



Workers Compensation Insurance Organizations, Inc.

WCIO

**WCIO Workers Compensation Data
Specifications**

**WORKERS COMPENSATION NOTICE OF
ASSIGNMENT REPORTING SPECIFICATIONS
(WCNOA)**

Added Data Element Reporting Requirement

Record	Field Name	Change Reason
17	NC135 AND SUPPORTING DOCUMENTATION (95-95)	DCO Requirement Change
New Reporting Requirement : Report the applicable indicator code.		

Added New Code

Record	Field Name	Change Reason
17	NC135 AND SUPPORTING DOCUMENTATION (95-95)	
New Code: N		
New Code Description: The NC135 and Supporting Documentation is not attached.		
17	NC135 AND SUPPORTING DOCUMENTATION (95-95)	
New Code: Y		
New Code Description: The NC135 and Supporting Documentation is attached.		

Added New Field

Record	Field Name	Change Reason
17	NC135 AND SUPPORTING DOCUMENTATION (95-95)	
17	RESERVED FOR FUTURE USE (96-350)	

Changed Data Elements State Applicability

Record	Field Name	Change Reason
17	NC135 AND SUPPORTING DOCUMENTATION (95-95)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
A		
ADDRESS - CITY	Address Record	114-143
ADDRESS - STATE	Address Record	144-145
ADDRESS - STREET	Address Record	54-113
ADDRESS - ZIP CODE	Address Record	146-154
ADDRESS OF AGENCY - CITY	Agent Identification Record	171-200
ADDRESS OF AGENCY - STATE	Agent Identification Record	201-202
ADDRESS OF AGENCY - STREET	Agent Identification Record	111-170
ADDRESS OF AGENCY - ZIP CODE	Agent Identification Record	203-211
ADDRESS STRUCTURE CODE	Address Record	53-53
ADDRESS TYPE CODE	Address Record	51-51
AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Agent Section Record	101-109
AGENT'S EMAIL ADDRESS	Agent Section Record	71-100
AGENT'S FAX NUMBER	Agent Section Record	61-70
AGENT'S SERVICE FEE INDICATOR	Agent Section Record	119-119
AGENT'S SIGNATURE DATE	Agent Section Record	120-127
AGENT'S SOCIAL SECURITY NUMBER	Agent Section Record	110-118
AGENT'S TELEPHONE NUMBER	Agent Section Record	51-60
AIRCRAFT/WATERCRAFT INDICATOR	General/Supplemental Information Record	109-109
ANNIVERSARY RATING DATE	State Premium Record	115-122
APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY DATE OF BIRTH	Supplemental/Elections Information Record	205-212
APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY DUTIES	Supplemental/Elections Information Record	141-170
APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY PERCENTAGE OF OWNERSHIP	Supplemental/Elections Information Record	171-175
APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY SALARY	Supplemental/Elections Information Record	185-196
APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY SOCIAL SECURITY NUMBER	Supplemental/Elections Information Record	176-184
APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY TITLE	Supplemental/Elections Information Record	111-140
APPLICANT DECLINATION STATEMENT FULL NAME OF UNDERWRITER	Applicants Statement Record	112-171
APPLICANT DECLINATION STATEMENT NAME OF INSURANCE COMPANY	Applicants Statement Record	52-111
APPLICANT DECLINATION STATEMENT SOLICITATION DATE	Applicants Statement Record	172-179
APPLICANT DECLINATION STATEMENT TELEPHONE NUMBER OF REPRESENTATIVE DECLINING	Applicants Statement Record	180-189
APPLICANT EMAIL ADDRESS	General Information Record	96-125
APPLICANT FAX NUMBER	General Information Record	86-95
APPLICANT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Name Record	145-153
APPLICANT NUMBER OF YEARS IN BUSINESS	General Information Record	196-203
APPLICANT NUMBER OF YEARS IN BUSINESS RANGE	General Information Record	323-323
APPLICANT RELATED TO ENTITY INDICATOR	General/Supplemental Information Record	126-126
APPLICANT SOCIAL SECURITY NUMBER	Name Record	154-162
APPLICANT STATEMENT EMPLOYER SIGNATURE DATE	Applicants Statement Record	311-318
APPLICANT STATEMENT EMPLOYER SIGNATURE INDICATOR	Applicants Statement Record	190-190
APPLICANT TELEPHONE NUMBER	General Information Record	76-85
APPLICANT WEBSITE ADDRESS	General/Supplemental Information Record	137-186
APPLICATION ID NUMBER	General Information Record	304-310
APPLICATION RECEIVED DATE	General Information Record	68-75
APPRENTICESHIP CREDIT PROGRAM INDICATOR	General/Supplemental Information Record	119-119

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR	State Premium Record	123-126
ASSIGNMENT DEPOSIT PREMIUM TOTAL	Header Record	94-103
ASSIGNMENT EFFECTIVE DATE	Link Data Common to All Records	31-38
ASSIGNMENT EXPIRATION DATE	Header Record	61-68
ASSIGNMENT ISSUE DATE	Link Data Common to All Records	39-46
ASSIGNMENT LETTER ATTACHED INDICATOR	Attachments Identification Record	82-82
ASSIGNMENT PENDING PAYMENT LETTER ATTACHED INDICATOR	Attachments Identification Record	92-92
ATHLETIC TEAMS SPONSORED INDICATOR	General/Supplemental Information Record	117-117
B		
BANKRUPTCY FILING ATTACHED INDICATOR	Attachments Identification Record	61-61
BANKRUPTCY INDICATOR	General/Supplemental Information Record	100-100
BARGES, VESSELS, DOCKS, BRIDGES OVER WATER INDICATOR	General/Supplemental Information Record	110-110
BILLING FREQUENCY CODE	Header Record	105-105
BUSINESS PURCHASED INDICATOR	Insurance Record	126-126
BUSINESS SEGMENT IDENTIFIER	Header Record	187-193
C		
CARRIER CODE	Link Data Common to All Records	1-5
CERTIFICATE OF INSURANCE INDICATOR	General/Supplemental Information Record	129-129
CLASSIFICATION ATTACHMENT INDICATOR	Attachments Identification Record	78-78
CLASSIFICATION CODE	Exposure Record	51-54
	Supplemental/Elections Information Record	198-201
CLIENT SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR	Attachments Identification Record	53-53
COMBINABLE ID NUMBER	General Information Record	59-67
CONSTRUCTION CONTRACTOR SUPPLEMENTAL APPLICATION ATTACHMENT INDICATOR	Attachments Identification Record	69-69
CONTACT PERSON	General Information Record	126-185
CONTACT PERSON TELEPHONE NUMBER	General Information Record	186-195
CONTINUATION SEQUENCE NUMBER	Name Record	163-165
CONTRACT REQUIRING THE WAIVER OF OUR RIGHTS ENDORSEMENT ATTACHED INDICATOR	Attachments Identification Record	80-80
COPY OF APPROVED DIA FORM 153, AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS, ATTACHED INDICATOR	Attachments Identification Record	65-65
COPY OF FORM 941 OR FORM WR-1 ATTACHED INDICATOR	Attachments Identification Record	67-67
COPY OF LETTER FROM SOLE PROPRIETOR, PARTNER, OR MEMBER OF AN LLC ELECTING COVERAGE ATTACHED INDICATOR	Attachments Identification Record	66-66
COPY OF NONRENEWAL OR CANCELLATION ATTACHED INDICATOR	Attachments Identification Record	64-64
COUNTRY CODE	Address Record	201-202
COVERAGE DESIRED DATE OR REQUESTED EFFECTIVE DATE	General Information Record	51-58
D		
DEDUCTIBLE PER CLAIM CODE	Premium Calculation Record	149-149
DELAYED PROCESSING LETTER ATTACHED INDICATOR	Attachments Identification Record	83-83
DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT	General Information Record	208-219
	General Information Record	240-251
	General Information Record	272-283
DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE	General Information Record	220-227
	General Information Record	252-259
	General Information Record	284-291
DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER	General Information Record	228-239
	General Information Record	260-271
	General Information Record	292-303
DEPOSIT PREMIUM PERCENTAGE	Premium Calculation Record	130-134
DESCRIPTION OF BUSINESS AND OPERATIONS	General/Supplemental Information Record	125-125

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
INDICATOR		
DIA ASSESSMENT CHARGE	Premium Calculation Record	100-109
DIA ASSESSMENT RATE	Premium Calculation Record	96-99
E		
ELECT OR REJECT COVERAGE INDICATOR	Supplemental/Elections Information Record	202-202
EMPLOY DRIVERS INDICATOR	General/Supplemental Information Record	114-114
EMPLOYEE HEALTH PLANS PROVIDED INDICATOR	General/Supplemental Information Record	121-121
EMPLOYEE LEASING COMPANY CLIENT CONTRACT ATTACHED INDICATOR	Attachments Identification Record	70-70
EMPLOYEE LEASING COMPANY LIST OF LEASED EMPLOYEES ATTACHED INDICATOR	Attachments Identification Record	71-71
EMPLOYEE LEASING EXEMPTION CERTIFICATE ATTACHED INDICATOR	Attachments Identification Record	86-86
EMPLOYEE LEASING POLICY TYPE CODE	Header Record	71-71
EMPLOYEES WORK AT HOME INDICATOR	General/Supplemental Information Record	123-123
EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT	Header Record	107-116
EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT	Header Record	127-136
EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT	Header Record	117-126
ERM-14 OWNERSHIP FORM ATTACHED INDICATOR	Attachments Identification Record	63-63
ESTIMATED EXPOSURE AMOUNT	Exposure Record	75-86
ESTIMATED PREMIUM AMOUNT	Exposure Record	87-96
ESTIMATED STATE STANDARD PREMIUM TOTAL	State Premium Record	75-84
EXPENSE CONSTANT AMOUNT	State Premium Record	85-94
EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR	State Premium Record	66-69
EXPERIENCE MODIFICATION RATING/MERIT RATING ADJUSTMENT WORKSHEET ATTACHED INDICATOR	Attachments Identification Record	58-58
EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE	State Premium Record	70-70
EXPERIENCE RATING CODE	Header Record	51-51
EXPLANATION FOR DECREASE IN ESTIMATED PAYROLL ATTACHED INDICATOR	Attachments Identification Record	75-75
EXPOSURE ACT/ EXPOSURE COVERAGE CODE	Exposure Record	55-56
EXPOSURE PERIOD CODE	Exposure Record	97-97
EXPOSURE PERIOD EFFECTIVE DATE	Exposure Record	67-74
EXPOSURE RECORD LINK IDENTIFIER	Address Record	160-164
	Exposure Record	103-107
F		
FEIN APPLICATION ATTACHED INDICATOR	Attachments Identification Record	79-79
FOREIGN ADDRESS INDICATOR	Address Record	52-52
FORMAL SAFETY PROGRAM INDICATOR	General/Supplemental Information Record	113-113
G		
GEOGRAPHIC AREA	Address Record	175-200
I		
INCREASED LIMITS PREMIUM	Premium Calculation Record	63-72
INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER	State Premium Record	51-65
INSTALLMENT BASIS/OPTION CODE	Premium Calculation Record	135-135
INTERSTATE MOD ATTACHED INDICATOR	Attachments Identification Record	87-87
INTERSTATE RISK ID NUMBER	Header Record	52-60
L		
LABOR CONTRACTOR BROCHURES AND SAMPLE CONTRACTS ATTACHED INDICATOR	Attachments Identification Record	74-74
LABOR CONTRACTOR CLIENT LIST ATTACHED INDICATOR	Attachments Identification Record	73-73

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
LABOR CONTRACTOR SUPPLEMENTAL APPLICATION ATTACHED INDICATOR	Attachments Identification Record	72-72
LABOR CONTRACTOR SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR	Attachments Identification Record	52-52
LABOR INTERCHANGE INDICATOR	General/Supplemental Information Record	122-122
LEASE EMPLOYEES FROM OTHER COMPANIES INDICATOR	General/Supplemental Information Record	102-102
LEASE EMPLOYEES TO OTHER COMPANIES INDICATOR	General/Supplemental Information Record	101-101
LEASE WORKERS FROM A LABOR CONTRACTOR INDICATOR	General/Supplemental Information Record	103-103
LEASE WORKERS TO CLIENT COMPANY INDICATOR	General/Supplemental Information Record	104-104
LEGAL NATURE OF INSURED CODE	Header Record	72-73
LETTER ID	General Information Record	316-322
LETTER OF CREDIT ATTACHED INDICATOR	Attachments Identification Record	81-81
LICENSE NUMBER	Agent Section Record	129-138
LINK DATA	Address Record	1-46
	Agent Identification Record	1-46
	Agent Section Record	1-46
	Applicants Statement Record	1-46
	Attachments Identification Record	1-46
	Exposure Record	1-46
	General Information Record	1-46
	General/Supplemental Information Record	1-46
	Header Record	1-46
	Insurance Record	1-46
	Name Record	1-46
	Other State Operations Record	1-46
	Premium Calculation Record	1-46
	Prior Policy Insurance Record	1-46
	Remarks Record	1-46
	State Premium Record	1-46
	Supplemental/Elections Information Record	1-46
	This Record is Reserved for Future Use	1-46
LOSS CONSTANT AMOUNT	State Premium Record	95-104
M		
MANUAL PREMIUM TOTAL	Premium Calculation Record	53-62
MANUAL/CHARGED RATE	Exposure Record	57-66
MISCELLANEOUS ATTACHMENT INDICATOR	Attachments Identification Record	76-76
MODIFIED PREMIUM AMOUNT	Premium Calculation Record	85-94
N		
NAME LINK IDENTIFIER	Address Record	155-157
	Exposure Record	98-100
	Name Record	52-54
NAME OF AGENCY	Agent Identification Record	81-110
NAME OF AGENT	Agent Identification Record	51-80
NAME OF APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY	Supplemental/Elections Information Record	51-110
NAME OF INSURED	Name Record	55-144
NAME OF PRIOR POLICY INSURANCE COMPANY	Prior Policy Insurance Record	207-246
	Prior Policy Insurance Record	247-286
	Prior Policy Insurance Record	287-326
NAME OR OWNERSHIP CHANGE DATE OF CHANGE	Insurance Record	116-123
NAME OR OWNERSHIP CHANGE INDICATOR	Insurance Record	55-55
NAME OR OWNERSHIP CHANGE PREVIOUS NAME	Insurance Record	56-115
NAME OR OWNERSHIP CHANGE PREVIOUS OWNER NAME	Insurance Record	168-227
NAME TYPE CODE	Name Record	51-51
NC135 AND SUPPORTING DOCUMENTATION	Attachments Identification Record	95-95
NO FEIN REQUIRED BY IRS EXPLANATION ATTACHMENT INDICATOR	Attachments Identification Record	84-84

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
NO PREVIOUS COVERAGE IN THIS STATE INDICATOR	Insurance Record	51-51
NO PREVIOUS INSURANCE CODE	Insurance Record	52-52
NON RESIDENT AGENT LICENSE ATTACHED INDICATOR	Attachments Identification Record	88-88
NON-PROFIT ORGANIZATION INDICATOR	General/Supplemental Information Record	128-128
NOTICE OF ASSIGNMENT IDENTIFIER	Link Data Common to All Records	6-23
NUMBER OF EMPLOYEES PER EXPOSURE	Exposure Record	108-113
O		
OTHER STATE OPERATIONS INSURANCE CARRIER	Other State Operations Record	143-202
OTHER STATE OPERATIONS LOCATION	Other State Operations Record	53-142
OTHER STATE OPERATIONS POLICY NUMBER	Other State Operations Record	203-220
OTHER STATE OPERATIONS STATE	Other State Operations Record	51-52
OTHER STATES COVERAGE INDICATOR	General/Supplemental Information Record	130-130
OUTSTANDING BALANCE DISPUTE / PREMIUM AGREEMENT CORRESPONDENCE ATTACHED INDICATOR	Attachments Identification Record	62-62
OWNERSHIP INTEREST IN ANY OTHER BUSINESS INDICATOR	Insurance Record	127-127
P		
PAYMENT TYPE CODE	General Information Record	207-207
PAYROLL AMOUNTS LOWER INDICATOR	Premium Calculation Record	136-136
PAYROLL VERIFICATION FORMS ATTACHED INDICATOR	Attachments Identification Record	93-93
POLICY ESTIMATED STANDARD PREMIUM TOTAL	Header Record	84-93
POLICY MINIMUM PREMIUM AMOUNT	Header Record	74-83
PREMIUM DISCOUNT AMOUNT	State Premium Record	105-114
PREMIUM DUE TOTAL	Premium Calculation Record	137-148
PREMIUM FINANCE AGREEMENT ATTACHED INDICATOR	Attachments Identification Record	51-51
PREMIUM FINANCE INDICATOR	General/Supplemental Information Record	132-132
PREVIOUS ASSIGNED RISK COVERAGE INDICATOR	Insurance Record	54-54
PREVIOUS COVERAGE IN ANY OTHER STATE INDICATOR	Insurance Record	53-53
PRINTED SIGNATURE NAME OF PERSON SIGNING APPLICATION	Applicants Statement Record	191-250
PRIOR AUDIT ATTACHED INDICATOR	Attachments Identification Record	89-89
PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED INDICATOR	General/Supplemental Information Record	120-120
PRIOR POLICY ANNUAL PREMIUM	Prior Policy Insurance Record	92-101
	Prior Policy Insurance Record	144-153
	Prior Policy Insurance Record	196-205
PRIOR POLICY IN FORCE INDICATOR	Prior Policy Insurance Record	102-102
	Prior Policy Insurance Record	154-154
	Prior Policy Insurance Record	206-206
PRIOR POLICY INSURANCE COMPANY CODE	Prior Policy Insurance Record	53-57
	Prior Policy Insurance Record	105-109
	Prior Policy Insurance Record	157-161
PRIOR POLICY NUMBER IDENTIFIER	Prior Policy Insurance Record	74-91
	Prior Policy Insurance Record	126-143
	Prior Policy Insurance Record	178-195
PRIOR POLICY PERIOD FROM DATE	Prior Policy Insurance Record	58-65
	Prior Policy Insurance Record	110-117
	Prior Policy Insurance Record	162-169
PRIOR POLICY PERIOD TO DATE	Prior Policy Insurance Record	66-73
	Prior Policy Insurance Record	118-125
	Prior Policy Insurance Record	170-177
PRIOR POLICY STATE	Prior Policy Insurance Record	51-52
	Prior Policy Insurance Record	103-104
	Prior Policy Insurance Record	155-156
PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	Name Record	183-183
R		
RECORD TYPE CODE	Address Record	49-50

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Agent Identification Record	49-50
	Agent Section Record	49-50
	Applicants Statement Record	49-50
	Attachments Identification Record	49-50
	Exposure Record	49-50
	General Information Record	49-50
	General/Supplemental Information Record	49-50
	Header Record	49-50
	Insurance Record	49-50
	Name Record	49-50
	Other State Operations Record	49-50
	Premium Calculation Record	49-50
	Prior Policy Insurance Record	49-50
	Remarks Record	49-50
	State Premium Record	49-50
	Supplemental/Elections Information Record	49-50
	This Record is Reserved for Future Use	49-50
REJECTION LETTER ATTACHED INDICATOR	Attachments Identification Record	91-91
REMARK TEXT	Remarks Record	57-306
REMARK TYPE CODE	Remarks Record	51-53
REMARK TYPE SEQUENCE NUMBER	Remarks Record	54-56
REMARKS INDICATOR	General Information Record	206-206
REQUEST FOR CERTIFICATION OF INSURANCE ATTACHED INDICATOR	Attachments Identification Record	90-90
RESERVED FOR FUTURE USE	Agent Identification Record	212-350
	Attachments Identification Record	96-350
	Premium Calculation Record	120-129
	Premium Calculation Record	150-350
RESERVED FOR FUTURE USE	Address Record	47-48
	Address Record	165-174
	Address Record	203-350
	Agent Identification Record	47-48
	Agent Section Record	47-48
	Agent Section Record	128-128
	Agent Section Record	139-350
	Applicants Statement Record	47-48
	Applicants Statement Record	319-350
	Attachments Identification Record	59-60
	Attachments Identification Record	68-68
	Exposure Record	115-350
	General Information Record	47-48
	General Information Record	204-205
	General Information Record	324-350
	General/Supplemental Information Record	47-48
	General/Supplemental Information Record	51-99
	General/Supplemental Information Record	115-115
	General/Supplemental Information Record	133-133
	General/Supplemental Information Record	135-135
	General/Supplemental Information Record	187-350
	Header Record	47-48
	Header Record	69-70
	Header Record	104-104
	Header Record	137-166
	Header Record	194-350
	Insurance Record	47-48
	Insurance Record	124-125
	Insurance Record	228-350
	Link Data Common to All Records	25-30
	Name Record	47-48
	Name Record	184-350
	Other State Operations Record	47-48

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Other State Operations Record	221-350
	Premium Calculation Record	47-48
	Premium Calculation Record	51-52
	Premium Calculation Record	73-74
	Premium Calculation Record	95-95
	Prior Policy Insurance Record	47-48
	Prior Policy Insurance Record	327-350
	Remarks Record	47-48
	Remarks Record	307-350
	State Premium Record	71-74
	State Premium Record	127-350
	Supplemental/Elections Information Record	47-48
	Supplemental/Elections Information Record	203-204
	Supplemental/Elections Information Record	213-350
	This Record is Reserved for Future Use	51-350
REVISION INDICATOR	Link Data Common to All Records	24-24
S		
SEEKING TO COVER THE LEASED WORKERS INDICATOR	General/Supplemental Information Record	105-105
STATE ABBREVIATION	Attachments Identification Record	47-48
STATE CODE	Exposure Record	47-48
	Name Record	166-167
	State Premium Record	47-48
	This Record is Reserved for Future Use	47-48
STATE CODE LINK	Address Record	158-159
	Exposure Record	101-102
STATE UNEMPLOYMENT NUMBER	Name Record	168-182
STOP WORK ORDER ATTACHED INDICATOR	Attachments Identification Record	77-77
SUB-CONTRACTORS USED INDICATOR	General/Supplemental Information Record	127-127
SUBJECT PREMIUM TOTAL	Premium Calculation Record	75-84
SUBJECT TO MINIMUMS AND MAXIMUMS INDICATOR	Supplemental/Elections Information Record	197-197
SUB-RECORD TYPE CODE - DECLINATION NUMBER	Applicants Statement Record	51-51
SUPPLEMENTAL APPLICATIONS INDICATOR	General/Supplemental Information Record	136-136
T		
TEMPORARY HELP AGENCY INDICATOR	General/Supplemental Information Record	106-106
TEXT FOR "OTHER" LEGAL NATURE OF INSURED	Header Record	167-186
TEXT FOR "OTHER" NO PREVIOUS INSURANCE	Insurance Record	128-167
TITLE OF PERSON SIGNING THE APPLICATION	Applicants Statement Record	251-310
TOTAL ESTIMATED ANNUAL PREMIUM AMOUNT	Premium Calculation Record	110-119
TRAVEL OUT OF STATE INDICATOR	General/Supplemental Information Record	116-116
TRUCKERS SUPPLEMENTAL APPLICATION ATTACHED INDICATOR	Attachments Identification Record	54-54
TRUCKING CLASSIFICATIONS APPLY INDICATOR	General/Supplemental Information Record	124-124
TYPE OF PLAN ID CODE	Header Record	106-106
U		
UNITED STATES LONGSHORE AND HARBOR WORKERS' INDICATOR	General/Supplemental Information Record	131-131
UNPAID PREMIUM DUE INDICATOR	General/Supplemental Information Record	107-107
UNPAID PREMIUM IN DISPUTE INDICATOR	General/Supplemental Information Record	108-108
USE INDEPENDENT CONTRACTORS INDICATOR	General/Supplemental Information Record	111-111
USER ID	General Information Record	311-315
USL&H CHANGE INDICATOR	Exposure Record	114-114
W		
WAIVER CHARGE INDICATOR	General/Supplemental Information Record	118-118
WAIVER OF OUR RIGHTS INDICATOR	General/Supplemental Information Record	134-134
WISCONSIN SUPPLEMENTARY ELECTION OF COVERAGE FORM ATTACHED INDICATOR	Attachments Identification Record	56-56
WISCONSIN SUPPLEMENTARY LIMITED OTHER STATES	Attachments Identification Record	57-57

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
COVERAGE REQUEST ATTACHED INDICATOR		
WISCONSIN SUPPLEMENTARY NON-ELECTION FORM ATTACHED INDICATOR	Attachments Identification Record	55-55
WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE INDICATOR	General/Supplemental Information Record	112-112
WORKERS COMPENSATION APPLICATION INDICATOR	Attachments Identification Record	94-94
WRITTEN NOTICE OF REFUSAL ATTACHED INDICATOR	Attachments Identification Record	85-85

Field No.	Field Title/Description	Class	Position	Bytes
LINK DATA COMMON TO ALL RECORDS				
1	CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO.	N	1-5	5
2	NOTICE OF ASSIGNMENT IDENTIFIER Report the identifier used for uniquely identifying the notice of assignment.	AN	6-23	18
3	REVISION INDICATOR <i>NOT APPLICABLE: DE, NC</i> Report the applicable indicator code.	A	24-24	1
	Code Description			
	N The transaction is not a revision; it is the original Assignment.			
	Y The transaction is a revision.			
4	RESERVED FOR FUTURE USE	AN	25-30	6
5	ASSIGNMENT EFFECTIVE DATE Report the effective date of the notice of assignment. Format CCYYMMDD.	N	31-38	8
6	ASSIGNMENT ISSUE DATE Report the date the application was assigned and the NOA letter crafted. Format CCYYMMDD.	N	39-46	8

Field No.	Field Title/Description	Class	Position	Bytes
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HEADER RECORD

1	LINK DATA		1-46	46
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	47-48	2
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3	RECORD TYPE CODE	AN	49-50	2
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Report "01".

4	EXPERIENCE RATING CODE	N	51-51	1
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NOT APPLICABLE: DE, MN

Report the code describing the assignment.

Code Description

- 1 Interstate Rated Only
- 2 Inter- and Intrastate Rated N/A: MA, NC
- 3 Intrastate Rated Only
- 4 Reserved for Future Use
- 5 Not Rated

5	INTERSTATE RISK ID NUMBER	N	52-60	9
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NOT APPLICABLE: DE, MN, NC

Report the number assigned by NCCI.

6	ASSIGNMENT EXPIRATION DATE	N	61-68	8
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NOT APPLICABLE: MN, NC, WI

Report the expiration date of the assignment.

Format CCYYMMDD.

7	RESERVED FOR FUTURE USE	AN	69-70	2
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8	EMPLOYEE LEASING POLICY TYPE CODE	N	71-71	1
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NOT APPLICABLE: DE, MI, MN, NC, WI

Report the code that identifies the type of employee leasing policy.

Code Description

- 1 Non-Employee Leasing Policy
Employers covered under this policy are not part of an

Field No.	Field Title/Description	Class	Position	Bytes
	Employee Leasing arrangement.			
2	Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers N/A: DE, MA, MN This code is not used in this specification.			
3	Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company (ELC) N/A: MN The Employee Leasing Company is the first named insured and coverage is provided to the non-leased workers of the Employee Leasing Company only. The leased workers of the Employee Leasing Company are not covered under this policy.			
4	Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company N/A: MA, MN This code is not used in this specification.			
5	Employee Leasing Policy For Leased Workers of a Single Client Company N/A: MN The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of a single Client Company only.			
6	Client Company Policy For Non-Leased Workers of Client Company N/A: MA, MN This code is not used in this specification.			
7	Client Company Policy For Leased And Non-Leased Workers of Client Company N/A: MA, MN This code is not used in this specification.			
8	Employee Leasing Policy For Leased Workers of Multiple Client Companies; Excludes ELC Non-Leased Workers N/A: MA, MN This code is not used in this specification.			
9	Employee Leasing Policy for Leased Workers of a Single Client Company where the policy is purchased by the Client. This is applicable on all policies effective 4/1/18 or after. N/A: DE, MI, MN, NC, WI			
9	LEGAL NATURE OF INSURED CODE Report the code that describes the type of entity(s) being insured. Code Description	N	72-73	2

Field No.	Field Title/Description	Class	Position	Bytes
01	Individual			
02	Partnership			
03	Corporation			
04	Association, Labor Union, Religious Organization			
05	Limited Partnership			
06	Joint Venture			
07	Common Ownership N/A: WI			
08	Multiple Status N/A: WI			
09	Joint Employers N/A: WI			
10	Limited Liability Company (LLC)			
11	Trust or Estate			
12	Executor or Trustee N/A: WI			
13	Limited Liability Partnership			
14	Governmental Entity			
99	Other Report text description in positions 167-186.			
10	POLICY MINIMUM PREMIUM AMOUNT Report the minimum premium amount that would be charged for the policy, if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts.	N	74-83	10
11	POLICY ESTIMATED STANDARD PREMIUM TOTAL Report the sum of the estimated state standard premium amounts reported on all State Premium Records (Record Type Code 04).	N	84-93	10
12	ASSIGNMENT DEPOSIT PREMIUM TOTAL Report the deposit premium amount collected for the assignment. This is the sum of the Deposit Check/Electronic Fund Transfer Amounts (reported on the General Information Record, positions 208-219, 240-251 and 272-283).	N	94-103	10
13	RESERVED FOR FUTURE USE	AN	104-104	1
14	BILLING FREQUENCY CODE <i>NOT APPLICABLE: DE, MA</i> Report the code identifying the billing frequency for the issued policy.	N	105-105	1

Field No.	Field Title/Description	Class	Position	Bytes
	Code Description 1 Annual 2 Semiannual N/A: MN, WI 3 Quarterly 4 Monthly N/A: NC 5 Other N/A: MN, NC, WI 6 Balance due in 90 days N/A: MI, MN, NC			
15	TYPE OF PLAN ID CODE <i>NOT APPLICABLE: DE, NC, WI</i> Report the code that defines the type of plan used to underwrite the coverage. Code Description 1 Voluntary Policy N/A: MA This code is not used in this specification. 2 Normal Assigned Risk Policy 3 Reserved for Future Use 4 Reserved for Future Use 5 Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program 6 Reserved for Future Use 7 Assigned Risk Policy Originally Assigned by Another DCO N/A: MA This code is not used in this specification.	N	106-106	1
16	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury caused by accident.	N	107-116	10
17	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – policy limit.	N	117-126	10
18	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT Report the amount that protects an employer for damages over and above those statutorily provided under workers	N	127-136	10

Field No.	Field Title/Description	Class	Position	Bytes
	compensation laws for bodily injury by disease – each employee.			
19	RESERVED FOR FUTURE USE	AN	137-166	30
20	TEXT FOR "OTHER" LEGAL NATURE OF INSURED Report the text describing the legal nature of insured. This field is to be reported only when reporting Code 99 in Header Record positions 72-73.	AN	167-186	20
21	BUSINESS SEGMENT IDENTIFIER <i>NOT APPLICABLE: DE, MN, NC, WI</i>	N	187-193	7
	Report the series of identifying codes maintained and reported by the data provider.			
22	RESERVED FOR FUTURE USE	AN	194-350	157

Field No.	Field Title/Description	Class	Position	Bytes
NAME RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "02".	AN	49-50	2
4	NAME TYPE CODE Report the code representing the type of name. Refer to the Data Reporting Handbook for further instructions.	N	51-51	1
	Code Description			
	1 Personal Name Type Format is last name, first name, middle name or initial. The commas are the delimiters.			
	2 Commercial Name Type			
	3 String Name Type N/A: DE, MN Format is free-form.			
5	NAME LINK IDENTIFIER Report the number identifying one name or a group of names. The primary name(s) on the assignment must always be reported as 001.	N	52-54	3
6	NAME OF INSURED Report the name of the insured. The name of the insured must correspond to the Type of Name Code reported in position 51. Personal names are to be reported with each portion of the name separated by a comma delimiter: last name, first name, and middle name or initial.	AN	55-144	90
7	APPLICANT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>OPTIONAL: WI</i> Report the identification number corresponding to the name being reported.	N	145-153	9

Field No.	Field Title/Description	Class	Position	Bytes
	Do not report any embedded blanks or marks of punctuation.			
8	APPLICANT SOCIAL SECURITY NUMBER <i>NOT APPLICABLE: DE, MA, NC</i>	N	154-162	9
	Report the social security number corresponding to the name being reported.			
9	CONTINUATION SEQUENCE NUMBER	N	163-165	3
	Report the number corresponding to the continuation status.			
	The first record for a Name Link Identifier (positions 52-54) is reported "001".			
	Continuation records for the same Name Link Identifier (positions 52-54) should be reported using "002-998". If each name contains a separate Name Link Identifier, this field will be reported as "001" for all Name Records.			
	See name coding and name/address/exposure link coding examples in this section.			
10	STATE CODE <i>NOT APPLICABLE: DE, MA, NC, WI</i>	N	166-167	2
	Report the state code for the State Unemployment Number reported.			
	The State Unemployment Number in positions 168-182.			
11	STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: DE, MA, NC, WI</i>	AN	168-182	15
	Report the State Unemployment Number corresponding to the name being reported.			
	Provide the Minnesota State Employer Unemployment Insurance Account Identification Number in this field. If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Positions 168-173 and spaces in Positions 174-182. If not available, report zeros. Do not submit this information for any other state. N/A: DE, MA, NC, WI			
12	PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE <i>NOT APPLICABLE: WI</i>	A	183-183	1
	Report the code used to identify whether this is a PEO, Client Company or neither.			
	The use of this code for a leasing client name does not indicate that the client is a named insured on the policy. The inclusion of a Name Record for the leasing client name is for reporting purposes only. N/A: DE, MN, NC, WI			

Code Description

Field No.	Field Title/Description	Class	Position	Bytes
	C Client Company Name			
	P Professional Employer Organization Company Name			
13	RESERVED FOR FUTURE USE	AN	184-350	167

Field No.	Field Title/Description	Class	Position	Bytes
ADDRESS RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "03".	AN	49-50	2
4	ADDRESS TYPE CODE Report the code representing the type of address.	N	51-51	1

Code Description

- 1 Mailing Address of Insured
One and only one mailing address code is required.
- 2 Location of Operation's Address
This code is for other workplaces not shown in mailing address record. As many of these records as are needed may be reported.

This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. Descriptions such as "second building after K-Mart" are acceptable where a street name or address does not exist.
- 3 Address of Insurer Issuing/Service Office N/A: MI, MN, NC
This code is not used in this specification.
- 4 Wrap-up/OCIP Project Description N/A: MA
Optional: WI
- 5 Producer Address
This record must be reported to provide the address of the producer responsible for placing the application.
- 6 No Specific Location N/A: DE, MA, NC
Refers to work done at client sites in the state. If this type of address is submitted, the Address Structure Code (position 53) and the address (positions 54–154) are not applicable.
- 7 Principal Location

Field No.	Field Title/Description	Class	Position	Bytes
	This address, if different from the Mailing address, must be reported to provide the address of the principal location of the applicant.			
8	Payroll Address This address, if different from the Mailing address, must be reported to provide the payroll address of the applicant.			
9	Client Address N/A: DE, WI When a leasing client name is reported on a Name Record, use this address to report the client address.			
5	FOREIGN ADDRESS INDICATOR Report the applicable indicator code. This field is only applicable to Address Type Code 1.	A	52-52	1
	Code Description			
	N Reported address is inside the US.			
	Y Reported address is outside the US (e.g., Canada, Japan)			
6	ADDRESS STRUCTURE CODE Report the code identifying the structure of the reported address. The reported address is in positions 51-151 of this record. For IAABC POC reporting states: Address Structure Code 1 is required for Type of Address Code 2 when the address is for an IAABC POC state. Address Structure Code 2 is not applicable for Type of Address Code 2 and may only be used for Type of Address Code 4. Contact your IAABC POC vendor for applicable states.	N	53-53	1
	Code Description			
	1 Reported address follows structure. This code is required for Address Type Code 1 (Mailing Address of Insured, 7 (Principal Location), 8 (Payroll Address) and 9 (Client Address). These four address types must be reported in the structured format shown in positions 51-151 (Address).			
	2 Reported address is free form. This code is to be used only after requesting and receiving approval from the appropriate rating organization. This code is optional for Address Type Code 2 only (location of operations address) and is required for			

Field No.	Field Title/Description	Class	Position	Bytes
	Address Type Code 4 (wrap-up project description). This code is not applicable for Address Type Code 2. N/A: DE, NC, WI			
7	ADDRESS - STREET Report the street number and name, post office box, or other description. A valid street address or P.O. box number must be reported for the mailing address of the insured (Type of Address Code 1, position 51) and for the issuing agency (producer) address (Type of Address Code 5, position 51).	AN	54-113	60
8	ADDRESS - CITY Report the city name.	AN	114-143	30
9	ADDRESS - STATE Report the US Postal Service abbreviation for the state. If Foreign Address Indicator is "Y", leave blank.	AN	144-145	2
10	ADDRESS - ZIP CODE Report the U.S. post office zip code.	AN	146-154	9
11	NAME LINK IDENTIFIER Report the Name Link Identifier in positions 52-54 of the Name Record corresponding to this particular Address Record. In the event multiple names are located at one address and these names are all included on the same Name Link Identifier, report only one Address Record with that Name Link Identifier. In the event of multiple names residing at one address, multiple (Type of Address Code 2) records for the same address associated with the different names will be reported. When multiple names with different Name Link Identifiers reside at the same address, report multiple Address Records (Address Type Code 02). The same address will be reported with different names. This field is required for Type of Address Codes 1 (Insured Mailing Address), 2 (Locations), 6 (No Specific Location), 7 (Principal Location), 8 (Payroll Address) and 9 (Client Address). For Type of Address Codes 4, 5 and 8, report "999".	N	155-157	3
12	STATE CODE LINK Report the code for the state covered by this record that links exposures to locations and then locations to names. This field, when used along with the Name Link Identifier field of this record in position 155-157, will provide a link to the name related to this location record.	N	158-159	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p>This field is required for Address Type Codes 1 (Mailing Address of Insured), 2 (Location of Operation's Address), 6 (No Specific Location) and 9 (Client Address).</p> <p>For Type of Address Codes 4, 5 and 8, report "99".</p>			
13	<p>EXPOSURE RECORD LINK IDENTIFIER <i>NOT APPLICABLE: MA, WI</i></p> <p>Report the code identifying this address record.</p> <p>This field, when used along with the Name Link Identifier field in position 155-157 and State Code Link field in position 158-159 of this record, will provide a 3-part link to the Name/Address/Exposure Link field in positions 98-107 of the Exposure Records related to this Address Record.</p> <p>This field is optional for Type of Address Codes 1 (Insured's Mailing Address Record); however, in such cases where insurer does not include this field, the Insured's Mailing Address must also be included as Type of Address Code 2 (Other Locations Address Record) for required linkage.</p> <p>This field is required for Type of Address Codes 2 (Locations) and 6 (No Specific Location).</p> <p>If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. If exposure is combined with a business with a separate Name Link Identifier, the exposure may be included in a separate name/address/exposure link record.</p> <p>For Type of Address Codes 4, 5 and 8, report "99999".</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	160-164	5
14	RESERVED FOR FUTURE USE	AN	165-174	10
15	<p>GEOGRAPHIC AREA</p> <p>Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is "Y".</p> <p>If Foreign Address Indicator is "N", leave blank.</p>	A	175-200	26
16	<p>COUNTRY CODE <i>NOT APPLICABLE: NC</i></p> <p>Report the 2-digit ISO 3166 Standard Country code when Foreign Address Indicator is "Y".</p> <p>If Foreign Address Indicator is "N", leave blank.</p>	A	201-202	2
17	RESERVED FOR FUTURE USE	AN	203-350	148

Field No.	Field Title/Description	Class	Position	Bytes
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STATE PREMIUM RECORD

1	LINK DATA		1-46	46
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	47-48	2
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Report the code for the state covered by this record.

3	RECORD TYPE CODE	AN	49-50	2
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Report "04".

Multiples of this record are required whenever exposure amounts are being reported on a split-period basis. Each record must contain the appropriate data associated with its particular period.

4	INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER	AN	51-65	15
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OPTIONAL: DE

Report the risk identification number assigned by the appropriate DCO other than NCCI.

5	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR	N	66-69	4
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NOT APPLICABLE: MA, NC, WI

Report the factor that applies to the subject premium.

If no modification factor is applicable, report "1000".

The factor to be entered is the decimal complement of percentage debits or credits—e.g., 10% credit to be entered as "0900", or 15% debit to be entered as "1150".

Exception: If no modification applied, report zeros. Only mods are to be reported in this field. Merit Rating Factors are reported on the Exposure Record. N/A: MA, MN, NC, WI

There is an assumed decimal point between positions 66 and 67.

6	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE	N	70-70	1
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NOT APPLICABLE: DE, MA, MN, NC, WI

Report the code that represents the status of the experience modification factor.

The Experience Modification Factor is in positions 66-69.

Code Description

1	Final Modification Factor for Policy Period
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Field No.	Field Title/Description	Class	Position	Bytes
	2 Modification Factor Not Final			
	3 No Modification or Merit Rating Factor Applicable			
7	RESERVED FOR FUTURE USE	AN	71-74	4
8	ESTIMATED STATE STANDARD PREMIUM TOTAL Report the total estimated state standard premium amount. Refer to individual state Bureau Manual for definition of standard premium.	N	75-84	10
9	EXPENSE CONSTANT AMOUNT Report the amount charged for the expense constant. This should never be reported as an Exposure Record (Record Type Code 05). If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the expense constant amount.	N	85-94	10
10	LOSS CONSTANT AMOUNT <i>NOT APPLICABLE: DE, MN, NC, WI</i> Report the amount charged for the loss constant. This should never be reported as an Exposure Record (Record Type Code 05).	N	95-104	10
11	PREMIUM DISCOUNT AMOUNT <i>NOT APPLICABLE: MA, MN, NC, WI</i> Report the amount that is discounted from the total state premium. This should never be reported as an Exposure Record (Record Type Code 05). If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the premium discount amount.	N	105-114	10
12	ANNIVERSARY RATING DATE <i>NOT APPLICABLE: DE, MA, MN</i> Report the anniversary rating date applicable to the assignment for this state. If this field is not equal to the assignment effective date or zeros, then a split has occurred and at least two State Premium Records must exist. The premium amount reported should match the individual exposure premium amount from the exposure records with the appropriate exposure period effective date. If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record	N	115-122	8

Field No.	Field Title/Description	Class	Position	Bytes
	<p>must contain the anniversary rating date, expense constant amount, loss constant amount, and premium discount amount in those fields.</p> <p>NC and WI will not give split exposures.</p> <p>Format CCYYMMDD.</p>			
13	<p>ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR</p> <p><i>NOT APPLICABLE: DE, MN, WI</i></p> <p>Report the ARAP factor.</p> <p>If no ARAP factor is applicable, report "1000".</p> <p>This is the All Risk Adjustment Factor. N/A: DE, MN, NC, WI</p> <p>There is an assumed decimal point between Positions 123 and 124.</p>	N	123-126	4
14	<p>RESERVED FOR FUTURE USE</p>	AN	127-350	224

Field No.	Field Title/Description	Class	Position	Bytes
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EXPOSURE RECORD

1	LINK DATA		1-46	46
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	47-48	2
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Report the state code to which the exposure and/or premium reported on this record has been assigned.

3	RECORD TYPE CODE	AN	49-50	2
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Report "05".

4	CLASSIFICATION CODE	N	51-54	4
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Report the classification code corresponding to the exposure and/or premium reported on this record.

There are miscellaneous premium charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes.

5	EXPOSURE ACT/ EXPOSURE COVERAGE CODE	N	55-56	2
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Report the code that indicates the Act (Law) under which the exposure for the class code is associated.

An exposure act/exposure coverage code is required for all exposure records. Statistical codes can be coded to 00 or the Act (Law) governing the policy.

Code Description

- 00 For Use with Statistical Codes
- 01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
- 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes
- 03 Federal Mine Safety and Health Act Only N/A: DE, MA, MN, NC, WI
This code is not used in this specification.
- 04 Federal Mine Safety and Health Act and the State Act N/A: DE, MA, MN, NC, WI
This code is not used in this specification.
- 05 Oil and Other Minerals Over Water N/A: DE, MA, MN, NC, WI

Field No.	Field Title/Description	Class	Position	Bytes
	This code is not used in this specification.			
06	Excluding Medical N/A: DE, MA, NC, WI			
07	Excess Benefits Coverage N/A: DE, MA, MN, NC, WI This code is not used in this specification.			
08	Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: DE, MA, MI, MN, NC Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only.			
09	Endorsed Maritime Coverage N/A: DE, MA, MN, NC, WI This code is not used in this specification.			
10	Voluntary Compensation Coverage N/A: MA, MN, NC, WI			
11	Reserved for Future Use			
6	MANUAL/CHARGED RATE Report the amount that is the charge per unit of exposure for each classification. Please contact the DCO for instructions on this field. If the rate is "to be determined" or the classification reported is for a flat miscellaneous premium charge, report zeros. Manual/Charged Rate for surcharge rates that require a percentage should be reported here. There is an assumed decimal point between positions 62 and 63.	N	57-66	10
7	EXPOSURE PERIOD EFFECTIVE DATE <i>NOT APPLICABLE: DE, MN</i> Report the exposure's effective date, when exposures are reported on a split period basis. When exposures are reported on a split period basis, an exposure record will be required for each period for each class. This field will be populated with the Policy Effective Date. N/A: NC, WI Format CCYYMMDD.	N	67-74	8
8	ESTIMATED EXPOSURE AMOUNT	N	75-86	12

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Report the amount that is the basis for determining premium on a per classification level.</p> <p>For classifications having payroll as an exposure base, report the payroll amount.</p> <p>If the exposure amount is on an “if any” basis, or if the reported classification code is one for a miscellaneous premium charge not requiring exposure, report zeros.</p> <p>For policies reported on a split period basis, report the exposure amount for the assignment period represented by the Exposure Period Effective Date (positions 67-74).</p> <p>Non-payroll exposure amounts are to be reported to the nearest two decimal places with an assumed decimal point between positions 84 and 85.</p>			
9	<p>ESTIMATED PREMIUM AMOUNT</p> <p>Report the premium amount corresponding to the classification code.</p> <p>If the exposure amount for the classification code is on an “if any” basis, report zeros.</p> <p>For policies reported on a split period basis, report the premium amount for the assignment period represented by the Exposure Period Effective Date (positions 67-74).</p>	N	87-96	10
10	<p>EXPOSURE PERIOD CODE</p> <p><i>NOT APPLICABLE: DE, MA, MN</i> <i>OPTIONAL: WI</i></p> <p>Report the code describing the period covered by the reported exposure in positions 75–86 on this record.</p> <p>Code Description</p> <p>1 Annual</p> <p>2 Three Year N/A: NC, WI This code is not used in this specification.</p> <p>3 Less Than Annual or Split Period</p> <p>4 Greater Than Annual But Less Than Three Years N/A: NC, WI This code is not used in this specification.</p>	N	97-97	1
11	<p>NAME LINK IDENTIFIER</p> <p>Report the Name Link Identifier in positions 155–157 of the address record corresponding to this particular exposure record.</p> <p>In the event one classification code applies to multiple addresses, multiple exposure records for that classification code may be</p>	N	98-100	3

Field No.	Field Title/Description	Class	Position	Bytes
	reported with each exposure record having the payroll and premium corresponding to each particular address.			
12	STATE CODE LINK Report the code for the state covered by this record that links exposures to locations and then locations to names. This field, when used along with the Name Link Identifier field in position 98-100 of this record, will provide a link to the location related to this exposure record.	N	101-102	2
13	EXPOSURE RECORD LINK IDENTIFIER <i>NOT APPLICABLE: MA</i> Report a code identifying this address record. This field, when used along with the Name Link Identifier field in positions 98-100 and State Code Link field in positions 101-102 of this record, will provide a 3-part link to the Name/Address/Exposure Link field in positions 155–164 of the location record(s) related to this Exposure Record.	N	103-107	5
14	NUMBER OF EMPLOYEES PER EXPOSURE <i>NOT APPLICABLE: MA, MI, NC, WI</i> Report the number of employees associated with an exposure. Enter whole numbers only.	N	108-113	6
15	USL&H CHANGE INDICATOR <i>NOT APPLICABLE: DE, MA, NC</i> Report "Y" if the USL&H is applicable to this exposure otherwise report "N". Report the applicable indicator code. Code Description N The USL&H is not applicable to this exposure. Y The USL&H is applicable to this exposure.	A	114-114	1
16	RESERVED FOR FUTURE USE	AN	115-350	236

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	N	47-48	2
3	RECORD TYPE CODE Report "06".	AN	49-50	2
4	RESERVED FOR FUTURE USE	AN	51-350	300

Field No.	Field Title/Description	Class	Position	Bytes
GENERAL INFORMATION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "07".	AN	49-50	2
4	COVERAGE DESIRED DATE OR REQUESTED EFFECTIVE DATE <i>NOT APPLICABLE: MA</i> Report the date the applicant requests that coverage begin. Format CCYYMMDD.	N	51-58	8
5	COMBINABLE ID NUMBER <i>NOT APPLICABLE: DE, MA, MN</i> Report the Intrastate or Interstate Risk ID Number.	AN	59-67	9
6	APPLICATION RECEIVED DATE Report the date the DCO received the application. Format CCYYMMDD.	N	68-75	8
7	APPLICANT TELEPHONE NUMBER <i>OPTIONAL: WI</i> Report the general telephone number of the business.	N	76-85	10
8	APPLICANT FAX NUMBER <i>NOT APPLICABLE: DE, MA, MN, NC</i> <i>OPTIONAL: WI</i> Report the general fax number of the business.	N	86-95	10
9	APPLICANT EMAIL ADDRESS <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MA, NC, WI</i> Report the email address of the applicant.	AN	96-125	30
10	CONTACT PERSON <i>NOT APPLICABLE: DE, MA, MN</i> Report the name of the business representative to be	A	126-185	60

Field No.	Field Title/Description	Class	Position	Bytes
	contacted regarding the application.			
11	CONTACT PERSON TELEPHONE NUMBER <i>NOT APPLICABLE: DE, MA, MN</i> <i>OPTIONAL: WI</i>	N	186-195	10
	Report the direct telephone number of the contact person if different from the Applicant Telephone Number.			
12	APPLICANT NUMBER OF YEARS IN BUSINESS <i>NOT APPLICABLE: DE, MA, MN, NC</i> <i>OPTIONAL: WI</i>	N	196-203	8
	Report the date the applicant began their current business. Format CCYYMMDD.			
13	RESERVED FOR FUTURE USE	AN	204-205	2
14	REMARKS INDICATOR	A	206-206	1
	Report the applicable indicator code. If reporting "Y", provide a Remarks Record, Record Type Code 16, with Remark Type Code, entered as "001", to contain the text of the remarks. Include a separate Record Type 16 for each remark.			
	Code Description			
	N A remark containing additional information does not exist.			
	Y A remark containing additional information exists.			
15	PAYMENT TYPE CODE	N	207-207	1
	Report the code identifying the type of payment.			
	Code Description			
	1 Certified Check			
	2 Bank Draft N/A: NC			
	3 Money Order			
	4 Agency Check			
	5 Cashier Check			
	6 Finance Check			
	7 Insureds Check N/A: NC, WI			
	8 Electronic Funds Transfer			
16	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT	N	208-219	12
	Report the dollar amount of the deposit check or electronic			

Field No.	Field Title/Description	Class	Position	Bytes
	fund transfer accompanying the application. There is an assumed decimal point between positions 217 and 218.			
17	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE <i>NOT APPLICABLE: DE</i>	N	220-227	8
	Report the date the payment was deposited or drawn. Format CCYYMMDD.			
18	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER <i>NOT APPLICABLE: DE</i>	AN	228-239	12
	Report the unique identifier of the payment form.			
19	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT	N	240-251	12
	Report the dollar amount of an additional deposit check or electronic fund transfer accompanying the application. There is an assumed decimal point between positions 249 and 250.			
20	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE <i>NOT APPLICABLE: DE</i>	N	252-259	8
	Report the date that an additional payment was deposited or drawn. Format CCYYMMDD.			
21	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER <i>NOT APPLICABLE: DE</i>	AN	260-271	12
	Report the unique identifier of an additional payment form if there is more than one.			
22	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT	N	272-283	12
	Report the dollar amount of an additional deposit check or electronic fund transfer accompanying the application. There is an assumed decimal point between positions 281 and 282.			
23	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE <i>NOT APPLICABLE: DE</i>	N	284-291	8
	Report the date that an additional payment was deposited or drawn. Format CCYYMMDD.			
24	DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER <i>NOT APPLICABLE: DE</i>	AN	292-303	12

Field No.	Field Title/Description	Class	Position	Bytes
	Report the unique identifier of an additional payment form if there is more than one.			
25	APPLICATION ID NUMBER <i>NOT APPLICABLE: WI</i>	N	304-310	7
	Report the ID number assigned to the application by the DCO.			
26	USER ID <i>NOT APPLICABLE: DE, MA, MN, NC</i> <i>OPTIONAL: WI</i>	AN	311-315	5
	Report the name of the bureau representative who processed the Notice of Assignment.			
27	LETTER ID <i>NOT APPLICABLE: DE, MN, NC, WI</i>	N	316-322	7
	Report the letter ID number assigned to the Notice of Assignment.			
28	APPLICANT NUMBER OF YEARS IN BUSINESS RANGE <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	N	323-323	1
	Report the code for the range the applicant has been in business.			
	Code Description			
	1 None - New			
	2 Less than 6 months			
	3 6 - 12 months			
	4 1 - 3 years			
	5 3 - 5 years			
	6 5 - 10 years			
	7 10+ years			
29	RESERVED FOR FUTURE USE	AN	324-350	27

Field No.	Field Title/Description	Class	Position	Bytes
GENERAL/SUPPLEMENTAL INFORMATION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "08".	AN	49-50	2
4	RESERVED FOR FUTURE USE	AN	51-99	49
5	BANKRUPTCY INDICATOR <i>NOT APPLICABLE: DE, MN, NC</i> Report the applicable indicator code. If reporting "Y", attach a scanned copy of the approved bankruptcy filing. Code Description N The Applicant is not in bankruptcy. Y The Applicant is in bankruptcy.	A	100-100	1
6	LEASE EMPLOYEES TO OTHER COMPANIES INDICATOR <i>NOT APPLICABLE: DE, MA, NC, WI</i> Report the applicable indicator code. Code Description N The Applicant does not lease employees to other companies. Y The Applicant leases employees to other companies.	A	101-101	1
7	LEASE EMPLOYEES FROM OTHER COMPANIES INDICATOR <i>NOT APPLICABLE: DE, MA, NC, WI</i> Report the applicable indicator code. Code Description N The Applicant does not lease employees from other companies. Y The Applicant leases employees from other companies.	A	102-102	1
8	LEASE WORKERS FROM A LABOR CONTRACTOR	A	103-103	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p>INDICATOR <i>NOT APPLICABLE: DE, MN, WI</i></p> <p>Report the applicable indicator code.</p> <p>If reporting "Y", attach a scanned copy of the Employee Leasing Supplemental Application, Side B.</p> <p>Code Description</p> <p>N The Applicant does not lease workers from a Labor Contractor.</p> <p>Y The Applicant leases workers from a Labor Contractor.</p>			
9	<p>LEASE WORKERS TO CLIENT COMPANY INDICATOR <i>NOT APPLICABLE: DE, MN, WI</i></p> <p>Report the applicable indicator code.</p> <p>If reporting "Y", attach a scanned copy of the Employee Leasing Supplemental Application, Side A.</p> <p>Code Description</p> <p>N The Applicant does not lease workers to a client company.</p> <p>Y The Applicant leases workers to a client company.</p>	A	104-104	1
10	<p>SEEKING TO COVER THE LEASED WORKERS INDICATOR <i>NOT APPLICABLE: DE, MN, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N The Applicant is not seeking to cover the leased workers.</p> <p>Y The Applicant is seeking to cover the leased workers.</p>	A	105-105	1
11	<p>TEMPORARY HELP AGENCY INDICATOR <i>NOT APPLICABLE: DE, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N The Applicant is not a Temporary help agency.</p> <p>Y The Applicant is a Temporary help agency.</p>	A	106-106	1
12	<p>UNPAID PREMIUM DUE INDICATOR</p>	A	107-107	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: MN, WI</i></p> <p>Report the applicable indicator code.</p> <p>If reporting "Y", attach a Remarks Record, Record Type Code 16, with Remark Type Code 002 containing the entity name, balance and policy number(s).</p> <p>Code Description</p> <p>N There is no unpaid compensation premium due from you or any commonly managed enterprises.</p> <p>Y There is unpaid compensation premium due from you or any commonly managed enterprises.</p>			
13	<p>UNPAID PREMIUM IN DISPUTE INDICATOR</p> <p><i>NOT APPLICABLE: DE, MN, WI</i></p> <p>Report the applicable indicator code.</p> <p>If reporting "Y", attach a Remarks Record, Record Type Code 16, with Remark Type Code 003 containing an explanation for Bureau consideration, or if an arrangement for payment has been made, submit a copy of the signed agreement.</p> <p>Code Description</p> <p>N There is no unpaid premium in dispute by you or any commonly managed enterprises.</p> <p>Y There is unpaid premium in dispute by you or any commonly managed enterprises.</p>	A	108-108	1
14	<p>AIRCRAFT/WATERCRAFT INDICATOR</p> <p><i>NOT APPLICABLE: DE, MA, MN, NC</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N The Applicant does not own, operate or lease Aircraft/Watercraft.</p> <p>Y The Applicant owns, operates or leases Aircraft/Watercraft.</p>	A	109-109	1
15	<p>BARGES, VESSELS, DOCKS, BRIDGES OVER WATER INDICATOR</p> <p><i>NOT APPLICABLE: DE, MA, MN, NC</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N Work is not performed on barges, vessels, docks, bridges over water.</p>	A	110-110	1

Field No.	Field Title/Description	Class	Position	Bytes
	Y Work is performed on barges, vessels, docks, bridges over water.			
16	USE INDEPENDENT CONTRACTORS INDICATOR <i>NOT APPLICABLE: DE, NC, WI</i>	A	111-111	1
	Report the applicable indicator code.			
	Code Description			
	N The Applicant does not use independent contractors.			
	Y The Applicant uses independent contractors.			
17	WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	112-112	1
	Report the applicable indicator code.			
	Code Description			
	N Work is not sublet without Certificates of Insurance.			
	Y Work is sublet without Certificates of Insurance.			
18	FORMAL SAFETY PROGRAM INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC</i>	A	113-113	1
	Report the applicable indicator code.			
	Code Description			
	N Formal Safety Program is not in operation.			
	Y Formal Safety Program is in operation.			
19	EMPLOY DRIVERS INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	114-114	1
	Report the applicable indicator code.			
	Code Description			
	N The employer does not employ drivers.			
	Y The employer employs drivers.			
20	RESERVED FOR FUTURE USE	AN	115-115	1
21	TRAVEL OUT OF STATE INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	116-116	1
	Report the applicable indicator code.			
	Code Description			

Field No.	Field Title/Description	Class	Position	Bytes
	N Employees do not travel out of State.			
	Y Employees travel out of State.			
22	ATHLETIC TEAMS SPONSORED INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	117-117	1
	Report the applicable indicator code.			
	Code Description			
	N The Applicant does not sponsor athletic teams.			
	Y The Applicant sponsors athletic teams.			
23	WAIVER CHARGE INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	118-118	1
	Report "Y" if the waiver charge is applicable to this exposure otherwise report "N".			
	Report the applicable indicator code.			
	Code Description			
	N The waiver charge is not applicable to this exposure.			
	Y The waiver charge is applicable to this exposure.			
24	APPRENTICESHIP CREDIT PROGRAM INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	119-119	1
	Report "Y" if the apprenticeship program credit is applicable to this exposure otherwise report "N".			
	Report the applicable indicator code.			
	Code Description			
	N The apprenticeship program credit is not applicable to this exposure.			
	Y The apprenticeship program credit is applicable to this exposure.			
25	PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC, WI</i>	A	120-120	1
	Report the applicable indicator code.			
	Code Description			
	N Prior coverage has not been declined/cancelled/non-renewed (last 3 years).			
	Y Prior coverage has been declined/cancelled/non-			

Field No.	Field Title/Description	Class	Position	Bytes
	renewed (last 3 years).			
26	EMPLOYEE HEALTH PLANS PROVIDED INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	121-121	1
	Report the applicable indicator code.			
	Code Description			
	N The Applicant does not provide employee health plans.			
	Y The Applicant provides employee health plans.			
27	LABOR INTERCHANGE INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	122-122	1
	Report the applicable indicator code.			
	Code Description			
	N There is no labor interchange with any other Business/Subsidiary.			
	Y There is a labor interchange with another Business/Subsidiary.			
28	EMPLOYEES WORK AT HOME INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	123-123	1
	Report the applicable indicator code.			
	Code Description			
	N No employees predominantly work at home.			
	Y One or more employees predominantly works at home.			
29	TRUCKING CLASSIFICATIONS APPLY INDICATOR <i>NOT APPLICABLE: MA, MN, WI</i>	A	124-124	1
	Report the applicable indicator code.			
	If reporting "Y", include a copy of a complete Truckers Supplemental application.			
	Code Description			
	N Trucking classifications do not apply.			
	Y Trucking classifications apply.			
30	DESCRIPTION OF BUSINESS AND OPERATIONS INDICATOR	A	125-125	1
	Report the applicable indicator code.			

Field No.	Field Title/Description	Class	Position	Bytes
	<p>If reporting "Y", attach a Remarks Record, Record Type Code 16, with Remark Type Code 004 to contain the description of the business and operations. Include additional Record Type 16 if needed to continue the description.</p> <p>Code Description</p> <p>N A description of the business and operations is not included.</p> <p>Y A description of the business and operations is included.</p>			
31	<p>APPLICANT RELATED TO ENTITY INDICATOR</p> <p><i>NOT APPLICABLE: MA, MN, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>If reporting "Y", attach a Remarks Record, Record Type Code 16, with Remark Type Code 005 to contain a detailed explanation. Attach additional Record Type 16 if needed to continue the explanation.</p> <p>Code Description</p> <p>N The Applicant is not related through common management or ownership to any entity not listed here, whether coverage is required or not.</p> <p>Y The Applicant is related through common management or ownership to any entity not listed here, whether coverage is required or not.</p>	A	126-126	1
32	<p>SUB-CONTRACTORS USED INDICATOR</p> <p><i>NOT APPLICABLE: DE, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N Applicant does not use Sub-contractors.</p> <p>Y Applicant uses Sub-contractors.</p>	A	127-127	1
33	<p>NON-PROFIT ORGANIZATION INDICATOR</p> <p><i>NOT APPLICABLE: DE, MN, NC</i></p> <p>Report "Y" if the entity is a non-profit organization otherwise report "N".</p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N This entity is not a non-profit organization.</p> <p>Y This entity is a non-profit organization.</p>	A	128-128	1

Field No.	Field Title/Description	Class	Position	Bytes
34	CERTIFICATE OF INSURANCE INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	129-129	1
	Report the applicable indicator code.			
	Code Description			
	N Certificate of Insurance is not needed.			
	Y Certificate of Insurance is needed.			
35	OTHER STATES COVERAGE INDICATOR <i>NOT APPLICABLE: DE, MA, MN</i>	A	130-130	1
	Report the applicable indicator code.			
	Code Description			
	N Other States Coverage is not needed.			
	Y Other States Coverage is needed.			
36	UNITED STATES LONGSHORE AND HARBOR WORKERS' INDICATOR <i>NOT APPLICABLE: MN</i>	A	131-131	1
	Report the applicable indicator code.			
	Code Description			
	N USL & HW is not needed.			
	Y USL & HW is needed.			
37	PREMIUM FINANCE INDICATOR	A	132-132	1
	Report the applicable indicator code.			
	If reporting "Y", attach a scanned copy of the premium finance agreement. N/A: DE, MN, WI			
	Code Description			
	N Premium is not financed.			
	Y Premium is financed.			
38	RESERVED FOR FUTURE USE	AN	133-133	1
39	WAIVER OF OUR RIGHTS INDICATOR <i>NOT APPLICABLE: MN, WI</i>	A	134-134	1
	Report the applicable indicator code.			
	Code Description			
	N The Waiver of Our Rights Endorsement is not needed.			

Field No.	Field Title/Description	Class	Position	Bytes
	Y The Waiver of Our Rights Endorsement is needed.			
40	RESERVED FOR FUTURE USE	AN	135-135	1
41	SUPPLEMENTAL APPLICATIONS INDICATOR <i>NOT APPLICABLE: MA, MN</i> Report the applicable indicator code. Code Description N There are no Supplemental Applications. Y There are Supplemental Applications.	A	136-136	1
42	APPLICANT WEBSITE ADDRESS <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i> <i>OPTIONAL: MA</i> Report the applicant's website address.	AN	137-186	50
43	RESERVED FOR FUTURE USE	AN	187-350	164

Field No.	Field Title/Description	Class	Position	Bytes
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SUPPLEMENTAL/ELECTIONS INFORMATION RECORD

1	LINK DATA		1-46	46
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	47-48	2
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3	RECORD TYPE CODE	AN	49-50	2
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Report "09".

Multiples of this record may be used.

A Record Type Code 09 will be included for each applicant, corporate officer, sole proprietor, partner or member of a limited liability company.

4	NAME OF APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY	AN	51-110	60
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Report the name of the applicant corporate officer, sole proprietor, partner or member of a Limited Liability Company.

5	APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY TITLE	AN	111-140	30
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Report the title of the person named in positions 51-110.

6	APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY DUTIES	AN	141-170	30
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NOT APPLICABLE: WI

Report the duties of the person named in positions 51-110.

7	APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY PERCENTAGE OF OWNERSHIP	N	171-175	5
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NOT APPLICABLE: DE

Report the percentage of ownership of the person named in positions 51-110.

There is an assumed decimal point between positions 171 and 172.

8	APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY SOCIAL SECURITY NUMBER	N	176-184	9
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NOT APPLICABLE: DE, MA, NC, WI

Report the social security number of the person named in

Field No.	Field Title/Description	Class	Position	Bytes
	positions 51-110.			
9	APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY SALARY Report the salary or estimated remuneration or draw of the person named in positions 51-110.	N	185-196	12
10	SUBJECT TO MINIMUMS AND MAXIMUMS INDICATOR <i>NOT APPLICABLE: MA, MN, NC</i> Report the applicable indicator code.	A	197-197	1
	Code Description			
	N The election is not subject to minimums and maximums.			
	Y The election is subject to minimums and maximums.			
11	CLASSIFICATION CODE <i>NOT APPLICABLE: DE, MA, MN</i> Report the class code for individuals to be included based on the duties.	N	198-201	4
12	ELECT OR REJECT COVERAGE INDICATOR Report the applicable indicator code.	A	202-202	1
	Code Description			
	N Exclude (Reject)			
	Y Include (Elect)			
13	RESERVED FOR FUTURE USE	AN	203-204	2
14	APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER OR MEMBER OF A LIMITED LIABILITY COMPANY DATE OF BIRTH <i>NOT APPLICABLE: DE, MA, MN, WI</i> Report the date of birth of the person named in positions 51-110. Format CCYYMMDD.	N	205-212	8
15	RESERVED FOR FUTURE USE	AN	213-350	138

Field No.	Field Title/Description	Class	Position	Bytes
INSURANCE RECORD				
1	LINK DATA <i>NOT APPLICABLE: MA</i>		1-46	46
	Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.			
2	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: MA</i>	AN	47-48	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: MA</i>	AN	49-50	2
	Report "10".			
4	NO PREVIOUS COVERAGE IN THIS STATE INDICATOR <i>NOT APPLICABLE: MA</i> <i>OPTIONAL: WI</i>	A	51-51	1
	Report the applicable indicator code.			
	Code Description			
	N There has not been previous coverage in this state.			
	Y There has been previous coverage in this state.			
5	NO PREVIOUS INSURANCE CODE <i>NOT APPLICABLE: DE, MA, MN</i> <i>OPTIONAL: WI</i>	AN	52-52	1
	Report the code that describes why the applicant was not previously insured.			
	Code Description			
	1 New Business			
	2 Previously Uninsured			
	3 Previously Self-Insured			
	4 Previously A Member In A Self-Insurance Group			
	5 Insufficient Number Of Employees N/A: MA			
	6 Other (Report text description in Positions 128-167)			
6	PREVIOUS COVERAGE IN ANY OTHER STATE INDICATOR <i>NOT APPLICABLE: DE, MA, WI</i>	A	53-53	1

Field No.	Field Title/Description	Class	Position	Bytes
	Report the applicable indicator code.			
	Code Description			
	N There has not been previous coverage in any other state.			
	Y There has been previous coverage in any other state.			
7	PREVIOUS ASSIGNED RISK COVERAGE INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC, WI</i>	A	54-54	1
	Report the applicable indicator code.			
	Code Description			
	N There has not been previous assigned risk coverage in this state.			
	Y There has been previous assigned risk coverage in this state.			
8	NAME OR OWNERSHIP CHANGE INDICATOR <i>NOT APPLICABLE: MA</i>	A	55-55	1
	Report the applicable indicator code.			
	If reporting "Y", contact DCO about an ERM-14.			
	If reporting "Y", attach an ERM-14 Ownership Form. N/A: DE, MA, MN, NC, WI			
	Code Description			
	N There has not been a name change, consolidation, merger or ownership change within the last five years.			
	Y There has been a name change, consolidation, merger or ownership change within the last five years.			
9	NAME OR OWNERSHIP CHANGE PREVIOUS NAME <i>NOT APPLICABLE: MA, NC</i>	A	56-115	60
	Report the name prior to name change, consolidation, merger, or ownership change if position 55 is "Y".			
10	NAME OR OWNERSHIP CHANGE DATE OF CHANGE <i>NOT APPLICABLE: MA, NC</i>	N	116-123	8
	Report the date of the name change, consolidation, merger, or ownership change if position 55 is "Y".			
	Format CCYYMMDD.			
11	RESERVED FOR FUTURE USE	AN	124-125	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: MA</i>			
12	BUSINESS PURCHASED INDICATOR <i>NOT APPLICABLE: DE, MA, NC</i>	A	126-126	1
	Report the applicable indicator code.			
	Code Description			
	N The applicant business has not been purchased.			
	Y The applicant business has been purchased.			
13	OWNERSHIP INTEREST IN ANY OTHER BUSINESS INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i> <i>OPTIONAL: WI</i>	A	127-127	1
	Report the applicable indicator code.			
	Code Description			
	N Owners or officers have never had ownership interest in another entity, either currently or previously existing.			
	Y Owners or officers have had ownership interest in another entity, either currently or previously existing.			
14	TEXT FOR "OTHER" NO PREVIOUS INSURANCE <i>NOT APPLICABLE: DE, MA, MN</i> <i>OPTIONAL: WI</i>	AN	128-167	40
	Report the text describing the reason for no previous insurance if Code 6 is reported in No Previous Insurance (position 52) of the Insurance Record.			
15	NAME OR OWNERSHIP CHANGE PREVIOUS OWNER NAME <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	168-227	60
	Report the name of previous owner prior to a change, merger, consolidation, or ownership change.			
16	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: MA</i>	AN	228-350	123

Field No.	Field Title/Description	Class	Position	Bytes
PRIOR POLICY INSURANCE RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE <i>OPTIONAL: WI</i> Report "11". For prior policy data elements, populate fields with the most current prior policy elements first using three occurrences as needed.	AN	49-50	2
4	PRIOR POLICY STATE <i>NOT APPLICABLE: MA, WI</i> Report the US Postal Service abbreviation for the state providing previous coverage. This is a recurring field. Repeat as needed.	A	51-52	2
5	PRIOR POLICY INSURANCE COMPANY CODE <i>NOT APPLICABLE: MA, MN, NC</i> <i>OPTIONAL: WI</i> Report the code of the insurance company providing previous coverage. This is a recurring field. Repeat as needed. Provide the name of the insurance company providing previous coverage in positions 207-246. N/A: DE, MA, WI	N	53-57	5
6	PRIOR POLICY PERIOD FROM DATE <i>OPTIONAL: WI</i> Report the effective date of the policy providing previous coverage. This is a recurring field. Repeat as needed. Format CCYYMMDD.	N	58-65	8
7	PRIOR POLICY PERIOD TO DATE <i>OPTIONAL: WI</i> Report the expiration date of the policy providing previous coverage.	N	66-73	8

Field No.	Field Title/Description	Class	Position	Bytes
	<p>If the policy has been cancelled, report the cancellation date.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Format CCYYMMDD.</p>			
8	<p>PRIOR POLICY NUMBER IDENTIFIER <i>OPTIONAL: WI</i></p> <p>Report the policy number of the policy providing previous coverage.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	74-91	18
9	<p>PRIOR POLICY ANNUAL PREMIUM <i>NOT APPLICABLE: WI</i></p> <p>Report the annual premium of the policy providing previous coverage.</p> <p>This is a recurring field. Repeat as needed.</p>	N	92-101	10
10	<p>PRIOR POLICY IN FORCE INDICATOR <i>NOT APPLICABLE: DE, MA, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Code Description</p> <p>N Workers Compensation Insurance coverage is not currently in force.</p> <p>Y Workers Compensation Insurance coverage is currently in force.</p>	A	102-102	1
11	<p>PRIOR POLICY STATE <i>NOT APPLICABLE: MA, WI</i></p> <p>Report the US Postal Service abbreviation for the state providing previous coverage.</p> <p>This is a recurring field. Repeat as needed.</p>	A	103-104	2
12	<p>PRIOR POLICY INSURANCE COMPANY CODE <i>NOT APPLICABLE: MA, MN, NC</i> <i>OPTIONAL: WI</i></p> <p>Report the code of the insurance company providing previous coverage.</p> <p>Provide the name of the insurance company providing previous coverage in positions 247-286.</p> <p>This is a recurring field. Repeat as needed.</p>	N	105-109	5

Field No.	Field Title/Description	Class	Position	Bytes
13	PRIOR POLICY PERIOD FROM DATE <i>OPTIONAL: WI</i> Report the effective date of the policy providing previous coverage. This is a recurring field. Repeat as needed. Format CCYYMMDD.	N	110-117	8
14	PRIOR POLICY PERIOD TO DATE <i>OPTIONAL: WI</i> Report the expiration date of the policy providing previous coverage. If the policy has been cancelled, report the cancellation date. This is a recurring field. Repeat as needed. Format CCYYMMDD.	N	118-125	8
15	PRIOR POLICY NUMBER IDENTIFIER <i>OPTIONAL: WI</i> Report the policy number of the policy providing previous coverage. This is a recurring field. Repeat as needed.	AN	126-143	18
16	PRIOR POLICY ANNUAL PREMIUM <i>NOT APPLICABLE: WI</i> Report the annual premium of the policy providing previous coverage. This is a recurring field. Repeat as needed.	N	144-153	10
17	PRIOR POLICY IN FORCE INDICATOR <i>NOT APPLICABLE: MA, NC, WI</i> Report the applicable indicator code. This is a recurring field. Repeat as needed. Code Description N Workers Compensation Insurance coverage is not currently in force. Y Workers Compensation Insurance coverage is currently in force.	A	154-154	1
18	PRIOR POLICY STATE <i>NOT APPLICABLE: MA, WI</i>	A	155-156	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the U.S. Postal Service abbreviation for the state providing previous coverage. This is a recurring field. Repeat as needed.			
19	PRIOR POLICY INSURANCE COMPANY CODE <i>NOT APPLICABLE: MA, MN, NC</i> <i>OPTIONAL: WI</i>	N	157-161	5
	Report the code of the insurance company providing previous coverage. This is a recurring field. Repeat as needed. Provide the name of the insurance company providing previous coverage in positions 287-326. N/A: DE, MA, WI			
20	PRIOR POLICY PERIOD FROM DATE <i>OPTIONAL: WI</i>	N	162-169	8
	Report the effective date of the policy providing previous coverage. This is a recurring field. Repeat as needed. Format CCYYMMDD.			
21	PRIOR POLICY PERIOD TO DATE <i>OPTIONAL: WI</i>	N	170-177	8
	Report the expiration date of the policy providing previous coverage. If the policy has been cancelled, report the cancellation date. This is a recurring field. Repeat as needed. Format CCYYMMDD.			
22	PRIOR POLICY NUMBER IDENTIFIER <i>OPTIONAL: WI</i>	AN	178-195	18
	Report the policy number of the policy providing previous coverage. This is a recurring field. Repeat as needed.			
23	PRIOR POLICY ANNUAL PREMIUM <i>NOT APPLICABLE: WI</i>	N	196-205	10
	Report the annual premium of the policy providing previous coverage. This is a recurring field. Repeat as needed.			
24	PRIOR POLICY IN FORCE INDICATOR	A	206-206	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: MA, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Code Description</p> <p>N Workers Compensation Insurance coverage is not currently in force.</p> <p>Y Workers Compensation Insurance coverage is currently in force.</p>			
25	<p>NAME OF PRIOR POLICY INSURANCE COMPANY</p> <p><i>NOT APPLICABLE: DE, WI</i></p> <p>Report the name of the insurance company providing the coverage reported in positions 51-52, 58-65, 66-73, 74-91 and 92-101.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	207-246	40
26	<p>NAME OF PRIOR POLICY INSURANCE COMPANY</p> <p><i>NOT APPLICABLE: DE, WI</i></p> <p>Report the name of the insurance company providing the coverage reported in positions 103-104, 110-117, 118-125, 126-143 and 144-153.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	247-286	40
27	<p>NAME OF PRIOR POLICY INSURANCE COMPANY</p> <p><i>NOT APPLICABLE: DE, WI</i></p> <p>Report the name of the insurance company providing the coverage reported in positions 155-156, 162-169, 170-177, 178-195 and 196-205.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	287-326	40
28	<p>RESERVED FOR FUTURE USE</p>	AN	327-350	24

Field No.	Field Title/Description	Class	Position	Bytes
PREMIUM CALCULATION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "12".	AN	49-50	2
4	RESERVED FOR FUTURE USE	AN	51-52	2
5	MANUAL PREMIUM TOTAL <i>NOT APPLICABLE: MA</i> Report the sum of premium for all class codes listed on the policy.	N	53-62	10
6	INCREASED LIMITS PREMIUM Report the premium charge associated with the increased limits of liability.	N	63-72	10
7	RESERVED FOR FUTURE USE	AN	73-74	2
8	SUBJECT PREMIUM TOTAL <i>NOT APPLICABLE: MN</i> Report the sum of Manual Premium Total plus Increased Limits Premium. The Manual Premium Total is in positions 53-62. The Increased Limits Premium is in positions 63-72.	N	75-84	10
9	MODIFIED PREMIUM AMOUNT <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i> Report the sum of manual premium total plus increased limits premium after the experience modification factor has been applied.	N	85-94	10
10	RESERVED FOR FUTURE USE	AN	95-95	1
11	DIA ASSESSMENT RATE <i>NOT APPLICABLE: DE, MN, NC, WI</i> Report the DIA Assessment rate. There is an assumed decimal between positions 96 and 97.	N	96-99	4
12	DIA ASSESSMENT CHARGE <i>NOT APPLICABLE: DE, MN, NC, WI</i>	N	100-109	10

Field No.	Field Title/Description	Class	Position	Bytes
	Report the DIA Assessment charge.			
13	TOTAL ESTIMATED ANNUAL PREMIUM AMOUNT Report the sum of the Standard Premium Total plus credits or debits derived.	N	110-119	10
14	RESERVED FOR FUTURE USE		120-129	10
15	DEPOSIT PREMIUM PERCENTAGE <i>NOT APPLICABLE: MA, NC</i> Report the percentage of the total premium required to assign coverage. There is an assumed decimal between position 130 and 131.	N	130-134	5
16	INSTALLMENT BASIS/OPTION CODE Report the code that identifies the installment payment plan. Code Description 1 Annual-100% 2 Semi-Annual-75% N/A: MN, WI 3 Quarterly-50% 4 Monthly-25% N/A: NC 5 Balance due in 90 days-50% N/A: DE, MA, MN, NC	N	135-135	1
17	PAYROLL AMOUNTS LOWER INDICATOR <i>NOT APPLICABLE: DE, MA, NC, WI</i> Report the applicable indicator code. Code Description N Payroll amounts are not lower than most recent policy or audit. Y Payroll amounts are lower than most recent policy or audit.	A	136-136	1
18	PREMIUM DUE TOTAL <i>NOT APPLICABLE: DE, MA, NC</i> Report the sum of Total Estimated Annual Premium Amount minus Assignment Deposit Premium Total. The Total Estimated Annual Premium Amount is in positions 110-119 of this record. The Assignment Deposit Premium Total is in positions 94-103 of the Header Record - Record Type 01.	N	137-148	12
19	DEDUCTIBLE PER CLAIM CODE	N	149-149	1

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: DE, MN, NC, WI</i>			
	Report the code for the per claim deductible amount.			
	Code	Description		
	1	500		
	2	1000		
	3	2000		
	4	2500		
	5	5000		
20	RESERVED FOR FUTURE USE		150-350	201

Field No.	Field Title/Description	Class	Position	Bytes
APPLICANTS STATEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "13".	AN	49-50	2
4	SUB-RECORD TYPE CODE - DECLINATION NUMBER <i>NOT APPLICABLE: MA, MN, NC, WI</i> Report the number indicating the sequence of the declination records. For the first declination use "1" and increment for any subsequent declination records.	N	51-51	1
5	APPLICANT DECLINATION STATEMENT NAME OF INSURANCE COMPANY <i>NOT APPLICABLE: MA, NC, WI</i> Report the name of the insurance company declining to insure the applicant.	AN	52-111	60
6	APPLICANT DECLINATION STATEMENT FULL NAME OF UNDERWRITER <i>NOT APPLICABLE: MA, NC, WI</i> Report the name of the insurance company's representative declining to insure the applicant.	AN	112-171	60
7	APPLICANT DECLINATION STATEMENT SOLICITATION DATE <i>NOT APPLICABLE: MA, NC, WI</i> Report the date the applicant was declined insurance. Format CCYYMMDD.	N	172-179	8
8	APPLICANT DECLINATION STATEMENT TELEPHONE NUMBER OF REPRESENTATIVE DECLINING <i>NOT APPLICABLE: MA, MN, NC, WI</i> Report the telephone number of the insurance company's representative declining to insure the applicant.	N	180-189	10
9	APPLICANT STATEMENT EMPLOYER SIGNATURE INDICATOR	A	190-190	1

Field No.	Field Title/Description	Class	Position	Bytes
	Report the applicable indicator code. This field should be space filled for all Sub-Record Type Code – Declination Number greater than 1.			
	Code Description			
	N The Applicant Statement has not been signed.			
	Y The Applicant Statement has been signed.			
10	PRINTED SIGNATURE NAME OF PERSON SIGNING APPLICATION <i>NOT APPLICABLE: MA</i>	AN	191-250	60
	Report the name of the person signing the application if the Applicant Statement Employer Signature Indicator is "Y". This field should be space filled for all Sub-Record Type Code – Declination Number greater than 1.			
11	TITLE OF PERSON SIGNING THE APPLICATION <i>NOT APPLICABLE: MA</i>	AN	251-310	60
	Report the title of the person signing the application if the Applicant Statement Employer Signature Indicator is "Y". This field should be space filled for all Sub-Record Type Code – Declination Number greater than 1.			
12	APPLICANT STATEMENT EMPLOYER SIGNATURE DATE <i>NOT APPLICABLE: MA</i>	N	311-318	8
	Report the date the person signed the application if the Applicant Statement Employer Signature Indicator is "Y". This field should be space filled for all Sub-Record Type Code – Declination Number greater than 1. Format CCYYMMDD.			
13	RESERVED FOR FUTURE USE	AN	319-350	32

Field No.	Field Title/Description	Class	Position	Bytes
AGENT IDENTIFICATION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "14".	AN	49-50	2
4	NAME OF AGENT <i>OPTIONAL: WI</i> Report the name of the agent signing the application.	AN	51-80	30
5	NAME OF AGENCY <i>OPTIONAL: WI</i> Report the name of the agency responsible for submitting the application.	AN	81-110	30
6	ADDRESS OF AGENCY - STREET <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the address of the agency.	AN	111-170	60
7	ADDRESS OF AGENCY - CITY <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the city of the agency.	AN	171-200	30
8	ADDRESS OF AGENCY - STATE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the state of the agency.	AN	201-202	2
9	ADDRESS OF AGENCY - ZIP CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the US post office zip code.	AN	203-211	9
10	RESERVED FOR FUTURE USE		212-350	139

Field No.	Field Title/Description	Class	Position	Bytes
AGENT SECTION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-46	46
2	RESERVED FOR FUTURE USE	AN	47-48	2
3	RECORD TYPE CODE Report "15".	AN	49-50	2
4	AGENT'S TELEPHONE NUMBER <i>OPTIONAL: WI</i> Report the general telephone number of the agent or agency.	N	51-60	10
5	AGENT'S FAX NUMBER <i>NOT APPLICABLE: MA</i> <i>OPTIONAL: WI</i> Report the general fax number of the agent or agency.	N	61-70	10
6	AGENT'S EMAIL ADDRESS <i>OPTIONAL: WI</i> Report the email address of the agent.	AN	71-100	30
7	AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>OPTIONAL: WI</i> Report the Federal Employer Identification Number corresponding to the agency being reported.	AN	101-109	9
8	AGENT'S SOCIAL SECURITY NUMBER <i>NOT APPLICABLE: MA, MN, NC</i> <i>OPTIONAL: WI</i> Report the identification number corresponding to the agent signing the application.	AN	110-118	9
9	AGENT'S SERVICE FEE INDICATOR <i>NOT APPLICABLE: DE, MA, NC, WI</i> Report the applicable indicator code.	A	119-119	1
	Code Description			
	N The Agent is not charging a service fee.			
	Y The Agent is charging a service fee.			

Field No.	Field Title/Description	Class	Position	Bytes
10	AGENT'S SIGNATURE DATE <i>NOT APPLICABLE: MA</i> Report the date the agent signed the application. Format CCYYMMDD.	AN	120-127	8
11	RESERVED FOR FUTURE USE	AN	128-128	1
12	LICENSE NUMBER <i>NOT APPLICABLE: MN, NC</i> Report the agent's license number.	AN	129-138	10
13	RESERVED FOR FUTURE USE	AN	139-350	212

Field No.	Field Title/Description	Class	Position	Bytes
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REMARKS RECORD

1	LINK DATA		1-46	46
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2	RESERVED FOR FUTURE USE	AN	47-48	2
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3	RECORD TYPE CODE	AN	49-50	2
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Report "16".

4	REMARK TYPE CODE	N	51-53	3
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Report the code that describes the type of remark.

Code Description

001 Contains Remarks text when the Remarks Indicator (General Information Record – Record Type 07, Position 206) is "Y".

002 Contains entity name, balance and policy number(s) when the Unpaid Premium Due Indicator (General/Supplemental Information Record – Record Type 08, Position 107) is "Y".

003 Contains an explanation for Bureau consideration when the In Dispute Indicator (General/Supplemental Information Record – Record Type 08, Position 108) is "Y".

004 Contains the description of the business and operations when the Description of Business and Operations Indicator (General/Supplemental Information Record – Record Type 08, Position 125) is "Y".

005 Contains a detailed explanation when the Applicant Related to Entity Indicator (General/Supplemental Information Record – Record Type 08, Position 126) is "Y".

006 Contains full details of an offer of voluntary coverage when the Offers of Voluntary Coverage Indicator (General/Supplemental Information Record – Record Type 08, Position 128) is "Y".

007 Contains full details of an outstanding audit or inspection on a prior workers' compensation policy when the Outstanding Audit or Inspection on a Prior Workers' Compensation Policy Indicator (General/Supplemental Information Record - Record Type 08, Position 133) is "Y".

008 Contains a detailed explanation of previous workers compensation coverage when the No Previous

Field No.	Field Title/Description	Class	Position	Bytes
	Coverage In This State Indicator (Insurance Record - Record Type 10, Position 51) is "Y". N/A: DE, MA, MI, NC, WI			
	998 Contains DCO Statement/Instruction.			
	999 Contains free-form Text.			
5	REMARK TYPE SEQUENCE NUMBER Report "001" for the first Text Record of a Remark Type Code. Enter the next sequential number for each additional Remarks Record for the Remark Type Code.	N	54-56	3
6	REMARK TEXT Report the text of the remark.	AN	57-306	250
7	RESERVED FOR FUTURE USE	AN	307-350	44

Field No.	Field Title/Description	Class	Position	Bytes
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ATTACHMENTS IDENTIFICATION RECORD

1	LINK DATA		1-46	46
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2	STATE ABBREVIATION	A	47-48	2
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NOT APPLICABLE: WI

Report the alphabetic state abbreviation of the physical branch address.

3	RECORD TYPE CODE	AN	49-50	2
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Report "17".

4	PREMIUM FINANCE AGREEMENT ATTACHED INDICATOR	A	51-51	1
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Report the applicable indicator code.

Code Description

N A copy of the premium finance agreement is not attached.

Y A copy of the premium finance agreement is attached.

5	LABOR CONTRACTOR SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR	A	52-52	1
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NOT APPLICABLE: DE, MN, WI

Report the applicable indicator code.

Code Description

N An Employee Leasing Supplemental Application, Side A is not attached.

Y An Employee Leasing Supplemental Application, Side A is attached.

6	CLIENT SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR	A	53-53	1
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NOT APPLICABLE: DE, MN, WI

Report "Y" (Yes) or "N" (No) in this field as applicable.

Code Description

N An Employee Leasing Supplemental Application, Side B is not attached.

Y An Employee Leasing Supplemental Application,

Field No.	Field Title/Description	Class	Position	Bytes
	Side B is attached.			
7	TRUCKERS SUPPLEMENTAL APPLICATION ATTACHED INDICATOR <i>NOT APPLICABLE: MN, WI</i>	A	54-54	1
	Report the applicable indicator code.			
	Code Description			
	N A Truckers Supplemental Application is not attached.			
	Y A Truckers Supplemental Application is attached.			
8	WISCONSIN SUPPLEMENTARY NON-ELECTION FORM ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	55-55	1
	Report the applicable indicator code.			
	Code Description			
	N A Wisconsin Supplementary Non Election Form is not attached.			
	Y A Wisconsin Supplementary Non Election Form is attached.			
9	WISCONSIN SUPPLEMENTARY ELECTION OF COVERAGE FORM ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	56-56	1
	Report the applicable indicator code.			
	Code Description			
	N A Wisconsin Supplementary Election of Coverage Form is not attached.			
	Y A Wisconsin Supplementary Election of Coverage Form is attached.			
10	WISCONSIN SUPPLEMENTARY LIMITED OTHER STATES COVERAGE REQUEST ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MN, NC</i>	A	57-57	1
	Report the applicable indicator code.			
	Code Description			
	N A Wisconsin Supplementary Limited Other States Coverage Request is not attached.			
	Y A Wisconsin Supplementary Limited Other States Coverage Request is attached.			

Field No.	Field Title/Description	Class	Position	Bytes
11	EXPERIENCE MODIFICATION RATING/MERIT RATING ADJUSTMENT WORKSHEET ATTACHED INDICATOR <i>NOT APPLICABLE: MN</i>	A	58-58	1
	Report the applicable indicator code.			
	Code Description			
	N An Experience Modification Rating Worksheet is not attached.			
	Y An Experience Modification Rating Worksheet is attached.			
12	RESERVED FOR FUTURE USE	AN	59-60	2
13	BANKRUPTCY FILING ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MN, NC</i>	A	61-61	1
	Report the applicable indicator code.			
	Code Description			
	N A Bankruptcy Filing is not attached.			
	Y A Bankruptcy Filing is attached.			
14	OUTSTANDING BALANCE DISPUTE / PREMIUM AGREEMENT CORRESPONDENCE ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MN, WI</i>	A	62-62	1
	Report the applicable indicator code.			
	Code Description			
	N Outstanding Balance Dispute/Premium Agreement Correspondence is not attached.			
	Y Outstanding Balance Dispute/Premium Agreement Correspondence is attached.			
15	ERM-14 OWNERSHIP FORM ATTACHED INDICATOR <i>NOT APPLICABLE: NC</i>	A	63-63	1
	Report the applicable indicator code.			
	Code Description			
	N An ERM-14 Ownership Form is not attached.			
	Y An ERM-14 Ownership Form is attached.			
16	COPY OF NONRENEWAL OR CANCELLATION ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MN, NC, WI</i>	A	64-64	1
	Report the applicable indicator code.			

Field No.	Field Title/Description	Class	Position	Bytes
	Code Description			
	N A termination notice is not attached.			
	Y A termination notice is attached.			
17	COPY OF APPROVED DIA FORM 153, AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS, ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MN, NC, WI</i>	A	65-65	1
	Report the applicable indicator code.			
	Code Description			
	N A copy of the approved DIA Form 153 is not attached.			
	Y A copy of the approved DIA Form 153 is attached.			
18	COPY OF LETTER FROM SOLE PROPRIETOR, PARTNER, OR MEMBER OF AN LLC ELECTING COVERAGE ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MN, NC, WI</i>	A	66-66	1
	Report the applicable indicator code.			
	Code Description			
	N A copy of the sole proprietor's, partner's or member's letter electing coverage is not attached.			
	Y A copy of the sole proprietor's, partner's or member's letter electing coverage is attached.			
19	COPY OF FORM 941 OR FORM WR-1 ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MN, NC, WI</i>	A	67-67	1
	Report the applicable indicator code.			
	Code Description			
	N A copy of Form 941 or Form WR-1 is not attached.			
	Y A copy of Form 941 or Form WR-1 is attached.			
20	RESERVED FOR FUTURE USE	AN	68-68	1
21	CONSTRUCTION CONTRACTOR SUPPLEMENTAL APPLICATION ATTACHMENT INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	69-69	1
	Report the applicable indicator code.			
	Code Description			
	N A Construction Contractor Supplemental Application is not attached.			

Field No.	Field Title/Description	Class	Position	Bytes
	is not attached.			
	Y A Construction Contractor Supplemental Application is attached.			
22	EMPLOYEE LEASING COMPANY CLIENT CONTRACT ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	70-70	1
	Report the applicable indicator code.			
	Code Description			
	N An Employee Leasing Company Client Contract is not attached.			
	Y An Employee Leasing Company Client Contract is attached.			
23	EMPLOYEE LEASING COMPANY LIST OF LEASED EMPLOYEES ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	71-71	1
	Report the applicable indicator code.			
	Code Description			
	N An Employee Leasing Company List of Leased Employees is not attached.			
	Y An Employee Leasing Company List of Leased Employees is attached.			
24	LABOR CONTRACTOR SUPPLEMENTAL APPLICATION ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	72-72	1
	Report the applicable indicator code.			
	Code Description			
	N A Labor Contractor Supplemental Application is not attached.			
	Y A Labor Contractor Supplemental Application is attached.			
25	LABOR CONTRACTOR CLIENT LIST ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	73-73	1
	Report the applicable indicator code.			
	Code Description			
	N A Labor Contractor Client List is not attached.			
	Y A Labor Contractor Client List is attached.			

Field No.	Field Title/Description	Class	Position	Bytes
26	<p>LABOR CONTRACTOR BROCHURES AND SAMPLE CONTRACTS ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N A Labor Contractor Brochures and Sample Contracts are not attached.</p> <p>Y A Labor Contractor Brochures and Sample Contracts are attached.</p>	A	74-74	1
27	<p>EXPLANATION FOR DECREASE IN ESTIMATED PAYROLL ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N An explanation for decrease in estimated payroll is not attached.</p> <p>Y An explanation for decrease in estimated payroll is attached.</p>	A	75-75	1
28	<p>MISCELLANEOUS ATTACHMENT INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N A Miscellaneous Attachment is not attached.</p> <p>Y A Miscellaneous Attachment is attached.</p>	A	76-76	1
29	<p>STOP WORK ORDER ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N A Stop Work Order is not attached.</p> <p>Y A Stop Work Order is attached.</p>	A	77-77	1
30	<p>CLASSIFICATION ATTACHMENT INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p>	A	78-78	1

Field No.	Field Title/Description	Class	Position	Bytes
	N A Classification Attachment is not attached.			
	Y A Classification Attachment is attached.			
31	FEIN APPLICATION ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	79-79	1
	Report the applicable indicator code.			
	Code Description			
	N A Federal Employer Identification Number (FEIN) Application is not attached.			
	Y A Federal Employer Identification Number (FEIN) Application is attached.			
32	CONTRACT REQUIRING THE WAIVER OF OUR RIGHTS ENDORSEMENT ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	80-80	1
	Report the applicable indicator code.			
	Code Description			
	N A Contract Requiring the Waiver of our Rights Endorsement is not attached.			
	Y A Contract Requiring the Waiver of our Rights Endorsement is attached.			
33	LETTER OF CREDIT ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	81-81	1
	Report the applicable indicator code.			
	Code Description			
	N A Letter of Credit is not attached.			
	Y A Letter of Credit is attached.			
34	ASSIGNMENT LETTER ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	82-82	1
	Report the applicable indicator code.			
	Code Description			
	N A Notice of Assignment Letter is not attached.			
	Y A Notice of Assignment Letter is attached.			
35	DELAYED PROCESSING LETTER ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	83-83	1

Field No.	Field Title/Description	Class	Position	Bytes
	Report the applicable indicator code.			
	Code Description			
	N A Delayed Processing Letter is not attached.			
	Y A Delayed Processing Letter is attached.			
36	NO FEIN REQUIRED BY IRS EXPLANATION ATTACHMENT INDICATOR <i>NOT APPLICABLE: DE, MI, MN, NC, WI</i>	A	84-84	1
	Report the applicable indicator code.			
	Code Description			
	N A No FEIN Required by the IRS Explanation attachment is not attached.			
	Y A No FEIN Required by the IRS Explanation attachment is attached.			
37	WRITTEN NOTICE OF REFUSAL ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	A	85-85	1
	Report the applicable indicator code.			
	Code Description			
	N A Written Notice of Refusal is not attached.			
	Y A Written Notice of Refusal is attached.			
38	EMPLOYEE LEASING EXEMPTION CERTIFICATE ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	A	86-86	1
	Report the applicable indicator code.			
	Code Description			
	N An Employee Leasing Exemption Certificate is not attached.			
	Y An Employee Leasing Exemption Certificate is attached.			
39	INTERSTATE MOD ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	A	87-87	1
	Report the applicable indicator code.			
	Code Description			
	N An Interstate Mod is not attached.			
	Y An Interstate Mod is attached.			

Field No.	Field Title/Description	Class	Position	Bytes
40	NON RESIDENT AGENT LICENSE ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i> Report the applicable indicator code.	A	88-88	1
	Code Description			
	N A Non Resident Agent License is not attached.			
	Y A Non Resident Agent License is attached.			
41	PRIOR AUDIT ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i> Report the applicable indicator code.	A	89-89	1
	Code Description			
	N A Prior Audit is not attached.			
	Y A Prior Audit is attached.			
42	REQUEST FOR CERTIFICATION OF INSURANCE ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i> Report the applicable indicator code.	A	90-90	1
	Code Description			
	N A Request for Certificate Of Insurance is not attached.			
	Y A Request for Certificate Of Insurance is attached.			
43	REJECTION LETTER ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC</i> Report the applicable indicator code.	A	91-91	1
	Code Description			
	N The Rejection Letter is not attached.			
	Y The Rejection Letter is attached.			
44	ASSIGNMENT PENDING PAYMENT LETTER ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC</i> Report the applicable indicator code.	A	92-92	1
	Code Description			
	N The Assignment Pending Payment Letter is not attached			

Field No.	Field Title/Description	Class	Position	Bytes
	Y The Assignment Pending Payment Letter is attached			
45	PAYROLL VERIFICATION FORMS ATTACHED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, NC</i>	A	93-93	1
	Code Description			
	N The Payroll Verification Forms are not attached.			
	Y The Payroll Verification Forms are attached.			
46	WORKERS COMPENSATION APPLICATION INDICATOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	A	94-94	1
	Report the applicable indicator code.			
	Code Description			
	N The application is not attached.			
	Y The application is attached.			
47	NC135 AND SUPPORTING DOCUMENTATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI</i>	A	95-95	1
	Report the applicable indicator code.			
	Code Description			
	N The NC135 and Supporting Documentation is not attached.			
	Y The NC135 and Supporting Documentation is attached.			
48	RESERVED FOR FUTURE USE	AN	96-350	255

Field No.	Field Title/Description	Class	Position	Bytes
OTHER STATE OPERATIONS RECORD				
1	LINK DATA <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>		1-46	46
	Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.			
2	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	47-48	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	49-50	2
	Report "18".			
	This record is used for reporting operations in other states. As many of these records as are need may be reported. N/A: DE, MA, MI, NC, NCCI, WI			
4	OTHER STATE OPERATIONS STATE <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	51-52	2
	Report the US Postal Service abbreviation for the other state in which operations are performed.			
5	OTHER STATE OPERATIONS LOCATION <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	53-142	90
	Report the location in another state in which operations are performed.			
6	OTHER STATE OPERATIONS INSURANCE CARRIER <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	143-202	60
	Report the name of the insurance company providing coverage for operations in another state.			
7	OTHER STATE OPERATIONS POLICY NUMBER <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	203-220	18
	Report the policy number of the policy providing coverage for operations in another state.			
8	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, NC, WI</i>	AN	221-350	130