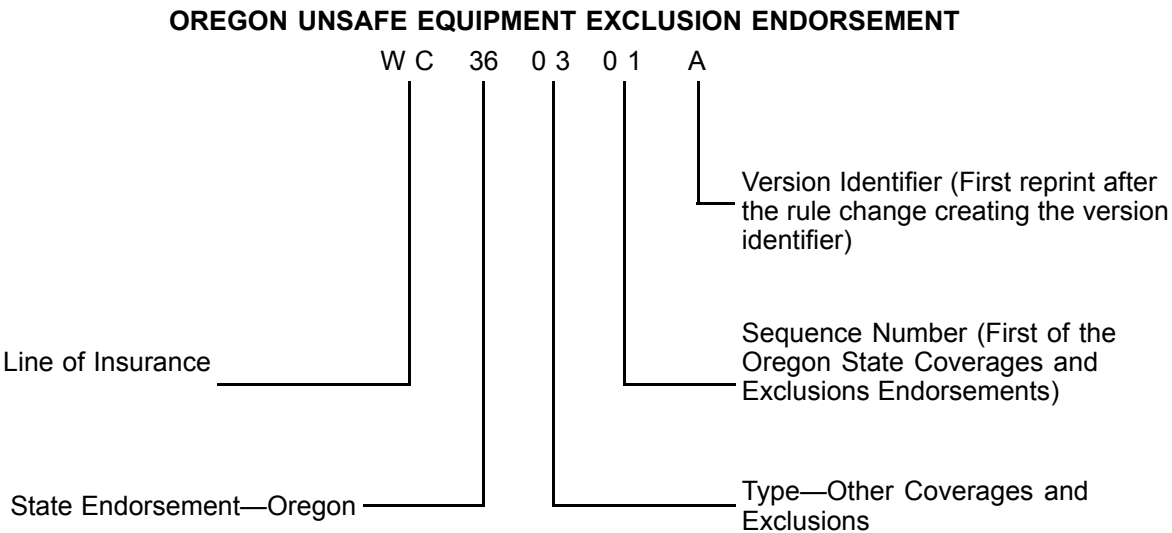


EXHIBIT 1 (CONT'D)

FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES



NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

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PAGE 13**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 2
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B****PART TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 ~~A~~ B****A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~F~~or which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. ~~F~~or care and loss of services; and
3. ~~F~~or consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. ~~L~~iability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. ~~P~~unitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. ~~B~~odily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. ~~A~~ny obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. ~~B~~odily injury intentionally caused or aggravated by you;

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

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PAGE 14**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 2 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B**

6. ~~B~~odily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. ~~D~~amages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. ~~B~~odily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901–950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171–8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331–1356a), the Defense Base Act (42 USC Sections 1651–1654), the Federal Coal Mine Safety and Health ~~and Safety~~ Act ~~of 1969~~ (30 USC Sections 801–945 ~~901–942~~), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. ~~B~~odily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51–60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. ~~B~~odily injury to a master or member of the crew of any vessel;
11. ~~F~~ines or penalties imposed for violation of federal or state law; and
12. ~~D~~amages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801–1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. ~~R~~reasonable expenses incurred at our request, but not loss of earnings;
2. ~~P~~remiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. ~~L~~itigation costs taxed against you;
4. ~~I~~nterest on a judgment as required by law until we offer the amount due under this insurance; and
5. ~~E~~xpenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 2 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 3
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
INFORMATION PAGE NOTES WC 00 00 01 A****INFORMATION PAGE NOTES WC 00 00 01 A**

1. The sequence of Items 1 through 4 of the Information Page may not be changed except for Item 3.D. (See Note 14.) The format of each item may be rearranged and these suggested headings may be used:
1. Insured; 2. Policy Period; 3. Coverage; and 4. Premium.

2. The name and the ~~five~~5-digit NCCI carrier code number of the insuring company is to be shown prominently on the Information Page in the space above Item 1. ~~The 5 digit NCCI carrier code must also be shown on the Information Page in all the independent bureau states except in California where it is optional.~~

The address and ~~type-kind~~ of insurer (stock, mutual, or other) are to be shown on the Information Page, the policy, or a policy jacket.

3. The policy number must be appropriately labeled and shown in space reserved above Item 1 on the Information Page. This number shall be unique to the company, shall not exceed 18 alphanumeric digits, and shall remain constant during the policy period. It shall be shown on all endorsements as well as all other policy-related correspondence after the policy is issued.

If the policy number displayed on the Information Page contains a policy symbol consisting of alphanumeric digits that are not entered into the carrier's internal statistical records as part of the actual policy number, those symbols shall be shown as a separate prefix and/or suffix to the policy number and appropriately labeled.

4. On the ~~b~~Bureau copy of a renewal policy Information Page, use space reserved above Item 1 to show and appropriately label the prior policy number. This number shall not exceed 18 alphanumeric digits. If the number displayed on the Information Page contains a policy symbol consisting of alphanumeric digits that are not entered into the carrier's internal statistical records as part of the actual policy number, those symbols shall be shown as a separate prefix and/or suffix to the policy number and appropriately labeled.

New business may be designated "New." At its option, the company may show this on the insured's copy of the Information Page.

~~New Business must be designated "New" in California, Pennsylvania, New Jersey and New York, and the policy number of a rewritten or replaced policy must also be on the Information Page in all of the independent bureau states.~~

~~When a policy is reissued, after canceling the original policy flat, a new, different policy number must be used in , New Jersey and Pennsylvania.~~

5. On the ~~b~~Bureau copy of the Information Page, show the letters "AR" next to the title "Information Page" if the insured is an assigned risk.
6. Show in Item 1 the exact name of the employer insured and indicate whether the employer is an individual, partnership, joint venture, corporation, association, or other legal entity. If separate legal entities are insured in a single policy, consistent with the manual of rules, separately show the complete name of each insured employer and indicate each employer's legal entity status.
7. The Interstate/Intrastate Risk Identification number must be shown and appropriately labeled on the Information Page. ~~Not required in California, , New Jersey or Pennsylvania. No intrastate risk identification number is applicable in Wisconsin.~~

~~In Minnesota the Minnesota Association number must be shown on all policies and properly identified on the Information Page.~~

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

**EXHIBIT 3 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
INFORMATION PAGE NOTES WC 00 00 01 A**

8. Reserve space in Item 1 of the ~~b~~Bureau copy to show, if required, the insured's commonly required identification numbers such as: Arkansas Workers Compensation File Number; ~~Bureau File Number for Minnesota and Texas~~; Hawaii Unemployment Number; ~~Michigan Risk ID Number~~; New Mexico Unemployment Insurance Number; Oregon Contract Number; and State Employer Number.

The company may also show this on the Information Page at its option.

9. List in Item 1 or by schedule all usual workplaces of the insured that are to be covered by the policy. Also include the respective ~~F~~Federal ~~E~~Employer's ~~I~~dentification ~~N~~umber (FEIN), appropriately labeled, for each entity included on the policy. ~~Federal employer's identification number not required in California.~~
10. The effective date and hour of the policy, and its expiration date and hour, must be shown in Item 2. The hour may be included as part of the printed form at the company's option.
11. List in Item 3.A. states where workers compensation insurance is provided. If none is provided, "none" or "not covered" may be shown. See, for example, the notes to the Federal Coal Mine Safety and Health and Safety Act Coverage Endorsement.
12. Show limits of liability separately for bodily injury by accident and by disease in Item 3.B.
13. States may be shown in Item 3.C. by name or by designation, but do not name or designate a state listed in Item 3.A., a monopolistic state fund state, or a state where the insurer will not provide this coverage.

The following entry may also be included: "All states except North Dakota, Ohio, Washington, ~~West Virginia~~, Wyoming, states designated in Item 3.A. of the Information Page and _____."

If the company learns that the insured is conducting operations in a 3.C. state, and if the company agrees to continue coverage, the company should add that state to Item 3.A. and remove it from Item 3.C. Normal company procedures apply when the state is added to Item 3.A.

14. Item 3.D. may be omitted so long as the list of the policy's schedules and endorsements appears somewhere on the Information Page. Endorsements for which the company has not filed specimen copies with the rating bureau or bureaus having jurisdiction must be attached to the Information Page filed with the bureau. ~~For NCCI states see Section II.B.2. of the **Basic Manual for Workers Compensation and Employers Liability Insurance**. Endorsements and schedules applicable to Wisconsin operations must be attached to the Information Page filed with the Wisconsin Bureau.~~
15. The content of Item 4 may be rearranged by the company. If the policy is issued for less than one year, the company may state whether the premium information is shown for the policy period or for an annual period.
16. In Item 4, the development of estimated annual premium shall be displayed separately for each classification by state. This same display of premium development must be shown on any classification schedules attached to the policy. Total Estimated Standard Premium must be shown by state on the Information Page or on a schedule attached to the policy.

~~Item 4 must include and identify all charges or credits affecting the final estimated annual premium for the states of California, New Jersey, New York, and Pennsylvania. The final estimated annual premium as presented to the insured must be shown. Where statistical codes apply to an item in or Pennsylvania, the code must be entered in the classification field.~~

The experience rating modification factor shall be shown in Item 4 for risks subject to the experience rating plan, unless this factor is not available when the policy is issued. The company then may make an appropriate entry in Item 4 to show that the factor is not available. See the Experience Rating

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 3 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
INFORMATION PAGE NOTES WC 00 00 01 A**

Modification Factor Endorsement for more information. ~~Use of an estimated rating modification factor is not authorized in California.~~

17. In those states where a schedule rating plan has been filed and approved, report the schedule rating information in Item 4, as required by the filed plan.
18. Premium discount may be shown in Item 4, the Premium Discount Endorsement, or both. ~~Premium discount does not apply in California.~~
19. Taxes, assessments, deposit premium, interim adjustments of premium, the rating plan, past experience, cancellation of similar insurance, date and place of policy issuance, date and place of countersignature, and other related information may be shown in Item 4. ~~The deposit premium and the resultant premium adjustment periods must be shown in Item 4 in California, , New Jersey, New York and Pennsylvania.~~

~~The policy issuing office and the date of issue must be shown on the Information Page in the states of California, , New Jersey, Pennsylvania, and Wisconsin. The name of the agent or producer, if any, must be shown on the Information Page in , New Jersey, Pennsylvania, and Wisconsin. This is optional in California and New York.~~
20. ~~Three-y~~Year ~~Fixed-r~~Rate ~~p~~Policies must be so designated on the Information Page as required by Rule 3-B-1-b XI of NCCI's the **Basic Manual**. In Item 4, the company shall report the premium information either as Standard Premium or Total Standard Premium as defined in Rule 3-A-20 VII of NCCI's the **Basic Manual**.

~~Three Year Fixed Rate Policies are not permitted in California.~~
21. Other entries may be made on the Information Page as authorized by Notes to Standard Endorsements, including: Anniversary Rating Date; Defense Base Act Coverage; Nonappropriated Fund Instrumentalities Act Coverage; Partners, Officers and Others Exclusion; Pending Rate Change; Sole Proprietors, Partners, Officers and Others Coverage; and Voluntary Compensation Maritime Coverage Endorsements.
22. The company may place the execution clause at the end of the Information Page, at the end of the standard policy, or on a policy jacket.

State Workers Compensation Rating Bureau Information Page Notes:

Refer to the *Pennsylvania Basic Manual* for Pennsylvania policy issuance instructions and specific requirements.

Refer to the sample Information Page in the Forms Section, Part Three, Section 2, of the *New Jersey Workers Compensation and Employers Liability Insurance Manual* for a description of New Jersey requirements.

Refer to the *New York Manual* (Part Four) for complete instructions on policy issuance, including Information Page Notes for preparing New York policies.

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**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

EXHIBIT 4

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT WC 00 01
02 A**

**FEDERAL COAL MINE SAFETY AND HEALTH ~~AND SAFETY~~ ACT COVERAGE ENDORSEMENT WC
00 01 02 A**

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Safety and Health ~~and Safety~~ Act of 1969 (30 U.S.C Sections 801-945-931-942). Part One (Workers Compensation Insurance) applies to that work as though that state were shown in Item 3.A. of the Information Page.

The definition of workers compensation law includes the Federal Coal Mine Safety and Health ~~and Safety~~ Act of 1969 (30 U.S.C Sections 801-945-931-942) and any amendment to that law that is in effect during the policy period.

Part One (Workers Compensation Insurance), Section A.2., How This Insurance Applies, is replaced by the following:

Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period or, when the last exposure occurred prior to July 1, 1973, a claim based on that disease must be first filed against you during the policy period shown in Item 2 of the Information Page.

Schedule

State

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**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

EXHIBIT 5

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT WC 00 01 09 B**

OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT WC 00 01 09 ~~A~~ B

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 U.S.C Sections 1331–1356a). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

Schedule

Description and Location of Work

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 6**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)

**VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

This endorsement adds Voluntary Compensation Coverage and Employers Liability Coverage to the policy.

"Bodily injury," "business," "residence employee," "residence premises," "you," and "we" have the meanings stated in the policy.

VOLUNTARY COMPENSATION COVERAGE**A. How This Coverage Applies**

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. The bodily injury must arise out of and in the course of the residence employee's employment by you.
2. The employment must be necessary or incidental to work in the state of the residence premises or a state listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee's employment by you. The residence employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your residence employees were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

D. Exclusions

This Coverage does not cover

1. ~~B~~odily injury arising out of any of your business pursuits.
2. ~~B~~odily injury intentionally caused or aggravated by you.
3. Any obligation imposed by a workers compensation or occupational disease law or any similar law.

E. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. ~~T~~ransfer to us their right to recover from others who may be responsible for the injury or death.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 6 (CONT'D)**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 12 A****(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**

3. ~~Co~~operate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this Coverage fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

EMPLOYERS LIABILITY COVERAGE**A. How This Coverage Applies**

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. The bodily injury must arise out of and in the course of the residence employee's employment by you.
2. The employment must be necessary or incidental to work in the state of the residence premises or a state listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee's employment by you. The residence employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~E~~for which you are liable to a third party by reason of a claim or suit against you to recover damages obtained from the third party;
2. ~~E~~for care and loss of services; and
3. ~~E~~for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This Coverage does not apply to:

1. ~~B~~odily injury arising out of any of your business pursuits.
2. ~~B~~odily injury intentionally caused or aggravated by you.
3. ~~A~~ny obligation imposed by a workers compensation or occupational disease law or any similar law.

D. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 6 (CONT'D)**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 12 A****(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**

any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

E. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below, regardless of the number of insureds, claims or suits, or persons who sustain bodily injury.

1. Bodily Injury by Accident. The limit shown for “bodily injury by accident—each accident” is the most we will pay for damages because of bodily injury to one or more residence employees arising out of any one accident. That limit includes damages for death, care, and loss of services.
2. Bodily Injury by Disease. The limit shown for “bodily injury by disease—coverage limit” is the most we will pay for damages because of all bodily injury by disease to one or more residence employees. The limit shown for “bodily injury by disease—each employee” is the most we will pay for all damages because of bodily injury by disease to any one employee. The limits include damages for death, care, and loss of services.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance

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**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

EXHIBIT 6 (CONT'D)
**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)

POLICY PROVISIONS

Voluntary Compensation Coverage and Employers Liability Coverage are subject to the provisions of the policy relating to the defense of suits; payment of claim expenses; duties after loss; waiver or changes of policy provisions; cancellation and nonrenewal; subrogation or recovery from others; assignment or death of the insured; premium; and bankruptcy.

Schedule

1. Residence Employees	Number	Rates	Premium
Inservants			
Outservants, including private chauffeurs			
<u>Domestic</u>			
<u>Workers—Residences—Full-Time</u>			
<u>Domestic</u>			
<u>Workers—Residences—Part-Time</u>			
2. State:		Workers Compensation Law	
3. Limits of Liability for Employers Liability Coverage			
Bodily Injury by Accident	\$ _____	each accident	
Bodily Injury by Disease	\$ _____	coverage limit	
	\$ _____	each employee	

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 7

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

This endorsement adds Workers Compensation and Employers Liability Coverage to the policy.

Certain words and phrases used in this endorsement are defined as follows:

“Bodily injury,” “business,” “residence employee,” “residence premises,” “you,” and “we” have the meanings stated in the policy.

“Workers compensation law” means the workers or workmen’s compensation and occupational disease law of the state or territory where the residence premises is located and of any other state shown in Item 2 of the Schedule. Workers compensation law does not include the provisions of any law that provide nonoccupational benefits.

WORKERS COMPENSATION COVERAGE

A. How This Coverage Applies

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee’s employment by you. The residence employee’s last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

D. Exclusion

This Coverage does not apply to bodily injury arising out of any of your business pursuits.

E. Law Provision

Terms of this Coverage that conflict with the workers compensation law are changed by this statement to conform to that law.

EMPLOYERS LIABILITY COVERAGE

A. How This Coverage Applies

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 7 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 14 A****(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)**

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. The bodily injury must arise out of and in the course of the residence employee's employment by you.
2. The employment must be necessary or incidental to work in the state of the residence premises or a state listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee's employment by you. The residence employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~E~~for which you are liable to a third party by reason of a claim or suit against you to recover damages obtained from the third party;
2. ~~E~~for care and loss of services; and
3. ~~E~~for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This Coverage does not apply to:

1. ~~B~~odily injury arising out of any of your business pursuits.
2. ~~B~~odily injury intentionally caused or aggravated by you.
3. ~~A~~ny obligation imposed by a workers compensation or occupational disease law or any similar law.

D. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

E. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below, regardless of the number of insureds, claims or suits, or persons who sustain bodily injury.

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**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

EXHIBIT 7 (CONT'D)

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

**(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)**

1. Bodily Injury by Accident. The limit shown for “bodily injury by accident—each accident” is the most we will pay for damages because of bodily injury to one or more residence employees arising out of any one accident. That limit includes damages for death, care, and loss of services.
2. Bodily Injury by Disease. The limit shown for “bodily injury by disease—coverage limit” is the most we will pay for damages because of all bodily injury by disease to one or more residence employees. The limit shown for “bodily injury by disease—each employee” is the most we will pay for all damages because of bodily injury by disease to any one employee. The limits include damages for death, care, and loss of services.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

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**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

EXHIBIT 7 (CONT'D)
**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)

POLICY PROVISIONS

Workers Compensation Coverage and Employers Liability Coverage are subject to the provisions of the policy relating to the defense of suits; payment of claim expenses; duties after loss; waiver or changes of policy provisions; cancellation and nonrenewal; subrogation or recovery from others; assignment or death of the insured; premium; and bankruptcy.

Schedule

	Number	Rates	Premium
1. Residence Employees			
Inservants			
Outservants, including private chauffeurs			
<u>Domestic</u>			
<u>Workers—Residences—Full-Time</u>			
<u>Domestic</u>			
<u>Workers—Residences—Part-Time</u>			
2. State:		Workers Compensation Law	
3. Limits of Liability for Employers Liability Coverage			
Bodily Injury by Accident	\$ _____	each accident	
Bodily Injury by Disease	\$ _____	coverage limit	
	\$ _____	each employee	

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 8****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
STATE NOTES: POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE WC****89 06 09 C****(Applies in: AK, AL, AR, AZ, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**~~**STATE NOTES: POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE WC 89 06 09 B-C**~~**I. BACKGROUND**

The National Council on Compensation Insurance, Inc. (NCCI) collects and captures workers compensation policy data ~~has developed and implemented the Policy Issue Capture System (PICS).~~ ~~Under this system, NCCI captures and stores all workers compensation policy data.~~ The policy data is obtained from the policy documents or electronic files submitted by data providers ~~insurers~~ to NCCI. ~~(Data providers~~ insurers ~~also have the option of entering submitting this data directly online using DCA Access® Online~~ electronically to NCCI.)

~~Policy data is used to~~ ~~The Policy Issue Capture System has been developed to~~ fulfill three basic functions. One is to provide actuarial information that can be used to control the quality of ratemaking data. The second function is to provide a control over the submission of unit statistical reports. The third function ~~of PICS~~ is the reporting of coverage data to state workers compensation agencies (i.e., industrial commissions, accident boards, departments of labor). As state workers compensation agencies contract or sign an agreement with NCCI to utilize its Proof of Coverage (POC) program, the NCCI reporting of coverage data to those state workers compensation agencies eliminates the need for data providers ~~insurers~~ to report coverage data directly to these agencies. ~~(Data providers~~ insurers ~~will be are required by these agencies to submit coverage data, but data providers~~ insurers ~~may satisfy this requirement by reporting coverage data directly to NCCI in place of the state agencies.)~~

The coverage data submitted by NCCI to the state workers compensation agencies will be taken from the policy documents (Information Page, attached schedules, endorsements) submitted by insurers ~~data providers~~ to NCCI. This is possible since the data required by these agencies is a subset of the data contained in the policy documents. The Policy Termination/Cancellation/Reinstatement Notice explained in this note is an additional policy document to be submitted by data providers ~~insurers~~ to NCCI in order for NCCI to provide this data to the state agencies.

II. SUBMISSION OF POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE—FORM WC 89 06 09 B-C

This Notice must be submitted to NCCI for all policies with one or more states participating in NCCI's POC program as identified in the POC Compliance Guide that can be found on ncci.com ~~Section V.~~

~~NOTE: Virginia has its own Cancellation/Reinstatement Notice which is required to be filed directly with Virginia. A copy of the Virginia form is acceptable in lieu of this form to be sent to NCCI (Data providers~~ insurers ~~submitting cancellations and reinstatements electronically need not send either this form to NCCI.~~

→ The submission conditions for the notice are as follows:

1. The policy is terminated, cancelled or scheduled to be cancelled or, where required, not renewed.

→

2. The policy is reinstated after being cancelled or scheduled to be cancelled or nonrenewed and, as required in 1 above, this notice has previously been submitted to NCCI.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 8 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
STATE NOTES: POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE WC****89 06 09 C****(Applies in: AK, AL, AR, AZ, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**~~or~~

3. The effective date for termination/cancellation is changed and, as required in 1 above, this notice has previously been submitted to NCCI. Note: If changing the cancellation effective date, a reinstatement with the prior cancellation effective date must be processed before the subsequent cancellation.

Data providers ~~Insurers~~ need not submit any forms, other than this Notice, to NCCI whenever one of the above conditions is applicable on policies with one or more states identified in the POC Compliance Guide ~~Section V~~.

III. RELATIONSHIP OF POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE TO COMPANY REPORTING REQUIREMENTS FOR STATE WORKERS COMPENSATION AGENCIES (i.e., INDUSTRIAL COMMISSIONS, DEPARTMENTS OF LABOR, etc.)

A. Definition of Single State and Multistate Policies

A single state policy is defined, for the purpose of these rules, as a policy having only one POC ~~of the states listed in Section V below set forth~~ in Item 3.A. of the Information Page.

A multistate policy is defined, for the purpose of these rules, as a policy having two or more POC ~~of the states listed in Section V below set forth~~ in Item 3.A. of the Information Page.

B. Single State Policies

1. Single State Policies Covering a State in Which the POC Program Is in Effect

Data providers ~~Insurers~~ are not required to submit any coverage data (i.e., notification of coverage, cancellation, etc.) directly to state workers compensation agencies for any policy providing coverage for a POC state listed in Section V below as of the state's POC implementation date shown in the POC Compliance Guide ~~given for that state~~.

2. Single State Policies Covering a State in Which the POC Program Is Not in Effect

Data providers ~~Insurers~~ must continue to submit coverage data directly to state workers compensation agencies for any policy providing coverage for a state in which the POC program is not yet in effect. This will be any state not listed in the POC Compliance Guide ~~Section V~~.

C. Multistate Policies

Data providers ~~Insurers~~ are not required to submit any coverage data directly to any state workers compensation agency for a state covered by the policy and participating in the POC program ~~as shown in Section V~~.

Data providers ~~Insurers~~ must continue to report coverage data directly to state workers compensation agencies for a given state covered by the policy and not participating in the NCCI POC program ~~shown in Section V~~.

A multistate policy, therefore, may result in data providers ~~insurers~~ being required to submit coverage data directly to state workers compensation agencies for some states covered by the policy, but not for all states covered by the policy.

IV. REPORTING TIME FRAMES FOR FORM WC 89 06 09 ~~B~~ C

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 8 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
STATE NOTES: POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE WC****89 06 09 C****(Applies in: AK, AL, AR, AZ, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)****A. Terminations, Cancellations, and Reinstatements**

This notice must be received by NCCI on or before the number of days prior to the effective date of cancellation or termination, or for nonrenewal, prior to policy expiration date as specified in the Industrial/Workers Compensation Commission Administrative Rule and/or the statute of the state(s) covered by the policy or as indicated in the POC Compliance Guide. For multistate policies, it is the greatest number of days for any covered state that governs the reporting time frame. Reinstatement notices must be submitted as soon as the reinstatement is issued.

V. STATES AND DATES OF PARTICIPATION IN NCCI'S PROOF OF COVERAGE PROGRAM

Refer to the POC Compliance Guide for each POC state's implementation date and reporting requirements.

POC	POC
State	Date
Alabama	March 1, 1987 (Policy Effective Date)
Colorado	November 1, 1994
Connecticut	January 1, 1991
District of Columbia	July 1, 1997
Georgia	April 15, 1987
Idaho	August 1, 1997
Illinois	April 1, 1986
Indiana	January 1, 1998
Kansas	March 1, 1987
Kentucky	December 1, 1997
Louisiana	November 1, 1994
Maryland	May 1, 1987
Mississippi	January 1, 1993
Missouri	August 1, 1997
Montana	June 1, 1994
Nebraska	August 1, 1996
New Mexico	July 1, 1994
Rhode Island	June 1, 1998
South Carolina	July 1, 1989

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 8 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
STATE NOTES: POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE WC****89 06 09 C****(Applies in: AK, AL, AR, AZ, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**~~South Dakota~~~~June 1, 1997~~~~Utah~~~~September 1, 1987~~~~Vermont~~~~December 1, 1991~~~~Virginia~~~~December 31, 1989~~

Policy documents on hard copy should be sent as follows:

U.S. MailNCCI, Inc.~~c/o first Image Data Acquisition Division~~ACS

P.O. Box 7369

London, KY 40742-7369

Other MailingsNCCI, Inc.~~c/o first Image Data Acquisition Division~~ACS

1084 South Laurel Road

~~London, KY 40741-9928~~London, KY 40744

Policy documents on magnetic tape should be sent as follows:

U.S. MailNCCI, Inc. ~~Data Reporting Services~~

P.O. Box 5049

Boca Raton, FL 33431-0849

Other MailingsNCCI, Inc. ~~Data Management~~ ~~Data Collection~~Attn: Data Collection~~901 Peninsula Corporate Circle~~ ~~750 Park of Commerce Drive~~

Boca Raton, FL 33487-1362

VI. MODIFICATION TO FORM WC 89 06 09 ~~B~~ C

Data providers ~~insurers~~, other than those producing this notice by computer, must use this form exactly as printed. This form is available from CCH Insurance Services, 800-481-1522 ~~NCCI's Central Forms Program~~.

Those data providers ~~insurers~~ that produce this notice by computer may not change the format of the form, except as indicated. The content of the form, including form number, must be duplicated exactly. ~~An insurer~~ ~~data provider~~ may, however, only print the information and wording for the particular transaction being reported (e.g., cancellation wording only).

VII. USE OF FORM WC 89 06 09 ~~B~~ C AS A NOTICE OF CANCELLATION TO THE INSURED

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 8 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
STATE NOTES: POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE WC****89 06 09 C****(Applies in: AK, AL, AR, AZ, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**

Where permitted, ~~data providers-insurers~~ may use this notice to provide notice of cancellation to the insured as well as to NCCI. Many states have their own forms for this purpose. The use of this form as a cancellation notice to the insured is not mandatory. ~~Data providers-insurers~~ may use this form or their own company form at their option, subject to particular state requirements.

Carrier Name/NCCI Carrier
Code _____

Insured's Name _____

Federal ID No. _____

Insured's
Address _____

Policy Number

Policy Effective Date

Policy Expiration Date

Termination/Cancellation/Nonrenewal

The coverage provided by the policy number shown above is being _____ nonrenewed or _____ terminated/cancelled, _____ flat, _____ pro rata, or _____ short rate, effective _____ 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Reinstatement

The coverage provided by the policy number shown above and previously nonrenewed, cancelled, or scheduled for cancellation is being reinstated effective _____ 12:01 a.m. standard time at the insured's mailing address.

Issue Date _____

Issuing Office _____

Producer's
Name _____

Date Stamp _____

(For NCCI use only):

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

EXHIBIT 9

FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

STATE NOTES: PROOF OF COVERAGE NOTICE WC 89 06 20 C

(Applies in: AL, CO, CT, DC, GA, ID, IL, IN, KS, KY, LA, MD, MO, MS, MT, NE, NM, RI, SC, SD, UT, VA, VT, WV)

~~STATE NOTES: PROOF OF COVERAGE NOTICE WC 89 06 20 C~~

~~I. BACKGROUND~~

~~The Proof of Coverage (POC) Notice was developed to be used in certain states, but only if policies cannot be issued to be received by the National Council on Compensation Insurance, Inc. (NCCI) within the coverage notice requirements of the states. Additionally, it should only be sent to NCCI to cancel a previously submitted POC Notice when the policy has **not** been issued.~~

~~II. SUBMISSION OF PROOF OF COVERAGE NOTICE WC 89 06 20 C~~

~~This Notice must be submitted to NCCI for all policies that will not be received by NCCI within the states coverage notice requirement as shown in Section III.~~

~~This form is **not** a substitute for the policy Information Page (WC 00 00 01 A), which when issued should continue to be submitted to NCCI. When the Information Page is received by NCCI, it will replace the POC Notice, but keep the original receive date of the POC Notice. In order for this match to occur, the Policy Number, Carrier Code **and** Policy Effective Date **must** be the same on the policy Information Page as was reported on the POC Notice.~~

~~If the policy Information Page is to be or is issued with the Policy Number, Carrier Code and/or Policy Effective Date different than that reported on the POC Notice, use the POC Notice form, Change/Deletion Notice section, to change the data element(s) that is different. This is required to ensure that there is a match between the POC Notice and the policy Information Page and to maintain the original coverage notification date from the POC Notice.~~

~~**Reminder:** The policy Information Page data will completely replace the information provided on the POC Notice except for the receipt date of original coverage notification.~~

~~If coverage is to be canceled and the policy Information Page has not been issued, submit the POC Notice indicating cancellation. The top portion of the form must be identical to that provided on the original POC Notice.~~

~~If the policy coverage is to be canceled and the policy Information Page has been issued, the Policy Termination/Cancellation/Reinstatement Notice (WC 89 06 09 B) **must** be used to cancel the policy.~~

~~If information on the POC Notice needs to be changed, complete the top portion of the form as originally submitted and complete only the item(s) to be changed in the Change/Delete Notice section of the form. All changes are as of the Policy Effective Date.~~

~~The Delete Proof of Coverage Notice should be used only if the Proof of Coverage Notice was issued in error. If the Proof of Coverage Notice was issued legitimately and is no longer required, use the Termination/Cancellation section of the form.~~

~~Mail all POC Notice forms as follows:-~~

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 9 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****STATE NOTES: PROOF OF COVERAGE NOTICE WC 89 06 20 C**

(Applies in: AL, CO, CT, DC, GA, ID, IL, IN, KS, KY, LA, MD, MO, MS, MT, NE, NM, RI, SC, SD, UT, VA, VT, WV)

~~U.S. Mail~~~~NCCL, Inc.~~~~c/o ACS~~~~P.O. Box 7369~~~~London, KY 40742-7369~~**~~Other Acceptable Means of Delivery*~~**~~NCCL, Inc.~~~~c/o ACS~~~~1084 South Laurel Road~~~~London, KY 40741~~

* Other Acceptable Means of Delivery include delivery services such as but not limited to Federal Express, UPS, etc.

III. ~~STATES THAT ACCEPT THE PROOF OF COVERAGE NOTICE~~**~~State~~****~~Number of Days After
Policy Effective Date
Policy Must Be Received
by NCCL~~****~~POC Effective
Date~~****~~POC Notice
Implementation Date~~**~~Maryland~~~~30~~~~October 1,
1991~~~~October 1, 1991~~~~Missouri~~~~30~~~~August 1, 1997~~~~March 1, 2003~~~~South Carolina~~~~30~~~~July 1, 1989~~~~July 1, 1989~~**IV. ~~MODIFICATION TO FORM WC 89 06 20 C~~**~~Data providers, other than those producing this notice electronically, must use this form exactly as printed. This form is available from NCCL's Central Forms Program.~~~~Data providers producing this form electronically may change the format of the form. The contents of the form, including the form number, must be duplicated exactly. These data providers may, however, print only the information and wording for the particular transaction being reported (e.g., cancellation wording only [entire top portion of form is required]).~~**V. ~~USE OF FORM WC 89 06 20 C AS A NOTICE OF CANCELATION TO THE INSURED~~**~~Where permitted, data providers may use this notice to provide notice of cancellation to the insured as well as to NCCL. The use of this form as a cancellation notice to the insured is not mandatory. Data providers may use this form or their own company form at their option, subject to particular state requirements.~~**~~PROOF OF COVERAGE NOTICE~~**~~Insured's Primary Name~~~~Insured's Primary Address~~

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 9 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****STATE NOTES: PROOF OF COVERAGE NOTICE WC 89 06 20 C**

(Applies in: AL, CO, CT, DC, GA, ID, IL, IN, KS, KY, LA, MD, MO, MS, MT, NE, NM, RI, SC, SD, UT, VA, VT, WV)

~~Federal ID No.~~ _____ ~~NCCI Carrier Code~~ _____~~Carrier Name~~ _____~~Issuing Office~~ _____~~Policy Number~~~~Policy Effective Date~~~~Policy Expiration Date~~~~State(s)~~~~Covered~~~~Issue Date~~**~~TERMINATION/CANCELATION~~**~~The coverage provided by the policy number shown above is being terminated/canceled effective _____
12:01 a.m. standard time at the insured's mailing address for the following reason(s):~~~~Issue Date~~**~~CHANGE/DELETION NOTICE~~**~~The coverage information indicated above is being changed. The changes are as follows:~~~~Revised Insured's Primary
Name~~~~Revised Insured's Primary
Address~~~~Revised Federal ID No.~~ _____ ~~Revised NCCI Carrier
Code~~ _____~~Revised Policy Number~~~~Revised Policy Effective Date~~~~Revised Policy Expiration Date~~~~Revised State(s) Covered~~~~Delete Proof of Coverage
Notice~~~~Issue Date~~

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**EXHIBIT 10****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS
COMPENSATION PREMIUM CREDIT APPLICATION FORM NC-5000 A
(Applies in: CT, HI, MT, NE, NM, OK, OR)**

(Name of Insured)

(Address)

(City, State, Zip Code)

**CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION
PREMIUM CREDIT APPLICATION Form NC-5000 A**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to the:

For all applications except Hawaii:

National Council on Compensation Insurance, Inc.
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362

For Hawaii applications only:

National Council on Compensation Insurance, Inc.
Hawaii Service Center
1001 Bishop Street, Suite 1550
~~American Savings Bank Building~~
Honolulu, HI 96813

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer), and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year preceding your anniversary rating date.

Note #1: If you did not engage in contracting operations during the third quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the anniversary rating date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information for the first complete calendar quarter following the anniversary rating date of your workers compensation policy when available.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

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ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE

EXHIBIT 10 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS
COMPENSATION PREMIUM CREDIT APPLICATION FORM NC-5000 A
(Applies in: CT, HI, MT, NE, NM, OK, OR)

- Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.
- Note #4: In absence of specific anniversary rating date being supplied on application, it will be assumed that the policy effective date is the same as the anniversary rating date.

Please preserve your anniversary rating date and payroll records that formed the basis for this declaration, ~~as~~ because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured: _____

STATE CREDIT
BEING APPLIED FOR
(NOTE: one state per application): _____

POLICY NUMBER:	_____	POLICY EFFECTIVE DATE:	_____	ANNIVERSARY RATING DATE (as defined in NCCL's <i>Basic Manual</i>)	_____
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CARRIER: _____

NOTE: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. Contact your agent or carrier if assistance is desired.

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EXHIBIT 10 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
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CLASSIFICATION		CODE	TOTAL WAGES PAID	TOTAL HOURS WORKED
Example: Electrical Wiring		5190	\$8,000	520
Non-contracting Classifications:				

The foregoing is based on actual wages (excluding overtime premium pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) **and hours worked as reflected in our payroll records for the complete calendar quarter.**

Complete Calendar Quarter (please circle one):

1st (1/1–3/31)	2nd (4/1–6/30)
3rd (7/1–9/30)	4th (10/1–12/31)

Calendar Year: _____

SIGNATURE: _____ **POSITION:** _____ **DATE:** _____