

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION  
CRITICISM INFORMATION  
(WCCRIT)**

**WORKERS COMPENSATION CRITICISM INFORMATION (WCCRIT)  
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**WCCRIT STATISTICAL REPORTING CONTACT PAGE**

WCCRIT 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  
Statistical Reporting Department  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371

Pennsylvania Compensation Rating Bureau  
Statistical Reporting Department  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371

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  
Unit Stat Specialist  
P.O. Box 3080  
Milwaukee, WI 53226  
Telephone: 262-796-4570  
E-mail: kay.higgins@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, ext. 575

**WCCRIT POLICY REPORTING CONTACT PAGE**

WCCRIT 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  
Policy Reporting Department  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371

Pennsylvania Compensation Rating Bureau  
Policy Reporting Department  
United Plaza Building – Suite 1500  
30 South 17th Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371

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  
Elizabeth Rohde  
P.O. Box 3080  
Milwaukee, WI 53226  
Telephone: 262-796-4551  
E-mail: betty.rohde@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, ext. 575

**WORKERS COMPENSATION CRITICISM**  
**REPORTING SPECIFICATIONS (WCCRIT)**  
**SECTION 1**  
**RESERVED FOR FUTURE USE**

**WORKERS COMPENSATION CRITICISM**  
**REPORTING SPECIFICATIONS (WCCRIT)**  
**SECTION 2**  
**RECORD LAYOUTS**

Field No.	Field Title/Description	Class	Position	Bytes
<b>I. LINK DATA COMMON TO ALL RECORDS</b>				
1	<b>CARRIER CODE</b> Report the 5-digit code assigned to the reporting company by NCCI or independent jurisdiction.	(N)	1-5	5
2	<b>POLICY NUMBER IDENTIFIER</b> Report the number identifier that uniquely identifies the policy under which experience occurred. This number identifier must be identical to the number identifier set forth on the policy Information Page or as endorsed. The complete policy number identifier must remain the same throughout the life of the policy and for all experience reporting. Letters are permitted in this field, but not embedded blanks or marks of punctuation.	(AN)	6-23	18
3	<b>RESERVED FOR FUTURE USE</b>		24	1
4	<b>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b> For policies that use a unit or certificate number identifier as part of the policy number, report the numeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.	(N)	25-30	6
5	<b>EXPOSURE STATE CODE</b> Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned. <b>NOTE: WCSTAT ONLY</b>	(N)	31-32	2
6	<b>POLICY EFFECTIVE DATE</b> Report the year, month, and day that the policy became effective.  Format CCYYMMDD.	(N)	33-40	8
7	<b>PRODUCT DATA TYPE CODE</b>	(AN)	41	1
	<b>Code</b>			
	<b>Description</b>			
	P			Policy Criticism
	S			Unit Statistical Report Criticism

Field No.	Field Title/Description	Class	Position	Bytes
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8	<b>REPORT LEVEL CODE/REPORT NUMBER</b> Report the code that corresponds to the report level based on the loss valuation date. <b>NOTE:</b> WCSTAT ONLY	(AN)	42	1
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Code	Report Level	Loss Valuation Schedule
1	First Report	Valued 18 months from policy effective month
2	Second Report	Valued 30 months from policy effective month
3	Third Report	Valued 42 months from policy effective month
4	Fourth Report	Valued 54 months from policy effective month
5	Fifth Report	Valued 66 months from policy effective month
6*	Sixth Report	Valued 78 months from policy effective month
7*	Seventh Report	Valued 90 months from policy effective month
8*	Eighth Report	Valued 102 months from policy effective month
9*	Ninth Report	Valued 114 months from policy effective month
A*	Tenth Report	Valued 126 months from policy effective month

The above character array will accommodate up to 35 report levels when using "A" through "Z" in lieu of "10" through "35". Report "1" through "9" and then "A" through "Z" as the report number in those jurisdictions requiring more than 9 report levels.

9	<b>TRANSACTION CODE</b> Report the 2-digit code identifying the type of transaction being submitted. <b>NOTE:</b> WCPOLS ONLY	(N)	43-44	2
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Code	Description
01.	New Policy This Transaction Code is used to report to the jurisdiction that the insured has been issued a policy for the first time.

It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction.

Transaction Code 01 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

Field No.	Field Title/Description	Class	Position	Bytes
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**NOTE:** Prior Policy Number Identifier (positions 77-94 on the Header Record) is not to be reported when reporting policy data with Transaction Code 01 - New Policy.

02. Renewal Policy

This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.

It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction.

Transaction Code 02 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

03. This Transaction Code is used to report endorsements (other than annual rerate) having record layouts in Section 6 of these specifications and issued subsequent to the policy.

04. Annual Rerate Endorsement

This transaction code is used to report two types of coverage:  
1—To report the second or third year of a three-year variable rate policy.  
2—To report the remaining portion of policies with a coverage period greater than annual.

There are no unique record types for annual rerate endorsements. They are to be reported using all record types applicable to new or renewal business and are identified by Transaction Code 04.

Transaction Code 04 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

Transaction Code 04 cannot be used to add or delete a state.

Field No.	Field Title/Description	Class	Position	Bytes
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**NOTE:** State Premium Record 04 and Exposure Record 05 reported on Transaction Code 04 are bound by the period effective and expiration date. All other record types reported are effective from the period effective date through the policy expiration date. Any subsequent change effective and expiration dates will not be applied. Midterm changes must be reported via the appropriate change Transaction Code (08, 10, 14 or 15).  
N/A: CA, DE, MI, NCCI, NJ, PA

05. Cancellation/Reinstatement  
This transaction code is used to report a cancellation or reinstatement of a policy or coverage notice previously reported. Only Record Type Code 08 is valid for this transaction code.

The cancellation record must include the carrier code, policy number identifier and policy effective date of the policy term being cancelled or reinstated in the appropriate link data fields (Positions 1–43).

06. Policy Replacement Due to Key Field Change  
This transaction code is used to report a replacement policy for a previously issued policy that has had key data fields changed.

This type of transaction must contain the new carrier code (if changed), the new policy number identifier (if changed) and the new policy effective date (if changed) in the appropriate link data fields (Positions 1–43) on all record types, and must contain the original carrier code, original policy number identifier and original policy effective date of the policy term being replaced in Positions 221–249 of the Header Record.

Only one Transaction Code 06 may be submitted per policy on the same issue date.

Some jurisdictions may require a cancellation record (Record Type Code 08) with a Transaction Code 05 and the values of 9, 0 and 00 in Positions 48–51 for the previously issued policy this transaction replaces.

**MA:** The policy effective date on Transaction Code 06 must be the same date as the effective date of cancellation of the policy that the Transaction Code 06 replaces.

07. Reserved for Future Use

Field No.	Field Title/Description	Class	Position	Bytes
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08. Policy Replacement Due to Rating Change  
This transaction code is used to report a change to the policy that impacts premium amounts and for which an additional premium amount bill or return premium amount is sent to the insured.

All records that are submitted for Transaction Code 08 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code.

Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 08 are only required on the record(s) that has the change.

Only one set of Transaction Code 08 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

If there are multiple transactions corresponding to Transaction Code 08 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate Transaction Code.

**NOTE:** When submitting a Transaction Code 08 for a multi-year policy without change effective and expiration dates, the following rules apply:

- a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
- b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, DE, MI, NCCI, NJ, PA

*If an insurer submitting Transaction Code 08 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.*

*Endorsements must be submitted electronically to WI effective 01-01-10.*

Field No.	Field Title/Description	Class	Position	Bytes
09.	Reserved for Future Use			
10.	<p>Policy Replacement due to Non-Rating Change This transaction code is used to report a change to the policy that does not impact premium amounts.</p> <p>All records that are submitted for Transaction Code 10 <b>must</b> contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 10.</p> <p>Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 10 are only required on the record(s) that has the change.</p> <p><i>Endorsements must be submitted electronically to WI effective 01-01-10.</i></p>			
11.	Reserved for Future Use			
12.	Reserved for Future Use			
13.	Reserved for Future Use			
14.	<p>Policy Replacement due to Miscellaneous Change/Non-Key Field Change This transaction code is used at the insurer's option for policy changes (excluding key data field changes) in place of Transaction Codes 08 and 10.</p> <p>All records that are submitted for Transaction Code 14 <b>must</b> contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 14.</p> <p>Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 14 are only required on the record(s) that has the change.</p> <p>Only one set of Transaction Code 14 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.</p>			

Field No.	Field Title/Description	Class	Position	Bytes
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**NOTE:** When submitting a Transaction Code 14 for a multi-year policy without change effective and expiration dates, the following rules apply:

- a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
- b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, MI, NCCI, NJ

*If an insurer submitting Transaction Code 14 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.  
Endorsements must be submitted electronically to WI effective 01-01-10.*

NOT APPLICABLE: DE, PA

15. Policy Replacement due to Add/Delete State Change  
This transaction code is used to add or delete a state and has a very specific purpose.

1. Reporting to DCOs:
  - a.) Reporting to the DCO of the state being added with this transaction: Notifies the DCO that the state is being added to the policy and therefore this is the first submission of this policy to the state.
  - b.) Reporting to the DCO of the state being deleted with this transaction: Cannot be reported using this transaction. Submit a cancellation using Transaction Code 05 with Record Type Code 08 (only).
  - c.) Reporting to a DCO other than that of the state being added or deleted with this transaction: Notifies the DCO that another state is being added to or deleted from the policy. No other changes, other than those directly associated with adding or deleting the state (i.e., premium) are to be made with this transaction. If unable to exclude other changes from this transaction, then the transaction must be reported using one of Transaction Codes 08-14.

Field No.	Field Title/Description	Class	Position	Bytes
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**NOTE:** When submitting a Transaction Code 15 for a multi-year policy without change effective and expiration dates, the following rules apply:

- a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
- b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, DE, MI, NCCI, NJ, PA

## 2. Reporting to NCCI:

Notifies NCCI of the state(s) being added and/or deleted to/from Item 3.A. Because NCCI is responsible for many states, NCCI can accept changes for states other than those being added and/or deleted.

The Policy Changes Effective Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) will indicate the date the state is to be added or deleted.

If the state is to be deleted on the inception date of the policy, the deleted state will have only one accompanying Exposure Record (Record Type Code 05). The Exposure Record must contain zeros in the following fields: Classification Codes, Exposure Act/Exposure Coverage Code, Manual/Charged Rate, Exposure Period Effective Date, Estimated Exposure Amount, Estimated Premium Amount, Exposure Period Code, Amount of Pieces of Apparatus, Amount of Volunteers, and Policy Surcharge Factor.

**NCCI Only:** The Policy Changes Expiration Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) of the state in question will be reported as follows:

- a.) State Added—Report the Policy Expiration Date
- b.) State Deleted—Report the Policy Changes Effective Date.

Only one set of Transaction Code 15 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

Field No.	Field Title/Description	Class	Position	Bytes
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If there are multiple transactions corresponding to Transaction Code 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate Transaction Code.

16. Coverage Notice/Binder  
This Transaction Code is used to report coverage when the insurer does not have all the information available that is required for a complete establishing document. The policy itself must be submitted to the DCO on a subsequent submission, unless the Coverage Notice has been cancelled.

Transaction Code 16 requires all data elements necessary to establish Proof of Coverage when reporting to DCOs.

Minimum requirements for filing include:

- a.) All Link Data
- b.) Record Type Code 01—Header Record  
At a minimum it must contain Field #1, link data information.
- c.) Record Type Code 02—Name Record  
Submit at least one Name of Insured or as many name records as required by the DCO.
- d.) Record Type Code 03—Address Record  
Submit the Mailing Address (Address Type 1) corresponding to the required name record. Also report as many Address of Location of Operations (Address Type 2 and/or 6) records as known.

Submit the Address of Carrier Issuing/Service Office (Address Type 3) record.

Additional data elements may be required when reporting to various DCOs, e.g., Federal Employer Identification Number, State Unemployment Number, Policy Type Code, Plan Indicator, etc. Please contact the DCO to which you would submit this Proof of Coverage.

**CA, WI NOTE:** On Transaction Code 16, Coverage Notice, the minimum requirements will also include, Header Record (Record Type Code 01) position 108, Type of Plan ID Code and either a State Premium Record (Record Type Code 04) with 04/48 in position 44-45, or an Other States Coverage Record (Record Type Code 06) with 04/48 as an included state.

Field No.	Field Title/Description	Class	Position	Bytes
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**MA NOTE:** On Transaction Code 16, Massachusetts Issue notice, the minimum requirements also include Header Record (Record Type Code 01) position 108 Type of Plan ID Code, positions 58-63 Policy Expiration Date, position 75 Employee Leasing Policy Type Code, and a State Premium Record (Record Type Code 04) with 20 in positions 44-45. If issue notice is for a PEO client then the Transaction Code 16 must contain the Employee Leasing Endorsement Record FA and may contain the name of the client on the appropriately identified Name Record.

Report as many elements that are known at the time of the issuance of this transaction.

A Transaction Code 01 (New Policy) or 02 (Renewal) must be submitted on a subsequent submission unless the Coverage Notice is cancelled.

If cancelling a previously submitted Coverage Notice (a policy was not issued), use Transaction Code 05 with Record Type Code 08 (Cancellation/ Reinstatement Record) and a Cancellation/ Reinstatement Code of "4" (Cancellation of Coverage Notice). N/A: WI

NOT APPLICABLE: NCCI, NJ, NY, NC

17. Noncompliance of Policy Terms and Conditions  
This Transaction Code is used to report noncompliance issues as a result of undisputed premium due, and/or noncompliance with the policy terms and conditions on a policy or coverage notice previously reported

This Transaction Code is also used to report compliance on a previously reported noncompliance transaction.

Only Record Type Code Z1 is valid for this transaction code. The Noncompliance/Compliance record must include the carrier code, policy number identifier, and effective date of the policy for which it applies in the appropriate link data fields (Positions 1-43).

**NOTE:** All carriers must notify the Plan Administrator of any undisputed premium obligation and or any noncompliance issues on prior or current assigned risk workers compensation insurance policies.

This transaction is optional for voluntary market policies.

NOT APPLICABLE: CA, MI, NJ

Field No.	Field Title/Description	Class	Position	Bytes
18.	<p>Renewal Certificate/Renewal Agreement (CA only)                      This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.</p> <p>Renewal Certificates and Renewal Agreements shall be used only for the purpose of renewing the policy and showing the proper experience modification for the renewal period. Renewal Certificates and Renewal Agreements cannot be used to make any other changes to the policy.</p>			
10	<p><b>CORRECTION SEQUENCE NUMBER</b>                      Report the number that corresponds to the number of correction reports submitted within a particular report level.  <b>NOTE:</b> WCSTAT ONLY</p> <p>Exposure and loss corrections on the same report level must be numbered consecutively.</p> <p><b>NOTE:</b> CA only—This field is used to determine if the report is sent as a correction. The sequence of the correction is not stored or used for processing.</p> <p>Report “1” through “9” and then “A” through “Z” as a correction number within a particular report level. This number sequence will accommodate up to 35 corrections. Report “0” for noncorrections.</p> <p>This field is the most current/correct value for this data element.</p> <p>Example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3. This is the revised correction sequence number on header corrections to change the correction sequence number.</p>	(AN)	45	1

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Field No.	Field Title/Description	Class	Position	Bytes
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11	<b>TRANSACTION ISSUE DATE</b> Report the issue date of the transaction being submitted. <b>NOTE:</b> WCPOLS ONLY	(N)	46-53	8
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This date is the accounting date on which the data represented by this transaction code was processed by the insurer's policy issuance system.

This date, for a particular transaction, is not necessarily the date of creation of the file for the jurisdiction. Example: If an insurer processes transactions on a daily basis and saves these daily transactions to a file from which a submission is created once a week, this date would reflect the daily processing date, not the date of the submission creation. Thus, a given file submitted to the jurisdiction may contain transactions with different transaction issue dates.

More than one "06," "08," "10," "14," or "15" transactions with the same Transaction Issue Date for the same policy **must not** be included on the same submission.

Format CCYYMMDD.

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

1-11	<b>LINK DATA</b>	(AN)	1-53	53
12	<b>RECORD TYPE CODE</b> Report "1".	(AN)	54	1
13	<b>POLICY EXPIRATION OR CANCELLATION DATE</b> Report the year, month, and day upon which the policy expired.	(N)	55-62	8

For mid-term cancelled policies, report the cancellation date as the expiration date.

For policies issued not longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the policy Information Page.

For the first and second periods of three-year variable rate policies, report the expiration date as one and two years, respectively, subsequent to the policy effective date set forth in Item 2 of the policy Information Page. For the third period, report the policy expiration date as shown on the policy Information Page, or as endorsed. In the event the policy contains a Policy Period Endorsement, then the expiration date must coincide with the date indicated in the schedule of that endorsement.

For the first and second period of extended-term policies, report the associated expiration date as shown in the Policy Period Endorsement.

Format CCYYMMDD.

14	<b>NAME OF INSURED</b> Report the primary name of the insured as was submitted by the data provider.	(AN)	63-152	90
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Maximum size of risk name is 90 characters including spaces and punctuation marks.

15	<b>ERROR STATUS CODE</b> Report the code that identifies the type of error found.	(AN)	153	1
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Code	Description
0	Accepted - no further action required
1	Accepted informational - further action may be required
2	Accepted with minor errors - carrier action required
3	Accepted with critical errors - carrier action required
4	Suspended with critical errors - carrier action required
5	Rejected from submission - further action may be required

Field No.	Field Title/Description	Class	Position	Bytes
16	<b>PROCESSED DATE</b> Report the date that the DCO processed the transmission.  Format CCYYMMDD.	(N)	154-161	8
17	<b>RESPOND BY DATE</b> Report the date that the DCO requires a response..  Format CCYYMMDD.	(N)	162-169	8
18	<b>NAME OF DCO CONTACT</b> Report all or a portion of the name of the business representative to be contacted regarding the criticism as accommodated by this field.	(AN)	170-194	25
19	<b>DCO CONTACT PHONE NUMBER</b> The direct telephone number of the of the business representative to be contacted regarding the criticism.  Format 3-digit area code followed by 7-digit phone number.	(N)	195-204	10
20	<b>DCO CONTACT E-MAIL ADDRESS</b> Report the e-mail address of the business representative to be contacted regarding the criticism.	(AN)	205-264	60
21	<b>RESERVED FOR FUTURE USE</b>		265-304	40
22	<b>RISK ID NUMBER</b> Report the unique risk identification number assigned by NCCI or the independent jurisdiction assigned to the state where applicable.	(AN)	305-313	9
23	<b>INTERNAL SUBMISSION ID</b> A unique number assigned by the DCO when the submission is processed.	(AN)	314-327	14
24	<b>LETTER ID</b> Report the unique identifier found on every letter produced by the DCO for tracking purposes.	(AN)	328-341	14
25	<b>RESERVED FOR FUTURE USE</b>		342-369	28
26	<b>THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER</b> Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier).  NOT APPLICABLE: DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	370-378	9

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Field No.	Field Title/Description	Class	Position	Bytes
27	<b>BUSINESS SEGMENT IDENTIFIER</b> Any series of identifying codes maintained and reported by the data provider.  NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, NC, PA, WI	(N)	379-385	7
28	<b>RESERVED FOR FUTURE USE</b>		386-400	15

Field No.	Field Title/Description	Class	Position	Bytes
<b>III. WCSTAT ERROR INFORMATION RECORD</b>				
1-8	<b>LINK DATA</b>	(AN)	1-53	53
9	<b>RECORD TYPE CODE</b> Report "2".	(AN)	54	1
10	<b>RECORD TYPE SEQUENCE NUMBER</b> The number that corresponds to the number of Error Records within a particular criticism.	(N)	55-57	3
11	<b>ERROR CODE</b> Field contains one error code being eight positions in length.  Breakdown of eight position error code: Positions 1-2 - Identifies the WCSTAT Record Type on which the error occurred. Positions 3-4 -Identifies the starting position of the field in error on the WCSTAT record. Positions 5-8 – Identifies the error sequence number for the field	(AN)	58-65	8
12	<b>MESSAGE TYPE CODE</b>  <b>Code</b> <b>Description</b> D        DCO Specific Error Message S        Standard Error Message	(N)	66	1
13	<b>ERROR MESSAGE</b> This field contains a description of the error code.	(AN)	67-400	334

Field No.	Field Title/Description	Class	Position	Bytes
<b>III. WCPOLS ERROR INFORMATION RECORD</b>				
1-8	<b>LINK DATA</b>	(AN)	1-53	53
9	<b>RECORD TYPE CODE</b> Report "3".	(AN)	54	1
10	<b>RECORD TYPE SEQUENCE NUMBER</b> The number that corresponds to the number of Error Records within a particular criticism.	(N)	55-57	3
11	<b>ERROR CODE</b> Field contains one error code being eight positions in length.  Breakdown of eight position error code: Positions 1-2 - Identifies the WCPOLS Record Type on which the error occurred. Positions 3-4 -Identifies the starting position of the field in error on the WCPOLS record. Positions 5-8 – Identifies the error sequence number for the field	(AN)	58-65	8
12	<b>MESSAGE TYPE CODE</b>  <b>Code</b> <b>Description</b> D            DCO Specific Error Message S            Standard Error Message	(AN)	66	1
13	<b>ERROR MESSAGE</b> This field contains a description of the error code.	(AN)	67-400	334

Field No.	Field Title/Description	Class	Position	Bytes
<b>IV. FILE CONTROL RECORD</b>				
1	<b>FILLER</b>	(N)	1-53	53
2	<b>RECORD TYPE CODE</b> Report "9".	(AN)	54	1
3	<b>DETAIL RECORD COUNT TOTAL</b> Report the total number of records on the file including the transmittal record, excluding this file control record.	(N)	55-62	8
4	<b>CRITICISM TOTAL</b> Report the total number of criticisms contained on file.	(N)	63-69	7
5	<b>RESERVED FOR FUTURE USE</b>		70-400	331