

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

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

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

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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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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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<b>P</b>			
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Prior Policy Insurance Company Name	3	Prior Policy Insurance Record	287-326
Prior Policy Insurance Company Name	3	Prior Policy Insurance Record	327-350
Prior Policy Number	3	Prior Policy Insurance Record	74-91
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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Self Insured Termination Date	3	General/Supplemental Information Record	51-58
Sole Prop, Partner or Member of LLC Election for Coverage Code	3	Supplemental/Elections Information Record	204
State	3	Address Record	144-145
State Code	3	Name Record	166-167
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Sub Record Type Code – Declination Number	3	Applicants Statement Record	51
	3	Supplemental/Elections Information Record	197
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Subject Premium Total	3	Premium Calculation Record	75-84
	3	General/Supplemental Information Record	136
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Supplemental/Elections Information Record	3	Supplemental/Elections Information Record	
<b>I</b>			
	3	General/Supplemental Information Record	106
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Text For Other Nature of Insured	3	Header Record	167-186
Text For "Other" No Previous Insurance	3	Insurance Record	128-167
Title of Person Signing Application	3	Applicants Statement Record	251-310
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U S L & H Indicator	3	General/Supplemental Information Record	131
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	3	General/Supplemental Information Record	107
Unpaid Premium Due Indicator			
	3	General/Supplemental Information Record	111
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User ID	3	General Information Record	311-315
<b>W</b>			
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WI Supplemental Non Election Form Attached Indicator	3	Attachments Identification Record	55
WI Supplementary Election of Coverage Form Attached Indicator	3	Attachments Identification Record	56
WI Supplementary Limited Other States Coverage Request	3	Attachments Identification Record	57

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<b>TOPIC/ FIELD NAME</b>	<b>SECTION</b>	<b>SUBJECT HEADING</b>	<b>POSITION</b>
Attached Work Sublet Without Certificates of Insurance	3	General/Supplemental Information Record	112
Zip Code	3	Address Record	52

## WCNOA CONTACT PAGE

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

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Verna Blazys, Systems and Programming  
~~The Widener Building, 6th Floor~~United Plaza Building – Suite 1500  
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Telephone: 215-568-2371, ~~ext. 293~~  
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Insurance Services Office, Inc.  
~~Wendy Mayotte, Director~~Cliff Hall  
~~6392 Grand Cypress Circle~~  
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Mary Travers DePierro  
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North Carolina Rate Bureau  
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5401 Six Forks Road  
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Wisconsin Compensation Rating Bureau  
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**WORKERS COMPENSATION NOTICE OF ASSIGNMENT**

**REPORTING SPECIFICATIONS (WCNOA)**

**SECTION 1**

**RECORD TYPE DESCRIPTIONS**

**Record specifications and record type codes will be added to these specifications as they are developed by the jurisdictions.**

**WCNOA IS NOT APPLICABLE TO CA, MI, NCCI, NJ, NY OR PA**

**RECORD TYPE CODE 01** HEADER RECORD

Provides for the inclusion of assignment level information. One Header record is required for each unique assignment.

**RECORD TYPE CODE 02** NAME RECORD

Provides for the legal name(s) of the assignee. Each legal name requires a separate Name record, identified by a unique type of name code.

**RECORD TYPE CODE 03** ADDRESS RECORD

Provides for the inclusion of the mailing address, the principal location address and the payroll address of the assignee, and address(es) of location(s) of the assignee's operations. Each type of address requires a separate Address record, identified by a unique type of address code.

**RECORD TYPE CODE 04** STATE PREMIUM RECORD

Provides for reporting premium amount, loss constant amount, expense constant amount, experience modification factor. Scheduled rating and insurer premium deviation factor reporting are also provided for those states where applicable. Multistate assignments will have multiple State Premium records.

**RECORD TYPE CODE 05** EXPOSURE RECORD

Provides for reporting classification codes, manual/charged rates, and estimated exposure and premium amounts. As many Exposure records as necessary may be used to report multiple classification codes or manual/charged rates.

**RECORD TYPE CODE 07** GENERAL INFORMATION RECORD

Provides general information about the assignee. One General Information record is required for each unique assignment.

**RECORD TYPE CODE 08** GENERAL/SUPPLEMENTAL INFORMATION RECORD

Provides supplemental information about the applicant. One General/Supplemental Information record is required for each unique assignment.

**RECORD TYPE CODE 09** SUPPLEMENTAL/ELECTION INFORMATION RECORD

Provides information about the Applicant Corporate Officer, Sole Proprietor, Partner, or Member of a Limited Liability Company, or Election of a Person to be insured. One record will be included for each officer, etc. As many records as necessary may be used for each unique assignment to report multiple officers, etc.

**RECORD TYPE CODE 10** INSURANCE RECORD

Indicates previous coverage information. One Insurance record is required for each unique assignment.

**RECORD TYPE CODE 11** PRIOR POLICY INSURANCE RECORD

Provides information about previous insurance covering the applicant. One Previous Insurance record will be included for each policy providing prior coverage to the applicant. As many records as necessary may be used for each unique assignment to report all previous insurance.

**RECORD TYPE CODE 12** PREMIUM CALCULATION RECORD

Provides for the recording of premium totals to be reported on the policy. One Premium Calculation Record is required for each unique assignment.

**RECORD TYPE CODE 13** APPLICANTS STATEMENT RECORD

Provides applicants statement information about the applicant. One Applicants Statement record is required for each unique assignment.

**RECORD TYPE CODE 14** AGENT IDENTIFICATION RECORD

Provides identification information about the agent and agency submitting the application. One Agent Identification record is required for each unique assignment.

**RECORD TYPE CODE 15** AGENT SECTION RECORD

Provides additional information about the agent and agency submitting the application. One Agent Section record is required for each unique assignment.

**RECORD TYPE CODE 16** REMARKS RECORD

Provides text for various purposes requiring variable description, explanation, etc. A unique Remark Type Code identifies the purpose of the text. Multiple Remark Type Codes may be used for each unique assignment. As many records as necessary may be used for each unique Remark Type Code to contain the text.

**RECORD TYPE CODE 17** ATTACHMENTS IDENTIFICATION RECORD

Provides indication that supplemental documents are attached to the assignment.

**WORKERS COMPENSATION NOTICE OF ASSIGNMENT**  
**REPORTING SPECIFICATIONS (WCNOA)**  
**SECTION 2**  
**LINK DATA COMMON TO ALL RECORDS**

LINK DATA COMMON TO ALL RECORDS

Field No	Field Title/Description	Class	Position	Bytes
<b>LINK DATA COMMON TO ALL RECORDS</b>				
1	<b>CARRIER CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions, of the carrier to which the DCO has assigned the application.	(N)	1-5	5
2	<b>NOTICE OF ASSIGNMENT IDENTIFIER</b> Report the alphanumeric characters used for uniquely identifying the notice of assignment.	(AN)	6-23	18
3	<b>REVISION INDICATOR</b> Report "Y" (Yes) or "N" (No) in this transaction is a revision. "Y" The transaction is a revision. "N" The transaction is not a revision; it is the original Assignment.  N/A: NC	(A)	24	1
4	<b>RESERVED FOR FUTURE USE</b>		25-30	6
5	<b>ASSIGNMENT EFFECTIVE DATE</b> Report the effective date of the notice of assignment, formatted <del>CCYYMMDD</del> <u>YYYYMMDD</u> .	(N)	31-38	8
6	<b>ASSIGNMENT ISSUE DATE</b> Report the date the application was assigned and the NOA letter crafted, formatted YYYYMMDD.	(N)	39-46	8

**WORKERS COMPENSATION NOTICE OF ASSIGNMENT**

**REPORTING SPECIFICATIONS (WCNOA)**

**SECTION 3**

**RECORD LAYOUT: ASSIGNMENT**

**WCNOA IS NOT APPLICABLE TO CA, MI, NCCI, NJ, NY, or PA**

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

1	<b>LINK DATA</b>		1–46	46
2	<b>RESERVED FOR FUTURE USE</b>		47–48	2
3	<b>RECORD TYPE CODE</b> Report "01".	(AN)	49–50	2
4	<b>EXPERIENCE RATING CODE</b> Report the 1-digit code describing the assignment:	(N)	51	1

Code	Description
1	Interstate rated only
2	Inter and intrastate rated – N/A: NC
3	Intrastate rated only
4	Reserved for Future Use
5	Not rated

NOT APPLICABLE: DE, MN

5	<b>INTERSTATE RISK ID NUMBER</b> Report the 9-digit number assigned by NCCI	(N)	52–60	9
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NOT APPLICABLE: DE, MN, NC

6	<b>ASSIGNMENT EXPIRATION DATE</b> Report the expiration date of the assignment, formatted YYYYMMDD	(N)	61–68	8
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NOT APPLICABLE: MN, NC, WI

7.	<b>RESERVED FOR FUTURE USE</b>		69–70	2
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8.	<b>EMPLOYEE LEASING POLICY TYPE CODE (MA ONLY)</b> Report the 1-digit code that identifies the type of Employee Leasing policy:	(N)	71	1
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Code	Description
1	Non-Employee Leasing Policy—Employers covered under this policy are not part of an Employee Leasing arrangement.
2	Reserved <del>to comply with</del> for use in WCPOLS.
3	Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company — The Employee Leasing Company is the primary 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.

Field No.	Field Title/Description	Class	Position	Bytes
4	Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company — The Client Company is the primary named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.			
5	Reserved <del>to comply with</del> for use in WCPOLS			
6	Reserved <del>for use in to comply with</del> WCPOLS			
7	Reserved <del>for use in to comply with</del> WCPOLS			
9	<b>LEGAL NATURE OF INSURED CODE</b> Report the 2-digit code:	(N)	72-73	2
	<b>Code Description</b>			
	01 Individual			
	02 Partnership			
	03 Corporation			
	04 Association, Labor Union, Religious Organization			
	05 Limited Partnership			
	06 Joint Venture			
	07 Common Ownership			
	08 Multiple Status			
	09 Joint Employers			
	10 Limited Liability Company (LLC)			
	11 Trust or Estate			
	12 Executor or Trustee			
	13 Limited Liability Partnership			
	14 Governmental Entity			
	99 Other (Report text description in Positions 167-186)			
	<u>NOT APPLICABLE: Codes 07, 08, 09, 12 for WI</u>			
10	<b>POLICY MINIMUM PREMIUM AMOUNT</b> Report the minimum premium amount that would be charged for the policy if the issued policy ultimately qualifies for minimum premium, based on classification minimum premium amounts.  Report dollars only.	(N)	74-83	10
11	<b>POLICY ESTIMATED STANDARD PREMIUM TOTAL</b> Report the sum of the estimated state standard premium amounts reported on all state premium records (Record Type Code 04) submitted for the transaction code.  Report dollars only.	(N)	84-93	10

Field No.	Field Title/Description	Class	Position	Bytes														
12	<b>ASSIGNMENT DEPOSIT PREMIUM TOTAL</b> Report the deposit premium amount collected for the assignment. This is the sum of Deposit Check/Electronic Fund Transfer Amounts (reported on the General Information Record Positions <del>206-217</del> <u>208-219</u> , <del>238-249</del> <u>240-251</u> and <del>270-281</del> <u>272-283</u> ).  Report dollars only.	(N)	94-103	10														
13	<b>AUDIT FREQUENCY CODE <u>(WI ONLY)</u></b> Report the 1-digit code identifying the audit frequency for the issued policy:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Semiannual</td> </tr> <tr> <td>3</td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> </tbody> </table> <p><del>NOT APPLICABLE: DE, MA, MI, MN, NC</del></p>	Code	Description	1	Annual	2	Semiannual	3	Quarterly	4	Monthly	5	Other	(N)	104	1		
Code	Description																	
1	Annual																	
2	Semiannual																	
3	Quarterly																	
4	Monthly																	
5	Other																	
14	<b>BILLING FREQUENCY CODE</b> Report the 1-digit code identifying the billing frequency for the issued policy:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Semiannual</td> </tr> <tr> <td>3</td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>Balance due in 90 days (WI ONLY)</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, MA, <del>MI</del></p> <p>NOT APPLICABLE: Codes 2 and 5 for MN, <u>WI</u></p> <p>NOT APPLICABLE: Codes 4 and 5 for NC</p>	Code	Description	1	Annual	2	Semiannual	3	Quarterly	4	Monthly	5	Other	6	Balance due in 90 days (WI ONLY)	(N)	105	1
Code	Description																	
1	Annual																	
2	Semiannual																	
3	Quarterly																	
4	Monthly																	
5	Other																	
6	Balance due in 90 days (WI ONLY)																	
15	<b>RETROSPECTIVE RATING CODE</b> Report the 1-digit code corresponding to the policy:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Retrospective Rated—Endorsements submitted via an electronic record</td> </tr> <tr> <td>2</td> <td>Retrospective Rated—Endorsements submitted via hard copy</td> </tr> <tr> <td>3</td> <td>Not Retrospective Rated</td> </tr> <tr> <td>4</td> <td>Retrospective Rated—Endorsements submitted via an electronic record and hard copy</td> </tr> <tr> <td>5</td> <td>Reserved <u>for use in to comply with</u> WCPOLS</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, MN, NC</p>	Code	Description	1	Retrospective Rated—Endorsements submitted via an electronic record	2	Retrospective Rated—Endorsements submitted via hard copy	3	Not Retrospective Rated	4	Retrospective Rated—Endorsements submitted via an electronic record and hard copy	5	Reserved <u>for use in to comply with</u> WCPOLS	(N)	106	1		
Code	Description																	
1	Retrospective Rated—Endorsements submitted via an electronic record																	
2	Retrospective Rated—Endorsements submitted via hard copy																	
3	Not Retrospective Rated																	
4	Retrospective Rated—Endorsements submitted via an electronic record and hard copy																	
5	Reserved <u>for use in to comply with</u> WCPOLS																	

Field No.	Field Title/Description	Class	Position	Bytes
16	<b>EMPLOYER LIABILITY LIMIT AMOUNTS</b> Report the employer liability limit amounts, as follows:	(N)	107-136	30
	Bodily Injury by Accident—each accident amount		107-116	10
	Bodily Injury by Disease—policy limit amount		117-126	10
	Bodily Injury by Disease—each employee amount		127-136	10
	<del>OPTIONAL: WI</del>			
17	<b>RESERVED FOR FUTURE USE</b>		137-166	30
18	<b>TEXT FOR “OTHER” LEGAL NATURE OF INSURED</b> Report the text describing the legal nature of insured if you reported <del>Type-code</del> 99 (Other) in Legal Nature of Insured (Positions 72–73) of Header Record.	(AN)	167-186	20
19	<b>RESERVED FOR FUTURE USE</b>		187-350	164

II. NAME RECORD

1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "02".	(AN)	49-50	2
4	<b>TYPE OF NAME CODE</b> Report the 1-digit code representing the type of name record:	(N)	51	1

**Code Description**

- 1 Personal name type (a separate personal name record of a Name Link Identifier) format is last name, first name, middle name or initial. The commas are the delimiters.
- 2 Commercial name type (a separate commercial name record of a Name Link Identifier).
- 3 String name type (a name record consisting of a string of names corresponding to one Name Link Identifier). Format is free-form. (NOT APPLICABLE: MN)

**NOTE:** String name type records are to be used by those carriers unable to provide separate formatted personal/commercial name records.

See name coding and name/address/exposure link coding examples in this section.

5	<b>NAME LINK IDENTIFIER</b> Report the 3-digit identifier representing one name or a group of names. The primary name(s) on the assignment must always be reported as 001.	(N)	52-54	3
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Each name should have a separate Name Link Identifier in order to link to a specific address and exposure (if possible). If this is not possible, you may provide more than one name for each name link identifier reported.

**NOTE:** See name coding and name/address/exposure link coding examples in this section.

6	<b>INSURED NAME</b> Report the name corresponding to the Type of Name Code reported in Position 51.	(AN)	55-144	90
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Report personal names in the following sequence with each name separated by a comma: surname, first name, and middle name or initial.

7	<b>APPLICANT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b>	(N)	145-153	9
	Report the identification number corresponding to the name being reported. Do not report any embedded blanks or marks of punctuation.			
	OPTIONAL: WI			
8	<b>APPLICANT SOCIAL SECURITY NUMBER</b>	(N)	154-162	9
	Report the Social Security Number corresponding to the name being reported.			
	NOT APPLICABLE: <del>MI</del> , NC			
	OPTIONAL: <del>WI</del>			
9	<b>CONTINUATION SEQUENCE NUMBER</b>	(N)	163-165	3
	Report the 3-digit number corresponding to the continuation status.			
	Report 001 representing the first record for a Name Link Identifier (Positions 52-54).			
	Report 002– <del>999-998</del> representing all continuation records for same Name Link Identifier (Positions 52-54). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all name records.			
	<b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section.			
10	<b>STATE CODE (MN ONLY)</b>	(N)	166-167	2
	Report the state code for the state unemployment number reported in Positions 168-182, State Unemployment Number.			
11	<b>STATE UNEMPLOYMENT NUMBER (MN ONLY)</b>	(AN)	168-182	15
	Report the <del>Social Security Number</del> <u>State Unemployment Number</u> corresponding to the name being reported.			
	MN: Report the Minnesota <b>State Employer Unemployment Insurance Account Identification Number</b> in this field. If the Employer is exempt from this Minnesota state requirement, report “EXEMPT” in Position 168-173 and spaces in Position 174-182. If not available, report zeros. Do not submit this information for any other state.			
	NOT APPLICABLE: <del>DE, MA, NC, WI</del>			
12	<b>RESERVED FOR FUTURE USE</b>		183-350	168

**NAME CODING EXAMPLES**

Policy Example:   INSURED           ABC Corporation  
                           NAME:            Fourth Star Corporation  
   Fifth Star Corporation  
   John Johnson & Sally Jones  
   John Johnson  
                           ADDRESS:       123 Main Street (Mailing Address)  
                           ADD-LOC:       456 South Street  
   789 North Ave

If able to define each name or group of names with a separate Name Link Identifier, the records should appear as follows:

Example 1 Reporting by Personal/Commercial Format

**Name Record**

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
2	001	ABC Corporation	001	39-1234567
2	002	Fourth Star Corporation	001	39-2345678
2	003	Fifth Star Corporation	001	39-3456789
4	004	Johnson, John	001	39-4567890
4	004	Jones, Sally	002	
4	005	Johnson, John	001	39-5678901

Example 2 Reporting by String Format

**Name Record**

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
3	001	ABC Corp, Fourth Star Corp, Fifth Star Corporation	001	39-1234567
3	002	John Johnson & Sally Jones	001	39-4567890
3	003	John Johnson	001	39-5678901

**OR**

Example 3 Reporting by String Format

**Name Record**

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
3	001	ABC Corporation	001	39-1234567
3	001	Fourth Star Corporation	002	39-2345678
3	001	Fifth Star Corporation	003	39-3456789
3	002	John Johnson & Sally Jones	001	39-4567890
3	003	John Johnson	001	

**NAME/ADDRESS/EXPOSURE LINK CODING EXAMPLES**

Name Link Identifier	Name Records	Location Address	Business Legal Nature of Insured	FEIN
001	ABC Corporation	123 Main Street	Corp	39-1234567
002	Fourth Star Corporation	123 Main Street	Corp	39-2345678
003	Fifth Star Corporation	123 Main Street	Corp	39-3456789
004	Johnson, John & Jones, Sally	123 Main Street	Partner	39-4567890
005	Johnson, John	123 Main Street 789 North Avenue	Individual	39-5678901

**NAME/ADDRESS/EXPOSURE LINK**

Name Link Identifier	State Code Link	Exposure Record Link	Mailing Address Record
001	14		123 Main Street

**OTHER LOCATION RECORDS**  
 (Listing of addresses is for example clarity only)

Name Link Identifier	State Code Link	Exposure Record Link	Mailing Address Record
001*	14	00001	123 Main Street
002	14	00001	123 Main Street
003	14	00001	123 Main Street
004**	14	00001	123 Main Street
005	14	00002	789 North Avenue
001	12	00001	No Specific Location (Optional Type of Address 6)

**EXPOSURE RECORDS**

Name Link Identifier	State Code Link	Exposure Record Link	Classification Codes	Exposure	Manual/Charged Rate	Premium Amount
001	14	00001	8810	100,000	1.00	1,000
002	14	00001	8810	100,000	1.00	1,000
003	14	00001	8810	100,000	1.00	1,000
005	14	00002	8810	100,000	1.00	1,000
001	12	00001	8742	100,000	1.00	1,000

\*Whenever an insurer is supplying an address record/exposure record link, it may do so via either the Mailing Address record or Other Location record.

\*\*Note that there is no exposure amount for this address record (004 14 00001). The exposure amounts for this Name Link Identifier (004) at this address may either be combined with Link Identifier (001, 002 or 003) also operating from this address, or it has not yet developed any exposure amount at this address. If unable to report separate exposure amounts by Name Link Identifier or by Address Record Link, link all exposures with appropriate Name Link Identifier or default to 001.

Field No.	Field Title/Description	Class	Position	Bytes
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III. ADDRESS RECORD

1	LINK DATA		1-46	46
2	RESERVED FOR FUTURE USE		47-48	2
3	RECORD TYPE CODE Report "03".	(AN)	49-50	2
4	TYPE OF ADDRESS CODE Report the 1-digit code representing the type of address:	(N)	51	1

**Code Description**

- 1 Mailing address of insured. One and only one mailing address code is required.
- 2 Location of operations 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 Reserved ~~for use in to comply with~~ WCPOLS.
- 4 Wrap-up project description.
- 5 Producer Address. This record must be reported to provide the address of the producer responsible for placing the application.
- 6 No specific address—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. 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.

OPTIONAL: Type 5 for WI NOT APPLICABLE: Code 6 for NC

OPTIONAL: Type 6 for DE, MA, MN, WI  
OPTIONAL: Type 5 for WI

NOT APPLICABLE: Code 6 for NC  
OPTIONAL: Type 6 for DE, MA, MN, WI

Field No.	Field Title/Description	Class	Position	Bytes
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5	<b>FOREIGN ADDRESS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable	(A)	52	1
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**Code Description**

Y Type of Address Code (position 51) is reported as 1 and the address is outside the U.S.A. (e.g., Canada, Japan).

N Type of Address Code (position 51) is reported as "1" and the address is inside the USA.

If the address is outside the U.S.A., report address data as follows:

- Report Street (Positions 54-113) and City (Positions 114-143).
- ~~Report Street (Positions 54-113) and City (Positions 114-143).~~
- Report the foreign postal code, if applicable, in Postal or Zip Code (Positions 146-154). England and Canada, for example, use a six-character postal code consisting of alpha characters and numbers. If the foreign country does not have a postal code, leave blank.
- Report Geographic Area (Positions 175-200) if applicable. For example, Canada's provinces are Geographic Areas.
- Report the 2-character ISO 3166 standard Country Code (Positions 201- 202).

6	<b>ADDRESS STRUCTURE CODE</b> Report the 1-digit code identifying the structure of the reported address:	(N)	53	1
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**Code Description**

1 Reported address follows structure set forth in Positions 54-154 below.  
This code is required for Type of Address Code 1 (mailing address of insured, 7 (principal location) and 8 (payroll address). These three address types must be reported in the Structured Format shown in Positions 54-154.

2 Reported address is free-form between Positions 54-154. This code is to be used only after requesting and receiving approval from the appropriate rating organization.  
This code is optional for Type of Address Code 2 only (location of operations address) and is required for Type of Address Code 4 (wrap-up project description).

**NOTE:** This code is not applicable for Type of Address Code 2 in MN.

Field No.	Field Title/Description	Class	Position	Bytes
7	<b>ADDRESS</b> (Shortening addresses that exceed field size is acceptable.) Report the address as follows:	(AN)	54-154	101
	1. <b>Street</b> Report the street number and name, post office box, or other description		54-113	60
	<b>NOTE:</b> A valid street address or P.O. box number <b>must</b> be reported for the mailing address of insured (Type of Address <a href="#">(position 51)</a> Code 1) and for the issuing agency (producer) address (Type of Address <a href="#">(position 51)</a> Code 5).			
	2. <b>City</b> Report the city name.		114-143	30
	3. <b>State</b> Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is "Y".		144-145	2
	4. <b>Postal or Zip Code</b>		146-154	9
8	<b>NAME/ADDRESS/EXPOSURE LINK</b>	(N)	155-164	10
	<b>NAME LINK IDENTIFIER</b> Report the 3-digit Name Link Identifier in Positions 52-54 of the name record corresponding to this particular address record.  There must be at least one address record for each Name Link Identifier on the assignment. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier, then only one address record must be reported with that Name Link Identifier.  In the event of multiple names residing at one address, multiple (Type of Address 2) records for the same address associated with the different names must be reported.  THIS FIELD IS REQUIRED for Type of Address Codes 1 (Insured Mailing Address), 2 (Locations), 6 (No Specific Location), 7 (Principal Location) and 8 (Payroll Address).  Report "999" for Type of Address Codes 4, 5 and 8.		155-157	3

Field No.	Field Title/Description	Class	Position	Bytes
	<b>STATE CODE LINK</b> Report the 2-digit code for the state covered by this record		158-159	(2)
	<p>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.</p> <p>THIS FIELD IS REQUIRED for Type of Address Codes 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location).</p> <p>Report "99" for Type of Address Codes 4, 5 and 8.</p>			
	<b>EXPOSURE RECORD LINK IDENTIFIER</b> Report a 5-digit code identifying this address record.	(N)	160-164	5
	<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 an Address Type 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><b>NOTE:</b> 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>Report "99999" for Type of Address Codes 4, 5 and 8.</p> <p><b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section.</p>			
9	<b>RESERVED FOR FUTURE USE</b>		165-174	10
10	<b>GEOGRAPHIC AREA</b> Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator ( <a href="#">position 52</a> ) is "Y". Leave blank if Foreign Address Indicator is "N".	(A)	175-200	26

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Field No.	Field Title/Description	Class	Position	Bytes
11	<b>COUNTRY CODE</b> Report the 2-digit ISO 3166 Standard Country code when Foreign Address Indicator is "Y". Leave blank if Foreign Address Indicator is "N".	(A)	201-202	2
12	<b>RESERVED FOR FUTURE USE</b>		203-350	148

**NAME CODING EXAMPLES**

Policy Example:      INSURED      ABC Corporation  
                           NAME:        dba ABC Industries  
   Kyle Smythe and Sara Brown  
   dba Smythe and Brown Industrial Co.  
   Kyle Smythe  
                           ADDRESS:   123 Main Street (Mailing Address)  
                           ADD LOC:   456 South Street  
   789 North Ave

If able to define each name or group of names with a separate Name Link Identifier, the records should appear as follows:

Example 1   Reporting by Personal/Commercial Format

**Name Record**

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
2	001	ABC Corporation	001	39-1234567
2	001	dba ABC Industries	002	39-1234567
1	002	Smythe, Kyle	001	39-3456789
1	002	Brown, Sara	002	39-3456789
2	002	Smythe and Brown Industrial Co	003	39-3456789
1	003	Smythe, Kyle	001	39-5678901

Example 2   Reporting by String Format

**Name Record**

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
3	001	ABC Corp dba ABC Industries	001	39-1234567
3	002	Smythe Kyle and Brown Sara dba Smythe and Brown Industrial Co	001	39-3456789
3	003	Smythe Kyle	001	39-5678901

**OR**

Example 2   Reporting by String Format

**Name Record**

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
3	001	ABC Corporation	001	39-1234567
3	001	dba ABC Industries	002	39-1234567
3	002	Smythe Kyle and Brown Sara	001	39-3456789
3	002	dba Smythe and Brown Industrial Co	002	39-3456789
3	003	Smythe Kyle	001	39-5678901

**NAME/ADDRESS/EXPOSURE LINK CODING EXAMPLES**

Name Link Identifier	Name Records	Address	Legal Nature of Insured	FEIN
001	ABC Corporation dba ABC Industries	123 Main Street, Brookfield, WI 53086	Corp	39-1234567
002	Smythe Kyle and Brown Sara  dba Smythe & Brown Industrial Co	123 Main Street, Brookfield, WI 53086 No Specific Location, MN 55051	Partnership	39-3456789
003	Smythe Kyle	123 Main Street Brookfield, WI 53086 789 North Avenue, Milwaukee, WI 53226	Individual	39-5678901

**NAME/ADDRESS/EXPOSURE LINK**

Name Link Identifier	State Code Link	Exposure Record Link	Mailing Address Record
001	48		123 Main Street

**OTHER LOCATION RECORDS**

(Listing of addresses is for example clarity only)

001*	48	00001	123 Main Street
002	48	00001	123 Main Street
003	48	00001	123 Main Street
003*	48	00002	789 North Avenue
002	22	00001	No Specific Location (Optional Type of Address 6)

**EXPOSURE RECORDS**

Name Link Identifier	State Code Link	Exposure Record Link	Classification Codes	Exposure	Manual/Charged Rate	Premium Amount
001	48	00001	8810	100,000	1.00	1,000
001	48	00002	9082	100,000	1.00	1,000
002	48	00001	8810	100,000	1.00	1,000
003	48	00001	8810	100,000	1.00	1,000
002	22	00001	8742	100,000	1.00	1,000

\* Whenever an insurer is supplying an address record/exposure record link, it may do so via either the Mailing Address record or Other Location record. For information on the assignment of the Name Link Identifier, please see page 4:3-1.



Field No.	Field Title/Description				Class	Position	Bytes
WI	9	Numeric	053656005	053656005		51-59 Blanks in 60-65	
	10		5365600599	5365600599		51-60 Blanks in 61-65	
WI Coverage ID Number may be reported instead of the Combinable ID Number.							
	7	Numeric	0237380	0237380		51-57 Blanks in 58-65	
<b>NOTE:</b> WI Coverage ID Number—leading zeros must be expressed on WCNOA if reported.							

5      **EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR**      (N)      66-69      4

Report the 4-digit experience rating plan modification factor. There is an assumed decimal point between Positions 66 and 67. If no modification factor is applicable, report "1000". This field must not be left blank.

**EXCEPTION:** DE—Report zeros if no modification applied. Report Mods only in this field. Report Merit Rating Factors on Exposure Records.

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".

6      **EXPERIENCE MODIFICATION STATUS CODE**      (N)      70      1

Report the code for the status of the experience modification factor in Positions 66-69 above:

Code	Description
1	Final modification factor for assignment period
2	Modification factor not final
3	No modification applicable

NOT APPLICABLE: MN, NC

7      **RESERVED FOR FUTURE USE**      71-74      4

Field No.	Field Title/Description	Class	Position	Bytes
8	<b>ESTIMATED STATE STANDARD PREMIUM TOTAL</b> Report the numeric dollar amount.  Report the total state standard premium amount. Refer to individual state Bureau Manual for definition of standard premium.	(N)	75-84	10
9	<b>EXPENSE CONSTANT AMOUNT</b> Report the numeric dollar amount.  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	<b>LOSS CONSTANT AMOUNT (MA ONLY)</b> Report the numeric dollar amount.  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 loss constant amount.	(N)	95-104	10
11	<b>PREMIUM DISCOUNT AMOUNT</b> Report the numeric dollar amount.  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.  NOT APPLICABLE: MA, MN, NC, WI	(N)	105-114	10

Field No.	Field Title/Description	Class	Position	Bytes
12	<b>ANNIVERSARY RATING DATE</b> Report the anniversary rating date applicable to the assignment for this state in YYYYMMDD format. 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 <b>must exist</b> . 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 must contain the anniversary rating date, expense constant amount, loss constant amount, and premium discount amount in those fields.  <b>NOTE:</b> MA, NC and WI will not give split exposures.  <b>NOTE:</b> MN only—This field is used to report the Experience Modification effective date.	(N)	115-122	8
13	<b>RESERVED FOR FUTURE USE</b>		123-350	228

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

1	<b>LINK DATA</b>		1-46	46
2	<b>STATE CODE</b> Report the 2-digit state code to which the exposure and/or premium reported on this record has been assigned.	(N)	47-48	2
3	<b>RECORD TYPE CODE</b> Report "05".	(AN)	49-50	2
4	<b>CLASSIFICATION CODE</b> Report the 4-digit classification code corresponding to the exposure and/or premium reported on this record.	(N)	51-54	4

**NOTE:** 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	<b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b> Report the 2-digit code describing the coverage for the classification. <b>Refer to Appendix III of the WCPOLS manual for codes.</b>	(N)	55-56	2
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<u>Code</u>	<u>Description</u>
<u>00</u>	<u>For Use with Statistical Codes</u>
<u>01</u>	<u>State Act or Federal Act Excluding USL&amp;H</u>
<u>02</u>	<u>USL&amp;H "F" or USL&amp;H Coverage on Non-F-Classes</u>
<u>03</u>	<u>Reserved for use in WCPOLS</u>
<u>04</u>	<u>Reserved for use in WCPOLS</u>
<u>05</u>	<u>Reserved for use in WCPOLS</u>
<u>06</u>	<u>Excluding Medical (MN)</u>
<u>07</u>	<u>Reserved for use in WCPOLS</u>
<u>08</u>	<u>Reserved for Future Use</u>
<u>09</u>	<u>Reserved for use in WCPOLS</u>
<u>10</u>	<u>Voluntary Compensation Coverage (DE and, PA Only)</u>

6	<b>MANUAL/CHARGED RATE</b> Report the insurer rate charged for the classification and printed on the Information Page.	(N)	57-66	10
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Please contact the DCO for instructions on this field.

There is an assumed decimal point between Positions 62 and 63.

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.

Field No.	Field Title/Description	Class	Position	Bytes
7	<p><b>EXPOSURE PERIOD EFFECTIVE DATE</b></p> <p>Report the exposure's effective date, formatted YYYYMMDD, when exposures are reported on a split period basis. If not applicable, report zeros.</p> <p>When exposures are reported on a split period basis, an exposure record will be required for each period for each class.</p> <p>NOT APPLICABLE: DE, MN</p>	(N)	67-74	8
8	<p><b>ESTIMATED EXPOSURE AMOUNT</b></p> <p>Report the classification estimated exposure amount in Positions 75–86.</p> <p>For classifications having payroll as an exposure base, report the payroll amount in whole dollars in Positions 75–86.</p> <p>Report <b>non-payroll exposure amount only</b> to the nearest two decimal places for which there is an assumed decimal point between Positions 84 and 85.</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>	(N)	75-86	12
9	<p><b>ESTIMATED PREMIUM AMOUNT</b></p> <p>Report the numeric dollar amount.</p> <p>Report the premium amount corresponding to the classification code on this record.</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

Field No.	Field Title/Description	Class	Position	Bytes										
10	<b>EXPOSURE PERIOD CODE</b> Report the 1-digit code describing the period covered by the reported Estimated Exposure Amount in Positions 75–86 on this record.	(N)	97	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Reserved <del>to conform to for use in</del> WCPOLS</td> </tr> <tr> <td>3</td> <td>Less than annual or split period</td> </tr> <tr> <td>4</td> <td>Reserved <del>to conform to for use in</del> WCPOLS</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, MN</p> <p>OPTIONAL: WI</p>	Code	Description	1	Annual	2	Reserved <del>to conform to for use in</del> WCPOLS	3	Less than annual or split period	4	Reserved <del>to conform to for use in</del> WCPOLS			
Code	Description													
1	Annual													
2	Reserved <del>to conform to for use in</del> WCPOLS													
3	Less than annual or split period													
4	Reserved <del>to conform to for use in</del> WCPOLS													
11	<b>NAME/ADDRESS/EXPOSURE LINK</b> This 3-part, 10-digit field is used to link the classification exposure data and/or premium data reported on this record to Positions 155–164 of a specific mailing address or other location address record.	(N)	98-107	10										
	<b>NAME LINK IDENTIFIER</b> Report the 3-digit Name Link Identifier in Positions 155–157 of the address record corresponding to this particular exposure record.		98-100	3										
	<p>There must be at least one exposure record for each location of operations on the assignment. If unable to report separate exposure by Name Link Identifier or by Address Record Link, link exposures with appropriate Name Link Identifier or default to “001”.</p> <p>In the event that one classification code applies to multiple addresses, multiple exposure records for that classification code may be reported with each exposure record having the payroll and premium corresponding to each particular address.</p>													
	<b>STATE CODE LINK</b> Report the 2-digit State Code Link in Positions 158–159 of the address record covered by this record.		101-102	2										
	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.													

Field No.	Field Title/Description	Class	Position	Bytes
	<b>EXPOSURE RECORD LINK IDENTIFIER</b> Report the 5-digit Exposure Record Link Identifier of the address record corresponding to this record.  This field, when used along with the Name Link Identifier field in Position 98-100 and State Code Link field in Position 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.  <b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section.		103-107	5
12	<b>RESERVED FOR FUTURE USE</b>		108-350	243

**VI. RECORD 6 – RESERVED FOR FUTURE USE**

Field No	Field Title/Description	Class	Position	Bytes
<b>VII. GENERAL INFORMATION RECORD</b>				
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "07".	(AN)	49-50	2
4	<b>COVERAGE DESIRED DATE OR REQUESTED EFFECTIVE DATE</b> Date the applicant requests that coverage begin, formatted YYYYMMDD.	(N)	51-58	8
5	<b>COMBINABLE ID NUMBER</b> Report the Intrastate or Interstate Risk ID Number assigned by DCO or NCCI.  NOT APPLICABLE: DE, MN	(N)	59-67	9
6	<b>APPLICATION RECEIVED DATE</b> Date the DCO received the application, formatted YYYYMMDD.	(N)	68-75	8
7	<b>APPLICANT TELEPHONE NUMBER</b> The general telephone number of the business, formatted 3-digit area code followed by 7-digit phone number.  OPTIONAL: WI	(N)	76-85	10
8	<b>APPLICANT FAX NUMBER</b> The general fax number of the business, formatted 3-digit area code followed by 7-digit phone number.  <del>OPTIONAL: WI</del> <del>NOT APPLICABLE: DE, MN</del> <del>OPTIONAL: WI</del>	(N)	86-95	10
9	<b>APPLICANT E-MAIL ADDRESS</b> The E-mail address of the applicant.  NOT APPLICABLE: NC  OPTIONAL: WI	(AN)	96-125	30
10	<b>CONTACT PERSON</b> The Name of the business representative to be contacted regarding the Application.  NOT APPLICABLE: DE, MN	(A)	126-185	60

Field No.	Field Title/Description	Class	Position	Bytes
11	<b>CONTACT PERSON TELEPHONE NUMBER</b> The direct telephone number of the Contact Person if different from the Applicant Telephone Number, formatted 3-digit area code followed by 7-digit phone number.  NOT APPLICABLE: DE, MN  OPTIONAL: WI	(N)	186-195	10
12	<b>APPLICANT NUMBER OF YEARS IN BUSINESS</b> Report the date the Applicant began their current business, formatted YYYYMMDD.  OPTIONAL: NC, WI	(N)	196-203	8
13	<del><b>STATE CODE OF STATE DEVELOPING THE HIGHEST PAYROLL RESERVED FOR FUTURE USE</b></del> <del>Report the U.S. Postal Service abbreviation for the State of Assignment developing the highest payroll.</del>  <del>NOT APPLICABLE: DE, MA, MN, NC, WI</del>	(A)	204-205	2
14	<b>REMARKS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y A remark containing additional information exists. N A remark containing additional information does not exist.  If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "001" – to contain the text of the remarks. Attach a separate Type "16" record for each remark.	(A)	206	1
15	<b>PAYMENT TYPE CODE</b> Report the 1-digit code identifying the type of payment.  <b>Code Description</b> 1 Certified Check 2 Bank Draft 3 Money Order 4 Agency Check 5 Cashier Check 6 Finance Check 7 Insureds Check 8 Electronic Funds Transfer  NOT APPLICABLE: Code 7 for NC, <u>WI</u>	(N)	207	1

Field No.	Field Title/Description	Class	Position	Bytes
16	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT</b> Dollar amount of the deposit check or electronic fund transfer accompanying the application. There is an assumed decimal point between Positions 217 and 218.	(N)	208-219	12
17	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE</b> Date the payment was drawn, formatted YYYYMMDD.  NOT APPLICABLE: DE, MN, <del>WI</del>	(N)	220-227	8
18	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER</b> Report the unique identifier of the payment form.  NOT APPLICABLE: DE, MN, <del>WI</del>	(AN)	228-239	12
19	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT</b> 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.	(N)	240-251	12
20	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE</b> Date an additional payment was drawn, formatted YYYYMMDD.  NOT APPLICABLE: DE, MN, <del>WI</del>	(N)	252-259	8
21	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER</b> Report the unique identifier of an additional payment form if there is more than one.  NOT APPLICABLE: DE, MN, <del>WI</del>	(AN)	260-271	12
22	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT</b> 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.	(N)	272-283	12
23	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE</b> Date an additional payment was drawn, formatted YYYYMMDD.  NOT APPLICABLE: DE, MN, <del>WI</del>	(N)	284-291	8

Field No.	Field Title/Description	Class	Position	Bytes
24	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER</b> Report the unique identifier of an additional payment form if there is more than one. NOT APPLICABLE: DE, MN, <del>WI</del>	(AN)	292-303	12
25	<b>APPLICATION ID NUMBER</b> Report the ID number assigned to the application by the DCO. NOT APPLICABLE: DE, MN, WI	(N)	304-310	7
26	<b>USER ID</b> Report the name of the Bureau Representative who processed the Notice of Assignment. <del>OPTIONAL: WI</del> NOT APPLICABLE: DE, MN, NC NOT APPLICABLE: DE, MN, NC <del>OPTIONAL: WI</del>	(AN)	311-315	5
27	<b>LETTER ID (MA ONLY)</b> Report the letter ID number assigned by the DCO to the Notice of Assignment.	(N)	316- <del>321</del> 322	<del>6</del> 7
28	<b>RESERVED FOR FUTURE USE</b>		<del>322</del> 323- 350	<del>29</del> 28

GENERAL/SUPPLEMENTAL INFORMATION RECORD

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

1	LINK DATA		1-46	46
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2	RESERVED FOR FUTURE USE		47-48	2
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3	RECORD TYPE CODE Report "08".	(AN)	49-50	2
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4	SELF-INSURED TERMINATION DATE <b>(MA ONLY)</b> If self-insured within the last twelve months, report the termination date, formatted YYYYMMDD. If not applicable, report zeroes.	(N)	51-58	8
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Former self-insureds are subject to the premium Determination Endorsement - Former Self Insurers -1.

An audit must be completed before coverage can be bound. Refer to the Procedures Manual for details.

**NOT APPLICABLE: DE, MN, NC, WI**

5	ADMIRALTY - COVERAGE I OR COVERAGE II INCREASED LIMITS 25,000/25,000 - VOLUNTARY COMPENSATION CODE (MA ONLY)	(N)	59	1
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Report the 1-digit code to indicate Admiralty - Coverage I/Coverage II Increased Limits - Voluntary Compensation selection.

Code	Description
1	Not Applicable
2	USL&H
3	MA

6	RESERVED FOR FUTURE USE		60-99	40
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7	BANKRUPTCY INDICATOR Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	100	1
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Code	Description
Y	The Applicant is in bankruptcy.
N	The Applicant is not in bankruptcy.

If "Y", attach a scanned copy of the approved bankruptcy filing.

NOT APPLICABLE: DE, MN, NC

Field No.	Field Title/Description	Class	Position	Bytes
8	<b>LEASE EMPLOYEES TO OTHER COMPANIES INDICATOR</b> <b><u>(MN ONLY)</u></b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y The Applicant leases employees to other companies. N The Applicant does not lease employees to other companies.  <b>NOT APPLICABLE: DE, MA, NC, WI</b>	(A)	101	1
9	<b>LEASE EMPLOYEES FROM OTHER COMPANIES INDICATOR</b> <b><u>(MN ONLY)</u></b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y The Applicant leases employees from other companies. N The Applicant does not lease employees from other companies.  <b>NOT APPLICABLE: DE, MA, NC, WI</b>	(A)	102	1
10	<b>LEASE WORKERS FROM A LABOR CONTRACTOR INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y The Applicant leases workers from a Labor Contractor. N The Applicant does not lease workers from a Labor Contractor.  If "Y", attach a scanned copy of the Employee Leasing Supplemental Application, Side B.  <b>NOT APPLICABLE: DE, MN, WI</b>	(A)	103	1
11	<b>LEASE WORKERS TO CLIENT COMPANY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y The Applicant leases workers to a client company. N The Applicant does not lease workers to a client company.  If "Y", attach a scanned copy of the Employee Leasing Supplemental Application, Side A.  <b>NOT APPLICABLE: DE, MN, WI</b>	(A)	104	1

Field No.	Field Title/Description	Class	Position	Bytes						
12	<b>SEEKING TO COVER THE LEASED WORKERS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	105	1						
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>The Applicant is seeking to cover the leased workers.</td> </tr> <tr> <td>N</td> <td>The Applicant is not seeking to cover the leased workers.</td> </tr> </table> <p>NOT APPLICABLE: DE, MN, WI</p>	<b>Code</b>	<b>Description</b>	Y	The Applicant is seeking to cover the leased workers.	N	The Applicant is not seeking to cover the leased workers.			
<b>Code</b>	<b>Description</b>									
Y	The Applicant is seeking to cover the leased workers.									
N	The Applicant is not seeking to cover the leased workers.									
13	<b>TEMPORARY HELP AGENCY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	106	1						
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>The Applicant is a Temporary help agency.</td> </tr> <tr> <td>N</td> <td>The Applicant is not a Temporary help agency.</td> </tr> </table> <p>NOT APPLICABLE: DE, NC, WI</p>	<b>Code</b>	<b>Description</b>	Y	The Applicant is a Temporary help agency.	N	The Applicant is not a Temporary help agency.			
<b>Code</b>	<b>Description</b>									
Y	The Applicant is a Temporary help agency.									
N	The Applicant is not a Temporary help agency.									
14	<b>UNPAID PREMIUM DUE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	107	1						
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>There is unpaid compensation premium due from you or any commonly managed enterprises.</td> </tr> <tr> <td>N</td> <td>There is no unpaid compensation premium due from you or any commonly managed enterprises.</td> </tr> </table> <p>If a "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>NOT APPLICABLE: MN, WI</p>	<b>Code</b>	<b>Description</b>	Y	There is unpaid compensation premium due from you or any commonly managed enterprises.	N	There is no unpaid compensation premium due from you or any commonly managed enterprises.			
<b>Code</b>	<b>Description</b>									
Y	There is unpaid compensation premium due from you or any commonly managed enterprises.									
N	There is no unpaid compensation premium due from you or any commonly managed enterprises.									
15	<b>UNPAID PREMIUM IN DISPUTE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	108	1						
	<table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>There is unpaid premium in dispute by you or any commonly managed enterprises.</td> </tr> <tr> <td>N</td> <td>There is no unpaid premium in dispute by you or any commonly managed enterprises.</td> </tr> </table> <p>If a "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>NOT APPLICABLE: DE, MN, WI</p>	<b>Code</b>	<b>Description</b>	Y	There is unpaid premium in dispute by you or any commonly managed enterprises.	N	There is no unpaid premium in dispute by you or any commonly managed enterprises.			
<b>Code</b>	<b>Description</b>									
Y	There is unpaid premium in dispute by you or any commonly managed enterprises.									
N	There is no unpaid premium in dispute by you or any commonly managed enterprises.									

Field No.	Field Title/Description	Class	Position	Bytes
16	<b>AIRCRAFT/WATERCRAFT INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	109	1
	<b>Code Description</b>			
	Y The Applicant owns, operates or leases Aircraft/Watercraft.			
	N The Applicant does not own, operate or lease Aircraft/Watercraft.			
17	<b>BARGES, VESSELS, DOCKS, BRIDGES OVER WATER INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	110	1
	<b>Code Description</b>			
	Y Work is performed on barges, vessels, docks, bridges over water.			
	N Work is not performed on barges, vessels, docks, bridges over water.			
18	<b>USE INDEPENDENT CONTRACTORS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	111	1
	<b>Code Description</b>			
	Y The Applicant uses independent contractors.			
	N The Applicant does not use independent contractors.			
	NOT APPLICABLE: NC, WI			
19	<b>WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	112	1
	<b>Code Description</b>			
	Y Work is sublet without Certificates of Insurance.			
	N Work is not sublet without Certificates of Insurance.			
	NOT APPLICABLE: DE, MN, NC			
20	<b>FORMAL SAFETY PROGRAM INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	113	1
	<b>Code Description</b>			
	Y Formal Safety Program is in operation.			
	N Formal Safety Program is not in operation.			
	<del>Report a "Y" in this field if a formal safety program is in operation.</del>			

Field No.	Field Title/Description	Class	Position	Bytes
21	<b>EMPLOY DRIVERS INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	114	1
	<b>Code</b> <b>Description</b>			
	Y        The employer employs drivers.			
	N        The employer does not employ drivers.			
22	<b>RESERVED FOR FUTURE USE</b>		115	1
23	<b>TRAVEL OUT OF STATE INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	116	1
	<b>Code</b> <b>Description</b>			
	Y        Employees travel out of State.			
	N        Employees do not travel out of State.			
24	<b>ATHLETIC TEAMS SPONSORED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	117	1
	<b>Code</b> <b>Description</b>			
	Y        The Applicant sponsors athletic teams.			
	N        The Applicant does not sponsor athletic teams.			
25	<b>RESERVED FOR FUTURE USE</b>		118-119	2
26	<b>PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED INDICATOR (DE ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	120	1
	<b>Code</b> <b>Description</b>			
	Y        Prior coverage has been declined/cancelled/non-renewed (last 3 years).			
	N        Prior coverage has not been declined/cancelled/non-renewed (last 3 years).			
	<b>NOT APPLICABLE: MA, MN, NC, WI</b>			
27	<b>EMPLOYEE HEALTH PLANS PROVIDED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	121	1
	<b>Code</b> <b>Description</b>			
	Y        The Applicant provides employee health plans.			
	N        The Applicant does not provide employee health plans.			

Field No.	Field Title/Description	Class	Position	Bytes
28	<b>LABOR INTERCHANGE INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	122	1
	<b>Code Description</b>			
	Y There is a labor interchange with another Business/Subsidiary.			
	N There is no labor interchange with any other Business/Subsidiary.			
29	<b>EMPLOYEES WORK AT HOME INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	123	1
	<b>Code Description</b>			
	Y One or more employees predominantly works at home.			
	N No employees predominantly work at home.			
30	<b>TRUCKING CLASSIFICATIONS APPLY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	124	1
	<b>Code Description</b>			
	Y Trucking classifications apply.			
	N Trucking classifications do not apply.			
	If Yes, attach a scanned copy of a complete Truckers Supplemental application.			
	NOT APPLICABLE: MA, MN, WI			
31	<b>DESCRIPTION OF BUSINESS AND OPERATIONS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	125	1
	<b>Code Description</b>			
	Y A description of the business and operations is included.			
	N A description of the business and operations is not included.			
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "004" – to contain the description of the business and operations. Attach additional Type "16" record if needed to continue the description.			

Field No.	Field Title/Description	Class	Position	Bytes
32	<b>APPLICANT RELATED TO ENTITY INDICATOR <u>(DE ONLY)</u></b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	126	1
	<p><b>Code Description</b></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> <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>If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "005" – to contain a detailed explanation. Attach additional Type "16" record if needed to continue the explanation.</p> <p><b>NOT APPLICABLE: MA, MN, NC, WI</b></p>			
33	<b>SUB-CONTRACTORS USED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	127	1
	<p><b>Code Description</b></p> <p>Y Applicant uses Sub-contractors.</p> <p>N Applicant does not use Sub-contractors.</p> <p>NOT APPLICABLE: WI</p>			
34	<b>OFFERS OF VOLUNTARY COVERAGE INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	128	1
	<p><b>Code Description</b></p> <p>Y The Applicant has received offers of voluntary coverage, including multi-line or retrospective rating plan.</p> <p>N The Applicant has not received any offers of voluntary coverage, including multi-line or retrospective rating plan.</p> <p>If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "006" – to contain full details including plan terms. Attach additional Type "16" record if needed to continue the details.</p>			
35	<b>CERTIFICATE OF INSURANCE INDICATOR <u>(WI ONLY)</u></b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	129	1
	<p><b>Code Description</b></p> <p>Y Certificate of Insurance is needed.</p> <p>N Certificate of Insurance is not needed.</p> <p><b>NOT APPLICABLE: DE, MA, MN, NC</b></p>			

Field No.	Field Title/Description	Class	Position	Bytes						
36	<b>OTHER STATES COVERAGE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	130	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Other States Coverage is needed.</td> </tr> <tr> <td>N</td> <td>Other States Coverage is not needed.</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MA, MN</p>	Code	Description	Y	Other States Coverage is needed.	N	Other States Coverage is not needed.			
Code	Description									
Y	Other States Coverage is needed.									
N	Other States Coverage is not needed.									
37	<b>U S L &amp; H INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	131	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>U S L &amp; H is needed.</td> </tr> <tr> <td>N</td> <td>U S L &amp; H is not needed.</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MN</p>	Code	Description	Y	U S L & H is needed.	N	U S L & H is not needed.			
Code	Description									
Y	U S L & H is needed.									
N	U S L & H is not needed.									
38	<b>PREMIUM FINANCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	132	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Premium is financed.</td> </tr> <tr> <td>N</td> <td>Premium is not financed.</td> </tr> </tbody> </table> <p>MA &amp; NC: If "Y", attach a scanned copy of the premium finance agreement.</p>	Code	Description	Y	Premium is financed.	N	Premium is not financed.			
Code	Description									
Y	Premium is financed.									
N	Premium is not financed.									
39	<b>OUTSTANDING AUDIT OR INSPECTION ON A PRIOR WORKERS' COMPENSATION POLICY INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	133	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The applicant has an outstanding audit or inspection on a prior workers' compensation policy.</td> </tr> <tr> <td>N</td> <td>The applicant does not have any outstanding audits or inspections on any prior workers' compensation policies.</td> </tr> </tbody> </table> <p>If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "007" – to contain carrier name, policy number and details. Attach additional Type "16" Record if needed to continue the details.</p>	Code	Description	Y	The applicant has an outstanding audit or inspection on a prior workers' compensation policy.	N	The applicant does not have any outstanding audits or inspections on any prior workers' compensation policies.			
Code	Description									
Y	The applicant has an outstanding audit or inspection on a prior workers' compensation policy.									
N	The applicant does not have any outstanding audits or inspections on any prior workers' compensation policies.									

GENERAL/SUPPLEMENTAL INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
40	<b>WAIVER OF OUR RIGHTS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	134	1
	<b>Code Description</b> Y The Waiver of Our Rights Endorsement is needed. N The Waiver of Our Rights Endorsement is not needed.			
	NOT APPLICABLE: MN			
41	<b>FORMER SELF INSURERS CHARGE INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	135	1
	<b>Code Description</b> Y A Former Self Insurers charge is applicable. N A Former Self Insurers charge is not applicable.			
42	<b>SUPPLEMENTAL APPLICATIONS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	136	1
	<b>Code Description</b> Y There are Supplemental Applications. N There are no Supplemental Applications.			
	NOT APPLICABLE: MA, MN			
43	<b>RESERVED FOR FUTURE USE</b>		137-350	214

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

1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "09".	(AN)	49-50	2

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	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY NAME</b> Report the name of the Applicant Corporate officer, Sole Proprietor, partner or Member of a Limited Liability Company.	(AN)	51-110	60
5	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY TITLE</b> Report the title of the person named in Positions 51-110.	(AN)	111-140	30

**NOT APPLICABLE: WI**

6	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY DUTIES</b> Report the duties of the person named in Positions 51-110.  NOT APPLICABLE: WI	(AN)	141-170	30
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7	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY PERCENTAGE OF OWNERSHIP</b> Report the percentage of ownership of the person named in Positions 51-110. There is an assumed decimal point between Positions 171 and 172. Example: report 33% as 03333.  NOT APPLICABLE: DE, WI	(N)	171-175	5
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8	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY SOCIAL SECURITY NUMBER (MN ONLY)</b> Report the Social Security Number of the person named in Positions 51-110.  <b>NOT APPLICABLE: DE, MA, NC, WI</b>	(N)	176-184	9
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Field No.	Field Title/Description	Class	Position	Bytes								
9	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY SALARY</b> Report the salary or estimated remuneration or draw, in dollars, of the person named in Positions 51-110.  NOT APPLICABLE: WI	(N)	185-196	12								
10	<b>SUBJECT TO MINS &amp; MAXS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>The election is subject to minimums and maximums.</td> </tr> <tr> <td>N</td> <td>The election is not subject to minimums and maximums.</td> </tr> </table> NOT APPLICABLE: MA, NC	<b>Code</b>	<b>Description</b>	Y	The election is subject to minimums and maximums.	N	The election is not subject to minimums and maximums.	(A)	197	1		
<b>Code</b>	<b>Description</b>											
Y	The election is subject to minimums and maximums.											
N	The election is not subject to minimums and maximums.											
11	<b>CLASSIFICATION CODE</b> For individuals to be included, report class code based on the duties.  NOT APPLICABLE: DE, MN	(N)	198-201	4								
12	<b>ELECT OR REJECT COVERAGE CODE</b> A general use code indicating whether the individual is included or excluded:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>Include (Elect)</td> </tr> <tr> <td>N</td> <td>Exclude (Reject)</td> </tr> </table> NOT APPLICABLE: MA, MN	<b>Code</b>	<b>Description</b>	Y	Include (Elect)	N	Exclude (Reject)	(AN)	202	1		
<b>Code</b>	<b>Description</b>											
Y	Include (Elect)											
N	Exclude (Reject)											
13	<b>CORPORATE OFFICER ELECTION TO BE EXEMPT CODE (MA ONLY)</b>  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Not Applicable</td> </tr> <tr> <td>2</td> <td>The corporate officer owning at least 25% of the issued and outstanding stock in the corporation elects to be exempted from coverage.</td> </tr> <tr> <td>3</td> <td>The corporate officer does not elect to be exempted.</td> </tr> </table> NOTE: If "2", attach a scanned copy of the approved DIA Form 153, Affidavit of Exemption for Certain Corporate Officers.	<b>Code</b>	<b>Description</b>	1	Not Applicable	2	The corporate officer owning at least 25% of the issued and outstanding stock in the corporation elects to be exempted from coverage.	3	The corporate officer does not elect to be exempted.	(N)	203	1
<b>Code</b>	<b>Description</b>											
1	Not Applicable											
2	The corporate officer owning at least 25% of the issued and outstanding stock in the corporation elects to be exempted from coverage.											
3	The corporate officer does not elect to be exempted.											

Field No.	Field Title/Description	Class	Position	Bytes								
14	<b>SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY ELECTION FOR COVERAGE CODE (MA ONLY)</b>	(N)	204	1								
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not Applicable</td> </tr> <tr> <td>2</td> <td>The sole proprietor, partner or member of a limited liability company elects to be covered as an employee, based on the established fixed payroll amount.</td> </tr> <tr> <td>3</td> <td>The sole proprietor, partner or member of a limited liability company does not elect to be covered as an employee.</td> </tr> </tbody> </table> <p>NOTE: If "2", attach a scanned copy of the letter from the sole proprietor, partner, or member of a limited liability company electing coverage.</p>	Code	Description	1	Not Applicable	2	The sole proprietor, partner or member of a limited liability company elects to be covered as an employee, based on the established fixed payroll amount.	3	The sole proprietor, partner or member of a limited liability company does not elect to be covered as an employee.			
Code	Description											
1	Not Applicable											
2	The sole proprietor, partner or member of a limited liability company elects to be covered as an employee, based on the established fixed payroll amount.											
3	The sole proprietor, partner or member of a limited liability company does not elect to be covered as an employee.											
15	<b>APPLICANT CORPORATE OFFICERS, SOLE PROPRIETORS, PARTNERS OR MEMBERS OF A LIMITED LIABILITY COMPANY DATE OF BIRTH (NC ONLY)</b>	(N)	205-212	8								
	Report the date of birth of the person named in positions 51-110, formatted YYYYMMDD.											
16	<b>RESERVED FOR FUTURE USE</b>		213-350	138								

Field No	Field Title/Description	Class	Position	Bytes
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**X. INSURANCE RECORD**

1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "10".	(AN)	49-50	2
4	<b>NO PREVIOUS COVERAGE IN THIS STATE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	51	1

**Code Description**

Y There has been previous coverage in this state.  
 N There has not been previous coverage in this state.

OPTIONAL: WI

5	<b>NO PREVIOUS INSURANCE CODE</b> Report the 1-digit code to clarify why the applicant was not previously insured:	(AN)	52	1
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**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  
 6 Other (Report text description in Positions 128-167)

NOT APPLICABLE: DE, MA, MN

OPTIONAL: WI

6	<b>PREVIOUS COVERAGE IN ANY OTHER STATE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	53	1
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**Code Description**

Y There has been previous coverage in any other state.  
 N There has not been previous coverage in any other state.

NOT APPLICABLE: DE, MN, WI

NOT APPLICABLE: DE, MN, NC

Field No.	Field Title/Description	Class	Position	Bytes
7	<b>PREVIOUS ASSIGNED RISK COVERAGE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	54	1
	<b>Code Description</b>			
	Y There has been previous assigned risk coverage in this state.			
	N There has not been previous assigned risk coverage in this state.			
	NOT APPLICABLE: DE, NC, WI			
8	<b>NAME OR OWNERSHIP CHANGE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	55	1
	<b>Code Description</b>			
	Y There has been a name change, consolidation, merger or ownership change within the last five years.			
	N There has not been a name change, consolidation, merger or ownership change within the last five years.			
	If "Y", Contact Pool about an ERM-14.			
	MA & NC: If "Y", attach an ERM-14 Ownership Form.			
9	<b>NAME OR OWNERSHIP CHANGE PREVIOUS NAME</b> If Position 53 is "Y", report name prior to name change, consolidation, merger or ownership change.	(A)	56-115	60
10	<b>NAME OR OWNERSHIP CHANGE DATE OF CHANGE</b> If Position 53 is "Y", report date of name change, consolidation, merger or ownership change, formatted YYYYMMDD.	(N)	116-123	8
11	<b>SALE, TRANSFER OR CONVEYANCE OF OWNERSHIP INTEREST INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	124	1
	<b>Code Description</b>			
	Y There has been a sale, transfer or conveyance of ownership interest within the last five years.			
	N There has not been a sale, transfer or conveyance of ownership interest within the last five years.			
	If "Y", attach an ERM-14 Ownership Form.			

Field No.	Field Title/Description	Class	Position	Bytes						
12	<b>ASSET PURCHASE OR TAKE OVER INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>The Applicant has purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.</td> </tr> <tr> <td>N</td> <td>The Applicant has not purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.</td> </tr> </table> If "Y", attach an ERM-14 Ownership Form.	<b>Code</b>	<b>Description</b>	Y	The Applicant has purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.	N	The Applicant has not purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.	(A)	125	1
<b>Code</b>	<b>Description</b>									
Y	The Applicant has purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.									
N	The Applicant has not purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.									
13	<b>BUSINESS PURCHASED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>The applicant business has been purchased.</td> </tr> <tr> <td>N</td> <td>The applicant business has not been purchased.</td> </tr> </table> NOT APPLICABLE: DE, MA, NC	<b>Code</b>	<b>Description</b>	Y	The applicant business has been purchased.	N	The applicant business has not been purchased.	(A)	126	1
<b>Code</b>	<b>Description</b>									
Y	The applicant business has been purchased.									
N	The applicant business has not been purchased.									
14	<b>OWNERSHIP INTEREST IN ANY OTHER BUSINESS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>Owners or officers have had ownership interest in another entity, either currently or previously existing.</td> </tr> <tr> <td>N</td> <td>Owners or officers have never had ownership interest in another entity, either currently or previously existing.</td> </tr> </table> <del>OPTIONAL: WI</del> NOT APPLICABLE: DE, MN, NC NOT APPLICABLE: DE, MN, NC <del>OPTIONAL: WI</del>	<b>Code</b>	<b>Description</b>	Y	Owners or officers have had ownership interest in another entity, either currently or previously existing.	N	Owners or officers have never had ownership interest in another entity, either currently or previously existing.	(A)	127	1
<b>Code</b>	<b>Description</b>									
Y	Owners or officers have had ownership interest in another entity, either currently or previously existing.									
N	Owners or officers have never had ownership interest in another entity, either currently or previously existing.									
15	<b>TEXT FOR "OTHER" NO PREVIOUS INSURANCE</b> Report the text describing the reason for no previous insurance if code 6 is reported in No Previous Insurance (Position 52) of Insurance Record.  NOT APPLICABLE: DE, MA, MN OPTIONAL: WI	(AN)	128-167	40						
16	<b>RESERVED FOR FUTURE USE</b>		168-350	223						

Field No	Field Title/Description	Class	Position	Bytes
<b>XI. PRIOR POLICY INSURANCE RECORD</b>				
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "11".	(AN)	49-50	2
	<b>NOTE:</b> PRIOR POLICY DATA ELEMENTS - populate fields with the most current prior policy elements first using three occurrences as needed.			
4	<b>PRIOR POLICY STATE</b> Report the U.S. Postal Service abbreviation for the state providing previous coverage.  NOT APPLICABLE: WI	(A)	51-52	2
5	<b>PRIOR POLICY INSURANCE COMPANY CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions of the insurance company providing previous coverage.  NOT APPLICABLE: NC  OPTIONAL: WI  <b>NOTE: (NC Only)-</b> Report the name of the insurance company providing previous coverage in Field 25.	(N)	53-57	5
6	<b>PRIOR POLICY PERIOD FROM DATE</b> Report the effective date of the policy providing previous coverage, formatted YYYYMMDD.  OPTIONAL: WI	(N)	58-65	8
7	<b>PRIOR POLICY PERIOD TO DATE</b> Report the expiration date of the policy providing previous coverage, formatted YYYYMMDD. If the policy has been canceled, report the cancellation date.  OPTIONAL: WI	(N)	66-73	8
8	<b>PRIOR POLICY NUMBER</b> Report the policy number of the policy providing previous coverage.  OPTIONAL: WI	(AN)	74-91	18
9	<b>PRIOR POLICY ANNUAL PREMIUM</b> Report the annual premium in dollars of the policy providing previous coverage.  NOT APPLICABLE: WI	(N)	92-101	10

Field No.	Field Title/Description	Class	Position	Bytes						
10	<b>PRIOR POLICY IN FORCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	102	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Workers Compensation Insurance coverage is currently in force.</td> </tr> <tr> <td>N</td> <td>Workers Compensation Insurance coverage is not currently in force.</td> </tr> </tbody> </table> <p>NOT APPLICABLE: NC, WI</p>	Code	Description	Y	Workers Compensation Insurance coverage is currently in force.	N	Workers Compensation Insurance coverage is not currently in force.			
Code	Description									
Y	Workers Compensation Insurance coverage is currently in force.									
N	Workers Compensation Insurance coverage is not currently in force.									
11	<b>PRIOR POLICY STATE</b> Report the U.S. Postal Service abbreviation for the state providing previous coverage.	(A)	103-104	2						
	NOT APPLICABLE: WI									
12	<b>PRIOR POLICY INSURANCE COMPANY CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions of the insurance company providing previous coverage.	(N)	105-109	5						
	NOT APPLICABLE: NC									
	OPTIONAL: WI									
	<b>NOTE: (NC Only)-</b> Report the name of the insurance company providing previous coverage in Field 26.									
13	<b>PRIOR POLICY PERIOD FROM DATE</b> Report the effective date of the policy providing previous coverage, formatted YYYYMMDD.	(N)	110-117	8						
	OPTIONAL: WI									
14	<b>PRIOR POLICY PERIOD TO DATE</b> Report the expiration date of the policy providing previous coverage, formatted YYYYMMDD. If the policy has been canceled, report the cancellation date.	(N)	118-125	8						
	OPTIONAL: WI									
15	<b>PRIOR POLICY NUMBER</b> Report the policy number of the policy providing previous coverage.	(AN)	126-143	18						
	OPTIONAL: WI									
16	<b>PRIOR POLICY ANNUAL PREMIUM</b> Report the annual premium in dollars of the policy providing previous coverage.	(N)	144-153	10						
	NOT APPLICABLE: WI									

Field No.	Field Title/Description	Class	Position	Bytes						
17	<b>PRIOR POLICY IN FORCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	154	1						
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Workers Compensation Insurance coverage is currently in force.</td> </tr> <tr> <td>N</td> <td>Workers Compensation Insurance coverage is not currently in force.</td> </tr> </tbody> </table> <p>NOT APPLICABLE: NC, WI</p>	Code	Description	Y	Workers Compensation Insurance coverage is currently in force.	N	Workers Compensation Insurance coverage is not currently in force.			
Code	Description									
Y	Workers Compensation Insurance coverage is currently in force.									
N	Workers Compensation Insurance coverage is not currently in force.									
18	<b>PRIOR POLICY STATE</b> Report the U.S. Postal Service abbreviation for the state providing previous coverage.	(A)	155-156	2						
	NOT APPLICABLE: WI									
19	<b>PRIOR POLICY INSURANCE COMPANY CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions of the insurance company providing previous coverage.	(N)	157-161	5						
	NOT APPLICABLE: NC									
	OPTIONAL: WI									
	<b>NOTE: (NC Only)-</b> Report the name of the insurance company providing previous coverage in Field 27.									
20	<b>PRIOR POLICY PERIOD FROM DATE</b> Report the effective date of the policy providing previous coverage, formatted YYYYMMDD.	(N)	162-169	8						
	OPTIONAL: WI									
21	<b>PRIOR POLICY PERIOD TO DATE</b> Report the expiration date of the policy providing previous coverage, formatted YYYYMMDD. If the policy has been canceled, report the cancellation date.	(N)	170-177	8						
	OPTIONAL: WI									
22	<b>PRIOR POLICY NUMBER</b> Report the policy number of the policy providing previous coverage.	(AN)	178-195	18						
	OPTIONAL: WI									
23	<b>PRIOR POLICY ANNUAL PREMIUM</b> Report the annual premium in dollars of the policy providing previous coverage.	(N)	196-205	10						
	NOT APPLICABLE: WI									

Field No.	Field Title/Description	Class	Position	Bytes								
24	<b>PRIOR POLICY IN FORCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	206	1								
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Workers Compensation Insurance coverage is currently in force.</td> </tr> <tr> <td>N</td> <td>Workers Compensation Insurance coverage is not currently in force.</td> </tr> <tr> <td colspan="2">NOT APPLICABLE: NC, WI</td> </tr> </tbody> </table>	Code	Description	Y	Workers Compensation Insurance coverage is currently in force.	N	Workers Compensation Insurance coverage is not currently in force.	NOT APPLICABLE: NC, WI				
Code	Description											
Y	Workers Compensation Insurance coverage is currently in force.											
N	Workers Compensation Insurance coverage is not currently in force.											
NOT APPLICABLE: NC, WI												
25	<b>PRIOR POLICY INSURANCE COMPANY NAME (NC ONLY)</b> Report the name of the insurance company providing the coverage reported in Fields 4, 6, 7, 8 & 9.	(AN)	207-246	40								
26	<b>PRIOR POLICY INSURANCE COMPANY NAME (NC ONLY)</b> Report the name of the insurance company providing the coverage reported in Fields 11, 13, 14, 15 & 16.	(AN)	247-286	40								
27	<b>PRIOR POLICY INSURANCE COMPANY NAME (NC ONLY)</b> Report the name of the insurance company providing the coverage reported in Fields 18, 20, 21, 22 & 23.	(AN)	287-326	40								
28	<b>RESERVED FOR FUTURE USE</b>		327-350									

Field No	Field Title/Description	Class	Position	Bytes
<b>XII. PREMIUM CALCULATION RECORD</b>				
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "12".	(AN)	49-50	2
4	<b>RESERVED FOR FUTURE USE</b>		51-52	2
5	<b>MANUAL PREMIUM TOTAL</b> Report the sum of premium for all class codes listed on the policy in whole dollars.	(N)	53-62	10
6	<b>INCREASE LIMITS PREMIUM</b> Report the premium charge in whole dollars associated with the increased limits of liability.	(N)	63-72	10
7	<b>RESERVED FOR FUTURE USE</b>		73-74	2
8	<b>SUBJECT PREMIUM TOTAL</b> Report the sum of Manual Premium Total (Position 53-62) plus Increase Limits Premium (Position 63-72) in whole dollars.  NOT APPLICABLE: MN	(N)	75-84	10
9	<b>RESERVED FOR FUTURE USE</b>		85-95	11
10	<b>DIA ASSESSMENT RATE (MA ONLY)</b> Report the DIA Assessment rate. There is an assumed decimal between Positions 96 and 97.	(N)	96-99	4
11	<b>DIA ASSESSMENT CHARGE (MA ONLY)</b> Report the DIA Assessment charge in whole dollars.	(N)	100-109	10
12	<b>TOTAL ESTIMATED ANNUAL PREMIUM AMOUNT</b> Report the sum of the Standard Premium Total plus credits or debits derived from any applicable Deductible, ARAP, Premium Discount, Former Self-Insurers Charge, QLMP, Expense Constant and/or Terrorism Charge in whole dollars.	(N)	110-119	10
13	<b>TOTAL ESTIMATED ANNUAL PREMIUM AND DIA ASSESSMENT AMOUNT (MA ONLY)</b> Report the sum of Total Estimated Annual Premium plus the DIA Assessment charge in whole dollars.	(N)	120-129	10

Field No.	Field Title/Description	Class	Position	Bytes												
14	<b>DEPOSIT PREMIUM PERCENTAGE</b> There is an assumed decimal between Position 130 and 131.  NOT APPLICABLE: MA, NC	(N)	130-134	5												
15	<b>INSTALLMENT BASIS/OPTION CODE</b> Report the 1-digit code for the type of Installment Basis:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual-100%</td> </tr> <tr> <td>2</td> <td>Semi-Annual-75%</td> </tr> <tr> <td>3</td> <td>Quarterly-50%</td> </tr> <tr> <td>4</td> <td>Monthly-25%</td> </tr> <tr> <td>5</td> <td>Balance due in 90 days-50% (WI ONLY)</td> </tr> </tbody> </table> NOT APPLICABLE: Codes 4 & 5 for NC  NOT APPLICABLE: Code 2 for MN, WI	Code	Description	1	Annual-100%	2	Semi-Annual-75%	3	Quarterly-50%	4	Monthly-25%	5	Balance due in 90 days-50% (WI ONLY)	(N)	135	1
Code	Description															
1	Annual-100%															
2	Semi-Annual-75%															
3	Quarterly-50%															
4	Monthly-25%															
5	Balance due in 90 days-50% (WI ONLY)															
16	<b>PAYROLL AMOUNTS LOWER INDICATOR <u>(MN ONLY)</u></b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Payroll amounts are lower than most recent policy or audit.</td> </tr> <tr> <td>N</td> <td>Payroll amounts are not lower than most recent policy or audit.</td> </tr> </tbody> </table> NOT APPLICABLE: DE, MA, NC, WI	Code	Description	Y	Payroll amounts are lower than most recent policy or audit.	N	Payroll amounts are not lower than most recent policy or audit.	(A)	136	1						
Code	Description															
Y	Payroll amounts are lower than most recent policy or audit.															
N	Payroll amounts are not lower than most recent policy or audit.															
17	<b>PREMIUM DUE TOTAL</b> Report the sum of Total Estimated Annual Premium Amount (Position 110-119) minus Assignment Deposit Premium Total (Header Record – Record Type Code 01, Positions 94-103).  NOT APPLICABLE: MA, NC	(N)	137-148	12												
18	<b>DEDUCTIBLE PER CLAIM CODE (MA ONLY)</b> Report the 1-digit code for the claim deductible amount:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>500</td> </tr> <tr> <td>2</td> <td>1,000</td> </tr> <tr> <td>3</td> <td>2,000</td> </tr> <tr> <td>4</td> <td>2,500</td> </tr> <tr> <td>5</td> <td>5,000</td> </tr> </tbody> </table>	Code	Description	1	500	2	1,000	3	2,000	4	2,500	5	5,000	(N)	149	1
Code	Description															
1	500															
2	1,000															
3	2,000															
4	2,500															
5	5,000															
19	<b>RESERVED FOR FUTURE USE</b>		150-350	201												

Field No	Field Title/Description	Class	Position	Bytes						
<b>XIII. APPLICANTS STATEMENT RECORD</b>										
1	<b>LINK DATA</b>		1-46	46						
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2						
3	<b>RECORD TYPE CODE</b> Report "13".	(AN)	49-50	2						
4	<b>SUB RECORD TYPE CODE – DECLINATION NUMBER</b>	(N)	51	1						
	NOTE: Use 1 for first declination and increment for any subsequent declination records.									
5	<b>APPLICANT DECLINATION STATEMENT NAME OF INSURANCE CO</b> Report the name of the insurance company declining to insure the applicant.  NOT APPLICABLE: NC, WI	(AN)	52-111	60						
6	<b>APPLICANT DECLINATION STATEMENT FULL NAME OF UNDERWRITER</b> Report the name of the insurance company's representative declining to insure the applicant.  NOT APPLICABLE: NC, WI	(AN)	112-171	60						
7	<b>APPLICANT DECLINATION STATEMENT SOLICITATION DATE</b> Report the date the applicant was declined insurance, formatted YYYYMMDD.  NOT APPLICABLE: NC, WI	(N)	172-179	8						
8	<b>APPLICANT DECLINATION STATEMENT TELEPHONE NUMBER OF REPRESENTATIVE DECLINING</b> Report the telephone number of the insurance company's representative declining to insure the applicant.  NOT APPLICABLE: MN, NC, WI	(N)	180-189	10						
9	<b>APPLICANT STATEMENT EMPLOYER SIGNATURE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>Y</td> <td>The Applicant Statement has been signed.</td> </tr> <tr> <td>N</td> <td>The Applicant Statement has not been signed.</td> </tr> </table> <b>NOTE:</b> This field should be space filled for sub record type code – declination numbers greater than 1	<b>Code</b>	<b>Description</b>	Y	The Applicant Statement has been signed.	N	The Applicant Statement has not been signed.	(A)	190	1
<b>Code</b>	<b>Description</b>									
Y	The Applicant Statement has been signed.									
N	The Applicant Statement has not been signed.									

Field No.	Field Title/Description	Class	Position	Bytes						
10	<b>PRINTED SIGNATURE NAME OF PERSON SIGNING APPLICATION</b> If Applicant Statement Employer Signature Indicator is "Y", report the name of the person signing the application.  NOT APPLICABLE: MN  <b>NOTE:</b> This field should be space filled for sub record type code – declination numbers greater than 1.	(AN)	191-250	60						
11	<b>TITLE OF PERSON SIGNING THE APPLICATION</b> If Applicant Statement Employer Signature Indicator is "Y", report the title of the person signing the application.  NOT APPLICABLE: MN, <del>WI</del>  <b>NOTE:</b> This field should be space filled for sub record type code – declination numbers greater than 1.	(AN)	251-310	60						
12	<b>APPLICANT STATEMENT EMPLOYER SIGNATURE DATE</b> If Applicant Statement Employer Signature Indicator is "Y", report the date the person signed the application, formatted YYYYMMDD.  <b>NOTE:</b> This field should be space filled for sub record type code – declination numbers greater than 1.	(N)	311-318	8						
13	<b>COMPLIANCE INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The Applicant agrees to the compliance terms and conditions as stated on the application.</td> </tr> <tr> <td>N</td> <td>The Applicant does not agree to the compliance terms and conditions as stated on the application.</td> </tr> </tbody> </table> <b>NOTE:</b> This field should be space filled for sub record type code – declination numbers greater than 1.	Code	Description	Y	The Applicant agrees to the compliance terms and conditions as stated on the application.	N	The Applicant does not agree to the compliance terms and conditions as stated on the application.	(A)	319	1
Code	Description									
Y	The Applicant agrees to the compliance terms and conditions as stated on the application.									
N	The Applicant does not agree to the compliance terms and conditions as stated on the application.									
14	<b>RESERVED FOR FUTURE USE</b>		320-350	31						

Field No	Field Title/Description	Class	Position	Bytes
<b>XIV. AGENT IDENTIFICATION RECORD</b>				
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "14".	(AN)	49-50	2
4	<b>AGENT NAME</b> Name of the agent signing the application.  OPTIONAL: WI	(AN)	51-80	30
5	<b>NAME OF AGENCY</b> Report the name of the agency responsible for placing the application.  OPTIONAL: WI	(AN)	81-110	30
6	<b>RESERVED FOR FUTURE USE</b>		111-350	240

Field No	Field Title/Description	Class	Position	Bytes
<b>XV. AGENT SECTION RECORD</b>				
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "15".	(AN)	49-50	2
4	<b>AGENT'S TELEPHONE NUMBER</b> The general telephone number of the agent or agency, formatted 3-digit area code followed by 7-digit phone number.  OPTIONAL: WI	(N)	51-60	10
5	<b>AGENT'S FAX NUMBER</b> The general fax number of the agent or agency, formatted 3- digit area code followed by 7-digit phone number.  NOT APPLICABLE: MN  OPTIONAL: WI	(N)	61-70	10
6	<b>AGENT'S E-MAIL ADDRESS</b> The E-mail address of the agent.  OPTIONAL: WI	(AN)	71-100	30
7	<b>AGENCY FEIN</b> Report the Federal Identification Number corresponding to the agency being reported.  OPTIONAL: WI	(AN)	101-109	9
8	<b>AGENT'S SOCIAL SECURITY NUMBER</b> Report the identification number corresponding to the agent signing the application.  NOT APPLICABLE: MA, NC  OPTIONAL: WI	(AN)	110-118	9
9	<b>AGENT'S SERVICE FEE INDICATOR (MN ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y The Agent is charging a service fee. N The Agent is not charging a service fee.	(A)	119	1

Field No.	Field Title/Description	Class	Position	Bytes						
10	<b>AGENT'S SIGNATURE DATE</b> Report the date the agent signed the application, formatted YYYYMMDD.	(N)	120-127	8						
11	<b>RESIDENT/NON-RESIDENT LICENSE CODE</b> Report the 1-digit code identifying whether the agents license is resident or non-resident:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Resident</td> </tr> <tr> <td>2</td> <td>Non-Resident</td> </tr> </tbody> </table> NOT APPLICABLE: DE, MN, NC	Code	Description	1	Resident	2	Non-Resident	(N)	128	1
Code	Description									
1	Resident									
2	Non-Resident									
12	<b>LICENSE NUMBER</b> Report the agent's license number.  NOT APPLICABLE: MN, NC	(AN)	129-138	10						
13	<b>LICENSE NUMBER STATE CODE</b> Report the state code for the State that issued the agent's license number.  NOT APPLICABLE: DE, MN, NC	(N)	139-140	2						
14	<b>RESERVED FOR FUTURE USE</b>		141-350	210						

Field No	Field Title/Description	Class	Position	Bytes
<b>XVI. REMARKS RECORD</b>				
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "16".	(AN)	49-50	2
4	<b>REMARK TYPE CODE</b> Report the remark type code from the following list:	(N)	51-53	3
	<b>Code</b>	<b>Description</b>		
	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".		
	998	Contains DCO Statement/Instruction.		
	999	Contains free-form Text.		
5	<b>REMARK TYPE SEQUENCE NUMBER</b> Report "001" for the first Text Record of a Remark Type Code. Report the next sequential number for each additional Remarks Record for the Remark Type Code.	(N)	54-56	3
6	<b>REMARK TEXT</b> Report the text of the Remark	(AN)	57-306	250
7	<b>RESERVED FOR FUTURE USE</b>		307-350	44

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

1	<b>LINK DATA</b>		1-46	46
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2	<b>STATE CODE</b>	(A)	47-48	2
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Report the U.S. Postal Service abbreviation for which the indicated attachment(s) apply.

NOT APPLICABLE: WI

3	<b>RECORD TYPE CODE</b>	(AN)	49-50	2
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Report "17".

4	<b>PREMIUM FINANCE AGREEMENT ATTACHED INDICATOR</b>	(A)	51	1
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Report "Y" (Yes) or "N" (No) in this field as applicable.

**Code Description**

Y A copy of the premium finance agreement is attached.

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

NOT APPLICABLE: MN, NC

5	<b>LABOR CONTRACTOR SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR</b>	(A)	52	1
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Report "Y" (Yes) or "N" (No) in this field as applicable.

**Code Description**

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

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

NOT APPLICABLE: DE, MN, WI

6	<b>CLIENT SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR</b>	(A)	53	1
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Report "Y" (Yes) or "N" (No) in this field as applicable.

**Code Description**

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

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

NOT APPLICABLE: DE, MN, WI

ATTACHMENTS IDENTIFICATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
7	<b>TRUCKERS SUPPLEMENTAL APPLICATION ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	54	1
	<b>Code Description</b> Y A Truckers Supplemental Application is attached. N A Truckers Supplemental Application is not attached.			
	NOT APPLICABLE: MA, MN, WI			
8	<b>WISCONSIN SUPPLEMENTARY NON ELECTION FORM ATTACHED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	55	1
	<b>Code Description</b> Y A Wisconsin Supplementary Non Election Form is attached. N A Wisconsin Supplementary Non Election Form is not attached.			
9	<b>WISCONSIN SUPPLEMENTARY ELECTION OF COVERAGE FORM ATTACHED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	56	1
	<b>Code Description</b> Y A Wisconsin Supplementary Election of Coverage Form is attached. N A Wisconsin Supplementary Election of Coverage Form is not attached.			
10	<b>WISCONSIN SUPPLEMENTARY LIMITED OTHER STATES COVERAGE REQUEST ATTACHED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	57	1
	<b>Code Description</b> Y A Wisconsin Supplementary Limited Other States Coverage Request is attached. N A Wisconsin Supplementary Limited Other States Coverage Request is not attached.			
11	<b>EXPERIENCE MOD RATING/MERIT RATING ADJUSTMENT WORKSHEET ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable	(A)	58	1
	<b>Code Description</b> Y An Experience Mod Rating Worksheet is attached. N An Experience Mod Rating Worksheet is not attached.			
	NOT APPLICABLE: MN			

ATTACHMENTS IDENTIFICATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
12	<b>RESERVED FOR FUTURE USE</b>	(A)	59-60	2
13	<b>BANKRUPTCY FILING ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	61	1
	<b>Code Description</b>			
	Y A Bankruptcy Filing is attached.			
	N A Bankruptcy Filing is not attached.			
	<b>NOT APPLICABLE: DE, MN, NC</b>			
14	<b>OUTSTANDING BALANCE DISPUTE / PREMIUM AGREEMENT CORRESPONDENCE ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	62	1
	<b>Code Description</b>			
	Y Outstanding Balance Dispute/Premium Agreement Correspondence is attached.			
	N Outstanding Balance Dispute/Premium Agreement Correspondence is not attached.			
	<b>NOT APPLICABLE: DE, MN, WI</b>			
15	<b>ERM-14 OWNERSHIP FORM ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	63	1
	<b>Code Description</b>			
	Y An ERM-14 Ownership Form is attached.			
	N An ERM-14 Ownership Form is not attached.			
	<b>NOT APPLICABLE: MN</b>			
16	<b>COPY OF NONRENEWAL OR CANCELLATION ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	64	1
	<b>Code Description</b>			
	Y An Experience Mod Rating Worksheet is attached.			
	N An Experience Mod Rating Worksheet is not attached.			
17	<b>COPY OF APPROVED DIA FORM 153, AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS, ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	65	1
	<b>Code Description</b>			
	Y A copy of the approved DIA Form 153 is attached.			
	N A copy of the approved DIA Form 153 is not attached.			

ATTACHMENTS IDENTIFICATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
18	<b>COPY OF LETTER FROM SOLE PROPRIETOR OR PARTNERS ELECTING COVERAGE ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	66	1
	<b>Code Description</b> Y A copy of the sole proprietor or partner's letter electing coverage is attached. N A copy of the sole proprietor or partner's letter electing coverage is not attached.			
19	<b>COPY OF FORM 941S OR DET FORM 1S ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	67	1
	<b>Code Description</b> Y A copy of Form 941s or DET Form 1s is attached. N A copy of Form 941s or DET Form 1s is not attached.			
20	<b>COPY OF MASSACHUSETTS TEMPORARY EMPLOYMENT AFFIDAVIT (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	68	1
	<b>Code Description</b> Y A copy of Massachusetts Temporary Employment Affidavit is attached. N A copy of Massachusetts Temporary Employment Affidavit is not attached.			
21	<b>RESERVED FOR FUTURE USE</b>		69-350	282

DCO DIFFERENCES  
 IN WCNOA SPECIFICATIONS

	<u>DE</u>	MA	MN	NC	<u>DE</u>	WI
<b>LINK DATA</b>						
Carrier Code						
Notice of Assignment Identifier						
Revision Indicator				N/A		
Assignment Effective Date						
Assignment Issue Date						
<b>HEADER RECORD – 01</b>						
Record Type Code						
Experience Rating Code	<u>N/A</u>		N/A	+	<u>N/A</u>	
Interstate Risk ID Number	<u>N/A</u>		N/A	N/A	<u>N/A</u>	
Assignment Expiration Date			N/A	N/A		N/A
Employee Leasing Policy Type Code	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Legal Nature of Insured Code						
Policy Minimum Premium Amount						
Policy Estimated Standard Premium Total						
Assignment Deposit Premium Total						
Audit Frequency Code	<u>N/A</u>	N/A	N/A	N/A	<u>N/A</u>	
Billing Frequency Code	<u>N/A</u>	N/A	+	+	<u>N/A</u>	+
Retrospective Rating Code	<u>N/A</u>		N/A	N/A	<u>N/A</u>	
Employers Liability Limit Amounts						OPT
Text of Other Legal Nature of Insured						
<b>NAME RECORD - 02</b>						
Record Type Code						
Type of Name Code			+			
Name Link Identifier						
Insured Name						
Applicant Federal Employer ID No. (FEIN)						OPT
Applicant Social Security Number						<u>OPT</u>
Continuation Sequence Number						
State Code	<u>N/A</u>	N/A		N/A	<u>N/A</u>	N/A
State Unemployment Number	<u>N/A</u>	N/A		N/A	<u>N/A</u>	N/A

	<u>DE</u>	MA	MN	NC	<u>DE</u>	WI
<b>ADDRESS RECORD - 03</b>						
Record Type Code						
Type of Address Code	<u>±</u>	+	+	+	+	+
Foreign Address Indicator						
Address Structure Code			+			
Address						
Name/Address/Exposure Link						
Geographic Area						
Country Code						
<b>STATE PREMIUM RECORD - 04</b>						
State Code						
Record Type Code						
Independent DCO Risk ID No/File No	<u>OPT</u>	OPT			<u>OPT</u>	
Experience Modification Factor/Merit Rating Factor						
Experience Modification Status Code			N/A	N/A		
<del>Other Individual Risk Rating Factor</del>		N/A	N/A	N/A	N/A	N/A
Estimated State Standard Premium Total						
Expense Constant Amount						
Loss Constant Amount	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Premium Discount Amount		N/A	N/A	N/A		N/A
Anniversary Rating Date		+				
<b>EXPOSURE RECORD - 05</b>						
State Code						
Record Type Code						
Classification Code						
Exposure Act/Exposure Coverage Code						
Manual Charged Rate						
Exposure Period Effective Date	<u>N/A</u>		N/A		<u>N/A</u>	
Estimated Exposure Amount						
Estimated Premium Amount						
Exposure Period Code	<u>N/A</u>		N/A		<u>N/A</u>	OPT
Name/Address/Exposure Link						

	<u>DE</u>	MA	MN	NC	<u>DE</u>	WI
<b>GENERAL INFORMATION RECORD – 07</b>						
Record Type Code						
Coverage Desired Date/Requested Effective Date						
Combinable ID Number	<u>N/A</u>		N/A		<u>N/A</u>	
Application Received Date						
Applicant Telephone Number						OPT
Applicant Fax Number	<u>N/A</u>		N/A		<u>N/A</u>	OPT
Applicant Email Address				N/A		OPT
Contact Person	<u>N/A</u>		N/A		<u>N/A</u>	
Contact Person Telephone Number	<u>N/A</u>		N/A		<u>N/A</u>	OPT
Applicant Number of Years in Business	<u>N/A</u>	N/A	N/A	OPT	<u>N/A</u>	OPT
<del>State Code of State Developing Highest Payroll</del>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Remarks Indicator						
Payment Type Code				+		
Deposit Check/Elec. Fund Transfer Amt.						
Deposit Check/Elec. Fund Transfer Date	<u>N/A</u>		N/A		<u>N/A</u>	<u>N/A</u>
Deposit Check/Elec. Fund Transfer No.	<u>N/A</u>		N/A		<u>N/A</u>	<u>N/A</u>
Application ID Number	<u>N/A</u>		N/A		<u>N/A</u>	<u>OPT/N/A</u>
User ID	<u>N/A</u>		N/A	N/A	<u>N/A</u>	OPT
Letter ID	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
<b>GENERAL/SUPPLEMENTAL INFORMATION RECORD – 08</b>						
Record Type Code						
Self – Insured Termination Date	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Admiralty Cov. I or Cov. II Increased Limits 25000/25000 – Vol. Comp	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Bankruptcy Indicator	<u>N/A</u>		N/A	N/A	<u>N/A</u>	
Lease Employees to Other Co. Indicator	<u>N/A</u>	N/A		N/A	<u>N/A</u>	N/A
Lease Employees From Other Co. Indicator	<u>N/A</u>	N/A		N/A	<u>N/A</u>	N/A
Lease Workers From a Labor Contractor	<u>N/A</u>		N/A		<u>N/A</u>	N/A
Lease Workers To Client Co. Indicator	<u>N/A</u>		N/A		<u>N/A</u>	N/A
Seeking To Cover the Leased Workers Indicator	<u>N/A</u>		N/A		<u>N/A</u>	N/A
Temporary Help Agency Indicator	<u>N/A</u>			N/A	<u>N/A</u>	N/A
Unpaid Premium Due Indicator			N/A			N/A
Unpaid Premium In Dispute Indicator	<u>N/A</u>		N/A		<u>N/A</u>	N/A
Aircraft/Watercraft Indicator	<u>N/A</u>	N/A	N/A	N/A	<u>N/A</u>	
Barges/Vessels/Docks/Bridges Over Water Indicator	<u>N/A</u>	N/A	N/A	N/A	<u>N/A</u>	
Use Independent Contractors Indicator				N/A		N/A
Work Sublet Without Certificates of Insurance Indicator	<u>N/A</u>		N/A	N/A	<u>N/A</u>	

	<u>DE</u>	MA	MN	NC	<del>DE</del>	WI
Formal Safety Program Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Employ Drivers Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Travel Out of State Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Athletic Teams Sponsored Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Prior Coverage Declined/Cancelled/ Non-Renewed Indicator		N/A	N/A	N/A		N/A
Employee Health Plans Provided	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Labor Interchange Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Employees Work at Home Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Trucking Classifications Apply Indicator		N/A	N/A			N/A
Description of Business/Operations Ind.						
Applicant related to Entity Indicator		N/A	N/A	N/A		N/A
Sub-Contractors User Indicator						N/A
Offers of Voluntary Coverage Indicator	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Certificate of Insurance Indicator	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Other States Coverage Indicator		N/A	N/A			
U S L & H Indicator			N/A			
Premium Finance Indicator						
Outstanding Auditor Inspection on Prior WC Policy Indicator	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Waiver of Our Rights Indicator			N/A			
Former Self Insurers Charge Indicator	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Supplemental Applications Indicator		N/A	N/A			
<b>SUPPLEMENTAL/ELECTIONS INFORMATION RECORD – 09</b>						
Record Type Code						
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Name						
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Title						<del>N/A</del>
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Duties						N/A
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. % of Ownership	<u>N/A</u>				<del>N/A</del>	<del>N/A</del>
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Social Security Number	<u>N/A</u>	N/A		N/A	<del>N/A</del>	N/A
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Salary						<del>N/A</del>
Subject to Mins & Maxs Indicator		N/A		N/A		

	<u>DE</u>	MA	MN	NC	<del>DE</del>	WI
Classification Code	<u>N/A</u>		N/A		<u>N/A</u>	
Elect or Reject Coverage		N/A	N/A			
Corp Officer Election to be Exempt	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Sole Prop or Partner Election for Coverage	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Applicant Corp Officer/Sole Prop/Partner/ Member of LLC CO. Date of Birth	<u>N/A</u>	N/A	N/A		<u>N/A</u>	N/A
<b>INSURANCE RECORD – 10</b>						
Record Type Code						
No Previous Coverage In This State						OPT
No Previous Insurance Code			N/A			OPT
Previous Coverage in Any Other State Indicator	<u>N/A</u>		N/A		<u>N/A</u>	N/A
Previous Assigned Risk Coverage	<u>N/A</u>			N/A	<u>N/A</u>	N/A
Insurance – Name/Ownership Change						
Insurance – Name/Ownership Change Previous Name						
Insurance – Name/Ownership Change Date of Change						
Sale/Transfer/Conveyance of Ownership	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Asset Purchase or Take Over Indicator	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Business Purchase Indicator	<u>N/A</u>	N/A		N/A	<u>N/A</u>	
Ownership Interest in Any Other Business Indicator	<u>N/A</u>		N/A	N/A	<u>N/A</u>	OPT
Text for “Other” No Previous Insurance	<u>N/A</u>	N/A	N/A		<u>N/A</u>	OPT
<b>PRIOR POLICY INSURANCE RECORD - 11</b>						
Record Type Code						
Prior Policy State						N/A
Prior Policy Insurance Company				N/A		OPT
Prior Policy Period From Date						OPT
Prior Policy Period To Date						OPT
Prior Policy Number						OPT
Prior Policy Annual Premium						N/A
Prior Policy in Force Indicator				N/A		N/A
Prior Policy Insurance Company Name	<u>N/A</u>	N/A	N/A		<u>N/A</u>	N/A
<b>PREMIUM CALCULATION RECORD – 12</b>						
Record Type Code						
Manual Premium Total						
Increased Limits Premium						
Subject Premium Total			N/A			
DIA Assessment Rate	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
DIA Assessment Charge	<u>N/A</u>		N/A	N/A	<u>N/A</u>	N/A
Total Estimated Annual Premium Amt.						

	<u>DE</u>	MA	MN	NC	<del>DE</del>	WI
Total estimated Annual Premium And DIA Assessment Amount	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Deposit Premium Percentage		N/A		N/A		
Installment Basis/Option Code			+	+		+
Payroll Amounts Lower Indicator	<u>N/A</u>	N/A		N/A	<del>N/A</del>	N/A
Premium Due		N/A		N/A		
Deductible Per Claim	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
<b>APPLICANTS STATEMENT RECORD – 13</b>						
Record Type Code						
Applicant Declination Statement Name of Insurance Co				N/A		N/A
Applicant Declination Statement Full Name of Underwriter				N/A		N/A
Applicant Declination Statement Solicitation Date				N/A		N/A
Applicant Declination Statement Phone No. of Rep. Declining			N/A	N/A		N/A
Applicant Statement Employer Signature						
Printed Signature of Person Signing Application			N/A			
Title of Person Signing the Application			N/A			N/A
Applicant Statement Employer Signature Date						
Compliance Indicator	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
		MA	MN	NC	DE	WI
<b>AGENT IDENTIFICATION RECORD - 14</b>						
Record Type Code						
Agent Name						OPT
Name of Agency						OPT
<b>AGENT SECTION RECORD – 15</b>						
Record Type Code						
Agent's Telephone Number						OPT
Agent's Fax Number			N/A			OPT
Agent's Email Address						OPT
Agency FEIN						OPT
Agent's Social Security Number		N/A		N/A		OPT
Agent's Service Fee Indicator	<u>N/A</u>	N/A		N/A	<del>N/A</del>	N/A
Agent's Signature Date						
Resident/Non-Resident License Code	<u>N/A</u>		N/A	N/A	<del>N/A</del>	
License Number			N/A	N/A		
License Number State Code	<u>N/A</u>		N/A	N/A	<del>N/A</del>	

	<u>DE</u>	MA	MN	NC	<del>DE</del>	WI
<b>REMARKS RECORD – 16</b>						
Record Type Code						
Remarks Type Code						
Remark Type Sequence Number						
Remark Text						
<b>ATTACHMENTS IDENTIFICATION RECORD - 17</b>						
State Code						N/A
Record Type Code						
Premium Finance Agreement Attached			N/A			
Labor Contractor Supplemental Employee Leasing Application Attached	<u>N/A</u>		N/A		<del>N/A</del>	N/A
Client Supplemental Employee Leasing Application Attached	<u>N/A</u>		N/A		<del>N/A</del>	N/A
Truckers Supplemental Application Attached		N/A	N/A			N/A
Wisconsin Supplementary Non Election Form Attached	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Wisconsin Supplementary Election of Coverage Form Attached	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Wisconsin Supplementary Limit Other States Coverage Request Attached	<u>N/A</u>	N/A	N/A	N/A	<del>N/A</del>	
Experience Mod Rating/Merit Rating Adjustment Worksheet Attached			N/A			
Bankruptcy Filing Attached	<u>N/A</u>		N/A	N/A	<del>N/A</del>	
Outstanding Balance Dispute/Premium Agreement Correspondence Attached	<u>N/A</u>		N/A		<del>N/A</del>	N/A
ERM - 14 Ownership Form Attached			N/A			
Copy of Nonrenewal or Cancellation Attached	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Copy of Approved DIA Form 153, Affidavit of Exemption for Certain Corporate Officers, Attached	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Copy of Letter from Sole Prop. Or Partners electing Coverage Attached	<u>NA</u>		N/A	NA	<del>NA</del>	N/A
Copy of Form 941S or DET form 1S	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
Copy of MA Temporary Employment Affidavit	<u>N/A</u>		N/A	N/A	<del>N/A</del>	N/A
<p><u>+ The data element is applicable, however some code values may be optional or not applicable for this DCO. Refer to the data element description for details.</u></p>						

**WORKERS COMPENSATION POLICY**  
**REPORTING SPECIFICATIONS (WCNOA)**  
**SECTION 4**  
**APPENDICES**

~~WORKERS COMPENSATION POLICY~~  
~~REPORTING SPECIFICATIONS (WCNOA)~~  
~~APPENDIX I~~  
~~EXPOSURE ACT/EXPOSURE COVERAGE CODES~~

**EXPOSURE COVERAGE CODES**

	<b>Full Coverage</b>	<b>Ex-Medical Coverage</b>
Standard Coverage*	11	12
Coverage by endorsement under the USL&H Act on Non-F Classes	21	22
Coverage under the Federal Coal Mine Health and Safety Act only	31	32
Coverage under the Federal Coal Mine Health and Safety Act and the State Act	41	42

\* The term "Standard Coverage" as used above refers to the coverage contemplated by the manual class to which the exposure is assigned.

**State Exceptions**

**Michigan** Only Codes 11, 21, 31 and 41 will be applicable

**EXPOSURE ACT/EXPOSURE COVERAGE CODES**

<b>Code</b>	<b>Description</b>
00	For Use with Statistical Codes
01	State Act or Federal Act Excluding USL&H
02	USL&H "F" or USL&H Coverage on Non-F Classes
03	Reserved to conform to WCPOLS
04	Reserved to conform to WCPOLS
05	Reserved to conform to WCPOLS
06	Excluding Medical (MN)
07	Reserved to conform to WCPOLS
08	Reserved for Future Use
09	Reserved to conform to WCPOLS
10	Voluntary Compensation Coverage (DE and PA Only)