

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

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

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

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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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Policy Effective Date	2	Rating Information Record	264-271
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	2	Primary/State Summary Information Record	92-99
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	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
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TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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	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
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	2	Primary/State Summary Information Record	65-66
State Name	2	Rating Information Record	131-150
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Subject Premium Amount	2	Primary/State Summary Information Record	127-136
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Third Party Administration Policy	2	Rating Information Record	65
Third Party Entity (tpe/tpa/mga) Federal	2	Header Record	13-21
Employer Identification Number			
Totals -- Actual	2	Rating Information Record	228-236
Totals -- Expected	2	Rating Information Record	201-209
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U			
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U.S. Longshore and Harborworkers' DCO	2	Payroll/Loss Information Record	261-262
Indication Code			

TOPIC/ FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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
	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

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

WORKERS COMPENSATION EXPERIENCE MODIFICATION
WORKSHEET ELECTRONIC SPECIFICATIONS (WCRATING)

SECTION 1

RESERVED FOR FUTURE USE

WORKERS COMPENSATION EXPERIENCE MODIFICATION
WORKSHEET ELECTRONIC SPECIFICATIONS (WCRATING)

SECTION 2
RECORD LAYOUTS

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

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

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

NOT APPLICABLE: DE, PA

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

4	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
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NOT APPLICABLE: ~~DE~~, MI, 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
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NOT APPLICABLE: CA, ~~DE~~, MI, NCCI, NJ, NY, NC, ~~PA~~, WI

6	RESERVED FOR FUTURE USE		13-319	307
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7	WCRATING FORMAT CODE Identifies Version Format	(AN)	320	7
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Blank—NCCI

1—WCIO

Field No.	Field Title/Description	Class	Position	Bytes
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II. RATING INFORMATION RECORD

1	RECORD TYPE CODE Report "01".	(AN)	1-2	2
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Record Type Code 01 will contain Rating information used to produce the final experience modification page and the Header Details on each worksheet page.

2	LINK DATA Contains fields common to all record types.		3-61	59
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~~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	INDEPENDENT DCO RISK ID NUMBER/RISK ID/ACCOUNT NUMBER	(AN)	3-11	9
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Risk (Experience Rating) Identification Number issued by the DCO assigned to the state where applicable.

MI: Risk Identification Number assigned by CAOM.

4	RATING EFFECTIVE DATE (YYYYMMDD) Year, Month, Day rating is effective.	(N)	12-19	8
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5	STATE CODE 2-digit code identifying the state in which the experience modification was promulgated.	(N)	20-21	2
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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
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7	POLICY NUMBER IDENTIFIER Alphanumeric characters used to uniquely identify the policy covering the insured for which the rating was promulgated.	(AN)	27-44	18
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~~CA: See CA note associated with Record Code Type 01 Link Data. A single rating / WCRATING transaction may apply to up to three policy numbers. The Policy Number Identifier reported here will be the first policy number from the rating. Additional policy numbers will be listed in Record Type Code B1.~~

8	RATING EXPIRATION DATE (YYYYMMDD) Year, Month, Day rating expires.	(N)	45-52	8
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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

Field No.	Field Title/Description	Class	Position	Bytes
9	RATING ISSUE DATE (YYYYMMDD) Year, Month, Day jurisdiction calculated the rating. NOT APPLICABLE: NC	(N)	53-60	8
10	REVISION CODE Indicates whether there has been a revision. Code Description 1 Not Revised 2 Revised	(N)	61	1
11	RATING TYPE CODE Indicates the type of Rating being reported. Code Description D DNQ N/A: CA E Experience Rating M Merit Adjustment N/A: CA, NC, NCCI, WI W Withdraw N/A: CA, DE, PA N Not Rated – No Current Coverage N/A: CA, NCCI, WI C Cannot Issue (NCCI only) I Independent Bureau (NCCI only)	(AN)	62	1
12	REVISION NUMBER NOT APPLICABLE: CA, DE, MI, 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). Code Description Y Issued by a TPA N Not issued by a TPA	(A)	65	1
14	INSOLVENT INSURER INDICATOR (CA ONLY) RESERVED FOR FUTURE USE The indicator that identifies whether or not the insolvent insurer indicator is to be displayed on the experience modification worksheet. Code Description Y “(I)” Indicator is Present N No “(I)” Indicator is Present	(A)	66	1
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	NAME OF INSURED The name of the insured for which the rating was promulgated. NOT APPLICABLE: DE, PA	(AN)	71-100	30
18	NAME OF INSURED CONTINUED NOT APPLICABLE: DE, PA	(AN)	101-130	30
19	NAME OF STATE 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	ASSIGNED RISK ADJUSTMENT PROGRAM (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. MA: This field will continue to be populated with the Massachusetts All Risk Adjustment Program Factor which is also found in positions 291-293 of this record. 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. Code Description P Preliminary—Rate filing has been filed and is pending Approval. F Final—Rate filing has been approved. NOT APPLICABLE: CA, DE, MI, MN, NC, PA	(AN)	159	1
23	RESERVED FOR NCCI USE		160	1
24	RESERVED FOR FUTURE USE		161	1
25	FLORIDA ASSIGNED RISK ADJUSTMENT PROGRAM (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

Field No.	Field Title/Description	Class	Position	Bytes										
26	CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR (MN ONLY) A Contractors Premium Adjustment Program that provides a premium credit for contracting classifications. There is an assumed decimal point between positions 165 and 166.	(N)	165-167	3										
27	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: CA, 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										

Field No.	Field Title/Description	Class	Position	Bytes										
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										
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="0"> <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 The branch code associated with the rating distribution. NOT APPLICABLE: <u>CA</u> , DE, MA, 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
46	<p>MASSACHUSETTS ALL RISK ADJUSTMENT PROGRAM FACTOR (ARAP) FACTOR 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.</p> <p>NOT APPLICABLE: CA, DE, MI, MN, NJ, NY, NC, PA, WI</p>	(N)	291-293	3
47	RESERVED FOR FUTURE USE		294-319	26
48	<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. CA: This number references the order in which the name records appear on the rate sheet, and may not match the order of the name records reported on the policy. NOT APPLICABLE: MI	(N)	69-71	3
6	NAME OF INSURED Name of insured covered by policy.	(AN)	72-171	100
7	RESERVED FOR FUTURE USE		172	1
8	ADDRESS - STREET First line of address of the insured as it appears on the policy.	(AN)	173-212	40
9	ADDRESS - STREET Second line of address of the insured as it appears on the policy. NOT APPLICABLE: CA , MI, NC	(AN)	213-252	40
10	ADDRESS - CITY Full name of the city of the address of the insured.	(AN)	253-282	30
11	ADDRESS - STATE Report the U.S. Postal Service abbreviation for the state of the address of the insured.	(AN)	283-284	2
12	ADDRESS - ZIP CODE Postal of the address of the insured.	(AN)	285-293	9

Field No.	Field Title/Description	Class	Position	Bytes
13	COVERAGE ID NUMBER An identifier for a specific employer's coverage for which the exposure/loss information pertains. NOT APPLICABLE: CA , DE, MI, PA	(AN)	294-303	10
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
<u>IV. ADDITIONAL RATING INFORMATION RECORD</u>				
<u>1</u>	<u>RECORD TYPE CODE (CA ONLY)</u> <u>Report "B1".</u> <u>Record Type Code B1 will contain additional rating information used to produce the final experience modification page and the Header Details on each worksheet page.</u>	<u>(AN)</u>	<u>1-2</u>	<u>2</u>
<u>2</u>	<u>LINK DATA</u> <u>Contains fields common to all record types.</u>		<u>3-61</u>	<u>59</u>
<u>3</u>	<u>ADDITIONAL POLICY NUMBER IDENTIFIER</u> <u>Additional policy number at the rating applies to.</u>	<u>(AN)</u>	<u>62-79</u>	<u>18</u>
<u>4</u>	<u>ADDITIONAL POLICY NUMBER IDENTIFIER</u> <u>Additional policy number at the rating applies to.</u>	<u>(AN)</u>	<u>80-97</u>	<u>18</u>
<u>5</u>	<u>EXPERIENCE START DATE</u> <u>The date of coverage first affecting the experience modification.</u> <u>NOTE: This field applies only to experience modifications effective 01/01/12 and after.</u> <u>Format: YYYYMMDD</u>	<u>(N)</u>	<u>98-103</u>	<u>6</u>
<u>6</u>	<u>EXPERIENCE END DATE</u> <u>The date of coverage last affecting the experience modification.</u> <u>NOTE: This field applies only to experience modifications effective 01/01/12 and after.</u> <u>Format: YYYYMMDD</u>	<u>(N)</u>	<u>104-109</u>	<u>6</u>
<u>7</u>	<u>RELEASE DATE</u> <u>The date the rate sheet was released to the receiving insurer.</u> <u>Format: YYYYMMDD</u>	<u>(N)</u>	<u>110-115</u>	<u>6</u>
<u>8</u>	<u>RERATE EFFECTIVE DATE</u> <u>The date the rating is effective when a slit rating is issued to be effective on a date other than a modification effective date.</u> <u>Format: YYYYMMDD</u>	<u>(N)</u>	<u>116-121</u>	<u>6</u>
<u>9</u>	<u>RESERVED FOR FUTURE USE</u>		<u>122-319</u>	<u>198</u>
<u>10</u>	<u>WCRATING FORMAT CODE</u> <u>Identifies Version Format</u> <u>Blank—NCCI</u> <u>1—WCIO</u>	<u>(AN)</u>	<u>320</u>	<u>1</u>

Field No.	Field Title/Description	Class	Position	Bytes
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IV. PAYROLL/LOSS INFORMATION RECORD

1	RECORD TYPE CODE Report "02".	(AN)	1-2	2
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Record Type Code 02 will contain Payroll/Loss information; used in the detail portion of the worksheet.

2	LINK DATA Contains fields common to all record types.		3-61	59
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3	RESERVED FOR FUTURE USE		62-64	3
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4	STATE CODE—EXPERIENCE	(N)	65-66	2
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NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI

5	FIRM CODE/MULTIPLE ENTITY CODE	(AN)	67-68	2
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This field identifies the entities with separate policies that have been combined for experience rating purposes.

NOT APPLICABLE: CA, MA, MN

6	CARRIER CODE—EXPERIENCE	(N)	69-73	5
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NOT APPLICABLE: CA, DE, MI, NY, PA

7	POLICY NUMBER IDENTIFIER —EXPERIENCE	(AN)	74-91	18
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NOT APPLICABLE: CA, DE, MI, NY, PA

8	POLICY EFFECTIVE DATE—EXPERIENCE (YYYYMMDD)	(N)	92-99	8
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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)

[CA - YYYY only \(positions 92–95\) for experience modifications effective prior to 01/01/12.](#)

9	POLICY EXPIRATION OR CANCELLATION DATE—EXPERIENCE (YYYYMMDD)	(N)	100-107	8
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Year, Month, Day policy expires or is cancelled.

[CA: This field will apply to experience modifications effective 01/01/12 and after.](#)

NOT APPLICABLE: ~~CA~~, DE, MI, NY, PA

10	COVERAGE ID NUMBER	(AN)	108-115	8
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An identifier for a specific employer's coverage for which the exposure/loss information pertains.

NOT APPLICABLE: CA, DE, MI, NCCI, PA

Field No.	Field Title/Description	Class	Position	Bytes																				
11	RESERVED FOR FUTURE USE		116-117	2																				
12	NAME OF FIRM Name that corresponds to the Multiple Entity Code in field 5 above. If the Multiple Entity Code is blank then the Name of State will appear in this field. The Name of State corresponds with the State Code in field 4 above. NOT APPLICABLE: CA, DE, MA, MN, NY, PA	(AN)	118-147	30																				
13	RESERVED FOR FUTURE USE		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)	153-156	4																				
15	CLASSIFICATION CODE SUFFIX A code that distinguishes the Expected Loss Rate and/or D Ratio used. NOT APPLICABLE: CA, DE, MA, MN, NY, NC, PA, WI	(AN)	157	1																				
16	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																				
17	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)																							
18	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. MI: Applied to the total payroll for a class code as of the effective date of the experience modification.	(N)	189-195	7																				

Field No.	Field Title/Description	Class	Position	Bytes
19	<p>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.</p> <p>MI: Applied to the Total Expected Losses for a class code as of the effective date of the experience modification.</p> <p>NOT APPLICABLE: DE, PA</p>	(N)	196-201	6
20	<p>EXPOSURE AMOUNT The payroll for the classification for the experience period.</p>	(N)	202-211	10
21	<p>MANUAL/CHARGED RATE There is an assumed decimal point between positions 215 and 216.</p> <p>DE/PA: Authorized Rating Value</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NCCI, NY, NC, WI</p> <p>NY NOTE: Not Applicable for ratings effective 10/01/2009 and after</p>	(N)	212-217	6
22	<p>A-RATED MINIMUM PREMIUM (NY ONLY)</p> <p>NOTE: Not Applicable for ratings effective 10/01/2009 and after</p>	(N)	218-222	5
23	<p>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.</p>	(N)	223-231	9
24	<p>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.</p> <p>NOT APPLICABLE: DE, PA</p>	(N)	232-240	9
25	RESERVED FOR FUTURE USE		241	1
26	<p>LOSS SEQUENCE NUMBER (NCCI ONLY) A number that identifies the sequence in which the loss record is to print on the experience rating worksheet.</p>	(N)	242-246	5
27	<p>CLAIM NUMBER Alphanumeric code that uniquely identifies a loss claim.</p> <p>DE/PA: Limited loss only</p>	(AN)	247-258	12

Field No.	Field Title/Description	Class	Position	Bytes
28	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	(N)	259-260	2
29	UNITED STATES LONGSHORE AND HARBOR WORKERS' DCO INDICATION CODE Code Description U Indicates USL & HW (NCCI only) 02 Indicates USL & HW N/A: NCCI DE/PA: Indicate other than State Act NOT APPLICABLE: CA, MA, MI, MN, NC, WI	(AN)	261-262	2
30	STATUS OF CLAIM CODE Code Description C Closed N/A: CA , MI, NCCI, NC O Open F Finished N/A: MA, MN, NC, WI R Reopen N/A: CA, MI, NCCI, WI * Grouped N/A: MA CA: Code F will apply to experience modifications effective prior to 01/01/12. Code C will apply to experience modifications effective 01/01/12 or after. NOT APPLICABLE: DE, NY, PA	(AN)	263	1
31	LOSS DATA TYPE CODE 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: CA , NCCI 4 Total Losses N/A: CA , NCCI 5 Total Limited Losses N/A: CA , NCCI 6 Merit Lost-Time Claim N/A: CA , NCCI, NC C Catastrophic Limited Loss N/A: DE, MA, MI, MN, NC, PA, WI D Disease Limited Loss (NCCI only) E Employers Liability Limited Loss (NCCI only) NOT APPLICABLE: NY	(AN)	264	1
32	ACTUAL INCURRED LOSS TOTAL AMOUNT Total incurred value of the loss (medical + indemnity).	(N)	265-273	9

Field No.	Field Title/Description	Class	Position	Bytes
33	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
34	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. 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 Second 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: CA , DE , NCCI , PA	(AN)	283	1
35	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. Code Description E Primary Loss Limitation of Multiple Claim Accident F Partial Fraudulent Claim (CA only) J Joint Claim (CA only) S Subrogated Claim (CA only) NOT APPLICABLE: NCCI	(A)	284	1
36	INCURRED MEDICAL AMOUNT A whole dollar amount representing incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date. NOT APPLICABLE: MA, MI, MN, NY, NC, WI	(N)	285-293	9
37	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. NOT APPLICABLE: MA, MI, MN, NY, NC, WI	(N)	294-302	9

Field No.	Field Title/Description	Class	Position	Bytes
38	LOSS COVERAGE ACT Report the 2-digit code that corresponds to the loss coverage act.	(N)	303-304	2
	Code Description			
	00 Reserved For Future Use			
	01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act			
	02 USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes			
	03 Federal Coal Mine Health and Safety Act Only N/A: CA, DE, MA, MI, MN, NY, NC, PA			
	04 Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NY, NC, PA			
	05 Oil and Other Minerals Over Water (NCCI only)			
	NOT APPLICABLE: DE, MI, MN, NCCI, NY, NC, PA, WI			
39	CATASTROPHE NUMBER Indicates loss is part of a catastrophe.	(N)	305-306	2
	NOT APPLICABLE: CA, MI, MN			
40	CLAIM COUNT Number of claims reported as a grouped loss.	(N)	307-311	5
	NOT APPLICABLE: DE, MI, MN, PA			
41	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
42	WCRATING FORMAT CODE Identifies Version Format	(AN)	320	1
	Blank—NCCI			
	1—WCIO			

Field No.	Field Title/Description	Class	Position	Bytes
VI. 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. Blank—NCCI 1—WCIO		320	1

Field No.	Field Title/Description	Class	Position	Bytes
VII. POLICY LEVEL MESSAGES RECORD				
1	RECORD TYPE CODE Report "A3". Record Type Code A3 will contain policy level messages. 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		62-72	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.	(N)	179-183	5
8	POLICY NUMBER IDENTIFIER —EXPERIENCE The unique policy identifier of the policy to which the policy level message pertains.	(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.	(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

Field No.	Field Title/Description	Class	Position	Bytes
VIII. 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, 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. <u>CA: This field will only apply to experience modifications effective prior to 01/01/12.</u> 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	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	<p>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.</p> <p>NOT APPLICABLE: DE, PA</p>	(N)	104-112	9
14	<p>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.</p> <p>NOT APPLICABLE: DE, MN, PA</p>	(N)	113-121	9
15	<p>ACTUAL INCURRED LOSS TOTAL Total losses used in experience modification formula.</p>	(N)	122-130	9
16	<p>BALLAST AMOUNT The stabilizing element designed to limit the effect of any single loss on the experience modification.</p> <p>CA: This field will only apply to experience modifications effective prior to 01/01/12.</p> <p>DE: Ballast Factor</p>	(N)	131-139	9
17	<p>ACTUAL PRIMARY LOSS AMOUNT Paid and reserve claim values for the experience rating period, limited to a state maximum amount per claim.</p> <p>NOT APPLICABLE: DE, PA</p>	(N)	140-148	9
18	<p>ARAP FACTOR This is a program that imposes additional charges on employers in the residual market where applicable.</p> <p>NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI</p>	(N)	149-151	3
19	<p>AVERAGE BALLAST AMOUNT Ballast for the state based on total expected losses for the rating .</p> <p>NOT APPLICABLE: CA, DE, MN, NY, PA, WI</p>	(N)	152-160	9
20	<p>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.</p> <p>NOT APPLICABLE: CA, MA, MI, MN, NCCI, NY, WI</p>	(N)	161-163	3
21	<p>RESERVED FOR FUTURE USE</p>		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, MA, 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 PRIMARY CREDIBILITY FACTOR (CA ONLY) <u>The weight given to the risk's actual primary losses in the experience modification calculation.</u> <u>There is an assumed decimal point between positions 179 and 180.</u>	(N)	179- 349 <u>182</u>	444
25	EXCESS CREDIBILITY FACTOR (CA ONLY) <u>The weight given to the risk's actual excess losses in the experience modification calculation.</u> <u>There is an assumed decimal point between positions 183 and 184.</u>	(N)	<u>183-186</u>	<u>4</u>
26	RESERVED FOR FUTURE USE		<u>187-318</u>	<u>133</u>
275	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)			
054	No Loss Rating (CA only)			
055	Experience Modification Effective Date per ERP – Section V, Rules (1) and (2) (CA only)			
056	Experience Modification Effective Date per ERP – Section V, Rule (6) (CA only)			
057	Excludes Data from Insolvent Insurer per ERP – Section III, Rule (3f)			
058	Reissue to Correct Name			
059	Reissue to Correct to Renewal			
060	Reissue to Correct to Unexpired Term			
061	Reissue to Correct to Unexpired Term Date			
062	Rerate Due to ERP Sec VI, Closed Claim Values			
063	Rerate Due to “S” Case Year(s)			
064	Rerate Due to Clerical Error			
065	Rerate Due to Combine			
066	Rerate Due to De-combine			
067	Rerate Due to Joint Claim			
068	Rerate Due to Non-Comp			
069	Rerate Due to Partially Fraudulent			
070	Rerate Due to Revised Losses for New Claim(s)			
071	Rerate due to Subrogated Claim			
072	Supersedes Rating Issued MM/DD/YY			
080	Merit Rating			
999	Free-Form Text Message			

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

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

Field No.	Field Title/Description	Class	Position	Bytes
XI. 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	NAME OF DETAIL CARRIER	(AN)	178-217	40
9	DETAIL POLICY NUMBER IDENTIFIER	(AN)	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
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XII. TRAILER RECORD

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

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

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

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

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

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

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

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

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

9 = Submission Control

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

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

Field No.	Field Title/Description	Class	Position	Bytes
3	<p>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	RESERVED FOR FUTURE USE		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	DE	MA	MI	MN	NCCI	NY	NC	PA	WI
Header Record		N/A							N/A	
Record Type Code	+									
Carrier Code										
Carrier Group Code				N/A						
Third Party Entity (tpe/tpa/mga) Federal Employer Identification Number		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
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										
Rating Type Code	+	+				+		+	+	+
Revision Number	N/A	N/A		N/A			N/A		N/A	
Third Party Administrator Policy Indicator	N/A	N/A		N/A		N/A	N/A	N/A	N/A	N/A
Insolvent Insurer Indicator		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Firm Code/Multiple Entity Code	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
Name of Insured		N/A							N/A	
Name of Insured Continued		N/A							N/A	
State Name	N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
Rating Factor										
ARAP Factor	N/A	N/A	+	N/A	N/A		N/A		N/A	N/A
Status of Rate Filing Code	N/A	N/A		N/A	N/A			N/A	N/A	
Florida ARAP Factor	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Contractors Premium Adjustment Program (CPAP) Factor	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Indicated Rating Factor	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Stabilizing Value	N/A	N/A		N/A	N/A			N/A	N/A	
Split Rating Code	N/A		N/A	N/A				N/A		
Primary Losses – Expected Totals		N/A				+			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	NY	NC	PA	WI
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						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
Massachusetts ARAP Factor	N/A	N/A		N/A	N/A		N/A	N/A	N/A	N/A
Experience Start Date										
Experience End Date										
Release Date										
Rerate Effective Date										
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
Name Code Number				N/A						
Name of Insured										
Address of Insured Line 1										
Address of Insured Line 2	N/A			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					N/A	
Combinable ID Number		N/A		N/A					N/A	
WCRATING Format Code						+				
Additional Rating Information Record		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Record Type Code										
Additional Policy Number Identifier										
Additional Policy Number Identifier										
Experience Start Date										

+ 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	NY	NC	PA	WI
Experience End Date										
Release Date										
Rerate Effective Date										
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	+	+					+		+	
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	
Name of Firm	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
Classification Wording	N/A		N/A	N/A	N/A			N/A		OPT
Data Code	N/A±	+	+	+	+	N/A	+	+	+	+
Expected Loss Rate (ELR)				+						
D-Ratio Factor		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
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
Claim Number		+							+	
Injury Code (Injury Type)		+							+	
United States Longshore and Harbor Workers' DCO Indication Code	N/A	+	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					N/A				
Actual Primary Loss Message Code		±	±	±	±	N/A	±	±	±	±
Incurred Medical Amount			N/A	N/A	N/A		N/A	N/A		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	NY	NC	PA	WI
Incurred Indemnity Amount			N/A	N/A	N/A		N/A	N/A		N/A
Loss Coverage 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
WCRATING Format Code						+				
Primary/State Summary Information Record	N/A	N/A	N/A		N/A		N/A		N/A	
Record Type Code										
State Code – Experience				N/A						
Firm Code/Multiple Entity Code										
Carrier Code – Experience				N/A						N/A
Policy Number Identifier – Experience				N/A						N/A
Policy Effective Date - Experience										
Policy Expiration Date - Experience				N/A						
Policy – Total Exposure										
Subject Premium Amount				N/A						N/A
Policy Total: Actual Incurred Losses										
Policy Total: Primary Actual Losses										
WCRATING Format Code						+				
Policy Level Messages Record	N/A	N/A		N/A			N/A		N/A	
Record Type Code										
Message Sequence										
Line Number										
Message										
Carrier Code – Experience										
Policy Number Identifier - Experience										
Policy Effective Date – Experience										
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

+ 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	NY	NC	PA	WI
Weight Factor		+							+	
Self Rating Point (SRP)	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		+								
Actual Primary Loss Amount		N/A							N/A	
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			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	
Primary Credibility Factor		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Excess Credibility Factor		N/A	N/A	N/A	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	N/A	N/A	N/A		N/A		N/A	N/A	N/A	N/A
Record Type Code										
Branch Code	N/A									
State Code	N/A									
City of the Physical Branch Address										
Carrier Zip Code	N/A									
WCRATING Format Code						+				
Contingent Rating Record	N/A	N/A		N/A			N/A		N/A	
Record Type Code										
State Code										
Firm Code/Multiple Entity Code					N/A					
Detail Report Level Code/Report Number										
Detail Contingent Effective Date										
Name of Detail Carrier										
Detail Policy Number Identifier										
Form Type Code					N/A			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	NY	NC	PA	WI
WCRATING Format Code						+				
Trailer Record										
Record Type Code	+									
Trailer Type Code	+									
Detail Record Count	+									
Number of Ratings	+									
WCRATING Format Code						+				

+ 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.