

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION  
EXPERIENCE MODIFICATION/MERIT ADJUSTMENT  
ELECTRONIC RATING SPECIFICATIONS (WCRATING)**

**WORKERS COMPENSATION EXPERIENCE MODIFICATION/MERIT ADJUSTMENT  
ELECTRONIC RATING SPECIFICATIONS (WCRATING)**

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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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	2	Payroll/Loss Information Record	320
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	2	Policy Level Messages Record	320
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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**WCRATING CONTACT PAGE**

WCRATING questions should be directed to the appropriate Data Collection Organization contact listed below:

Compensation Advisory Organization of Michigan  
Supervisor, Data Services  
17197 N. Laurel Park Drive, Suite 311  
Livonia, MI 48152  
Telephone: 734-462-9600, ext. 229

New York Compensation Insurance Rating Board  
Vice President, IT or Programming Manager  
200 East 42nd Street  
New York, NY 10017  
Telephone: 212-697-3535, ext. 123 or 124

Compensation Rating and Inspection Bureau of  
New Jersey  
Programming Analyst  
60 Park Place  
Newark, NJ 07102  
Telephone: 973-622-6014, ext. 268  
Fax: 973-622-1548

North Carolina Rate Bureau  
Industry Support Team  
5401 Six Forks Road  
Raleigh, NC 27609-4435  
Telephone: 919-783-9790  
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau  
John Murphy  
Director Systems and Programming  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371, ext. 258  
E-mail: jmurphy@pcrb.com

Pennsylvania Compensation Rating Bureau  
John Murphy  
Director Systems and Programming  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371, ext. 258  
E-mail: jmurphy@pcrb.com

Insurance Services Office, Inc.  
Wendy Mayotte, Director  
6392 Grand Cypress Circle  
Lake Worth, FL 33463  
Telephone: 561-434-7749  
Fax: 561-963-0439  
E-mail: Wmayotte@ISO.com

Wisconsin Compensation Rating Bureau  
LAN Administrator  
P.O. Box 3080  
Milwaukee, WI 53226  
Telephone: 262-796-4403  
E-mail: miguel.garcia@wcrb.org

Minnesota Workers Compensation Insurers  
Association, Inc.  
Pamela R. Flaten  
Data Collection & Reporting Manager  
7701 France Avenue South, Suite 450  
Minneapolis, MN 55435  
Telephone: 952-897-6417  
Fax: 952-897-6495  
E-mail: pam.flaten@mwcia.org

Workers Compensation Insurance Rating Bureau  
of California  
Vice President of Data Processing or Systems  
and Programming Manager  
525 Market Street, Suite 800  
San Francisco, CA 94105  
Telephone: 415-778-7175

National Council on Compensation Insurance, Inc.  
Customer Service  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487  
Telephone: 800-NCCI 1-2-3 (800-622-4123)  
E-mail: customer\_service@ncci.com

Workers Compensation Rating and Inspection  
Bureau of Massachusetts  
Sheila Annis  
Vice President of Data Operations  
101 Arch Street, 5th Floor  
Boston, MA 02110  
Telephone: 617-439-9030  
E-mail: sannis@wcribma.org

### **GENERAL**

These specifications are for the distribution of experience modification/merit adjustment rating information to insurers. Requests for this data should be directed to the appropriate jurisdiction.

Unless otherwise specified, the following standards will apply:

1. All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled.
2. All numeric (N) data fields are to be right-justified and left zero-filled, and unsigned.
3. All "RESERVED FOR FUTURE USE" fields are to be blank.
4. Fields indicated as "Not Applicable" will be zero-filled or left blank by the jurisdiction whose abbreviations follow the phrase.
5. Data shall be written on 9-track, odd parity at 6,250 BPI density or, if requested by insurers, at 1,600 BPI.
6. Records will be blocked 50 (15,000 characters per block).
7. Tapes will contain internal IBM standard OS or DOS-generated labels.
8. All fields will be character; no signed or packed fields will be written.

**WORKERS COMPENSATION EXPERIENCE MODIFICATION**  
**WORKSHEET ELECTRONIC SPECIFICATIONS (WCRATING)**

**SECTION 2**  
**RECORD LAYOUTS**

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

1	<b>RECORD TYPE CODE</b> Report "00".	(AN)	1-2	2
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Record Type Code 00 will contain Header information used to identify each Carrier Pup's (Carrier Group's Subsidiary Companies) Distribution records. There will be multiple worksheets (01-07) records. Record type 99 will indicate the end of the distribution records for that Carrier Pup (Carrier Group's Subsidiary Companies).

CA: Record Type Code 00 marks the beginning of a set of Distribution records for a single CA rating worksheet.

NOT APPLICABLE: DE, PA

2	<b>CARRIER CODE</b> 5-digit code assigned to the distribution reporting company by NCCI or independent jurisdiction.	(N)	3-7	5
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3	<b>CARRIER GROUP CODE</b> Number assigned by DCOs to distribution carriers classed together by ownership or business functions.	(N)	8-12	5
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NOT APPLICABLE: MN

4	<b>RESERVED FOR FUTURE USE</b>		13-319	307
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5	<b>WCRATING FORMAT CODE</b> Identifies Version Format	(AN)	320	7
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Blank—NCCI

1—WCIO

Field No.	Field Title/Description	Class	Position	Bytes
<b>II. RATING INFORMATION RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "01".  Record Type Code 01 will contain Rating information used to produce the final experience modification page and the Header Details on each worksheet page.	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types.  CA: From one to three Record Type Code 01 Header Records may be included in a set of detail records for a single rating worksheet. Contact CA for further instructions on the use of Record Type 01 for the printing of CA rating worksheets.		3-61	59
3	<b>INDEPENDENT DCO RISK ID NUMBER/RISK ID/ACCOUNT NUMBER</b> Risk (Experience Rating) Identification Number issued by the DCO assigned to the state where applicable.  MI: Risk Identification Number assigned by CAOM.	(AN)	3-11	9
4	<b>RATING EFFECTIVE DATE</b> (YYYYMMDD) Year, Month, Day rating is effective.	(N)	12-19	8
5	<b>STATE CODE</b> 2-digit code identifying the state in which the experience modification was promulgated.	(N)	20-21	2
6	<b>CARRIER CODE</b> 5-digit code assigned to the reporting company by NCCI or independent jurisdiction pertaining to the policy in positions 27-44 below.	(N)	22-26	5
7	<b>POLICY NUMBER IDENTIFIER</b> Alphanumeric characters used to uniquely identify the policy covering the insured for which the rating was promulgated.  CA: See CA note associated with Record Code Type 01 Link Data.	(AN)	27-44	18
8	<b>RATING EXPIRATION DATE</b> (YYYYMMDD) Year, Month, Day rating expires.  CA: Applies only to experience modification periods of less than one year and is defined as the California unexpired term date.  NOT APPLICABLE: NCCI, NY	(N)	45-52	8
9	<b>RATING ISSUE DATE</b> (YYYYMMDD) Year, Month, Day jurisdiction calculated the rating.  NOT APPLICABLE: NC	(N)	53-60	8

Field No.	Field Title/Description	Class	Position	Bytes												
10	<b>REVISION CODE</b> Indicates whether or not the rating has been revised	(N)	61	1												
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Not a revised rating.</td> </tr> <tr> <td>2</td> <td>Revision of previously issued rating.</td> </tr> </table> <p>NOT APPLICABLE: NCCI</p>	<b>Code</b>	<b>Description</b>	1	Not a revised rating.	2	Revision of previously issued rating.									
<b>Code</b>	<b>Description</b>															
1	Not a revised rating.															
2	Revision of previously issued rating.															
11	<b>RATING TYPE CODE</b> Indicates the type of Rating being reported.	(AN)	62	1												
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>D</td> <td>DNQ</td> </tr> <tr> <td>E</td> <td>Experience Rating</td> </tr> <tr> <td>M</td> <td>Merit Adjustment</td> </tr> <tr> <td>W</td> <td>Withdraw</td> </tr> <tr> <td>N</td> <td>Not Rated – No Current Coverage</td> </tr> </table> <p>NOT APPLICABLE: NCCI                      W in CA, DE, PA                      M in CA, NC, WI                      N in CA, WI                      D in CA</p>	<b>Code</b>	<b>Description</b>	D	DNQ	E	Experience Rating	M	Merit Adjustment	W	Withdraw	N	Not Rated – No Current Coverage			
<b>Code</b>	<b>Description</b>															
D	DNQ															
E	Experience Rating															
M	Merit Adjustment															
W	Withdraw															
N	Not Rated – No Current Coverage															
12	<b>REVISION NUMBER</b>  NOT APPLICABLE: CA, DE, MI, NCCI, NY, PA	(N)	63-64	2												
13	<b>THIRD PARTY ADMINISTRATION POLICY INDICATOR</b> <u>(MA ONLY)</u> The indicator that identifies if the policy reported in positions 27-44 was issued by a third party administrator (TPA), <u>(MA ONLY)</u>	(A)	65	1												
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>Issued by a TPA</td> </tr> <tr> <td>N</td> <td>Not issued by a TPA</td> </tr> </table>	<b>Code</b>	<b>Description</b>	Y	Issued by a TPA	N	Not issued by a TPA									
<b>Code</b>	<b>Description</b>															
Y	Issued by a TPA															
N	Not issued by a TPA															
14	<b>RESERVED FOR FUTURE USE</b>		66	1												
15	<b>FIRM CODE/MULTIPLE ENTITY CODE (MI ONLY)</b> This field identifies the entities with separate policies that have been combined for experience rating purposes.	(AN)	67-68	2												
16	<b>RESERVED FOR FUTURE USE</b>		69-70	2												
17	<b>INSURED NAME</b> The name of the insured for which the rating was promulgated.  NOT APPLICABLE: DE, PA	(AN)	71-100	30												
18	<b>INSURED NAME CONTINUED</b>  NOT APPLICABLE: DE, PA	(AN)	101-130	30												

Field No.	Field Title/Description	Class	Position	Bytes						
19	<b>STATE NAME</b> Full name of the state (interstate) for which the rating was promulgated.  NOT APPLICABLE: CA, DE, MA, MN, NC, PA, NY, WI	(AN)	131-150	20						
20	<b>RATING FACTOR</b> Report the 5-digit rating plan factor.  There is an assumed decimal point between positions 152 and 153.	(N)	151-155	5						
21	<b>ARAP FACTOR</b> A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 156 and 157.  NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(N)	156-158	3						
22	<b>STATUS CODE</b> Indicates the status of the rate filing for which the experience modification was promulgated  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Preliminary—Rate filing has been filed and is pending Approval.</td> </tr> <tr> <td>F</td> <td>Final—Rate filing has been approved.</td> </tr> </tbody> </table> NOT APPLICABLE: CA, DE, MI, MN, NC, PA	Code	Description	P	Preliminary—Rate filing has been filed and is pending Approval.	F	Final—Rate filing has been approved.	(AN)	159	1
Code	Description									
P	Preliminary—Rate filing has been filed and is pending Approval.									
F	Final—Rate filing has been approved.									
23	<b>RESERVED FOR NCCI USE</b>		160	1						
24	<b>RESERVED FOR FUTURE USE</b>		161	1						
25	<b>FLORIDA ARAP FACTOR (NCCI ONLY)</b> A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 162 and 163.	(N)	162-164	3						
26	<b>CPAP FACTOR (MN ONLY)</b> A Contractors Premium Adjustment Program that provides a premium credit for contracting classifications. There is an assumed decimal point between positions 165 and 166.	(N)	165-167	3						
27	<b>INDICATED RATING FACTOR (PA ONLY)</b> Report the 5-digit Indicated Rating Plan Factor. There is an assumed decimal point between positions 169 and 170.	(N)	168-172	5						
28	<b>STABILIZING VALUE</b> Expected Excess x (1 – Weight) + Ballast. Part of the Experience Rating Formula.  NOT APPLICABLE: CA, DE, MI, MN, NC, PA	(N)	173-181	9						

Field No.	Field Title/Description	Class	Position	Bytes										
29	<b>SPLIT RATING CODE</b> Code indicating a split rating.	(AN)	182	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Split Rating</td> </tr> <tr> <td>1</td> <td>Split Rating Due to Separate State Modifiers</td> </tr> <tr> <td>2</td> <td>Split Rating Due to Ownership Changes</td> </tr> <tr> <td>3</td> <td>Split Rating Due to Addition of a New State</td> </tr> </tbody> </table>	Code	Description	0	No Split Rating	1	Split Rating Due to Separate State Modifiers	2	Split Rating Due to Ownership Changes	3	Split Rating Due to Addition of a New State			
Code	Description													
0	No Split Rating													
1	Split Rating Due to Separate State Modifiers													
2	Split Rating Due to Ownership Changes													
3	Split Rating Due to Addition of a New State													
	NOTE: If = 1, 2, or 3, then go to the message field (positions 79-178) on Record Type 05 for details regarding the split rating.													
	NOT APPLICABLE: MA, MI, NC													
30	<b>PRIMARY LOSSES – EXPECTED TOTALS</b> NCCI: column 11. Total Expected Primary Losses NOT APPLICABLE: DE, PA	(N)	183-191	9										
31	<b>RATABLE EXCESS—EXPECTED</b> NCCI: column 13. Weight x Expected Excess Losses. Part of the Experience Rating Formula NOT APPLICABLE: DE, MN, PA	(N)	192-200	9										
32	<b>TOTALS—EXPECTED</b> NCCI: column 14. Expected Primary Losses + Stabilizing Value + Expected Ratable Excess. Part of the Experience Rating Formula. NOT APPLICABLE: DE, NC, PA	(N)	201-209	9										
33	<b>PRIMARY LOSSES—ACTUAL TOTALS</b> NCCI: column 11. Total Actual Primary Losses. DE/PA: Both paid and reserved over the experience period, limited to specified maximum amount(s).	(N)	210-218	9										
34	<b>RATABLE EXCESS—ACTUAL</b> NCCI: column 13. Weight x Actual Excess Losses. Part of the Experience Rating Formula. NOT APPLICABLE: DE, MN, PA	(N)	219-227	9										
35	<b>TOTALS—ACTUAL</b> Actual Primary Losses + Stabilizing Value + Actual Ratable Excess. Part of the Experience Rating Formula. NY: Total paid and case reserve for all claims incurred during the experience rating period NOT APPLICABLE: DE, NC, PA	(N)	228-236	9										

Field No.	Field Title/Description	Class	Position	Bytes										
36	<b>MARKET TYPE CODE</b> The distribution policy market status.	(A)	237	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Normal Assigned Risk</td> </tr> <tr> <td>D</td> <td>Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only)</td> </tr> <tr> <td>S</td> <td>Self Insured Group (MA only)</td> </tr> <tr> <td>V</td> <td>Voluntary</td> </tr> </tbody> </table> <p>NOT APPLICABLE: CA, DE, MN, NY, PA, WI</p>	Code	Description	A	Normal Assigned Risk	D	Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only)	S	Self Insured Group (MA only)	V	Voluntary			
Code	Description													
A	Normal Assigned Risk													
D	Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only)													
S	Self Insured Group (MA only)													
V	Voluntary													
37	<b>CARRIER CODE</b> The carrier code associated with the rating distribution.	(N)	238-242	5										
	NOT APPLICABLE: CA, DE, NY, PA													
38	<b>BRANCH CODE</b> NCCI: column 11. Total Expected Primary Losses	(AN)	243-245	3										
	NOT APPLICABLE: DE, PA													
39	<b>POLICY NUMBER IDENTIFIER</b> NOT APPLICABLE: CA, MI, NY	(AN)	246-263	18										
40	<b>POLICY EFFECTIVE DATE (YYYYMMDD)</b> Effective date (Year, Month, Day) of the policy in effect when the rating was promulgated.	(N)	264-271	8										
	NOT APPLICABLE: CA, MI, NY													
41	<b>POLICY EXPIRATION DATE (YYYYMMDD)</b> Expiration date (Year, Month, Day) of the policy in effect when the rating was promulgated.	(N)	272-279	8										
	NOT APPLICABLE: CA, MI, NY													
42	<b>RESERVED FOR FUTURE USE</b>		280	1										
43	<b>SARAP FACTOR</b> A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 281 and 282.	(N)	281-283	3										
	NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI													

Field No.	Field Title/Description	Class	Position	Bytes
44	<p><b>FIRST TIME MAIL INDICATOR</b>                      Y = First time mailed. Leave blank if not. Indicates if this risk ID, rating effective date has been distributed to this carrier previously.</p> <p>NCCI: Used for billing purposes and relays an indicator on the packing slip.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI</p>	(AN)	284	1
45	<b>RESERVED FOR FUTURE USE</b>		285-319	35
46	<p><b>WCRATING FORMAT CODE</b>                      Identifies Version Format</p> <p>Blank—NCCI</p> <p>1—WCIO</p>	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>III. RISK NAME AND ADDRESSES RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "A1".  Record Type Code A1 will contain Risk information.  NOT APPLICABLE: CA, NCCI	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types.		3-61	59
3	<b>RESERVED FOR FUTURE USE</b>		62-66	5
4	<b>MULTIPLE ENTITY CODE (MI ONLY)</b> This field will be used by MI as the "master file tag". This field identifies the entities with separate policies that have been combined for experience rating purposes	(AN)	67-68	2
5	<b>NAME CODE NUMBER</b> 3-digit number indicating the order in which the name of the insured appears on the policy—001 for primary name, 002 for secondary names, etc.  NOT APPLICABLE: MI	(N)	69-71	3
6	<b>INSURED NAME</b> Name of insured covered by policy.	(AN)	72-171	100
7	<b>RESERVED FOR FUTURE USE</b>		172	1
8	<b>ADDRESS OF INSURED LINE 1</b> First line of address of the insured as it appears on the policy.	(N)	173-212	40
9	<b>ADDRESS OF INSURED LINE 2</b> Second line of address of the insured as it appears on the policy.  NOT APPLICABLE: MI, NC	(N)	213-252	40
10	<b>CITY</b> Full name of the city of the address of the insured.	(AN)	253-282	30
11	<b>STATE CODE</b> U.S. Postal Service abbreviation for the state of the address of the insured.	(AN)	283-284	2
12	<b>ZIP CODE</b> Postal of the address of the insured.	(AN)	285-293	9
13	<b>COVERAGE ID NUMBER</b> Full name of the city of the address of the insured.  NOT APPLICABLE: DE, MI, PA	(AN)	294-303	10

Field No.	Field Title/Description	Class	Position	Bytes
14	<b>COMBINABLE ID NUMBER</b> An identifier for all coverage that is combinable for experience rating.  NOT APPLICABLE: DE, MI, NCCI, PA	(AN)	304-312	9
15	<b>RESERVED FOR FUTURE USE</b>		313-319	7
16	<b>WCRATING FORMAT CODE</b> Identifies Version Format  Blank—NCCI  1—WCIO	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>IV. PAYROLL/LOSS INFORMATION RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "02".  Record Type Code 02 will contain Payroll/Loss information; used in the detail portion of the worksheet.	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types		3-61	59
3	<b>RESERVED FOR FUTURE USE</b>		62-64	3
4	<b>STATE CODE—EXPERIENCE</b>  NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI	(N)	65-66	2
5	<b>FIRM CODE/MULTIPLE ENTITY CODE</b> This field identifies the entities with separate policies that have been combined for experience rating purposes.  NOT APPLICABLE: CA, MA, MN	(AN)	67-68	2
6	<b>CARRIER CODE—EXPERIENCE</b>  NOT APPLICABLE: CA, DE, MI, NY, PA	(N)	69-73	5
7	<b>POLICY NUMBER IDENTIFIER —EXPERIENCE</b>  NOT APPLICABLE: CA, DE, MI, NY, PA	(AN)	74-91	18
8	<b>POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD)</b> The effective date of the policy to which the payroll and losses reported applies. Year, Month, Day policy is effective  CA, DE, NY, PA,        YYYY only (positions 92–95)	(N)	92-99	8
9	<b>POLICY EXPIRATION OR CANCELLATION DATE—EXPERIENCE(YYYYMMDD)</b> Year, Month, Day policy expires or is cancelled.  NOT APPLICABLE: CA, DE, MI, NY, PA	(N)	100-107	8
10	<b>COVERAGE ID NUMBER</b> An identifier for a specific employer's coverage for which the exposure/loss information pertains.  NOT APPLICABLE: CA, DE, MI, NCCI, PA	(AN)	108-115	8
11	<b>RESERVED FOR FUTURE USE</b>		116-117	2

Field No.	Field Title/Description	Class	Position	Bytes																				
12	<p><b>FIRM NAME</b>                      Name that corresponds to the Multiple Entity Code in field 5 above. If the Multiple Entity Code is blank then the State Name will appear in this field. The State Name corresponds with the State Code in field 4 above.</p> <p>NOT APPLICABLE: CA, DE, MA, MN, NY, PA</p>	(AN)	118-147	30																				
13	<p><b>PAYROLL SEQUENCE NUMBER (MA ONLY)</b>                      A number that identifies the sequence in which this payroll record is to print on the experience rating worksheet.</p>	(N)	148-152	5																				
14	<p><b>CLASSIFICATION CODE</b>                      The class code that applies to the payroll/loss reported.</p> <p>NCCI, WI: Applies only to the payroll reported.</p>	(AN)	153-157	5																				
15	<p><b>CLASSIFICATION WORDING</b>                      Wording describing the classification reported. NCCI: For specified class codes only, not all class codes.</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NC                      OPTIONAL: WI</p>	(AN)	158-187	30																				
16	<p><b>DATA CODE</b>                      Indicates which data elements are populated.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Authorized class</td> </tr> <tr> <td>2</td> <td>Payroll only</td> </tr> <tr> <td>3</td> <td>Loss only</td> </tr> <tr> <td>4</td> <td>Contains both payroll and loss</td> </tr> <tr> <td>5</td> <td>Payroll total for class</td> </tr> <tr> <td>6</td> <td>Loss total</td> </tr> <tr> <td>7</td> <td>Exposure total for all classes</td> </tr> <tr> <td>8</td> <td>Merit Adjustment</td> </tr> <tr> <td>9</td> <td>Eligibility Premium (MA only)</td> </tr> </tbody> </table> <p>NOT APPLICABLE: CA, NCCI</p>	Code	Description	1	Authorized class	2	Payroll only	3	Loss only	4	Contains both payroll and loss	5	Payroll total for class	6	Loss total	7	Exposure total for all classes	8	Merit Adjustment	9	Eligibility Premium (MA only)	(AN)	188	1
Code	Description																							
1	Authorized class																							
2	Payroll only																							
3	Loss only																							
4	Contains both payroll and loss																							
5	Payroll total for class																							
6	Loss total																							
7	Exposure total for all classes																							
8	Merit Adjustment																							
9	Eligibility Premium (MA only)																							
17	<p><b>ELR (EXPECTED LOSS RATE)</b>                      A factor used to determine the amount of total expected losses by classification per unit of exposure. There is an assumed decimal point between positions 193 and 194.</p> <p>MI: Applied to the total payroll for a class code as of the effective date of the experience modification.</p>	(N)	189-195	7																				

Field No.	Field Title/Description	Class	Position	Bytes
18	<p><b>D-RATIO FACTOR</b>                      A factor (Discount Ratio) used to determine the total amount of expected losses by classification that are primary expected losses. There is an assumed decimal point between positions 199 and 200.</p> <p>MI: applied to the Total Expected Losses for a class code as of the effective date of the experience modification.</p> <p>NOT APPLICABLE: DE, MN, PA</p>	(N)	196-201	6
19	<p><b>EXPOSURE AMOUNT</b>                      The payroll for the classification for the experience period.</p>	(N)	202-211	10
20	<p><b>MANUAL/CHARGED RATE</b>                      There is an assumed decimal point between positions 215 and 216.</p> <p>DE/PA – Authorized Rating Value</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NCCI, NC, WI</p>	(N)	212-217	6
21	<p><b>A-RATED MINIMUM PREMIUM (NY ONLY)</b></p>	(N)	218-222	5
22	<p><b>EXPECTED LOSS TOTAL</b>                      Total, normal or average yearly anticipated loss amounts based on the employer's size and classifications, obtained by multiplying the exposure basis for each class by the class expected loss rate.</p>	(N)	223-231	9
23	<p><b>EXPECTED PRIMARY LOSS AMOUNT</b>                      Portion of total expected losses subject to a state maximum amount per claim. Obtained by multiplying the total expected losses by the D-ratio</p> <p>NOT APPLICABLE: DE, PA</p>	(N)	232-240	9
24	<p><b>RESERVED FOR FUTURE USE</b></p>		241	1
25	<p><b>LOSS SEQUENCE NUMBER (NCCI ONLY)</b>                      A number that identifies the sequence in which the loss record is to print on the experience rating worksheet.</p>	(N)	242-246	5
26	<p><b>CLAIM NUMBER</b>                      Alphanumeric code that uniquely identifies a loss claim.</p> <p>DE/PA: Limited loss only</p>	(AN)	247-258	12
27	<p><b>INJURY CODE</b>                      Code that identifies under which provision of the law benefits were paid or expected to be paid.</p> <p>DE/PA: Limited loss only</p> <p>NOT APPLICABLE: MA</p>	(AN)	259-260	2

Field No.	Field Title/Description	Class	Position	Bytes
28	<b>U.S. HARBOR &amp; LONGSHOREMAN CODE</b>  DE/PA: Indicate other than State Act NOT APPLICABLE: CA, MA, MN, NC, WI	(AN)	261-262	2
29	<b>STATUS CODE</b>  <b>Code</b> <b>Description</b> C        Closed (MN & WI) O        Open F        Finished (NA: NC, WI) R        Reopen (MN & NC) *        Grouped  NOT APPLICABLE: DE, NY, PA	(AN)	263	1
30	<b>LOSS DATA TYPE CODE</b>  <b>Code</b> <b>Description</b> #        Limited NCCI (NCCI only) 1        Detail Loss (NA: NCCI) 2        Losses summarized by policy year (NA: NCCI) 3        Detail Limited Loss (NA: NCCI) 4        Total Losses (NA: NCCI) 5        Total Limited Losses (NA: NCCI) 6        Merit Lost-Time Claim (NA: NCCI, NC) C        Catastrophic Limited Loss (CA & NCCI-only) D        Disease Limited Loss (NCCI only) E        Employers Liability Limited Loss (NCCI only)  NOT APPLICABLE: NY	(AN)	264	1
31	<b>ACTUAL INCURRED LOSS TOTAL AMOUNT</b> Total incurred value of the loss (medical + indemnity).	(N)	265-273	9
32	<b>ACTUAL PRIMARY LOSS AMOUNT</b> The maximum value for each loss for the experience rating period, limited to a state maximum amount per claim.  DE/PA: Total losses used	(N)	274-282	9

Field No.	Field Title/Description	Class	Position	Bytes																				
33	<b>ACTUAL INCURRED LOSS MESSAGE CODE</b> Identifies a Policy Level Message that applies to the Actual Incurred Loss Total reported on this record. If none apply, will be blank.	(A/N)	283	1																				
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>*</td> <td>Denotes Loss Limit Applied</td> </tr> <tr> <td>A</td> <td>State Per Claim Accident Limitation</td> </tr> <tr> <td>C</td> <td>Multiple Claim Accident</td> </tr> <tr> <td>D</td> <td>Loss in excess of State Multiple Claim Accident Limitation</td> </tr> <tr> <td>F</td> <td>Subrogation Received by the Carrier</td> </tr> <tr> <td>G</td> <td>2<sup>nd</sup> Injury Fund Recovery Anticipated</td> </tr> <tr> <td>H</td> <td>Claim was Declared Non-compensable</td> </tr> <tr> <td>J</td> <td>USL&amp;H Act Per Claim Accident Limitation</td> </tr> <tr> <td>K</td> <td>Catastrophe Code 48 Excluded from Modification Calculation</td> </tr> </table>	<b>Code</b>	<b>Description</b>	*	Denotes Loss Limit Applied	A	State Per Claim Accident Limitation	C	Multiple Claim Accident	D	Loss in excess of State Multiple Claim Accident Limitation	F	Subrogation Received by the Carrier	G	2 <sup>nd</sup> Injury Fund Recovery Anticipated	H	Claim was Declared Non-compensable	J	USL&H Act Per Claim Accident Limitation	K	Catastrophe Code 48 Excluded from Modification Calculation			
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K	Catastrophe Code 48 Excluded from Modification Calculation																							
	NOT APPLICABLE: NCCI																							
34	<b>ACTUAL PRIMARY LOSS MESSAGE CODE</b> Identifies a Policy Level Message that applies to the Actual Primary Loss Amount reported on this record. If none apply, will be blank.	(A)	284	1																				
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>E</td> <td>Primary Loss Limitation of Multiple Claim Accident</td> </tr> </table>	<b>Code</b>	<b>Description</b>	E	Primary Loss Limitation of Multiple Claim Accident																			
<b>Code</b>	<b>Description</b>																							
E	Primary Loss Limitation of Multiple Claim Accident																							
	NOT APPLICABLE: NCCI																							
35	<b>INCURRED MEDICAL AMOUNT</b> A whole dollar amount representing incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.	(N)	285-293	9																				
	NOT APPLICABLE: MI, MN, NY, NCCI, NC, WI																							
36	<b>INCURRED INDEMNITY AMOUNT</b> A whole dollar amount representing incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work.	(N)	294-302	9																				
	NOT APPLICABLE: MI, MN, NCCI, NY, NC, WI																							
37	<b>LOSS COVERAGE (ACT) CODES</b> Loss conditions.	(AN)	303-304	2																				
	NOT APPLICABLE: DE, MI, MN, NCCI, NY, NC, PA, WI																							
38	<b>CATASTROPHE NUMBER</b> Indicates loss is part of a catastrophe.	(N)	305-306	2																				
	NOT APPLICABLE: <u>CA</u> , MI, MN																							

Field No.	Field Title/Description	Class	Position	Bytes
39	<b>CLAIM COUNT</b> Number of claims reported as a grouped loss.  NOT APPLICABLE: DE, MI, MN, PA	(N)	307-311	5
40	<b>ELIGIBILITY PREMIUM AMOUNT – EXPERIENCE</b> Indicates the policy premium amount that is used to determine the risk's eligibility for experience rating.  NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, NC, PA, WI	(N)	312-319	8
41	<b>WCRATING FORMAT CODE</b> Identifies Version Format  Blank—NCCI  1—WCIO	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>V. PRIMARY/STATE SUMMARY INFORMATION RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "03".  Record Type Code 03 will contain the Primary/State Summary information for each unique firm.  NOT APPLICABLE: CA, DE, MA, MN, NY, PA	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types		3-61	59
3	<b>RESERVED FOR FUTURE USE</b>		62-64	3
4	<b>STATE CODE—EXPERIENCE</b>  NOT APPLICABLE: MI	(N)	65-66	2
5	<b>FIRM CODE/MULTIPLE ENTITY CODE</b> This field identifies the entities with separate policies that have been combined for experience rating purposes.	(AN)	67-68	2
6	<b>CARRIER CODE—EXPERIENCE</b>  NOT APPLICABLE: MI, WI	(N)	69-73	5
7	<b>POLICY NUMBER IDENTIFIER—EXPERIENCE</b>  NOT APPLICABLE: MI, WI	(AN)	74-91	18
8	<b>POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD)</b> Year, Month, Day policy is effective	(N)	92-99	8
9	<b>POLICY EXPIRATION DATE—EXPERIENCE (YYYYMMDD)</b> Year, Month, Day policy expires.  NOT APPLICABLE: MI	(N)	100-107	8
10	<b>RESERVED FOR FUTURE USE</b>		108-115	8
11	<b>POLICY—TOTAL EXPOSURE</b>	(N)	116-126	11
12	<b>SUBJECT PREMIUM AMOUNT</b>  NOT APPLICABLE: MI, WI	(N)	127-136	10
13	<b>POLICY TOTAL: ACTUAL INCURRED LOSSES</b>	(N)	137-146	10
14	<b>POLICY TOTAL: PRIMARY ACTUAL LOSSES</b>	(N)	147-156	10
15	<b>RESERVED FOR FUTURE USE</b>		157-319	163

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Field No.	Field Title/Description	Class	Position	Bytes
16	<b>WCRATING FORMAT CODE</b> Identifies Version Format.  Blank—NCCI 1—WCIO		320	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>VI. POLICY LEVEL MESSAGES RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "A3".  Record Type Code A3 will contain policy level messages.  NOT APPLICABLE: CA, DE, NY, PA	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types		3-61	59
3	<b>RESERVED FOR FUTURE USE</b>		62-72	11
4	<b>MESSAGE SEQUENCE</b> Message sequence identifies the numeric sequence that each line of message would be displayed on the worksheet.	(N)	73-75	3
5	<b>LINE NUMBER</b> Used to determine the messages line numbers for each message sequence.	(N)	76-78	3
6	<b>MESSAGE</b>	(AN)	79-178	100
7	<b>CARRIER CODE—EXPERIENCE</b> The carrier code of the policy to which the policy level message pertains.  NOT APPLICABLE: NCCI	(N)	179-183	5
8	<b>POLICY NUMBER IDENTIFIER —EXPERIENCE</b> The unique policy identifier of the policy to which the policy level message pertains.  NOT APPLICABLE: NCCI	(AN)	184-201	18
9	<b>POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD)</b> The Effective date (Year, Month, Day) of the policy to which the policy level message pertains.  NOT APPLICABLE: NCCI	(N)	202-209	8
10	<b>RESERVED FOR FUTURE USE</b>		210-319	110
11	<b>WCRATING FORMAT CODE</b> Identifies Version Format  Blank—NCCI 1—WCIO	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>VII. STATE/FIRM SUMMARY INFORMATION RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "04".  Record Type Code 04 will contain State/Firm summary information to produce the summary page.	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types		3-61	59
3	<b>RESERVED FOR FUTURE USE</b>		62-64	3
4	<b>STATE CODE</b>  NOT APPLICABLE: CA, DE, MN, NY, PA, WI	(N)	65-66	2
5	<b>FIRM CODE/MULTIPLE ENTITY CODE</b> This field identifies the entities with separate policies that have been combined for experience rating purposes.  NOT APPLICABLE: CA, DE, MA, MN, NY, PA	(AN)	67-68	2
6	<b>RESERVED FOR FUTURE USE</b>		69-72	4
7	<b>STATE ABBREVIATION</b> The alphabetic abbreviation of the state. Interstate only.  NOT APPLICABLE: CA, DE, MI, MN, NY, NC, PA, WI	(AN)	73-74	2
8	<b>PRELIMINARY STATE RATING CODE</b>  NOT APPLICABLE: CA, DE, MI, MN, NY, NC, PA, WI	(AN)	75	1
9	<b>WEIGHT FACTOR</b> A ratio that determines the proportion of actual excess losses to enter the experience modification calculation. This is sometimes referred to as the credibility value. There is an assumed decimal point between positions 78 and 79.  DE/PA: Credibility—the extent to which an insured's actual (limited) losses will be reflected in the experience modification	(N)	76-81	6
10	<b>SRP (SELF-RATING POINT) (NCCI ONLY)</b>	(N)	82-85	4
11	<b>RESERVED FOR FUTURE USE</b>		86-94	9
12	<b>EXPECTED LOSS TOTAL</b> Total expected losses for the state used in experience modification formula.	(N)	95-103	9

Field No.	Field Title/Description	Class	Position	Bytes
13	<b>EXPECTED PRIMARY LOSS AMOUNT</b> Portion of total expected losses for the state subject to a state maximum amount per claim. Obtained by multiplying the total expected losses by the D-ratio.  NOT APPLICABLE: DE, PA	(N)	104-112	9
14	<b>ACTUAL EXCESS LOSS AMOUNT</b> Portion of each claim above the state maximum amount. Obtained by subtracting the actual primary losses from the total actual losses.  NOT APPLICABLE: DE, MN, PA	(N)	113-121	9
15	<b>ACTUAL INCURRED LOSS TOTAL</b> Total losses used in experience modification formula.	(N)	122-130	9
16	<b>BALLAST AMOUNT</b> The stabilizing element designed to limit the effect of any single loss on the experience modification.  DE: Ballast Factor	(N)	131-139	9
17	<b>ACTUAL PRIMARY LOSS AMOUNT</b> Paid and reserve claim values for the experience rating period, limited to a state maximum amount per claim.  NOT APPLICABLE: DE, PA	(N)	140-148	9
18	<b>ARAP FACTOR</b> This is a program that imposes additional charges on employers in the residual market where applicable.  NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI	(N)	149-151	3
19	<b>AVERAGE BALLAST AMOUNT</b> Ballast for the state based on total expected losses for the rating .  NOT APPLICABLE: CA, DE, MN, NY, PA, WI	(N)	152-160	9
20	<b>LIMIT CHARGE FACTOR</b> An additional charge applied to experience-rated risks in exchange for the procedure of using only limited actual losses in experience rating. Amount of Limit Charge is dependent on applicable maximum loss limit; a function of expected loss size of risk. There is an assumed decimal point preceding position 161.  NOT APPLICABLE: MA, MI, MN, NCCI, NY, WI	(N)	161-163	3
21	<b>RESERVED FOR FUTURE USE</b>		164	1

Field No.	Field Title/Description	Class	Position	Bytes
22	<b>CAP LIMIT</b> There is an assumed decimal point between positions 166 and 167.  NOT APPLICABLE: CA, DE, MI, MN, NCCI, NC, PA, WI	(N)	165-168	4
23	<b>LOSS LIMITED REDUCTION TOTAL</b>  NOT APPLICABLE: CA, DE, MN, NCCI, NY, PA	(N)	169-178	10
24	<b>RESERVED FOR FUTURE USE</b>		179-319	141
25	<b>WCRATING FORMAT CODE</b> Identifies Version Format  Blank—NCCI  1—WCIO	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
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**VIII. MESSAGES RECORD**

1	<b>RECORD TYPE CODE</b> Report "05".	(AN)	1-2	2
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Record Type Code 05 will contain messages printed on the Summary Page.

2	<b>LINK DATA</b> Contains fields common to all record types.		3-61	59
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3	<b>RESERVED FOR FUTURE USE</b>		62-69	8
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4	<b>MESSAGE CODE</b>	(N)	70-72	3
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Code	Description
001	Revised Rating
002	Revised—Additional Rate Card
003	Revised—Change of Anniversary
004	Revised Classification
005	Revised—Additional Experience
006	Revised—Elimination of Experience
007	Revised Payrolls & Losses
008	Revised Payrolls
009	Revised Losses
010	Combination Effective xx/xx/xx
011	Revised Expected Losses/D-Ratio
012	Revised—Interstate Bureau Correction
013	New Case Rating
014	Correction
015	Reserved for Future Use
016	Reserved for Future Use
017	Reserved for Future Use
018	Revised Rating Values
019	Revised Manual Rates
020	Contingent Rating
021	Expected Losses Adjusted for PAP
022	Reserved for Future Use
023	Reprinted
024	Indemnity Claims = xx
025	Loss Limit Applied
026	Special Rating Rule
027	Small Risk Debit Limit
028	Plan C
029	Modified Surcharge = xx
030	Surcharge = xx
031	Rating Reflects a Decrease of 70% Medical Only (Injury Code 6) Primary/Excess Loss Dollars
032	AR Rates
033	Does Not Qualify for Experience Rating
034	Rating has been withdrawn due to ineligibility of risk

Field No.	Field Title/Description	Class	Position	Bytes
4	<b>MESSAGE CODE</b>	(N)	70-72	3
	<b>Code Description</b>			
	035 Replaces tentative experience modification—Bureau endorsement not required			
	036 Experience rating is based upon all available data			
	037 Secondary Location—Authorized classes for this location only			
	038 Use Surcharge 0277 only for Residual Market Employer			
	039 Rating has been withdrawn due to application of interstate experience modification			
	040 Rating has been withdrawn due to incorrect rating effective date			
	041 This contingent experience modification was calculated using available information and is provided for informational purposes. A complete rating will be issued upon receipt of the following data.			
	042 Pending rate change effective xx/xx/xx			
	043 Rating revised due to loss corrections			
	044 c—Multiple claim accident			
	045 p—Loss in excess of state multiple claim accident			
	046 e—Primary loss limitation of multiple claim accident			
	047 a—Loss has been limited to xx,xxx			
	048 Experience modification has been limited			
	049 Preliminary experience modification pending A-rate change effective xx/xx/xx			
	050 Rating has been withdrawn due to a material change in ownership			
	051 See attached before applying experience modification			
	052 This experience modification has been promulgated using rating values established by the carrier of record			
	053 Not rated due to No Current Coverage for this employer – (MN ONLY)			
	080 Merit Rating			
	999 Free-Form Text Message			
	NOT APPLICABLE: CA			
5	<b>MESSAGE SEQUENCE</b>	(N)	73-75	3
	Message sequence identifies the numeric sequence that each line of message would be displayed on the worksheet.			
6	<b>LINE NUMBER</b>	(N)	76-78	3
	Used to determine the messages line numbers for each message sequence.			
7	<b>MESSAGE</b>	(AN)	79-178	100
8	<b>RESERVED FOR FUTURE USE</b>		179-319	141
9	<b>WCRATING FORMAT CODE</b>	(AN)	320	1
	Identifies Version Format			
	Blank—NCCI			
	1—WCIO			

Field No.	Field Title/Description	Class	Position	Bytes
<b>IX. BRANCH CODE INFORMATION RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "06".  Record Type Code 06 will contain the branch code information for the distribution instructions.  NOT APPLICABLE: CA, DE, MN, NY, NC, PA, WI	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types.		3-61	59
3	<b>BRANCH CODE</b> 3-digit branch code.	(N)	62-64	3
4	<b>STATE CODE</b> 2-digit state abbreviation of the physical branch address.	(AN)	65-66	2
5	<b>CITY OF THE PHYSICAL BRANCH ADDRESS</b>	(AN)	67-98	32
6	<b>CARRIER ZIP CODE</b>	(AN)	99-107	9
7	<b>RESERVED FOR FUTURE USE</b>		108-319	212
8	<b>WCRATING FORMAT CODE</b> Identifies Version Format  Blank—NCCI 1—WCIO	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
<b>X. CONTINGENT RATING RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "07".  Record Type Code 07 will be used If Contingent Rating is applicable. Multiples can occur.  NOT APPLICABLE: CA, DE, MI, NY, PA	(AN)	1-2	2
2	<b>LINK DATA</b> Contains fields common to all record types.		3-61	59
3	<b>RESERVED FOR FUTURE USE</b>		62-69	8
4	<b>STATE CODE</b>	(N)	70-169	100
5	<b>FIRM CODE/MULTIPLE ENTITY CODE</b> This field identifies the entities with separate policies that have been combined for experience rating purposes  NOT APPLICABLE: MN	(N)	170-171	2
6	<b>DETAIL REPORT LEVEL CODE/ REPORT NUMBER</b>	(AN)	172-173	2
7	<b>DETAIL CONTINGENT EFFECTIVE DATE (MMYY)</b>	(AN)	174-177	4
8	<b>DETAIL CARRIER NAME</b>	(AN)	178-217	40
9	<b>DETAIL POLICY NUMBER IDENTIFIER</b>	(N)	218-235	18
10	<b>FORM TYPE CODE</b> Valid values "TEXAS", "INTER", "INTRA"  NOT APPLICABLE: MN, NC	(AN)	236-240	5
11	<b>RESERVED FOR FUTURE USE</b>		241-319	79
12	<b>WCRATING FORMAT CODE</b> Identifies Version Format  Blank—NCCI 1—WCIO	(AN)	320	1

Field No.	Field Title/Description	Class	Position	Bytes
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**XI. TRAILER RECORD**

1	<b>RECORD TYPE CODE</b> Report "99".	(AN)	1-2	2
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Record Type Code 99 Indicates the end of the distribution records for the Carrier Pup (Carrier Group's Subsidiary Companies) listed in the 00 record type or end of the file (see Trailer Type in position 3 below).

CA: Record Type Code 99 indicates the end of a set of records for a single rating worksheet.

2	<b>TRAILER TYPE CODE</b> Blank = End of Carrier Pup	(AN)	3	1
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CA: Blank = End of a set of records for single rating worksheet.

**NOTE:** SUBMIT ONE AND ONLY ONE RECORD FOR EACH RECORD TYPE 00 ON THE FILE.

CA NOTE: SUBMIT ONE RECORD FOR EACH SET OF RECORDS FOR A SINGLE RATING WORKSHEET ON THE FILE. EACH SET OF RECORDS FOR A SINGLE RATING WORKSHEET WILL BEGIN WITH A RECORD TYPE 00 AND END WITH A RECORD TYPE 99.

Record Type 00 will signify the beginning of the rating worksheets for the designated Carrier Pup and Record Type 99.

CA: Record Type 00 will signify the beginning of a set of records for a single rating worksheet and Record Type 99.

Trailer Type = blank will signify the end of the rating worksheets for that Carrier Pup.

CA: Trailer Type = blank will signify the end of a set of records for a single rating worksheet.

9 = Submission Control

**NOTE:** SUBMIT ONE AND ONLY ONE SUBMISSION CONTROL RECORD PER FILE.

The submission control record must be the last record on the file.

Field No.	Field Title/Description	Class	Position	Bytes
3	<p><b>DETAIL RECORD COUNT</b>                      If Trailer Type = blank, then report the total number of records contained on the file for the associated Carrier Pup, including all record types (00–99).</p> <p>CA: If Trailer Type = blank, then report the total number of records for a set of records for a single rating worksheet including all record types (00–99).</p> <p>If Trailer Type = 9, then report the total number of records contained on the file including all record types (00–99), but excluding the Electronic Transmittal Record (if used).</p> <p>CA: If Trailer Type = 9, then report the total number of records for the one or more sets of records for the rating worksheets, but excluding the Electronic Transmittal Record (if used).</p>	(N)	4-13	10
4	<p><b>NUMBER OF RATINGS</b>                      If Trailer Type = blank, then report the number of rating documents contained on the file for the associated Carrier Pup. This field will show ONLY the total number of Header Records (Record Type 01) on the file for the associated Carrier Pup.</p> <p>CA: If Trailer Type = blank, the value will always be equal to one, as Record Type 99 marks the end of a single rating document.</p> <p>If Trailer Type = 9, then report the number of rating documents contained on the file. This field will show ONLY the total number of Header Records (Record Type 01) on the file.</p> <p>CA: If Trailer Type = 9, then report the number of rating documents contained on the file. This field will show ONLY the total number of Record Type 00 records (Record Type 00 marks the beginning of a single rating document and Record Type 99 marks the end of a single rating document) contained on the file.</p>	(N)	14-21	8
5	<b>ASTERISKS FILLED</b>	(AN)	22-319	298
6	<p><b>WCRATING FORMAT CODE</b>                      Identifies Version Format</p> <p>Blank—NCCI                      1—WCIO</p>	(AN)	320	1

DCO DIFFERENCES  
 IN WCRATING SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
<b>Link Data</b>										
Record Type Code									N/A	
Carrier Code										
Carrier Group Code										
WCRATING Format Code										
<b>Rating Information Record</b>										
Independent DCO Risk ID Number/Risk ID/Account Number										
Rating Effective Date										
State Code										
Carrier Code										
Policy Number Identifier										
Rating Expiration Date						N/A		N/A		
Rating Issue Date										
Revision Code						N/A				
Rating Type Code	+					N/A			+	+
Revision Number	N/A		N/A		N/A	N/A		N/A	N/A	
Third Party Administrator										
Policy Indicator	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Firm Code/Multiple Entity Code	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Insured Name									N/A	
Insured Name Continued									N/A	
State Code	N/A	N/A		N/A				N/A	N/A	N/A
Rating Factor										
ARAP Factor	N/A				N/A	N/A		N/A	N/A	N/A
Status Code	N/A		N/A	N/A					N/A	
Florida ARAP Factor	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
CPAP Factor	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
Indicates Rating Factor	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A DE	N/A
Stabilizing Value	N/A		N/A	N/A					N/A	
Split Rating Code		N/A	N/A							
Primary Losses – Expected Totals									N/A	
Ratable Excess – Expected Totals – Expected				N/A					N/A	
Primary Losses – Actual Totals									N/A	
Ratable Excess – Actual Totals – Actual				N/A					N/A	
Market Type Code	N/A	+		N/A				N/A	N/A	N/A
Carrier Code	N/A							N/A	N/A	
Branch Code	N/A		N/A	N/A				N/A	N/A	
Policy Number Identifier	N/A		N/A					N/A		
Policy Effective Date	N/A		N/A					N/A		
Policy Expiration Date	N/A		N/A					N/A		
SARAP Factor	N/A	N/A	N/A	N/A				N/A	N/A	N/A
First Time Mail Indicator	N/A	N/A	N/A	N/A				N/A	N/A	N/A
WCRATING Format Code										

	CA	MA	MI	MN	NC	MCCI	NJ	NY	PA/DE	WI
<b>Risk Name and Address Code</b>										
Record Type Code										
Multiple Entity Code	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Name Code Number			N/A							
Insured Name										
Address of Insured Line 1										
Address of Insured Line 2			N/A							
City										
State Code										
Zip Code										
Coverage ID Number			N/A						N/A	
Combinable ID Number			N/A			N/A			N/A	
WCRATING Format Code										
<b>Payroll/Loss Information Record</b>										
Record Type Code										
State Code – Experience	N/A	N/A	N/A	N/A				N/A	N/A	N/A
Firm Code/Multiple Entity Code	N/A	N/A	N/A							
Carrier Code – Experience	N/A		N/A					N/A	N/A	
Policy Number Identifier – Experience	N/A		N/A					N/A	N/A	
Policy Effective Date – Experience	+		+					+	+	
Policy Expiration or Cancellation Date – Experience	N/A		N/A					N/A	N/A	
Coverage ID Number	N/A		N/A					N/A	N/A	
Firm Name	N/A	N/A		N/A				N/A	N/A	
Payroll Sequence Number	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Classification Code						+				+
Classification Wording	N/A	N/A	N/A	N/A						OPT
Data Code	N/A					N/A				
ELR (Expected Loss Rate)										
D-Ratio Factor				N/A					N/A	
Exposure Amount										
Manual/Charged Rate	N/A	N/A	N/A	N/A		N/A				N/A
A-Rated Minimum Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Expected Loss Total										
Expected Primary Loss Amount									N/A	
Loss Sequence Number	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Claim Number									+	
Injury Code		N/A							+	
U.S. Harbor & Longshoreman Code	N/A	N/A		N/A					+	N/A
Status Code								N/A	N/A	
Loss Data Type Code	+	+	+	+	+	+	+	N/A	+	+
Actual Incurred Loss Total Amount										
Actual Primary Loss Amount									+	
Actual Incurred Loss						N/A				
Message Code										
Actual Primary Loss						N/A				
Message Code										
Incurred Medical Amount			N/A	N/A		N/A		N/A		N/A
Incurred Indemnity Amount			N/A	N/A		N/A		N/A		N/A
Loss Coverage (Act) Codes			N/A	N/A		N/A		N/A	N/A	N/A
Catastrophe Number	N/A		N/A	N/A						

	CA	MA	MI	MN	NC	MCCI	NJ	NY	PA/DE	WI
Claim Count			N/A	N/A					N/A	
Eligibility Premium Amount – Experience	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WCRATING Format Code										
<b>Primary/State Summary Information Record</b>										
Record Type Code										
State Code – Experience			N/A							
Firm Code/Multiple Entity Code										
Carrier Code – Experience			N/A							N/A
Policy Number Identifier – Experience			N/A							N/A
Policy Effective Date - Experience										
Policy Expiration Date - Experience			N/A							
Policy – Total Exposure										
Subject Premium Amount			N/A							N/A
Policy Total: Actual Incurred Losses										
Policy Total: Primary Actual Losses										
WCRATING Format Code										
<b>Policy Level Messages</b>										
Record Type Code	N/A							N/A	N/A	
Message Sequence	N/A							N/A	N/A	
Line Number	N/A							N/A	N/A	
Message	N/A							N/A	N/A	
Carrier Code – Experience	N/A					N/A		N/A	N/A	
Policy Number Identifier - Experience	N/A					N/A		N/A	N/A	
Policy Effective Date – Experience	N/A					N/A		N/A	N/A	
WCRATING Format Code	N/A							N/A	N/A	
<b>State/Firm Summary Information Record</b>										
Record Type Code										
State Code	N/A			N/A				N/A	N/A	N/A
Firm Code/Multiple Entity Code	N/A	N/A		N/A				N/A	N/A	
State Abbreviation	N/A		N/A	N/A				N/A	N/A	N/A
Preliminary State Rating Code	N/A		N/A	N/A				N/A	N/A	NA
Weight Factor										
SRP (Self Rating Point)	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Expected Loss Total										
Expected Primary Loss Amount										
Actual Excess Loss Amount				N/A					N/A	
Actual Incurred Loss Total										
Ballast Amount										
Actual Primary Loss Amount									N/A	
ARAP Factor	N/A		N/A	N/A				N/A	N/A	N/A
Average Ballast Amount	N/A			N/A				N/A	N/A	N/A
Limit Charge Factor		N/A	N/A	N/A		N/A		N/A		N/A
Cap Limit	N/A		N/A	N/A		N/A			N/A	N/A
Loss Limited Reduction Total	N/A			N/A		N/A		N/A	N/A	
WCRATING Format Code										

	CA	MA	MI	MN	NC	MCCI	NJ	NY	PA/DE	WI
<b>Message Record</b>										
Record Type Code										
Message Code	N/A									
Message Sequence										
Line Number										
Message										
WCRATING Format Code										
<b>Branch Code Information Record</b>										
Record Type Code	N/A			N/A				N/A	N/A	N/A
Branch Code	N/A			N/A				N/A	N/A	N/A
State Code	N/A			N/A				N/A	N/A	N/A
City of the Physical Branch Address	N/A			N/A				N/A	N/A	N/A
Carrier Zip Code	N/A			N/A				N/A	N/A	N/A
WCRATING Format Code										
<b>Contingent Rating Record</b>										
Record Type Code	N/A		N/A					N/A	N/A	
State Code	N/A		N/A					N/A	N/A	
Firm Code/Multiple Entity Code	N/A		N/A					N/A	N/A	
Detail Report Level Code/Report Number	N/A		N/A					N/A	N/A	
Detail Contingent Effective Date	N/A		N/A					N/A	N/A	
Detail Carrier Name	N/A		N/A					N/A	N/A	
Detail Policy Number Identifier	N/A		N/A					N/A	N/A	
Form Type Code				N/A						
WCRATING Format Code										
<b>Trailer Record</b>										
Record Type Code										
Trailer Type Code	+									
Detail Record Count	+									
Number of Ratings Asterisks Filled										
WCRATING Format Code										