

WCIO WCPOLS CODE SHEET

EFFECTIVE: MAY 29, 2012

ADDRESS REVISION CODE	
Code	Description
A	Add address of location to policy
D	Delete address of location from policy

ADDRESS STRUCTURE CODE	
Code	Description
1	Reported address follows structure.
2	Reported address is free form.

ADDRESS TYPE CODE	
Code	Description
1	Mailing address of insured.
2	Location of operations address.
3	Address of insurer issuing/servicing office.
4	Wrap-up/OCIP project description.
5	Producer Address.
6	No specific location
7	Reserved for Use in WCNOA
8	Reserved for Use in WCNOA
9	Reserved for Use in WCNOA

AUDIT FREQUENCY CODE	
Code	Description
1	Annual
2	Semiannual
3	Quarterly
4	Monthly
5	Other

BILLING FREQUENCY CODE	
Code	Description
1	Annual
2	Semiannual
3	Quarterly
4	Monthly
5	Other
6	Reserved for Use in WCNOA

BASIS OF DEDUCTIBLE CALCULATION CODE	
Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy Deductible Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent With Per Claim Amount Limit
07	Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit
08	Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit
09	Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit
10	Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit
11	Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit
12	Variable – as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined.

CANCELLATION TYPE CODE	
Code	Description
1	Cancelled flat
2	Cancelled pro rata
3	Cancelled short-rate

CANCELLATION/REINSTATEMENT ID CODE	
Code	Description
1	Cancellation
2	Reinstatement
3	Nonrenewal
4	Cancellation of Coverage Notice
9	Deletion of original data submitted under the carrier code, policy number, and policy effective date reported above.

CLASSIFICATION CODE REVISION CODE	
Code	Description
A	Add classification code to policy
B	Change classification code information
C	Delete classification code from the policy

CLASSIFICATION USE CODE	
Code	Description
U	Data should be used in Unit Reports only
N	Data should be used for Financial Calls only
B	Data should be used for both Unit Reports and Financial Calls

DESCRIPTOR CODE	
Code	Description
S	Sole Proprietor
P	Partner
O	Officer
X	Other

EMPLOYEE LEASING POLICY TYPE CODE	
Code	Description
1	Non-Employee Leasing Policy
2	Employee Leasing Policy - For Leased Workers of Multiple Client Companies
3	Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company
4	Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company
5	Employee Leasing Policy For Leased Workers of a Single Client Company
6	Client Company Policy For Non-Leased Workers of Client Company
7	Client Company Policy For Leased And Non-Leased Workers of Client Company
8	Employee Leasing Policy For Leased Workers of Multiple Client Companies

ENDORSEMENT NUMBER REVISION CODE	
Code	Description
A	Add endorsement number to policy
D	Delete endorsement number from policy

ENDORSEMENT TYPE CODE	
Code	Description
1	Retro—Option I
2	Retro—Option II
3	Retro—Option III
4	Retro—Option IV
5	Retro—Option V
6	Premium Discount

EXPERIENCE MODIFICATION STATUS CODE	
Code	Description
1	Final modification factor for policy period
2	Modification factor not final
3	No modification applicable

EXPERIENCE MODIFICATION PLAN TYPE CODE	
Code	Description
1	Bureau plan modification factor
2	Bureau plan modification factor deviated by flat percentage
3	Independent company plan modification factor.

EXPERIENCE RATING CODE	
Code	Description
1	Interstate rated only
2	Inter- and intrastate rated
3	Intrastate rated only
4	Reserved for Future Use
5	Not Rated

EXPOSURE ACT/EXPOSURE COVERAGE CODE	
Code	Description
00	For Use With Statistical Codes
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act
02	USL&HW "F" or USL&HW Coverage on Non-F-Classes
03	Federal Coal Mine Health and Safety Act Only
04	Federal Coal Mine Health and Safety Act and/or the State Act
05	Oil and Other Minerals Over Water
06	Excluding Medical
07	Excess Benefits Coverage
08	Reserved For Future Use
09	Endorsed Maritime Coverage
10	Voluntary Compensation Coverage
11	Excess Coverage

EXPOSURE PERIOD CODE	
Code	Description
1	Annual
2	Three Year
3	Less than annual or split period
4	Greater than annual but less than three years

GROUP COVERAGE STATUS CODE	
Code	Description
0	Non-Group Coverage
1	Group Member Coverage
2	Group Master Coverage

INCLUSION/EXCLUSION CODE	
Code	Description
1	State Codes listed are included in policy coverage (Item 3.C., if applicable) or coverage notice.
2	States Codes listed are excluded from policy coverage (Item 3.C.).
3	No other states coverage afforded. This is primarily used with wrap-ups.

ITEM 3.C. INCLUSION/EXCLUSION CODE	
Code	Description
1	States listed are included in policy coverage or coverage notice.
2	States listed are excluded from policy coverage or coverage notice.
3	No other states coverage afforded. This is primarily used with wrap-ups/OCIPs.

LEASING ADDRESS TYPE CODE	
Code	Description
1	Client Mailing Address
2	Workplace Address

LEGAL NATURE OF ENTITY CODE	
Code	Description
01	Individual
02	Partnership
03	Corporation
04	Association, Labor Union, Religious Organization
05	Limited Partnership
06	Joint Venture
07	Common Ownership
08	Multiple Status
09	Joint Employers
10	Limited Liability Company (LLC)
11	Trust or Estate
12	Executor or Trustee
13	Limited Liability Partnership
14	Governmental Entity
99	Other

LEGAL NATURE OF INSURED CODE	
Code	Description
01	Individual
02	Partnership
03	Corporation
04	Association, Labor Union, Religious Organization
05	Limited Partnership
06	Joint Venture
07	Common Ownership
08	Multiple Status
09	Joint Employers
10	Limited Liability Company (LLC)
11	Trust or Estate
12	Executor or Trustee
13	Limited Liability Partnership
14	Governmental Entity
99	Other

LOSSES SUBJECT TO DEDUCTIBLE CODE	
Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical and Indemnity Losses

NAME REVISION CODE	
Code	Description
A	Add name of insured to policy
D	Delete name of insured from policy

NAME TYPE CODE	
Code	Description
1	Personal name type
2	Commercial name type
3	String name type

NONCOMPLIANCE/COMPLIANCE NOTIFICATION TYPE CODE	
Code	Description
1	Notification of Noncompliance Reason(s)
2	Notification of Compliance Reason(s)
3	Notification of Corrected "Current Outstanding Premium Due Amount"

POLICY TERM CODE	
Code	Description
1	Standard one-year
2	Three-year fixed rate
3	Continuous policy
4	Short-term (less than one year)
5	Three-year variable (first year)
6	Three-year variable (second year)
7	Three-year variable (third year)
8	Other, i.e., a policy issued for more than one year and sixteen days, but less than three years.

PREMIUM ADJUSTMENT PERIOD CODE	
Code	Description
1	Annual
2	Semiannual
3	Quarterly
4	Monthly
5	Other

PRIMARY COMPLIANCE REASON CODE (#1)	
Code	Description
01	Compliance of Nonpayment - Paid in Full
02	Compliance of Nonpayment - Payment Plan
03	Compliance of Nonpayment - Bona-fide Dispute
04	Compliance of Nonpayment - Audit to Zero
05	Compliance of Nonpayment-Bankruptcy/Creditor
06	Compliance of Audit
07	Compliance of Loss Control or Inspections
97	Compliance of Nonpayment
98	Compliance of Nonpayment - Other
99	Compliance - Other

PRIMARY NONCOMPLIANCE REASON CODE (#1)	
Code	Description
01	Nonpayment of Amount Billed at Final Audit
02	Nonpayment - Dispute Resolved; Debt not Paid
03	Nonpayment - Default on Payment Plan (i.e. deposit, installment, or endorsement premium)
04	Noncompliance - Audit
05	Noncompliance - Loss Control or Inspections
98	Nonpayment - Other (e.g. nonpayment of claim deductible)
99	Noncompliance - Other

PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	
Code	Description
Blank	Not a Professional Employer Organization Policy
P	Professional Employer Organization Company Name
C	Client Company Name

PRORATED EXPENSE CONSTANT REASON CODE	
Code	Description
0	Field does not apply.
1	Where the short-term policy is issued to replace a binder.
2	Where the short-term policy is issued solely to establish concurrency with other policies of insurance.
3	Short-term policy is issued to reinstate coverage with a lapse
4	Where the amount changes due to a change in Anniversary Rating Date.

PRORATED MINIMUM PREMIUM REASON CODE	
Code	Description
0	Field does not apply.
1	Where the short-term policy is issued to replace a binder.
2	Where the short-term policy is issued solely to establish concurrency with other policies of insurance.
3	Where the short-term policy is issued to reinstate coverage with a lapse.
4	Where the amount changes due to a change in Anniversary Rating Date.

REASON FOR CANCELLATION CODE	
Code	Description
01	Retiring from business or out of business
02	Completed operations (no employees/no exposure/no operations)
03	Cancelled by employer
04	Cancelled by underwriter and/or plan
05	Nonpayment of premium
06	Reserved for Future Use
07	Rewrite (use with Cancellation Type Code 1)

REASON FOR CANCELLATION CODE (continued)	
08	Change of interest or ownership and/or business sold
09	Coverage placed elsewhere
10	Duplicate coverage
11	Revocation of voluntary market acceptance
12	Failure to pay deductible
13	Misrepresentation of information on application
14	Corporate Officer nonelection
15	Substantial change in risk
16	Failure to comply with the terms and conditions or audit failure
17	Not in "good faith" entitled to coverage.
18	Participation in wrap-up complete
19	Underwriting reasons
20	Cancelled at request of the finance company
21	Material Misrepresentation/Fraud
22	Employee Leasing Agreement Terminated
23	Failure to Submit Payroll Information
99	Other

REASON FOR REINSTATEMENT CODE	
Code	Description
01	Reinstatement Regular
02	Reinstatement Due to Carrier Error on Last Cancellation
03	Reinstatement Due to Change in Cancellation Effective Date and/or Reason for Cancellation
04	Reinstatement Due to Carrier Consideration - Late Reinstatement Submitted by Carrier to Accommodate Insured

REASON STATE WAS ADDED TO POLICY CODE	
Code	Description
0	Field does not apply.
1	State added because of prior audit.
2	State added for any other reason.
3	State added at time of renewal

REINSTATEMENT TYPE CODE	
Code	Description
1	Reinstatement of policy cancelled flat
2	Reinstatement of policy cancelled in-term
3	Withdrawal of nonrenewal status

RETROSPECTIVE RATING CODE	
Code	Description
1	Retrospective Rated— Endorsements submitted via an electronic record
2	Retrospective Rated—Endorsements submitted via hard copy
3	Not Retrospective Rated
4	Retrospective Rated—Endorsements submitted via an electronic record and hard copy
5	Retrospective Rated

INTERSTATE RISK ID NUMBER OR INDEPENDENT RATING BUREAU RISK ID NUMBER/FILE NUMBER/ACCOUNT CODE	
Code	Description
1	Revised Interstate/Intrastate Risk ID Number
2	Revised Independent Rating Bureau Risk ID Number/File Number/Account Number

STATE % CHANGE INCREASE/DECREASE CODE	
Code	Description
0	Class code and rate basis
1	Increase
2	Decrease

STATE ADD/DELETE CODE	
Code	Description
A	Adding the state shown
D	Deleting the state shown

TRANSACTION CODE	
Code	Description
01	New Policy
02	Renewal Policy
03	Endorsements
04	Annual Rerate Endorsement
05	Cancellation/Reinstatement
06	Policy Replacement Due to Key Field Changes
07	Reserved for Future Use
08	Policy Replacement Due to Rating Changes
09	Reserved for Future Use
10	Policy Replacement due to Non-Rating Changes
11	Reserved for Future Use
12	Reserved for Future Use

TRANSACTION CODE (continued)	
Code	Description
13	Reserved for Future Use
14	Policy Replacement due to Misc. Change/Non-Key Field Change
15	Policy Replacement due to Add/Delete State Change
16	Coverage Notice/Binder
17	Noncompliance of Policy Terms and Conditions
18	Renewal Certificate/Renewal Agreement

TYPE OF CORPORATION CODE	
Code	Description
S	Subchapter S
C	Subchapter C
V	Voluntary in Non-profit Corporation

TYPE OF COVERAGE ID CODE	
Code	Description
01	Standard Workers Compensation Policy
02	Alternative Workers Compensation Coverage
03	Reserved for Use in WCSTAT
04	Reserved for Future Use
05	Large Risk Rated Option
09	Reserved for Use in WCSTAT
10	Reserved for Future Use

TYPE OF NON-STANDARD ID CODE	
Code	Description
01	Non-Standard Code does not apply
02	Excluding Medical
03	Excess Policy
04	Reserved For Future Use
05	Reserved for Use in WCSTAT
06	Excess Medical
07	Reserved for Future Use
08	Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others
09	Voluntary Coverage not mandatory by State Act
99	Reserved for Use in WCSTAT

TYPE OF PLAN ID CODE	
Code	Description
1	Voluntary Policy
2	Normal Assigned Risk Policy
3	Reserved for Future Use
4	Reserved for Future Use
5	Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program
6	Reserved for Future Use
7	Assigned Risk Policy originally assigned by another DCO

TYPE OF PREMIUM DEVIATION CODE	
Code	Description
0	No premium deviation factor applies.
1	Premium deviation factor applicable prior to experience modification.
2	Premium deviation factor applicable after experience modification.
3	No deviation applicable or deviation applied to individual rates.
4	Premium deviation reported as classification record.

USL&HW % CHANGE INCREASE/DECREASE CODE	
Code	Description
0	Class code and rate basis
1	Increase
2	Decrease

WRAP-UP / OCIP CODE	
Code	Description
1	Wrap-Up Policy
2	Non-Wrap-Up/OCIP Policy
3	OCIP Job Policy
4	OCIP Master Policy