



Workers Compensation Insurance Organizations, Inc.

WCIO

**WCIO Workers Compensation Data
Specifications**

**WORKERS COMPENSATION
CONSTRUCTION PREMIUM ADJUSTMENT
PROGRAM (WCCPAP)**

Added New Code

| Record | Field Name | Change Reason |
|--|--|----------------------|
| 1 | DATA QUARTER (224-224) | |
| New Code: 1 | | |
| New Code Description: First Quarter | | |
| 1 | DATA QUARTER (224-224) | |
| New Code: 2 | | |
| New Code Description: Second Quarter | | |
| 1 | DATA QUARTER (224-224) | |
| New Code: 3 | | |
| New Code Description: Third Quarter | | |
| 1 | DATA QUARTER (224-224) | |
| New Code: 4 | | |
| New Code Description: Fourth Quarter | | |
| 1 | STATUS OF CPAP CODE (254-254) | |
| New Code: F | | |
| New Code Description: Final | | |
| 1 | STATUS OF CPAP CODE (254-254) | |
| New Code: P | | |
| New Code Description: Preliminary | | |
| 2 | CLASSIFICATION INDICATOR CODE (78-78) | |
| New Code: 1 | | |
| New Code Description: Contracting/Eligible Classifications | | |
| 2 | CLASSIFICATION INDICATOR CODE (78-78) | |
| New Code: 2 | | |
| New Code Description: Non-Contracting Classifications | | |
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| New Code: 0 | | |
| New Code Description: Class Code and Rate Basis | | |
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| New Code: 1 | | |
| New Code Description: Increase | | |
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| New Code: 2 | | |
| New Code Description: Decrease | | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 01 | | |
| New Code Description: No Eligible Codes Reported | | |

Added New Code

| Record | Field Name | Change Reason |
|---|--------------------------------------|----------------------|
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 02 | | |
| New Code Description: Did not meet the average hourly wage requirement | | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 03 | | |
| New Code Description: Not Experience Rated | | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 04 | | |
| New Code Description: Contracting premium less than 50% of total premium | | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 05 | | |
| New Code Description: Experience Modifier Above Maximum Allowed | | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 06 | | |
| New Code Description: Application received more than 180 days after policy effective date | | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| New Code: 07 | | |
| New Code Description: Application received more than 3 years after policy expiration date | | |

Added New Field

| Record | Field Name | Change Reason |
|---------------|---|----------------------|
| 0 | STATE CODE (1-2) | |
| 0 | CARRIER CODE (3-7) | |
| 0 | BRANCH CODE (8-10) | |
| 0 | POLICY NUMBER IDENTIFIER (11-28) | |
| 0 | POLICY EFFECTIVE DATE (29-36) | |
| 0 | COVERAGE ID NUMBER (37-46) | |
| 0 | COMBINABLE ID NUMBER (47-55) | |
| 0 | PERIOD EFFECTIVE DATE (56-63) | |
| 0 | FACTOR REVISION CODE (64-65) | |
| 0 | RESERVED FOR FUTURE USE (66-72) | |
| 1 | LINK DATA (1-72) | |
| 1 | RECORD TYPE CODE (73-73) | |
| 1 | NAME OF INSURED (74-163) | |
| 1 | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (164-172) | |
| 1 | RISK ID NUMBER (173-181) | |
| 1 | CREDIT EFFECTIVE DATE (182-189) | |
| 1 | CREDIT EXPIRATION DATE (190-197) | |
| 1 | LETTER ISSUED DATE (198-205) | |
| 1 | LETTER ID (206-219) | |

Added New Field

| Record | Field Name | Change Reason |
|---------------|--|----------------------|
| 1 | DATA YEAR (220-223) | |
| 1 | DATA QUARTER (224-224) | |
| 1 | APPLICATION RECEIVED DATE (225-232) | |
| 1 | PRODUCTION DATE (233-240) | |
| 1 | EXPERIENCE MODIFICATION FACTOR (241-245) | |
| 1 | RATING EFFECTIVE DATE (246-253) | |
| 1 | STATUS OF CPAP CODE (254-254) | |
| 1 | RESERVED FOR FUTURE USE (255-300) | |
| 2 | LINK DATA (1-72) | |
| 2 | RECORD TYPE CODE (73-73) | |
| 2 | CLASSIFICATION CODE (74-77) | |
| 2 | CLASSIFICATION INDICATOR CODE (78-78) | |
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| 2 | WAGES/PAYROLL AMOUNT (80-91) | |
| 2 | HOURS/HOURS WORKED (92-103) | |
| 2 | BASE RATE (104-113) | |
| 2 | PREMIUM AMOUNT (114-127) | |
| 2 | AVERAGE HOURLY WAGE (128-137) | |
| 2 | CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR (138-141) | |
| 2 | CREDIT PER CLASS AMOUNT (142-153) | |
| 2 | RESERVED FOR FUTURE USE (154-300) | |
| 3 | LINK DATA (1-72) | |
| 3 | RECORD TYPE CODE (73-73) | |
| 3 | TOTAL PAYROLL/WAGES AMOUNT (74-85) | |
| 3 | TOTAL HOURS WORKED (86-97) | |
| 3 | PREMIUM AMOUNT TOTAL (98-109) | |
| 3 | TOTAL CREDIT PER CLASS/TOTAL CREDIT AMOUNT (110-121) | |
| 3 | RATING EFFECTIVE DATE (122-129) | |
| 3 | RATING ISSUE DATE (130-137) | |
| 3 | LATE PENALTY ADJUSTMENT AMOUNT (138-140) | |
| 3 | POLICY CREDIT (141-144) | |
| 3 | POLICY CREDIT FACTOR (145-147) | |
| 3 | EXPERIENCE RATING MODIFICATION OFFSET FACTOR (148-151) | |
| 3 | EXPERIENCE RATING OFFSET AMOUNT (152-163) | |
| 3 | SPLIT POINT AMOUNT (164-172) | |
| 3 | STATE ACCIDENT LIMIT AMOUNT (173-178) | |
| 3 | TOTALS - EXPECTED (179-190) | |
| 3 | EXPECTED EXCESS LOSS TOTALS (191-202) | |

Added New Field

| Record | Field Name | Change Reason |
|--------|--|---------------|
| 3 | WEIGHT FACTOR (203-208) | |
| 3 | BALLAST AMOUNT (209-220) | |
| 3 | Z FACTOR (221-223) | |
| 3 | CREDIT OFFSET (224-226) | |
| 3 | CREDIT PERCENTAGE/NET CREDIT (227-230) | |
| 3 | NET CREDIT AMOUNT (231-242) | |
| 3 | DID NOT QUALIFY (DNQ) CODE (243-244) | |
| 3 | RESERVED FOR FUTURE USE (245-300) | |
| 9 | RESERVED FOR FUTURE USE (1-72) | |
| 9 | RECORD TYPE CODE (73-73) | |
| 9 | RECORD TOTALS (74-83) | |
| 9 | HEADER RECORD TOTALS (84-91) | |
| 9 | RESERVED FOR FUTURE USE (92-300) | |

Deleted Code

| Record | Field Name | Change Reason |
|---|--|---------------|
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| Deleted Code: 0 | | |
| Deleted Code Description: Class Code and Rate Basis | | |
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| Deleted Code: 1 | | |
| Deleted Code Description: Increase | | |
| 2 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE (79-79) | |
| Deleted Code: 2 | | |
| Deleted Code Description: Decrease | | |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|---|-------------------------|
| A | | |
| APPLICATION RECEIVED DATE | Header Record | 225-232 |
| AVERAGE HOURLY WAGE | CPAP Contributing Classification Codes and Wages Record | 128-137 |
| B | | |
| BALLAST AMOUNT | Calculation of Offset and Net Credit Record | 209-220 |
| BASE RATE | CPAP Contributing Classification Codes and Wages Record | 104-113 |
| BRANCH CODE | Link Data Common to All Records | 8-10 |
| C | | |
| CARRIER CODE | Link Data Common to All Records | 3-7 |
| CLASSIFICATION CODE | CPAP Contributing Classification Codes and Wages Record | 74-77 |
| CLASSIFICATION INDICATOR CODE | CPAP Contributing Classification Codes and Wages Record | 78-78 |
| COMBINABLE ID NUMBER | Link Data Common to All Records | 47-55 |
| CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR | CPAP Contributing Classification Codes and Wages Record | 138-141 |
| COVERAGE ID NUMBER | Link Data Common to All Records | 37-46 |
| CREDIT EFFECTIVE DATE | Header Record | 182-189 |
| CREDIT EXPIRATION DATE | Header Record | 190-197 |
| CREDIT OFFSET | Calculation of Offset and Net Credit Record | 224-226 |
| CREDIT PER CLASS AMOUNT | CPAP Contributing Classification Codes and Wages Record | 142-153 |
| CREDIT PERCENTAGE/NET CREDIT | Calculation of Offset and Net Credit Record | 227-230 |
| D | | |
| DATA QUARTER | Header Record | 224-224 |
| DATA YEAR | Header Record | 220-223 |
| DID NOT QUALIFY (DNQ) CODE | Calculation of Offset and Net Credit Record | 243-244 |
| E | | |
| EXPECTED EXCESS LOSS TOTALS | Calculation of Offset and Net Credit Record | 191-202 |
| EXPERIENCE MODIFICATION FACTOR | Header Record | 241-245 |
| EXPERIENCE RATING MODIFICATION OFFSET FACTOR | Calculation of Offset and Net Credit Record | 148-151 |
| EXPERIENCE RATING OFFSET AMOUNT | Calculation of Offset and Net Credit Record | 152-163 |
| F | | |
| FACTOR REVISION CODE | Link Data Common to All Records | 64-65 |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | Header Record | 164-172 |
| H | | |
| HEADER RECORD TOTALS | File Control Record | 84-91 |
| HOURS/HOURS WORKED | CPAP Contributing Classification Codes and Wages Record | 92-103 |
| L | | |
| LATE PENALTY ADJUSTMENT AMOUNT | Calculation of Offset and Net Credit Record | 138-140 |
| LETTER ID | Header Record | 206-219 |
| LETTER ISSUED DATE | Header Record | 198-205 |
| LINK DATA | Calculation of Offset and Net Credit Record | 1-72 |
| | CPAP Contributing Classification Codes and Wages Record | 1-72 |
| | Header Record | 1-72 |
| N | | |
| NAME OF INSURED | Header Record | 74-163 |
| NET CREDIT AMOUNT | Calculation of Offset and Net Credit Record | 231-242 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|---|-------------------------|
| P | | |
| PERIOD EFFECTIVE DATE | Link Data Common to All Records | 56-63 |
| POLICY CREDIT | Calculation of Offset and Net Credit Record | 141-144 |
| POLICY CREDIT FACTOR | Calculation of Offset and Net Credit Record | 145-147 |
| POLICY EFFECTIVE DATE | Link Data Common to All Records | 29-36 |
| POLICY NUMBER IDENTIFIER | Link Data Common to All Records | 11-28 |
| PREMIUM AMOUNT | CPAP Contributing Classification Codes and Wages Record | 114-127 |
| PREMIUM AMOUNT TOTAL | Calculation of Offset and Net Credit Record | 98-109 |
| PRODUCTION DATE | Header Record | 233-240 |
| R | | |
| RATING EFFECTIVE DATE | Calculation of Offset and Net Credit Record | 122-129 |
| | Header Record | 246-253 |
| RATING ISSUE DATE | Calculation of Offset and Net Credit Record | 130-137 |
| RECORD TOTALS | File Control Record | 74-83 |
| RECORD TYPE CODE | Calculation of Offset and Net Credit Record | 73-73 |
| | CPAP Contributing Classification Codes and Wages Record | 73-73 |
| | File Control Record | 73-73 |
| | Header Record | 73-73 |
| RESERVED FOR FUTURE USE | Calculation of Offset and Net Credit Record | 245-300 |
| | CPAP Contributing Classification Codes and Wages Record | 154-300 |
| | File Control Record | 1-72 |
| | File Control Record | 92-300 |
| RESERVED FOR FUTURE USE | Header Record | 255-300 |
| | Link Data Common to All Records | 66-72 |
| RISK ID NUMBER | Header Record | 173-181 |
| S | | |
| SPLIT POINT AMOUNT | Calculation of Offset and Net Credit Record | 164-172 |
| STATE ACCIDENT LIMIT AMOUNT | Calculation of Offset and Net Credit Record | 173-178 |
| STATE CODE | Link Data Common to All Records | 1-2 |
| STATUS OF CPAP CODE | Header Record | 254-254 |
| T | | |
| TOTAL CREDIT PER CLASS/TOTAL CREDIT AMOUNT | Calculation of Offset and Net Credit Record | 110-121 |
| TOTAL HOURS WORKED | Calculation of Offset and Net Credit Record | 86-97 |
| TOTAL PAYROLL/WAGES AMOUNT | Calculation of Offset and Net Credit Record | 74-85 |
| TOTALS - EXPECTED | Calculation of Offset and Net Credit Record | 179-190 |
| U | | |
| UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE | CPAP Contributing Classification Codes and Wages Record | 79-79 |
| W | | |
| WAGES/PAYROLL AMOUNT | CPAP Contributing Classification Codes and Wages Record | 80-91 |
| WEIGHT FACTOR | Calculation of Offset and Net Credit Record | 203-208 |
| Z | | |
| Z FACTOR | Calculation of Offset and Net Credit Record | 221-223 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|--|-------|----------|-------|
| LINK DATA COMMON TO ALL RECORDS | | | | |
| 1 | STATE CODE Report the state code. | N | 1-2 | 2 |
| 2 | CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO. | N | 3-7 | 5 |
| 3 | BRANCH CODE <i>NOT APPLICABLE: DE, MA, MN, NJ, NY, PA, WI</i> Report the 3-digit code assigned. | N | 8-10 | 3 |
| 4 | POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: NJ</i> Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the CPAP was promulgated. | AN | 11-28 | 18 |
| 5 | POLICY EFFECTIVE DATE <i>NOT APPLICABLE: NJ</i> Report the policy effective date for the CPAP factor. Format: CCYYMMDD. | N | 29-36 | 8 |
| 6 | COVERAGE ID NUMBER <i>NOT APPLICABLE: DE, NCCI, PA</i> Report the identifier used for a specific employer's coverage for which the CPAP factor pertains. | AN | 37-46 | 10 |
| 7 | COMBINABLE ID NUMBER <i>NOT APPLICABLE: DE, MA, NCCI, PA</i> Report the unique identifier assigned by the DCO for all coverage is combined for experience rating. | AN | 47-55 | 9 |
| 8 | PERIOD EFFECTIVE DATE <i>NOT APPLICABLE: MA, NCCI</i> Report the CPAP factor period effective date. Format: CCYYMMDD. | N | 56-63 | 8 |
| 9 | FACTOR REVISION CODE <i>NOT APPLICABLE: DE, PA</i> Report the code number that indicates the original or revision/reapplication of the CPAP factor. | N | 64-65 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|------------------|--|--------------|-----------------|--------------|
| | Contact your DCO for code applicability. | | | |
| 10 | RESERVED FOR FUTURE USE | AN | 66-72 | 7 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|----------------------|---|-------|----------|-------|
| HEADER RECORD | | | | |
| 1 | LINK DATA | AN | 1-72 | 72 |
| 2 | RECORD TYPE CODE Report "1". Record Type Code 1 indicates a Header Record. Record Type Code 1 will contain CPAP application and additional information used to produce the final CPAP factor page. Submit one Header Record per CPAP file. | N | 73-73 | 1 |
| 3 | NAME OF INSURED Report the insured's primary name on the policy. | AN | 74-163 | 90 |
| 4 | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: NJ, NY, WI</i> Report the Federal Employer Identification Number (FEIN) corresponding to the name being reported. | N | 164-172 | 9 |
| 5 | RISK ID NUMBER <i>NOT APPLICABLE: MN, NJ, NY</i> Report the unique risk identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the DCO assigned number. For non-rated risks, report zeros. | N | 173-181 | 9 |
| 6 | CREDIT EFFECTIVE DATE <i>NOT APPLICABLE: NCCI</i> Report the CPAP credit effective date. Format: CCYYMMDD. | N | 182-189 | 8 |
| 7 | CREDIT EXPIRATION DATE <i>NOT APPLICABLE: MN, NCCI, NY</i> Report the CPAP credit expiration date. Format: CCYYMMDD | N | 190-197 | 8 |
| 8 | LETTER ISSUED DATE <i>NOT APPLICABLE: NCCI, NJ</i> Report the date the CPAP correspondence/letter was created by the DCO. Format: CCYYMMDD | N | 198-205 | 8 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 9 | LETTER ID <i>NOT APPLICABLE: NCCI, NJ</i> Report the CPAP correspondence/letter ID number assigned to the letter. | N | 206-219 | 14 |
| 10 | DATA YEAR <i>NOT APPLICABLE: NCCI</i> Report the year of the actual wages. Format: YYYY. | N | 220-223 | 4 |
| 11 | DATA QUARTER <i>NOT APPLICABLE: MN, NCCI</i> Report the code that describes which quarter wages were used. Code Description 1 First Quarter 2 Second Quarter 3 Third Quarter 4 Fourth Quarter | N | 224-224 | 1 |
| 12 | APPLICATION RECEIVED DATE Report the date application was received from employer. Format: CCYYMMDD. | N | 225-232 | 8 |
| 13 | PRODUCTION DATE <i>NOT APPLICABLE: MA, NY</i> Report the date the worksheet/factor was produced. Format: CCYYMMDD. | N | 233-240 | 8 |
| 14 | EXPERIENCE MODIFICATION FACTOR <i>NOT APPLICABLE: MN, WI</i> Report the factor based on the past experience of the insured that is used to modify an insured's premium. There is an assumed decimal point between positions 242 and 243. | N | 241-245 | 5 |
| 15 | RATING EFFECTIVE DATE <i>NOT APPLICABLE: MA, MN, WI</i> Report the effective date of the Experience Rating Modification Factor. | N | 246-253 | 8 |

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | |
|-----------|--|-------|-------------|-------|-------|---|-------------|---|---------|---|
| | For non-rated risks, report zeros. Format: CCYYMMDD | | | | | | | | | |
| 16 | STATUS OF CPAP CODE <i>NOT APPLICABLE: DE, MA, MN, NJ, NY, PA, WI</i> Report the code status of the CPAP factor. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Final</td> </tr> <tr> <td>P</td> <td>Preliminary</td> </tr> </tbody> </table> | Code | Description | F | Final | P | Preliminary | A | 254-254 | 1 |
| Code | Description | | | | | | | | | |
| F | Final | | | | | | | | | |
| P | Preliminary | | | | | | | | | |
| 17 | RESERVED FOR FUTURE USE | AN | 255-300 | 46 | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|---|-------|----------|-------|
| CPAP CONTRIBUTING CLASSIFICATION CODES AND WAGES RECORD | | | | |
| 1 | LINK DATA | AN | 1-72 | 72 |
| 2 | RECORD TYPE CODE Report "2". This is a recurring record. Repeat as needed. | N | 73-73 | 1 |
| 3 | CLASSIFICATION CODE Report the code corresponding to the classification. | N | 74-77 | 4 |
| 4 | CLASSIFICATION INDICATOR CODE Report the code that describes the classification indicator. Code Description 1 Contracting/Eligible Classifications 2 Non-Contracting Classifications | N | 78-78 | 1 |
| 5 | UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE Report the code that defines whether the United States Longshore and Harbors Workers' Percentage change is increased, decreased, or reported on a class code or rate basis. Code Description 0 Class Code and Rate Basis 0 Class Code and Rate Basis 1 Increase 1 Increase 2 Decrease 2 Decrease | N | 79-79 | 1 |
| 6 | WAGES/PAYROLL AMOUNT Report the wages/payroll for the quarter for each classification code. There is an assumed decimal point between positions 89 and 90. N/A: DE, MA, MN, NJ, NY, PA, WI Enter the whole dollar wages/payroll amount. N/A: NCCI Please contact the DCO for their wages/payroll reporting requirement. | N | 80-91 | 12 |
| 7 | HOURS/HOURS WORKED Report the hours for the corresponding classification code. | N | 92-103 | 12 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | There is an assumed decimal point between positions 101 and 102. N/A: DE, MA, MN, NJ, NY, PA, WI | | | |
| | Enter the whole hours worked. N/A: NCCI | | | |
| 8 | BASE RATE Report the base rate for each classification code. | N | 104-113 | 10 |
| | There is an assumed decimal point between positions 109 and 110. | | | |
| | Enter the loss cost for each classification code. N/A: DE, MN, NY, PA, WI | | | |
| | Enter the charged manual rate for each classification code. N/A: DE, MN, NY, PA, WI | | | |
| | Enter the pure premium for each classification code. N/A: DE, MA, NJ, NY, PA, WI | | | |
| 9 | PREMIUM AMOUNT Report the premium amount for each class code. | N | 114-127 | 14 |
| | There is an assumed decimal point between positions 125 and 126. N/A: DE, MA, MN, NJ, NY, PA, WI | | | |
| | Enter the whole dollar premium amount. N/A: NCCI | | | |
| 10 | AVERAGE HOURLY WAGE Report the average hourly wage. | N | 128-137 | 10 |
| | There is an assumed decimal point between positions 135 and 136. | | | |
| 11 | CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) N FACTOR Report the credit percentage on the CPAP worksheet for each class code. | N | 138-141 | 4 |
| | There is an assumed decimal point between positions 140 and 141. N/A: DE, MA, MN, NJ, NY, PA, WI | | | |
| | Enter the whole credit percentage. N/A: NCCI | | | |
| 12 | CREDIT PER CLASS AMOUNT Report the dollar amount on the CPAP worksheet for each class code. | N | 142-153 | 12 |
| | There is an assumed decimal point between positions 151 and 152. N/A: DE, MA, MN, NJ, NY, PA, WI | | | |
| | Enter the whole dollar credit per class amount. N/A: NCCI | | | |
| 13 | RESERVED FOR FUTURE USE | AN | 154-300 | 147 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|--|-------|----------|-------|
| CALCULATION OF OFFSET AND NET CREDIT RECORD | | | | |
| 1 | LINK DATA | AN | 1-72 | 72 |
| 2 | RECORD TYPE CODE <i>NOT APPLICABLE: NJ</i> Report "3". | N | 73-73 | 1 |
| 3 | TOTAL PAYROLL/WAGES AMOUNT Report the total payroll/wages amount for all class codes. There is an assumed decimal point between positions 83 and 84. N/A: DE, MA, MN, NJ, NY, PA, WI Enter the whole hours worked. N/A: NCCI | N | 74-85 | 12 |
| 4 | TOTAL HOURS WORKED Report the total hours worked for all class codes. There is an assumed decimal point between positions 95 and 96. N/A: DE, MA, MN, NJ, NY, PA, WI Enter the whole hours worked. N/A: NCCI | N | 86-97 | 12 |
| 5 | PREMIUM AMOUNT TOTAL <i>NOT APPLICABLE: NJ</i> Report the total premium amount for all class codes. There is an assumed decimal point between positions 107 and 108. Enter the whole dollar premium amount. N/A: NCCI | N | 98-109 | 12 |
| 6 | TOTAL CREDIT PER CLASS/TOTAL CREDIT AMOUNT Report the total credit for all class codes. There is an assumed decimal point between positions 119 and 120. N/A: DE, MA, MN, NJ, NY, PA, WI Enter the whole dollar total credit amount. N/A: NCCI | N | 110-121 | 12 |
| 7 | RATING EFFECTIVE DATE <i>NOT APPLICABLE: MN, NCCI, NJ, WI</i> Report the date that the rating is effective. Format: CCYYMMDD | N | 122-129 | 8 |
| 8 | RATING ISSUE DATE <i>NOT APPLICABLE: MN, NCCI, NJ, WI</i> Report the date the rating was calculated. Format: CCYYMMDD | N | 130-137 | 8 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|------------------|--|--------------|-----------------|--------------|
| 9 | <p>LATE PENALTY ADJUSTMENT AMOUNT <i>NOT APPLICABLE: DE, MA, NCCI, NJ, NY, PA, WI</i></p> <p>Report the late penalty adjustment amount for applications received after the enrollment deadline.</p> | N | 138-140 | 3 |
| 10 | <p>POLICY CREDIT <i>NOT APPLICABLE: NY</i></p> <p>Report the percentage (the total credit amount per class/total premium amount on the CPAP worksheet).</p> <p>There is an assumed decimal point between positions 143 and 144. N/A: DE, MA, MN, NJ, NY, PA, WI</p> <p>Enter the whole policy credit percentage. N/A: NCCI</p> | N | 141-144 | 4 |
| 11 | <p>POLICY CREDIT FACTOR</p> <p>Report the whole percentage (1.00 – policy Credit = Policy Credit Factor).</p> | N | 145-147 | 3 |
| 12 | <p>EXPERIENCE RATING MODIFICATION OFFSET FACTOR</p> <p>Report the percentage of the total manual premium represented by the experience rating offset amount.</p> <p>There is an assumed decimal point between positions 150 and 151. N/A: DE, MA, MN, NJ, NY, PA, WI</p> <p>Enter the whole percentage of the total manual premium. N/A: NCCI</p> | N | 148-151 | 4 |
| 13 | <p>EXPERIENCE RATING OFFSET AMOUNT</p> <p>Report the amount of offset calculated for experience rated risks.</p> <p>There is an assumed decimal point between positions 161 and 162.</p> | N | 152-163 | 12 |
| 14 | <p>SPLIT POINT AMOUNT <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NJ, WI</i></p> <p>Report the amount used in the experience modification factor.</p> | N | 164-172 | 9 |
| 15 | <p>STATE ACCIDENT LIMIT AMOUNT <i>NOT APPLICABLE: DE, MA, MN, NCCI, NJ, NY, PA, WI</i></p> <p>Report the amount of the State Accident Limit.</p> | N | 173-178 | 6 |
| 16 | <p>TOTALS - EXPECTED <i>NOT APPLICABLE: DE, MN, NJ, NY, PA, WI</i></p> <p>Report the total expected losses from experience rating used in the calculation of experience modification factor.</p> | N | 179-190 | 12 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 17 | <p>EXPECTED EXCESS LOSS TOTALS <i>NOT APPLICABLE: DE, MN, NJ, PA, WI</i></p> <p>Report the expected excess from experience rating used in the calculation of experience modification factor.</p> | N | 191-202 | 12 |
| 18 | <p>WEIGHT FACTOR <i>NOT APPLICABLE: DE, MN, NJ, NY, PA, WI</i></p> <p>Report the weighting value from experience rating used in the calculation of experience modification factor.</p> <p>There is an assumed decimal point between positions 205 and 206.</p> | N | 203-208 | 6 |
| 19 | <p>BALLAST AMOUNT <i>NOT APPLICABLE: DE, MN, NJ, NY, PA, WI</i></p> <p>Report the ballast value from experience rating used in the calculation of mod factor.</p> | N | 209-220 | 12 |
| 20 | <p>Z FACTOR <i>NOT APPLICABLE: DE, MN, NCCI, NJ, PA, WI</i></p> <p>Report the whole percentage from the calculation of offset and the net credit.</p> | N | 221-223 | 3 |
| 21 | <p>CREDIT OFFSET <i>NOT APPLICABLE: DE, MN, NCCI, NJ, PA, WI</i></p> <p>Report the whole percentage of the credit offset. (CR*Z (Experience Rating Offset) = %).</p> | N | 224-226 | 3 |
| 22 | <p>CREDIT PERCENTAGE/NET CREDIT</p> <p>Report the percentage amount of the credit factor.</p> <p>Enter the whole percentage of the credit factor. N/A: NCCI</p> <p>There is an assumed decimal point between positions 229 and 230. N/A: DE, MA, MN, NJ, NY, PA, WI</p> | N | 227-230 | 4 |
| 23 | <p>NET CREDIT AMOUNT</p> <p>Report the amount of the credit.</p> <p>There is an assumed decimal point between positions 240 and 241.</p> | N | 231-242 | 12 |
| 24 | <p>DID NOT QUALIFY (DNQ) CODE <i>NOT APPLICABLE: DE, MN, NJ, PA, WI</i></p> <p>Report the 2-digit reason code for the DNQ.</p> <p>Code Description</p> <p>01 No Eligible Codes Reported</p> | N | 243-244 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 02 | Did not meet the average hourly wage requirement | | | |
| 03 | Not Experience Rated | | | |
| 04 | Contracting premium less than 50% of total premium N/A: MA, NY | | | |
| 05 | Experience Modifier Above Maximum Allowed N/A: MA, NY | | | |
| 06 | Application received more than 180 days after policy effective date N/A: MA, NY | | | |
| 07 | Application received more than 3 years after policy expiration date N/A: MA, NY For NCCI, this code is applicable to Florida only. | | | |
| 25 | RESERVED FOR FUTURE USE | AN | 245-300 | 56 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|----------------------------|--|-------|----------|-------|
| FILE CONTROL RECORD | | | | |
| 1 | RESERVED FOR FUTURE USE | AN | 1-72 | 72 |
| 2 | RECORD TYPE CODE Report "9". One file record is required per submission. | N | 73-73 | 1 |
| 3 | RECORD TOTALS Report the total number of records on the submission. This field will show the total number of records on the submission, including the Electronic Transmittal Record if used, but excluding the File Control Record. | N | 74-83 | 10 |
| 4 | HEADER RECORD TOTALS Report the total number of Header Records for CPAP. | N | 84-91 | 8 |
| 5 | RESERVED FOR FUTURE USE | AN | 92-300 | 209 |