

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

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

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

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WCRATING CONTACT PAGE

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

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

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

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

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

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

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

Insurance Services Office, Inc.
Cliff Hall
545 Washington Blvd
Jersey City, NJ 07310-1686
Telephone: 201-469-2228
Fax: 201-469-2141
E-mail: chall@iso.com

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

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

Workers Compensation Insurance Rating Bureau
of California
Customer Service
525 Market Street, Suite 800
San Francisco, CA 94105
Telephone: 888-229-2472

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

Workers Compensation Rating and Inspection
Bureau of Massachusetts
Chief Information Officer or
Manager of Data Operations
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030
E-mail: sannis@wcribma.org

| TOPIC/ FIELD NAME | SECTION | SUBJECT HEADING | POSITION |
|--|----------|--|------------|
| A | | | |
| Actual Excess Loss Amount | 2 | State/Firm Summary Information Record | 113-121 |
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| Actual Incurred Loss Total Amount | 2 | Payroll/Loss Information Record | 265-273 |
| Actual Primary Loss Amount | 2 | Payroll/Loss Information Record | 274-282 |
| | 2 | State/Firm Summary Information Record | 140-148 |
| Actual Primary Loss Message Code | 2 | Payroll/Loss Information Record | 284 |
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| Address of Insured Line 2 | 2 | Risk Name And Addresses Record | 213-252 |
| Address of Insured - City | 2 | Risk Name And Addresses Record | 253-282 |
| Address of Insured - State Code | 2 | Risk Name And Addresses Record | 283-284 |
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| A-Rated Minimum Premium | 2 | Payroll/Loss Information Record | 218-222 |
| Asterisks Filler | 2 | Trailer Record | 22-319 |
| Average Ballast Amount | 2 | State/Firm Summary Information Record | 152-160 |
| B | | | |
| Ballast Amount | 2 | State/Firm Summary Information Record | 131-139 |
| Branch Code | 2 | Rating Information Record | 243-245 |
| | 2 | Branch Code Information Record | 62-64 |
| Branch Code Information Record | 2 | Branch Code Information Record | |
| Business Segment Identifier | 2 | Header Record | 22-28 |
| C | | | |
| Cap Limit | 2 | State/Firm Summary Information Record | 165-168 |
| Carrier Code | 2 | Header Record | 3-7 |
| | 2 | Rating Information Record | 22-26 |
| | 2 | Rating Information Record | 238-242 |
| Carrier Code - Experience | 2 | Payroll/Loss Information Record | 69-73 |
| | 2 | Primary/State Summary Information Record | 69-73 |
| | 2 | Policy Level Messages Record | 179-183 |
| Carrier Group Code | 2 | Header Record | 8-12 |
| Carrier Zip Code | 2 | Branch Code Information Record | 99-107 |
| Catastrophe Number | 2 | Payroll/Loss Information Record | 305-306 |
| City of the Physical Branch Address | 2 | Branch Code Information Record | 67-98 |
| Claim Count | 2 | Payroll/Loss Information Record | 307-311 |
| Claim Number | 2 | Payroll/Loss Information Record | 247-258 |
| Classification Code | 2 | Payroll/Loss Information Record | 153-156 |
| <u>Classification Code Suffix</u> | <u>2</u> | <u>Payroll/Loss Information Record</u> | <u>157</u> |
| Classification Wording | 2 | Payroll/Loss Information Record | 158-187 |
| Combinable ID Number | 2 | Risk Name And Addresses Record | 304-312 |
| Contingent Rating Record | 2 | Contingent Rating Record | |
| Coverage ID Number | 2 | Risk Name And Addresses Record | 294-303 |
| | 2 | Payroll/Loss Information Record | 108-115 |
| CPAP Factor | 2 | Rating Information Record | 165-167 |
| D | | | |
| Data Code | 2 | Payroll/Loss Information Record | 188 |
| Detail Carrier Name | 2 | Contingent Rating Record | 178-217 |
| Detail Contingent Effective Date | 2 | Contingent Rating Record | 174-177 |
| Detail Policy Number Identifier | 2 | Contingent Rating Record | 218-235 |
| Detail Record Count | 2 | Trailer Record | 4-13 |
| Detail Report Level Code | 2 | Contingent Rating Record | 172-173 |
| D-Ratio Factor | 2 | Payroll/Loss Information Record | 196-201 |
| E | | | |
| Eligible Premium Amount – Experience | 2 | Payroll/Loss Information Record | 312-319 |
| ELR -(Expected Loss Rate)-(ELR) | 2 | Payroll/Loss Information Record | 189-195 |
| Expected Loss Total | 2 | Payroll/Loss Information Record | 223-231 |
| | 2 | State/Firm Summary Information Record | 95-103 |
| Expected Primary Loss Amount | 2 | Payroll/Loss Information Record | 232-240 |
| | 2 | State/Firm Summary Information Record | 104-112 |
| Exposure Amount | 2 | Payroll/Loss Information Record | 202-211 |

E

| TOPIC/ FIELD NAME | SECTION | SUBJECT HEADING | POSITION |
|---|--------------|--|-------------------------|
| Firm Code/Multiple Entity Code | 2 | Rating Information Record | 67-68 |
| | 2 | Payroll/Loss Information Record | 67-68 |
| | 2 | Primary/State Summary Information Record | 67-68 |
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| First Time Mail Indicator | 2 | Rating Information Record | 284 |
| Florida ARAP Factor | 2 | Rating Information Record | 162-164 |
| Form Type Code | 2 | Contingent Rating Record | 236-240 |
| H | | | |
| Header Record | 2 | Header Record | |
| I | | | |
| Incurred Indemnity Amount | 2 | Payroll/Loss Information Record | 294-302 |
| Incurred Medical Amount | 2 | Payroll/Loss Information Record | 285-293 |
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| Insolvent Insurer Indicator | 2 | Rating Information Record | 66 |
| Insured Name | 2 | Rating Information Record | 71-100 |
| | 2 | Risk Name And Addresses Record | 72-171 |
| Insured Name Continued | 2 | Rating Information Record | 101-130 |
| L | | | |
| Limit Charge Factor | 2 | State/Firm Summary Information Record | 161-163 |
| Line Number | 2 | Policy Level Messages Record | 76-78 |
| | 2 | Messages Record | 76-78 |
| Link Data | 2 | Rating Information Record | 3-61 |
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| Loss Data Type Code | 2 | Payroll/Loss Information Record | 264 |
| Loss Limited Reduction Total | 2 | State/Firm Summary Information Record | 169-178 |
| Loss Sequence Number | 2 | Payroll/Loss Information Record | 242-246 |
| M | | | |
| Manual Rate | 2 | Payroll/Loss Information Record | 212-217 |
| Market Type Code | 2 | Rating Information Record | 237 |
| Massachusetts ARAP Factor | 2 | Rating Information Record | 291-293 |
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| | 2 | Messages Record | 79-178 |
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| Message Sequence | 2 | Policy Level Messages Record | 73-75 |
| | 2 | Messages Record | 73-75 |
| Messages Record | 2 | Messages Record | |
| Multiple Entity Code | 2 | Risk Name And Addresses Record | 67-68 |
| N | | | |
| Name Code Number | 2 | Risk Name And Addresses Record | 69-71 |
| Number of Ratings | 2 | Trailer Record | 14-21 |
| P | | | |
| Payroll Sequence Number | 2 | Payroll/Loss Information Record | 448-452 |
| Payroll/Loss Information Record | 2 | Payroll/Loss Information Record | |
| Policy – Total Exposure | 2 | Primary/State Summary Information Record | 116-126 |
| Policy Cancellation Date – Experience | 2 | Payroll/Loss Information Record | 100-107 |
| Policy Effective Date | 2 | Rating Information Record | 264-271 |
| Policy Effective Date - Experience | 2 | Payroll/Loss Information Record | 92-99 |
| | 2 | Primary/State Summary Information Record | 92-99 |
| | 2 | Policy Level Messages Record | 202-209 |
| Policy Expiration Date | 2 | Rating Information Record | 272-279 |
| Policy Expiration Date - Experience | 2 | Payroll/Loss Information Record | 100-107 |
| | 2 | Primary/State Summary Information Record | 100-107 |
| Policy Level Messages Record | 2 | Policy Level Messages Record | |
| Policy Number Identifier | 2 | Rating Information Record | 27-44 |
| | 2 | Rating Information Record | 246-263 |
| Policy Number Identifier - Experience | 2 | Payroll/Loss Information Record | 74-91 |
| | 2 | Primary/State Summary Information Record | 74-91 |
| Policy Total | 2 | Policy Level Messages Record | 184-201 |
| Actual Incurred Losses | 2 | Primary/State Summary Information Record | 137-146 |

| TOPIC/ FIELD NAME | SECTION | SUBJECT HEADING | POSITION |
|---|---------|--|----------|
| Primary Actual Losses | 2 | Primary/State Summary Information Record | 147-156 |
| Preliminary State Rating Code | 2 | State/Firm Summary Information Record | 75 |
| Primary Losses – Expected Totals | 2 | Rating Information Record | 183-191 |
| Primary Losses – Actual Totals | 2 | Rating Information Record | 210-218 |
| Primary/State Summary Information Record | 2 | Primary/State Summary Information Record | |
| R | | | |
| Ratable Excess – Actual | 2 | Rating Information Record | 219-227 |
| Ratable Excess -- Expected | 2 | Rating Information Record | 192-200 |
| Rating Effective Date | 2 | Rating Information Record | 12-19 |
| Rating Expiration Date | 2 | Rating Information Record | 45-52 |
| Rating Factor | 2 | Rating Information Record | 151-155 |
| Rating Information Record | 2 | Rating Information Record | |
| Rating Issue Date | 2 | Rating Information Record | 53-60 |
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| Record Type Code | 2 | Header Record | 1-2 |
| | 2 | Rating Information Record | 1-2 |
| | 2 | Risk Name And Addresses Record | 1-2 |
| | 2 | Payroll/Loss Information Record | 1-2 |
| | 2 | Primary/State Summary Information Record | 1-2 |
| | 2 | Policy Level Messages Record | 1-2 |
| | 2 | State/Firm Summary Information Record | 1-2 |
| | 2 | Messages Record | 1-2 |
| | 2 | Branch Code Information Record | 1-2 |
| | 2 | Contingent Rating Record | 1-2 |
| | 2 | Trailer Record | 1-2 |
| Revision Code | 2 | Rating Information Record | 61 |
| Revision Number | 2 | Rating Information Record | 63-64 |
| Risk Name and Addresses Record | 2 | Risk Name And Addresses Record | |
| S | | | |
| SARAP Factor | 2 | Rating Information Record | 281-283 |
| Split Rating Code | 2 | Rating Information Record | 182 |
| SRP (Self Rating Point) (SRP) | 2 | State/Firm Summary Information Record | 82-85 |
| Stabilizing Value | 2 | Rating Information Record | 173-181 |
| State Abbreviation | 2 | State/Firm Summary Information Record | 73-74 |
| State Code | 2 | Rating Information Record | 20-21 |
| | 2 | State/Firm Summary Information Record | 65-66 |
| | 2 | Branch Code Information Record | 65-66 |
| | 2 | Contingent Rating Record | 70-169 |
| State Code - Experience | 2 | Payroll/Loss Information Record | 65-66 |
| | 2 | Primary/State Summary Information Record | 65-66 |
| State Name | 2 | Rating Information Record | 131-150 |
| State/Firm Summary Information Record | 2 | State/Firm Summary Information Record | |
| Status of Rate Filing Code | 2 | Rating Information Record | 159 |
| Status of Claim Code | 2 | Payroll/Loss Information Record | 263 |
| Subject Premium Amount | 2 | Primary/State Summary Information Record | 127-136 |
| T | | | |
| Third Party Administration Policy | 2 | Rating Information Record | 65 |
| Third Party Entity (tpe/tpa/mga) Federal Employer Identification Number | 2 | Header Record | 13-21 |
| Totals -- Actual | 2 | Rating Information Record | 228-236 |
| Totals -- Expected | 2 | Rating Information Record | 201-209 |
| Trailer Record | 2 | Trailer Record | |
| Trailer Type Code | 2 | Trailer Record | 3 |
| U | | | |
| Unit/Certificate Number Identifier | 2 | Rating Information Record | 285-290 |
| U.S. Harbor & Longshoreman/Longshore and Harborworkers' Code | 2 | Payroll/Loss Information Record | 261-262 |
| W | | | |
| WCRATING Format Code | 2 | Header Record | 320 |
| | 2 | Rating Information Record | 320 |
| | 2 | Risk Name And Addresses Record | 320 |
| | 2 | Payroll/Loss Information Record | 320 |

| TOPIC/ FIELD NAME | SECTION | SUBJECT HEADING | POSITION |
|--------------------------|----------------|--|-----------------|
| | 2 | Primary/State Summary Information Record | 320 |
| | 2 | Policy Level Messages Record | 320 |
| | 2 | State/Firm Summary Information Record | 320 |
| | 2 | Messages Record | 320 |
| | 2 | Branch Code Information Record | 320 |
| | 2 | Contingent Rating Record | 320 |
| | 2 | Trailer Record | 320 |
| Weight Factor | 2 | State/Firm Summary Information Record | 76-81 |

GENERAL

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

Unless otherwise specified, the following standards will apply:

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

WORKERS COMPENSATION EXPERIENCE MODIFICATION
WORKSHEET ELECTRONIC SPECIFICATIONS (WCRATING)

SECTION 2
RECORD LAYOUTS

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

I. HEADER RECORD

| | | | | |
|---|---|------|-----|---|
| 1 | RECORD TYPE CODE Report "00". | (AN) | 1-2 | 2 |
|---|---|------|-----|---|

Record Type Code 00 will contain Header information used to identify each Carrier Pup's (Carrier Group's Subsidiary Companies) Distribution records. There will be multiple worksheets (01-07) records. Record type 99 will indicate the end of the distribution records for that Carrier Pup (Carrier Group's Subsidiary Companies).

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

NOT APPLICABLE: DE, PA

| | | | | |
|---|---|-----|-----|---|
| 2 | CARRIER CODE 5-digit code assigned to the distribution reporting company by NCCI or independent jurisdiction. | (N) | 3-7 | 5 |
|---|---|-----|-----|---|

| | | | | |
|---|--|-----|------|---|
| 3 | CARRIER GROUP CODE Number assigned by DCOs to distribution carriers classed together by ownership or business functions. | (N) | 8-12 | 5 |
|---|--|-----|------|---|

NOT APPLICABLE: MN

| | | | | |
|---|--|-----|-------|---|
| 4 | THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier). | (N) | 13-21 | 9 |
|---|--|-----|-------|---|

NOT APPLICABLE: DE, MI, ~~MN~~, NCCI, NJ, NY, NC, PA, WI

| | | | | |
|---|---|-----|-------|---|
| 5 | BUSINESS SEGMENT IDENTIFIER Any series of identifying codes maintained and reported by the data provider. | (N) | 22-28 | 7 |
|---|---|-----|-------|---|

NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, NC, PA, WI

| | | | | |
|---|--------------------------------|--|--------|-----|
| 6 | RESERVED FOR FUTURE USE | | 13-319 | 307 |
|---|--------------------------------|--|--------|-----|

| | | | | |
|---|--|------|-----|---|
| 7 | WCRATING FORMAT CODE Identifies Version Format | (AN) | 320 | 7 |
|---|--|------|-----|---|

Blank—NCCI

1—WCIO

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

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | | | | | | | |
|-----------|--|-------|-------------|-------|----------------------------|---|-------------------------------|---|---|---|---------------------------------|---|--|--|--|--|
| 10 | REVISION CODE Indicates whether there has been a revision. | (N) | 61 | 1 | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not Revised</td> </tr> <tr> <td>2</td> <td>Revised</td> </tr> </tbody> </table> <p>NOT APPLICABLE: NCCI</p> | Code | Description | 1 | Not Revised | 2 | Revised | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | |
| 1 | Not Revised | | | | | | | | | | | | | | | |
| 2 | Revised | | | | | | | | | | | | | | | |
| 11 | RATING TYPE CODE Indicates the type of Rating being reported. | (AN) | 62 | 1 | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>DNQ <u>N/A: CA</u></td> </tr> <tr> <td>E</td> <td>Experience Rating</td> </tr> <tr> <td>M</td> <td>Merit Adjustment <u>N/A: CA, NC, WI</u></td> </tr> <tr> <td>W</td> <td>Withdraw <u>N/A: CA, DE, PA</u></td> </tr> <tr> <td>N</td> <td>Not Rated – No Current Coverage <u>N/A: CA, WI</u></td> </tr> </tbody> </table> <p>NOT APPLICABLE: NCCI <u>W in CA, DE, PA</u> <u>M in CA, NC, WI</u> <u>N in CA, WI</u> <u>D in CA</u></p> | Code | Description | D | DNQ <u>N/A: CA</u> | E | Experience Rating | M | Merit Adjustment <u>N/A: CA, NC, WI</u> | W | Withdraw <u>N/A: CA, DE, PA</u> | N | Not Rated – No Current Coverage <u>N/A: CA, WI</u> | | | |
| Code | Description | | | | | | | | | | | | | | | |
| D | DNQ <u>N/A: CA</u> | | | | | | | | | | | | | | | |
| E | Experience Rating | | | | | | | | | | | | | | | |
| M | Merit Adjustment <u>N/A: CA, NC, WI</u> | | | | | | | | | | | | | | | |
| W | Withdraw <u>N/A: CA, DE, PA</u> | | | | | | | | | | | | | | | |
| N | Not Rated – No Current Coverage <u>N/A: CA, WI</u> | | | | | | | | | | | | | | | |
| 12 | REVISION NUMBER NOT APPLICABLE: CA, DE, MI, NCCI, NY, PA | (N) | 63-64 | 2 | | | | | | | | | | | | |
| 13 | THIRD PARTY ADMINISTRATION POLICY INDICATOR (MA ONLY) The indicator that identifies if the policy reported in positions 27-44 was issued by a third party administrator (TPA). | (A) | 65 | 1 | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Issued by a TPA</td> </tr> <tr> <td>N</td> <td>Not issued by a TPA</td> </tr> </tbody> </table> | Code | Description | Y | Issued by a TPA | N | Not issued by a TPA | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | |
| Y | Issued by a TPA | | | | | | | | | | | | | | | |
| N | Not issued by a TPA | | | | | | | | | | | | | | | |
| 14 | INSOLVENT INSURER INDICATOR (CA ONLY) The indicator that identifies whether or not the insolvent insurer indicator is to be displayed on the experience modification worksheet. | (A) | 66 | 1 | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>“(I)” Indicator is Present</td> </tr> <tr> <td>N</td> <td>No “(I)” Indicator is Present</td> </tr> </tbody> </table> | Code | Description | Y | “(I)” Indicator is Present | N | No “(I)” Indicator is Present | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | |
| Y | “(I)” Indicator is Present | | | | | | | | | | | | | | | |
| N | No “(I)” Indicator is Present | | | | | | | | | | | | | | | |
| 15 | FIRM CODE/MULTIPLE ENTITY CODE (MI ONLY) This field identifies the entities with separate policies that have been combined for experience rating purposes. | (AN) | 67-68 | 2 | | | | | | | | | | | | |
| 16 | RESERVED FOR FUTURE USE | | 69-70 | 2 | | | | | | | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | |
|-----------|---|-------|-------------|-------|---|---|--------------------------------------|------|-----|---|
| 17 | INSURED NAME The name of the insured for which the rating was promulgated. NOT APPLICABLE: DE, PA | (AN) | 71-100 | 30 | | | | | | |
| 18 | INSURED NAME CONTINUED NOT APPLICABLE: DE, PA | (AN) | 101-130 | 30 | | | | | | |
| 19 | STATE NAME Full name of the state (interstate) for which the rating was promulgated. NOT APPLICABLE: CA, DE, MA, MN, NY, NC, PA, WI | (AN) | 131-150 | 20 | | | | | | |
| 20 | RATING FACTOR Report the 5-digit rating plan factor. There is an assumed decimal point between positions 152 and 153. | (N) | 151-155 | 5 | | | | | | |
| 21 | ARAP FACTOR A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 156 and 157. NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI | (N) | 156-158 | 3 | | | | | | |
| 22 | STATUS OF RATE FILING CODE Indicates the status of the rate filing for which the experience modification was promulgated. <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Preliminary—Rate filing has been filed and is pending Approval.</td> </tr> <tr> <td>F</td> <td>Final—Rate filing has been approved.</td> </tr> </tbody> </table> NOT APPLICABLE: CA, DE, MI, MN, NC, PA | Code | Description | P | Preliminary—Rate filing has been filed and is pending Approval. | F | Final—Rate filing has been approved. | (AN) | 159 | 1 |
| Code | Description | | | | | | | | | |
| P | Preliminary—Rate filing has been filed and is pending Approval. | | | | | | | | | |
| F | Final—Rate filing has been approved. | | | | | | | | | |
| 23 | RESERVED FOR NCCI USE | | 160 | 1 | | | | | | |
| 24 | RESERVED FOR FUTURE USE | | 161 | 1 | | | | | | |
| 25 | FLORIDA ARAP FACTOR (NCCI ONLY) A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 162 and 163. | (N) | 162-164 | 3 | | | | | | |
| 26 | <u>CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR (MN ONLY)</u> A Contractors Premium Adjustment Program that provides a premium credit for contracting classifications. There is an assumed decimal point between positions 165 and 166. | (N) | 165-167 | 3 | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | | | | | |
|-----------|--|-------|-------------|-------|-----------------|---|--|---|---------------------------------------|---|---|------|-----|---|
| 27 | INDICATED RATING FACTOR (PA ONLY) Report the 5-digit Indicated Rating Plan Factor. There is an assumed decimal point between positions 169 and 170. | (N) | 168-172 | 5 | | | | | | | | | | |
| 28 | STABILIZING VALUE Expected Excess x (1 – Weight) + Ballast. Part of the Experience Rating Formula. NOT APPLICABLE: CA, DE, MI, MN, NC, PA | (N) | 173-181 | 9 | | | | | | | | | | |
| 29 | SPLIT RATING CODE Code indicating a split rating. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Split Rating</td> </tr> <tr> <td>1</td> <td>Split Rating Due to Separate State Modifiers</td> </tr> <tr> <td>2</td> <td>Split Rating Due to Ownership Changes</td> </tr> <tr> <td>3</td> <td>Split Rating Due to Addition of a New State</td> </tr> </tbody> </table> <p>NOTE: If = 1, 2, or 3, then go to the message field (positions 79-178) on Record Type 05 for details regarding the split rating. NOT APPLICABLE: MA, MI, NC</p> | Code | Description | 0 | No Split Rating | 1 | Split Rating Due to Separate State Modifiers | 2 | Split Rating Due to Ownership Changes | 3 | Split Rating Due to Addition of a New State | (AN) | 182 | 1 |
| Code | Description | | | | | | | | | | | | | |
| 0 | No Split Rating | | | | | | | | | | | | | |
| 1 | Split Rating Due to Separate State Modifiers | | | | | | | | | | | | | |
| 2 | Split Rating Due to Ownership Changes | | | | | | | | | | | | | |
| 3 | Split Rating Due to Addition of a New State | | | | | | | | | | | | | |
| 30 | PRIMARY LOSSES – EXPECTED TOTALS NCCI: Column 11. Total Expected Primary Losses NOT APPLICABLE: DE, PA | (N) | 183-191 | 9 | | | | | | | | | | |
| 31 | RATABLE EXCESS—EXPECTED NCCI: Column 13. Weight x Expected Excess Losses. Part of the Experience Rating Formula NOT APPLICABLE: DE, MN, PA | (N) | 192-200 | 9 | | | | | | | | | | |
| 32 | TOTALS—EXPECTED NCCI: Column 14. Expected Primary Losses + Stabilizing Value + Expected Ratable Excess. Part of the Experience Rating Formula. NOT APPLICABLE: DE, NC, PA | (N) | 201-209 | 9 | | | | | | | | | | |
| 33 | PRIMARY LOSSES—ACTUAL TOTALS NCCI: Column 11. Total Actual Primary Losses. DE/PA: Both paid and reserved over the experience period, limited to specified maximum amount(s). | (N) | 210-218 | 9 | | | | | | | | | | |
| 34 | RATABLE EXCESS—ACTUAL NCCI: Column 13. Weight x Actual Excess Losses. Part of the Experience Rating Formula. NOT APPLICABLE: DE, MN, PA | (N) | 219-227 | 9 | | | | | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | | | | | |
|-----------|---|-------|-------------|-------|----------------------|---|---|---|------------------------------|---|-----------|-----|-----|---|
| 35 | TOTALS—ACTUAL NCCI: Column 14. Actual Primary Losses + Stabilizing Value + Actual Ratable Excess. Part of the Experience Rating Formula. NY: Total paid and case reserve for all claims incurred during the experience rating period NOT APPLICABLE: DE, NC, PA | (N) | 228-236 | 9 | | | | | | | | | | |
| 36 | MARKET TYPE CODE The distribution policy market status. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Normal Assigned Risk</td> </tr> <tr> <td>D</td> <td>Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only)</td> </tr> <tr> <td>S</td> <td>Self Insured Group (MA only)</td> </tr> <tr> <td>V</td> <td>Voluntary</td> </tr> </tbody> </table> NOT APPLICABLE: CA, DE, MN, NY, PA, WI | Code | Description | A | Normal Assigned Risk | D | Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only) | S | Self Insured Group (MA only) | V | Voluntary | (A) | 237 | 1 |
| Code | Description | | | | | | | | | | | | | |
| A | Normal Assigned Risk | | | | | | | | | | | | | |
| D | Assigned Risk written under MA Voluntary Direct Assigned Risk Program (MA only) | | | | | | | | | | | | | |
| S | Self Insured Group (MA only) | | | | | | | | | | | | | |
| V | Voluntary | | | | | | | | | | | | | |
| 37 | CARRIER CODE The carrier code associated with the rating distribution. NOT APPLICABLE: CA, DE, NY, PA | (N) | 238-242 | 5 | | | | | | | | | | |
| 38 | BRANCH CODE NCCI: column 11. Total Expected Primary Losses <u>The branch code associated with the rating distribution.</u> NOT APPLICABLE: DE, <u>MA</u> , PA | (AN) | 243-245 | 3 | | | | | | | | | | |
| 39 | POLICY NUMBER IDENTIFIER NOT APPLICABLE: CA, MI, NY | (AN) | 246-263 | 18 | | | | | | | | | | |
| 40 | POLICY EFFECTIVE DATE (YYYYMMDD) Effective date (Year, Month, Day) of the policy in effect when the rating was promulgated. NOT APPLICABLE: CA, MI, NY | (N) | 264-271 | 8 | | | | | | | | | | |
| 41 | POLICY EXPIRATION DATE (YYYYMMDD) Expiration date (Year, Month, Day) of the policy in effect when the rating was promulgated. NOT APPLICABLE: CA, MI, NY | (N) | 272-279 | 8 | | | | | | | | | | |
| 42 | RESERVED FOR FUTURE USE | | 280 | 1 | | | | | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-------------|--|------------|-----------------------|-------------|
| 43 | <p>SARAP FACTOR A program that imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 281 and 282.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI</p> | (N) | 281-283 | 3 |
| 44 | <p>FIRST TIME MAIL INDICATOR Y = First time mailed. Leave blank if not. Indicates if this risk ID, rating effective date has been distributed to this carrier previously.</p> <p>NCCI: Used for billing purposes and relays an indicator on the packing slip.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI</p> | (AN) | 284 | 1 |
| 45 | <p>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number identifier as part of the policy number, the unit/certificate number identifier is used to uniquely identify the policy</p> | (N) | 285-290 | 6 |
| <u>46</u> | <p><u>MASSACHUSETTS ARAP FACTOR (NCCI ONLY)</u> <u>A program that imposes additional charges on employers in the voluntary and residual markets where applicable. There is an assumed decimal point between Positions 291 and 292.</u></p> | <u>(N)</u> | <u>291-293</u> | <u>3</u> |
| <u>4647</u> | RESERVED FOR FUTURE USE | | <u>294294-</u> 319 | <u>2926</u> |
| <u>4748</u> | <p>WCRATING FORMAT CODE Identifies Version Format</p> <p>Blank—NCCI</p> <p>1—WCIO</p> | (AN) | 320 | 1 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|----------------|-----------------------------------|---------------|------------------|---|--------------|---|-----------|---|--------------------------------|---|-------------------------|---|------------|---|--------------------------------|---|------------------|---|-------------------------------|------|-----|---|
| 12 | FIRM NAME Name that corresponds to the Multiple Entity Code in field 5 above. If the Multiple Entity Code is blank then the State Name will appear in this field. The State Name corresponds with the State Code in field 4 above. NOT APPLICABLE: CA, DE, MA, MN, NY, PA | (AN) | 118-147 | 30 | | | | | | | | | | | | | | | | | | | | |
| 13 | PAYROLL SEQUENCE NUMBER (MA ONLY) RESERVED FOR FUTURE USE A number that identifies the sequence in which this payroll record is to print on the experience rating worksheet. | (N) | 148-152 | 5 | | | | | | | | | | | | | | | | | | | | |
| 14 | CLASSIFICATION CODE The class code that applies to the payroll/loss reported. NCCI, WI: Applies only to the payroll reported. | (AN) | 153- 157 <u>156</u> | 54 | | | | | | | | | | | | | | | | | | | | |
| <u>15</u> | <u>CLASSIFICATION CODE SUFFIX</u> <u>A code that distinguishes the Expected Loss Rate and/or D Ratio used.</u> <u>NOT APPLICABLE: CA, DE, MA, MN, NC, NY, PA, WI</u> | <u>(AN)</u> | <u>157</u> | <u>1</u> | | | | | | | | | | | | | | | | | | | | |
| 15 <u>16</u> | CLASSIFICATION WORDING Wording describing the classification reported. NCCI: For specified class codes only, not all class codes. NOT APPLICABLE: CA, MA, MI, MN, NC OPTIONAL: WI | (AN) | 158-187 | 30 | | | | | | | | | | | | | | | | | | | | |
| 16 <u>17</u> | DATA CODE Indicates which data elements are populated. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Authorized class</td></tr> <tr><td>2</td><td>Payroll only</td></tr> <tr><td>3</td><td>Loss only</td></tr> <tr><td>4</td><td>Contains both payroll and loss</td></tr> <tr><td>5</td><td>Payroll total for class</td></tr> <tr><td>6</td><td>Loss total</td></tr> <tr><td>7</td><td>Exposure total for all classes</td></tr> <tr><td>8</td><td>Merit Adjustment</td></tr> <tr><td>9</td><td>Eligibility Premium (MA only)</td></tr> </tbody> </table> NOT APPLICABLE: CA, NCCI | Code | Description | 1 | Authorized class | 2 | Payroll only | 3 | Loss only | 4 | Contains both payroll and loss | 5 | Payroll total for class | 6 | Loss total | 7 | Exposure total for all classes | 8 | Merit Adjustment | 9 | Eligibility Premium (MA only) | (AN) | 188 | 1 |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Authorized class | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Payroll only | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Loss only | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Contains both payroll and loss | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Payroll total for class | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Loss total | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Exposure total for all classes | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Merit Adjustment | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Eligibility Premium (MA only) | | | | | | | | | | | | | | | | | | | | | | | |
| 17 <u>18</u> | ELR (EXPECTED LOSS RATE) (ELR) A factor used to determine the amount of total expected losses by classification per unit of exposure. There is an assumed decimal point between positions 193 and 194. | (N) | 189-195 | 7 | | | | | | | | | | | | | | | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-------------------------|--|-------|----------|-------|
| | MI: Applied to the total payroll for a class code as of the effective date of the experience modification. | | | |
| 18 <u>19</u> | D-RATIO FACTOR A factor (Discount Ratio) used to determine the total amount of expected losses by classification that are primary expected losses. There is an assumed decimal point between positions 199 and 200. MI: Applied to the Total Expected Losses for a class code as of the effective date of the experience modification. NOT APPLICABLE: DE, MN, PA | (N) | 196-201 | 6 |
| 19 <u>20</u> | EXPOSURE AMOUNT The payroll for the classification for the experience period. | (N) | 202-211 | 10 |
| 20 <u>21</u> | MANUAL/CHARGED RATE There is an assumed decimal point between positions 215 and 216. DE/PA: Authorized Rating Value NOT APPLICABLE: CA, MA, MI, MN, NCCI, <u>NY</u> , NC, WI <u>NY NOTE: Not Applicable for ratings effective 10/01/2008 and after</u> | (N) | 212-217 | 6 |
| 21 <u>22</u> | A-RATED MINIMUM PREMIUM (NY ONLY) <u>NOTE: Not Applicable for ratings effective 10/01/2008 and after</u> | (N) | 218-222 | 5 |
| 22 <u>23</u> | EXPECTED LOSS TOTAL Total, normal or average yearly anticipated loss amounts based on the employer's size and classifications, obtained by multiplying the exposure basis for each class by the class expected loss rate. | (N) | 223-231 | 9 |
| 23 <u>24</u> | EXPECTED PRIMARY LOSS AMOUNT Portion of total expected losses subject to a state maximum amount per claim. Obtained by multiplying the total expected losses by the D-ratio. NOT APPLICABLE: DE, PA | (N) | 232-240 | 9 |
| 24 <u>25</u> | RESERVED FOR FUTURE USE | | 241 | 1 |
| 25 <u>26</u> | LOSS SEQUENCE NUMBER (NCCI ONLY) A number that identifies the sequence in which the loss record is to print on the experience rating worksheet. | (N) | 242-246 | 5 |
| 26 <u>27</u> | CLAIM NUMBER Alphanumeric code that uniquely identifies a loss claim. DE/PA: Limited loss only | (AN) | 247-258 | 12 |

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|-------------|--------------------|-------|---|---|-------------------------|---|--|---|---|---|--------------------------|------|----------------------------------|---|---------------------------------------|---|--|---|----------------------------------|---|--|------|-----|---|
| <u>2728</u> | INJURY CODE (INJURY TYPE) Code that identifies under which provision of the law benefits were paid or expected to be paid. DE/PA: Limited loss only NOT APPLICABLE: MA | (AN) | 259-260 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| <u>2829</u> | U.S. HARBOR & LONGSHOREMANUNITED STATES LONGSHORE AND HARBORWORKERS CODE DE/PA: Indicate other than State Act NOT APPLICABLE: CA, MA, MN, NC, WI | (AN) | 261-262 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| <u>2930</u> | STATUS OF CLAIM CODE <table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td>C</td> <td>Closed (MN-&, WI <u>only</u>)</td> </tr> <tr> <td>O</td> <td>Open</td> </tr> <tr> <td>F</td> <td>Finished (N/A: NC, WI)</td> </tr> <tr> <td>R</td> <td>Reopen (MN-&, NC <u>only</u>)</td> </tr> <tr> <td>*</td> <td>Grouped</td> </tr> </table> NOT APPLICABLE: DE, NY, PA | Code | Description | C | Closed (MN- & , WI <u>only</u>) | O | Open | F | Finished (N/A: NC, WI) | R | Reopen (MN- & , NC <u>only</u>) | * | Grouped | (AN) | 263 | 1 | | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Closed (MN- & , WI <u>only</u>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | Open | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Finished (N/A: NC, WI) | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | Reopen (MN- & , NC <u>only</u>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| * | Grouped | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>3031</u> | LOSS DATA TYPE CODE <table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td>#</td> <td>Limited NCCI (NCCI only)</td> </tr> <tr> <td>1</td> <td>Detail Loss (N/A: NCCI)</td> </tr> <tr> <td>2</td> <td>Losses summarized by policy year (N/A: NCCI)</td> </tr> <tr> <td>3</td> <td>Detail Limited Loss (N/A: NCCI)</td> </tr> <tr> <td>4</td> <td>Total Losses (N/A: NCCI)</td> </tr> <tr> <td>5</td> <td>Total Limited Losses (N/A: NCCI)</td> </tr> <tr> <td>6</td> <td>Merit Lost-Time Claim (N/A: NCCI, NC)</td> </tr> <tr> <td>C</td> <td>Catastrophic Limited Loss (CA-&, NCCI <u>only</u>)</td> </tr> <tr> <td>D</td> <td>Disease Limited Loss (NCCI only)</td> </tr> <tr> <td>E</td> <td>Employers Liability Limited Loss (NCCI only)</td> </tr> </table> NOT APPLICABLE: NY | Code | Description | # | Limited NCCI (NCCI only) | 1 | Detail Loss (N/A: NCCI) | 2 | Losses summarized by policy year (N/A: NCCI) | 3 | Detail Limited Loss (N/A: NCCI) | 4 | Total Losses (N/A: NCCI) | 5 | Total Limited Losses (N/A: NCCI) | 6 | Merit Lost-Time Claim (N/A: NCCI, NC) | C | Catastrophic Limited Loss (CA- & , NCCI <u>only</u>) | D | Disease Limited Loss (NCCI only) | E | Employers Liability Limited Loss (NCCI only) | (AN) | 264 | 1 |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | | | |
| # | Limited NCCI (NCCI only) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Detail Loss (N/A: NCCI) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Losses summarized by policy year (N/A: NCCI) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Detail Limited Loss (N/A: NCCI) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Total Losses (N/A: NCCI) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Total Limited Losses (N/A: NCCI) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Merit Lost-Time Claim (N/A: NCCI, NC) | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Catastrophic Limited Loss (CA- & , NCCI <u>only</u>) | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Disease Limited Loss (NCCI only) | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Employers Liability Limited Loss (NCCI only) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>3132</u> | ACTUAL INCURRED LOSS TOTAL AMOUNT Total incurred value of the loss (medical + indemnity). | (N) | 265-273 | 9 | | | | | | | | | | | | | | | | | | | | | | |
| <u>3233</u> | ACTUAL PRIMARY LOSS AMOUNT The maximum value for each loss for the experience rating period, limited to a state maximum amount per claim. DE/PA: Total losses used | (N) | 274-282 | 9 | | | | | | | | | | | | | | | | | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes | | | | | | | | | | | | | | | | | | | | |
|-------------|--|-------------|--------------------|-----------|--|-----------|--|-----------|--|-----------|--|---|-------------------------------------|---|--|---|------------------------------------|---|--|---|--|--|--|--|
| <u>3334</u> | ACTUAL INCURRED LOSS MESSAGE CODE Identifies a Policy Level Message that applies to the Actual Incurred Loss Total reported on this record. If none apply, will be blank. | (AN) | 283 | 1 | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td>*</td> <td>Denotes Loss Limit Applied</td> </tr> <tr> <td>A</td> <td>State Per Claim Accident Limitation</td> </tr> <tr> <td>C</td> <td>Multiple Claim Accident</td> </tr> <tr> <td>D</td> <td>Loss in excess of State Multiple Claim Accident Limitation</td> </tr> <tr> <td>F</td> <td>Subrogation Received by the Carrier</td> </tr> <tr> <td>G</td> <td><u>2nd</u>-<u>Second</u> Injury Fund Recovery Anticipated</td> </tr> <tr> <td>H</td> <td>Claim was Declared Non-compensable</td> </tr> <tr> <td>J</td> <td>USL&HW Act Per Claim Accident Limitation</td> </tr> <tr> <td>K</td> <td>Catastrophe Code 48 Excluded from Modification Calculation</td> </tr> </table> | Code | Description | * | Denotes Loss Limit Applied | A | State Per Claim Accident Limitation | C | Multiple Claim Accident | D | Loss in excess of State Multiple Claim Accident Limitation | F | Subrogation Received by the Carrier | G | <u>2nd</u> - <u>Second</u> Injury Fund Recovery Anticipated | H | Claim was Declared Non-compensable | J | USL&HW Act Per Claim Accident Limitation | K | Catastrophe Code 48 Excluded from Modification Calculation | | | |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | |
| * | Denotes Loss Limit Applied | | | | | | | | | | | | | | | | | | | | | | | |
| A | State Per Claim Accident Limitation | | | | | | | | | | | | | | | | | | | | | | | |
| C | Multiple Claim Accident | | | | | | | | | | | | | | | | | | | | | | | |
| D | Loss in excess of State Multiple Claim Accident Limitation | | | | | | | | | | | | | | | | | | | | | | | |
| F | Subrogation Received by the Carrier | | | | | | | | | | | | | | | | | | | | | | | |
| G | <u>2nd</u> - <u>Second</u> Injury Fund Recovery Anticipated | | | | | | | | | | | | | | | | | | | | | | | |
| H | Claim was Declared Non-compensable | | | | | | | | | | | | | | | | | | | | | | | |
| J | USL&HW Act Per Claim Accident Limitation | | | | | | | | | | | | | | | | | | | | | | | |
| K | Catastrophe Code 48 Excluded from Modification Calculation | | | | | | | | | | | | | | | | | | | | | | | |
| | NOT APPLICABLE: NCCI | | | | | | | | | | | | | | | | | | | | | | | |
| <u>3435</u> | ACTUAL PRIMARY LOSS MESSAGE CODE Identifies a Policy Level Message that applies to the Actual Primary Loss Amount reported on this record. If none apply, will be blank. | (A) | 284 | 1 | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td>E</td> <td>Primary Loss Limitation of Multiple Claim Accident</td> </tr> </table> | Code | Description | E | Primary Loss Limitation of Multiple Claim Accident | | | | | | | | | | | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | |
| E | Primary Loss Limitation of Multiple Claim Accident | | | | | | | | | | | | | | | | | | | | | | | |
| | NOT APPLICABLE: NCCI | | | | | | | | | | | | | | | | | | | | | | | |
| <u>3536</u> | INCURRED MEDICAL AMOUNT A whole dollar amount representing incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date. | (N) | 285-293 | 9 | | | | | | | | | | | | | | | | | | | | |
| | NOT APPLICABLE: <u>MA</u> , MI, MN, NCCI, NY, NC, WI | | | | | | | | | | | | | | | | | | | | | | | |
| <u>3637</u> | INCURRED INDEMNITY AMOUNT A whole dollar amount representing incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work. | (N) | 294-302 | 9 | | | | | | | | | | | | | | | | | | | | |
| | NOT APPLICABLE: <u>MA</u> , MI, MN, NCCI, NY, NC, WI | | | | | | | | | | | | | | | | | | | | | | | |
| <u>3738</u> | LOSS COVERAGE (ACT)-CODES <u>Loss conditions. Report the 2-digit code that corresponds to the loss coverage act.</u> | (AN) | 303-304 | 2 | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td><u>00</u></td> <td><u>Reserved For Future Use</u></td> </tr> <tr> <td><u>01</u></td> <td><u>State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act</u></td> </tr> <tr> <td><u>02</u></td> <td><u>USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Federal Coal Mine Health and Safety Act Only (NCCI,</u></td> </tr> </table> | Code | Description | <u>00</u> | <u>Reserved For Future Use</u> | <u>01</u> | <u>State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act</u> | <u>02</u> | <u>USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes</u> | <u>03</u> | <u>Federal Coal Mine Health and Safety Act Only (NCCI,</u> | | | | | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | |
| <u>00</u> | <u>Reserved For Future Use</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <u>01</u> | <u>State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <u>02</u> | <u>USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <u>03</u> | <u>Federal Coal Mine Health and Safety Act Only (NCCI,</u> | | | | | | | | | | | | | | | | | | | | | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-------------|---|-------|----------|-------|
| | <u>WI only)</u> <u>04 Federal Coal Mine Health and Safety Act and/or the State Act (NCCI, WI only)</u> <u>05 Oil and Other Minerals Over Water (NCCI only)</u> | | | |
| | NOT APPLICABLE: DE, MI, MN, NCCI, NY, NC, PA, WI | | | |
| <u>3839</u> | CATASTROPHE NUMBER Indicates loss is part of a catastrophe. NOT APPLICABLE: CA, MI, MN | (N) | 305-306 | 2 |
| <u>3940</u> | CLAIM COUNT Number of claims reported as a grouped loss. NOT APPLICABLE: DE, MI, MN, PA | (N) | 307-311 | 5 |
| <u>4041</u> | ELIGIBILITY PREMIUM AMOUNT – EXPERIENCE (MA ONLY) Indicates the policy premium amount that is used to determine the risk's eligibility for experience rating. | (N) | 312-319 | 8 |
| <u>4142</u> | WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO | (AN) | 320 | 1 |

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

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

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

STATE/FIRM SUMMARY INFORMATION RECORD

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

VIII. MESSAGES RECORD

| | | | | |
|---|---|------|-----|---|
| 1 | RECORD TYPE CODE Report "05". | (AN) | 1-2 | 2 |
|---|---|------|-----|---|

Record Type Code 05 will contain messages printed on the Summary Page.

| | | | | |
|---|---|--|------|----|
| 2 | LINK DATA Contains fields common to all record types. | | 3-61 | 59 |
|---|---|--|------|----|

| | | | | |
|---|--------------------------------|--|-------|---|
| 3 | RESERVED FOR FUTURE USE | | 62-69 | 8 |
|---|--------------------------------|--|-------|---|

| | | | | |
|---|---------------------|-----|-------|---|
| 4 | MESSAGE CODE | (N) | 70-72 | 3 |
|---|---------------------|-----|-------|---|

| Code | Description |
|------|---|
| 001 | Revised Rating |
| 002 | Revised—Additional Rate Card |
| 003 | Revised—Change of Anniversary |
| 004 | Revised Classification |
| 005 | Revised—Additional Experience |
| 006 | Revised—Elimination of Experience |
| 007 | Revised Payrolls & Losses |
| 008 | Revised Payrolls |
| 009 | Revised Losses |
| 010 | Combination Effective xx/xx/xx |
| 011 | Revised Expected Losses/D-Ratio |
| 012 | Revised—Interstate Bureau Correction |
| 013 | New Case Rating |
| 014 | Correction |
| 015 | Reserved for Future Use |
| 016 | Reserved for Future Use |
| 017 | Reserved for Future Use |
| 018 | Revised Rating Values |
| 019 | Revised Manual Rates |
| 020 | Contingent Rating |
| 021 | Expected Losses Adjusted for PAP |
| 022 | Reserved for Future Use |
| 023 | Reprinted |
| 024 | Indemnity Claims = xx |
| 025 | Loss Limit Applied |
| 026 | Special Rating Rule |
| 027 | Small Risk Debit Limit |
| 028 | Plan C |
| 029 | Modified Surcharge = xx |
| 030 | Surcharge = xx |
| 031 | Rating Reflects a Decrease of 70% Medical Only (Injury Code 6) Primary/Excess Loss Dollars |
| 032 | AR Rates |
| 033 | Does Not Qualify for Experience Rating |
| 034 | Rating has been withdrawn due to ineligibility of risk |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 9 | WCRATING FORMAT CODE Identifies Version Format Blank—NCCI 1—WCIO | (AN) | 320 | 1 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

XI. TRAILER RECORD

| | | | | |
|---|---|------|-----|---|
| 1 | RECORD TYPE CODE Report "99". | (AN) | 1-2 | 2 |
|---|---|------|-----|---|

Record Type Code 99 Indicates the end of the distribution records for the Carrier Pup (Carrier Group's Subsidiary Companies) listed in the 00 record type or end of the file (see Trailer Type in position 3 below).

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

| | | | | |
|---|--|------|---|---|
| 2 | TRAILER TYPE CODE Blank = End of Carrier Pup | (AN) | 3 | 1 |
|---|--|------|---|---|

CA: Blank = End of a set of records for single rating worksheet.

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

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

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

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

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

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

9 = Submission Control

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

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

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

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

SECTION 3

DATA COLLECTION ORGANIZATION DIFFERENCES

NOTE: Refer to individual field descriptions for specific DCO requirements.

DCO DIFFERENCES
 IN WCRATING SPECIFICATIONS

| | CA | <u>DE</u> | MA | MI | MN | NCCI | NJ | NY | NC | <u>PA/DE</u> | WI |
|---|-----|------------|-----|-----|------------|------|-----|-----|-----|-------------------|-----|
| Header Record | | <u>N/A</u> | | | | | | | | <u>N/A</u> | |
| Record Type Code | + | | | | | | | | | | |
| Carrier Code | | | | | | | | | | | |
| Carrier Group Code | | | | N/A | | | | | | | |
| Third Party Entity (tpe/tpa/mga) Federal Employer Identification Number | | <u>N/A</u> | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Business Segment Identifier | N/A | | | N/A | | N/A | N/A | N/A | N/A | | N/A |
| WCRATING Format Code | | | | | | + | | | | | |
| Rating Information Record | | | | | | | | | | | |
| Record Type Code | | | | | | | | | | | |
| Independent DCO Risk ID Number/Risk ID/Account Number | | | | + | | | | | | | |
| Rating Effective Date | | | | | | | | | | | |
| State Code | | | | | | | | | | | |
| Carrier Code | | | | | | | | | | | |
| Policy Number Identifier | + | | | | | | | | | | |
| Rating Expiration Date | + | | | | | N/A | | N/A | | | |
| Rating Issue Date | | | | | | | | | N/A | | |
| Revision Code | | | | | | N/A | | | | | |
| Rating Type Code | + | <u>±</u> | | | | N/A | | | + | + | + |
| Revision Number | N/A | <u>N/A</u> | | N/A | | N/A | | N/A | | N/A | |
| Third Party Administrator Policy Indicator | N/A | <u>N/A</u> | | N/A | <u>N/A</u> | N/A | N/A | N/A | N/A | N/A | N/A |
| Insolvent Insurer Indicator | | <u>N/A</u> | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Firm Code/Multiple Entity Code | N/A | <u>N/A</u> | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Insured Name | | <u>N/A</u> | | | | | | | | N/A | |
| Insured Name Continued | | <u>N/A</u> | | | | | | | | N/A | |
| State Name | N/A | <u>N/A</u> | N/A | | N/A | | | N/A | N/A | N/A | N/A |
| Rating Factor | | | | | | | | | | | |
| ARAP Factor | N/A | <u>N/A</u> | | N/A | N/A | | | N/A | | N/A | N/A |
| Status of Rate Filing Code | N/A | <u>N/A</u> | | N/A | N/A | | | | N/A | N/A | |
| Florida ARAP Factor | N/A | <u>N/A</u> | N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A |
| <u>Contractors Premium Adjustment Program (CPAP)</u> Factor | N/A | <u>N/A</u> | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A |
| Indicated Rating Factor | N/A | <u>N/A</u> | N/A | N/A | N/A | N/A | N/A | N/A | N/A | <u>N/A DE</u> | N/A |
| Stabilizing Value | N/A | <u>N/A</u> | | N/A | N/A | | | | N/A | N/A | |
| Split Rating Code | | | N/A | N/A | | | | | N/A | | |
| Primary Losses – Expected | | <u>N/A</u> | | | | + | | | | N/A | |

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.

| | CA | DE | MA | MI | MN | NCCI | NJ | NY | NC | PA/DE | WI |
|--|-----|-----|-----|-----|-----|------|-----|-----|-----|-------|-----|
| Totals | | | | | | | | | | | |
| Ratable Excess – Expected | | N/A | | | N/A | + | | | | N/A | |
| Totals – Expected | | N/A | | | | + | | | N/A | N/A | |
| Primary Losses – Actual Totals | | ± | | | | + | | | | + | |
| Ratable Excess – Actual | | N/A | | | N/A | + | | | | N/A | |
| Totals – Actual | | N/A | | | | ± | | + | N/A | N/A | |
| Market Type Code | N/A | N/A | + | + | N/A | + | + | N/A | + | N/A | N/A |
| Carrier Code | N/A | N/A | | | | | | N/A | | N/A | |
| Branch Code | | N/A | N/A | | | + | | | | N/A | |
| Policy Number Identifier | N/A | | | N/A | | | | N/A | | | |
| Policy Effective Date | N/A | | | N/A | | | | N/A | | | |
| Policy Expiration Date | N/A | | | N/A | | | | N/A | | | |
| SARAP Factor | N/A | N/A | N/A | N/A | N/A | | | N/A | N/A | N/A | N/A |
| First Time Mail Indicator | N/A | N/A | N/A | N/A | N/A | + | | N/A | N/A | N/A | N/A |
| Unit/Certificate Number Identifier | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Massachusetts ARAP Factor | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A |
| WCRATING Format Code | | | | | | + | | | | | |
| Risk Name and Addresses Record | N/A | | | | | N/A | | | | | |
| Record Type Code | | | | | | | | | | | |
| Multiple Entity Code | | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A | N/A |
| Name Code Number | | | | N/A | | | | | | | |
| Insured Name | | | | | | | | | | | |
| Address of Insured Line 1 | | | | | | | | | | | |
| Address of Insured Line 2 | | | | N/A | | | | | N/A | | |
| Address of Insured - City | | | | | | | | | | | |
| Address of Insured - State Code | | | | | | | | | | | |
| Address of Insured - Zip Code | | | | | | | | | | | |
| Coverage ID Number | | N/A | | N/A | | | | | | N/A | |
| Combinable ID Number | | N/A | | N/A | | | | | | N/A | |
| WCRATING Format Code | | | | | | + | | | | | |
| Payroll/Loss Information Record | | | | | | | | | | | |
| Record Type Code | | | | | | | | | | | |
| State Code – Experience | N/A | N/A | N/A | N/A | N/A | | | N/A | N/A | N/A | N/A |
| Firm Code/Multiple Entity Code | N/A | | N/A | | N/A | | | | | | |
| Carrier Code – Experience | N/A | N/A | | N/A | | | | N/A | | N/A | |
| Policy Number Identifier – Experience | N/A | N/A | | N/A | | | | N/A | | N/A | |
| Policy Effective Date – Experience | + | ± | | | | | | + | | + | |

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| | CA | DE | MA | MI | MN | NCCI | NJ | NY | NC | PA/DE | WI |
|--|-----|-----|-----|-----|-----|------|-----|-----|-----|-------|-----|
| Policy Expiration or Cancellation Date – Experience | N/A | N/A | | N/A | | | | N/A | | N/A | |
| Coverage ID Number | N/A | N/A | | N/A | | N/A | | | | N/A | |
| Firm Name | N/A | N/A | N/A | | N/A | | | N/A | | N/A | |
| Payroll Sequence Number | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| Classification Code | | | | | | + | | | | | + |
| Classification Code Suffix | N/A | N/A | N/A | | N/A | | N/A | N/A | N/A | N/A | N/A |
| Classification Wording | N/A | | N/A | N/A | N/A | | | | N/A | | OPT |
| Data Code | N/A | ± | + | + | + | N/A | + | + | + | + | + |
| ELR (Expected Loss Rate) Expected Loss Rate (ELR) | | | | + | | | | | | | |
| D-Ratio Factor | | N/A | | | N/A | | | | | N/A | |
| Exposure Amount | | | | | | | | | | | |
| Manual/Charged Rate | N/A | ± | N/A | N/A | N/A | N/A | | ± | N/A | + | N/A |
| A-Rated Minimum Premium | N/A | N/A | N/A | N/A | N/A | N/A | N/A | ± | N/A | N/A | N/A |
| Expected Loss Total | | | | | | | | | | | |
| Expected Primary Loss Amount | | N/A | | | | | | | | N/A | |
| Loss Sequence Number | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A |
| Claim Number | | ± | | | | | | | | + | |
| Injury Code (Injury Type) | | ± | N/A | | | | | | | + | |
| U.S. Harbor & Longshoreman United States Longshore and Harbor Workers Code | N/A | ± | N/A | | N/A | | | | N/A | + | N/A |
| Status of Claim Code | + | N/A | + | + | + | + | + | N/A | + | N/A | + |
| Loss Data Type Code | + | ± | + | + | + | + | + | N/A | + | + | + |
| Actual Incurred Loss Total Amount | | | | | | | | | | | |
| Actual Primary Loss Amount | | ± | | | | | | | | + | |
| Actual Incurred Loss Message Code | | | | | | N/A | | | | | |
| Actual Primary Loss Message Code | | | | | | N/A | | | | | |
| Incurred Medical Amount | | | N/A | N/A | N/A | N/A | | N/A | N/A | | N/A |
| Incurred Indemnity Amount | | | N/A | N/A | N/A | N/A | | N/A | N/A | | N/A |
| Loss Coverage (Act) Codes Act | | N/A | | N/A | N/A | N/A | | N/A | N/A | N/A | N/A |
| Catastrophe Number | N/A | | | N/A | N/A | | | | | | |
| Claim Count | | N/A | | N/A | N/A | | | | | N/A | |
| Eligibility Premium Amount – Experience | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| WCRATING Format Code | | | | | | + | | | | | |
| Primary/State Summary Information Record | N/A | N/A | N/A | | N/A | | | N/A | | N/A | |
| Record Type Code | | | | | | | | | | | |

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| | CA | DE | MA | MI | MN | NCCI | NJ | NY | NC | PA/DE | WI |
|--|-----|-----|-----|-----|-----|------|-----|-----|-----|-------|-----|
| State Code – Experience | | | | N/A | | | | | | | |
| Firm Code/Multiple Entity Code | | | | | | | | | | | |
| Carrier Code – Experience | | | | N/A | | | | | | | N/A |
| Policy Number Identifier – Experience | | | | N/A | | | | | | | N/A |
| Policy Effective Date - Experience | | | | | | | | | | | |
| Policy Expiration Date - Experience | | | | N/A | | | | | | | |
| Policy – Total Exposure | | | | | | | | | | | |
| Subject Premium Amount | | | | N/A | | | | | | | N/A |
| Policy Total: Actual Incurred Losses | | | | | | | | | | | |
| Policy Total: Primary Actual Losses | | | | | | | | | | | |
| WCRATING Format Code | | | | | | + | | | | | |
| Policy Level Messages Record | N/A | N/A | | | | | | N/A | | N/A | |
| Record Type Code | | | | | | | | | | | |
| Message Sequence | | | | | | | | | | | |
| Line Number | | | | | | | | | | | |
| Message | | | | | | | | | | | |
| Carrier Code – Experience | | | | | | N/A | | | | | |
| Policy Number Identifier - Experience | | | | | | N/A | | | | | |
| Policy Effective Date – Experience | | | | | | N/A | | | | | |
| WCRATING Format Code | | | | | | + | | | | | |
| State/Firm Summary Information Record | | | | | | | | | | | |
| Record Type Code | | | | | | | | | | | |
| State Code | N/A | N/A | | | N/A | | | N/A | | N/A | N/A |
| Firm Code/Multiple Entity Code | N/A | N/A | N/A | | N/A | | | N/A | | N/A | |
| State Abbreviation | N/A | N/A | | N/A | N/A | | | N/A | N/A | N/A | N/A |
| Preliminary State Rating Code | N/A | N/A | N/A | N/A | N/A | | | N/A | N/A | N/A | NA |
| Weight Factor | | ± | | | | | | | | + | |
| SRP (Self Rating Point) (SRP) | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A |
| Expected Loss Total | | | | | | | | | | | |
| Expected Primary Loss Amount | | N/A | | | | | | | | N/A | |
| Actual Excess Loss Amount | | N/A | | | N/A | | | | | N/A | |
| Actual Incurred Loss Total | | | | | | | | | | | |
| Ballast Amount | | ± | | | | | | | | (DE+) | |
| Actual Primary Loss Amount | | N/A | | | | | | | | N/A | |

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| | CA | DE | MA | MI | MN | NCCI | NJ | NY | NC | PA/DE | WI |
|--|-----|-----|-----|-----|-----|------|----|-----|-----|-------|-----|
| ARAP Factor | N/A | N/A | | N/A | N/A | | | N/A | | N/A | N/A |
| Average Ballast Amount | N/A | N/A | | | N/A | | | N/A | | N/A | N/A |
| Limit Charge Factor | | | N/A | N/A | N/A | N/A | | N/A | | | N/A |
| Cap Limit | N/A | N/A | N/A | N/A | N/A | N/A | | | N/A | N/A | N/A |
| Loss Limited Reduction Total | N/A | N/A | | | N/A | N/A | | N/A | | N/A | |
| WCRATING Format Code | | | | | | + | | | | | |
| Messages Record | | | | | | | | | | | |
| Record Type Code | | | | | | | | | | | |
| Message Code | N/A | ± | + | + | + | + | + | + | + | + | + |
| Message Sequence | | | | | | | | | | | |
| Line Number | | | | | | | | | | | |
| Message | | | | | | | | | | | |
| WCRATING Format Code | | | | | | + | | | | | |
| Branch Code Information Record | | | | | | | | | | | |
| Record Type Code | N/A | N/A | N/A | | N/A | | | N/A | N/A | N/A | N/A |
| Branch Code | | | | | | | | | | | |
| State Code | | | | | | | | | | | |
| City of the Physical Branch Address | | | | | | | | | | | |
| Carrier Zip Code | | | | | | | | | | | |
| WCRATING Format Code | | | | | | + | | | | | |
| Contingent Rating Record | | | | | | | | | | | |
| Record Type Code | N/A | N/A | | N/A | | | | N/A | | N/A | |
| State Code | | | | | | | | | | | |
| Firm Code/Multiple Entity Code | | | | | N/A | | | | | | |
| Detail Report Level Code/Report Number | | | | | | | | | | | |
| Detail Contingent Effective Date | | | | | | | | | | | |
| Detail Carrier Name | | | | | | | | | | | |
| Detail Policy Number Identifier | | | | | | | | | | | |
| Form Type Code | | | | | N/A | | | | N/A | | |
| WCRATING Format Code | | | | | | + | | | | | |
| Trailer Record | | | | | | | | | | | |
| Record Type Code | + | | | | | | | | | | |
| Trailer Type Code | + | | | | | | | | | | |
| Detail Record Count | + | | | | | | | | | | |
| Number of Ratings | + | | | | | | | | | | |
| Asterisks Filled | | | | | | | | | | | |
| WCRATING Format Code | | | | | | + | | | | | |

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