

**WCIO Workers Compensation Data
Specifications Manual**

**WORKERS COMPENSATION POLICY
REPORTING SPECIFICATIONS (WCPOLS)**

Changed Record Type Description

Record	Change Reason
DA - This Record is Reserved for Future Use	DCO Requirement Change
Changed From Record Description: United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement - California Record	
DD - This Record is Reserved for Future Use	DCO Requirement Change
Changed From Record Description: Voluntary Compensation And Employers' Liability Coverage Endorsement - California Record	
DE - This Record is Reserved for Future Use	DCO Requirement Change
Changed From Record Description: Waiver Of Our Right To Recover From Others Endorsement - California Record	

Added Data Element Note

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
New Note: If no experience modification factor is applicable, report "0000".		
08	STATE CODE (44-45)	DCO Requirement Change
New Note: When cancelling, reinstating, or non-renewing the entire policy, report the state code or "99".		
08	STATE CODE (44-45)	DCO Requirement Change
New Note: When cancelling or reinstating the entire policy, report "99".		
08	STATE CODE (44-45)	DCO Requirement Change
New Note: When non-renewing the entire policy or reinstating a non-renewal of the entire policy, report "99".		
08	STATE CODE (44-45)	DCO Requirement Change
New Note: When nonrenewing a single state or reinstating a nonrenewal of a single state, report the state code.		

Added Data Element Population Rule

Record	Field Name	Change Reason
03	INDUSTRY CODE (203-208)	DCO Requirement Change
New Population Rule : Report the NAICS number only. Do not report the SIC number.		
86	ESTIMATED PREMIUM AMOUNT (106-115)	DCO Requirement Change
New Population Rule : For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported.		

Added New Code

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (97-97)	
New Code: 4		
New Code Description: Merit Rating Factor		

Added New Code

Record	Field Name	Change Reason
10	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (81-81)	
New Code: 4		
New Code Description: Merit Rating Factor		

Added New Field

Record	Field Name	Change Reason
DB	ENDORSEMENT NUMBER (51-58)	

Changed Code Description

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (97-97)	
Code: 3		
From : No Modification Applicable		To : No Modification or Merit Rating Factor Applicable
10	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (81-81)	
Code: 3		
From : No Modification Applicable		To : No Modification or Merit Rating Factor Applicable
37	DESCRIPTOR CODE (71-71)	
Code: S		
From : Sole Proprietor		To : Sole Proprietor (This code is not used for Record 38)
37	DESCRIPTOR CODE (124-124)	
Code: S		
From : Sole Proprietor		To : Sole Proprietor (This code is not used for Record 38)
37	DESCRIPTOR CODE (177-177)	
Code: S		
From : Sole Proprietor		To : Sole Proprietor (This code is not used for Record 38)
38	DESCRIPTOR CODE (71-71)	
Code: S		
From : Sole Proprietor		To : Sole Proprietor (This code is not used for Record 38)
38	DESCRIPTOR CODE (132-132)	
Code: S		
From : Sole Proprietor		To : Sole Proprietor (This code is not used for Record 38)

Changed Code Description

Record	Field Name	Change Reason
38	DESCRIPTOR CODE (193-193)	
Code: S		
From : Sole Proprietor		To : Sole Proprietor (This code is not used for Record 38)

Changed Data Element Note

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
From : If no experience modification factor is applicable, report "1000". N/A : CA,DE,PA		To : If no experience modification factor or merit rating factor is applicable, report "1000". N/A : CA,DE,PA
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
From : If no experience modification factor is applicable, report "0000". N/A : MA,MI,MN,NC,NJ,NY		To : If no experience M modification factor is applicable, report "0000". N/A : MA,MI,MN,NC,NCCI,NJ,NY
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
From : Provide the Experience Modification Factor only in this field. The Merit Rating Factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. When a Merit Rating Factor is reported in the Exposure Record, report Code 3 in the Experience Modification Status Code, Position 97, of this record. N/A : CA,MA,MI,NC,NCCI,NJ,WI		To : Provide the experience modification factor only in this field. The merit rating factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. When a merit rating factor is reported in the Exposure Record, report Code 3 in the Experience Modification Status Code, Position 97, of this record. N/A : CA,MA,MI,NC,NCCI,NJ,WI
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
From : If a Merit Rating Factor is reported in positions 93-96, report Code 1 in the Experience Modification Status Code, position 97, of this record. N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI		To : If a merit rating factor is reported in positions 93-96, report Code 4 in the Experience Modification Status Code, position 97, of this record. N/A : CA,DE,MA,MN,NC,NJ,NY,PA,WI
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
From : Provide the Experience Modification Factor only in this field. The Merit Rating Factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. N/A : CA,DE,MI,MN,NC,NCCI,NJ,NY,PA,WI		To : Provide the Experience Modification Factor only in this field. The Merit Rating Factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. N/A : CA,DE,MI,MN,NC,NCCI,NJ,NY,PA,WI
08	STATE CODE (44-45)	DCO Requirement Change
From : When cancelling or reinstating a specific state, report the state code. When cancelling or reinstating the entire policy, report "99". N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI		To : When cancelling, reinstating or non-renewing a specific state, report the state code. N/A : NJ
08	STATE CODE (44-45)	DCO Requirement Change
From : When nonrenewing a single state or reinstating a nonrenewal of a single state, report the state code. N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI		To : When nonrenewing a single state or reinstating a non-renewal of a single state, report the state code. N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI

Changed Data Element Note

Record	Field Name	Change Reason
08	STATE CODE (44-45)	DCO Requirement Change
From : When non-renewing the entire policy or reinstating a non-renewal of the entire policy, report "99". N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI		To : When non-renewing the entire policy or reinstating a non-renewal of the entire policy, report "99". N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI
08	STATE CODE (44-45)	DCO Requirement Change
From : If deleting or re-adding any state on the policy, a Transaction Code 15 must be reported. N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI		To : If deleting or re-adding any state on the policy, a Transaction Code 15 must be reported. N/A : CA,DE,MA,MI,MN,NC,NJ,NY,PA,WI

Changed Data Element Note State Applicability

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
Note: If no experience modification factor is applicable, report "1000".		
From Not Applicable in:		To Not Applicable in: CA, DE, PA
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	WCIO Requirement Change
Note: If no experience modification factor or merit is applicable, report "1000".		
From Not Applicable in:		To Not Applicable in:
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
Note: If no experience modification factor is applicable, report "0000".		
From Not Applicable in:		To Not Applicable in:
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
Note: If no experience M modification factor is applicable, report "0000".		
From Not Applicable in:		To Not Applicable in: MA, MI, MN, NC, NCCI, NJ, NY
08	STATE CODE (44-45)	DCO Requirement Change
Note: When cancelling or reinstating a specific state, report the state code. When cancelling or reinstating the entire policy, report "99".		
From Not Applicable in: CA, DE, MA, MI, MN, NC, NY, PA, WI		To Not Applicable in:
08	STATE CODE (44-45)	DCO Requirement Change
Note: When cancelling, reinstating, or non-renewing the entire policy, report the state code or "99".		
From Not Applicable in:		To Not Applicable in: NCCI
08	STATE CODE (44-45)	DCO Requirement Change
Note: When cancelling or reinstating the entire policy, report "99".		
From Not Applicable in:		To Not Applicable in: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
08	STATE CODE (44-45)	DCO Requirement Change
Note: When non-renewing the entire policy or reinstating a non-renewal of the entire policy, report "99".		
From Not Applicable in:		To Not Applicable in:

Changed Data Element Note State Applicability

Record	Field Name	Change Reason
08	STATE CODE (44-45)	DCO Requirement Change
Note: When nonrenewing a single state or reinstating a nonrenewal of a single state, report the state code.		
From Not Applicable in:		To Not Applicable in:
08	CANCELLATION/REINSTATEMENT ID CODE (48-48)	DCO Requirement Change
Note: When reporting 3 in this field, you must have a Reason for Cancellation Code (positions 50–51 of this record). Do not zero-fill Reason for Cancellation Code or use Reason for Cancellation Code 06.		
From Not Applicable in: CA, DE, MI, MN, NC, NJ, PA, WI		To Not Applicable in: CA, DE, MI, MN, NC, NJ, PA
08	REASON FOR CANCELLATION CODE (50-51)	DCO Requirement Change
Note: For codes 04 and 19, the Cancellation/Reinstatement ID Code (Position 48 of this record) must be 3.		
From Not Applicable in: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI		To Not Applicable in: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA

Changed Data Element Optional States

Record	Field Name	Change Reason
01	BUSINESS SEGMENT IDENTIFIER (110-116)	DCO Requirement Change
From Optional in:		To Optional in: CA, MN
01	AUDIT FREQUENCY CODE (149-149)	DCO Requirement Change
From Optional in: CA, MA, NC		To Optional in: MA, MN, NC
01	BILLING FREQUENCY CODE (150-150)	DCO Requirement Change
From Optional in: CA, MA, NC		To Optional in: MA, MN, NC
03	EXPOSURE RECORD LINK FOR LOCATION CODE (157-161)	DCO Requirement Change
From Optional in: MI		To Optional in: MI, MN
04	EXPERIENCE MODIFICATION PLAN TYPE CODE (98-98)	DCO Requirement Change
From Optional in: NCCI		To Optional in: MN, NCCI
04	TYPE OF PREMIUM DEVIATION CODE (107-107)	DCO Requirement Change
From Optional in: CA, NCCI		To Optional in: MN, NCCI
05	EXPOSURE PERIOD EFFECTIVE DATE (79-84)	DCO Requirement Change
From Optional in: CA, WI		To Optional in: WI
05	NAME LINK IDENTIFIER (221-223)	DCO Requirement Change
From Optional in:		To Optional in: MN
05	STATE CODE LINK (224-225)	DCO Requirement Change
From Optional in:		To Optional in: MN
05	EXPOSURE RECORD LINK FOR EXPOSURE CODE (226-230)	DCO Requirement Change
From Optional in: MI, NC		To Optional in: MI, MN, NC
05	NAME LINK COUNTER IDENTIFIER (231-232)	DCO Requirement Change
From Optional in:		To Optional in: MN
08	REINSTATEMENT TYPE CODE (52-52)	DCO Requirement Change
From Optional in: MI, WI		To Optional in: CA, MI, WI

Changed Data Element Optional States

Record	Field Name	Change Reason
17	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Optional in: CA, MA, MI, NCCI		To Optional in: MA, MI, NCCI
17	ENDORSEMENT NUMBER (51-58)	DCO Requirement Change
From Optional in: CA, MA, MI, NCCI		To Optional in: MA, MI, NCCI
17	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) (59-59)	DCO Requirement Change
From Optional in: CA, MA, MI, NCCI		To Optional in: MA, MI, NCCI
17	CARRIER VERSION IDENTIFIER (60-70)	DCO Requirement Change
From Optional in: CA, MA, MI, NCCI		To Optional in: MA, MI, NCCI
21	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Optional in: CA, MA, MI, NCCI		To Optional in: MA, MI, NCCI
21	ENDORSEMENT NUMBER (51-58)	DCO Requirement Change
From Optional in: CA, MA, MI, NCCI		To Optional in: MA, MI, NCCI
24	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Optional in: MI		To Optional in: MI, WI
28	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Optional in: CA, MA, MI		To Optional in: MA, MI
42	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Optional in: CA		To Optional in:
84	OTHER INDIVIDUAL RISK RATING FACTOR (72-75)	WCIO Requirement Change
From Optional in: CA		To Optional in:
84	INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER (142-156)	DCO Requirement Change
From Optional in:		To Optional in: CA
85	BUSINESS SEGMENT IDENTIFIER (110-116)	DCO Requirement Change
From Optional in:		To Optional in: CA
86	ESTIMATED EXPOSURE AMOUNT (94-105)	DCO Requirement Change
From Optional in: CA		To Optional in:
86	ESTIMATED PREMIUM AMOUNT (106-115)	DCO Requirement Change
From Optional in: CA		To Optional in:
86	CLASSIFICATION WORDING (118-218)	DCO Requirement Change
From Optional in:		To Optional in: CA
86	EXPOSURE PERIOD CODE (230-230)	DCO Requirement Change
From Optional in: CA, WI		To Optional in: WI
87	ITEM 3.A/3.C. CODE (128-128)	DCO Requirement Change
From Optional in: CA		To Optional in:
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (136-137)	DCO Requirement Change
From Optional in: CA		To Optional in:
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (144-145)	DCO Requirement Change
From Optional in: CA		To Optional in:

Changed Data Element Population Rule

Record	Field Name	Change Reason
86	ESTIMATED PREMIUM AMOUNT (106-115)	DCO Requirement Change
From : For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported.		To : For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported.

Changed Data Element Population Rule State Applicability

Record	Field Name	Change Reason
03	INDUSTRY CODE (203-208)	DCO Requirement Change
Population Rule: Report the NAICS number only. Do not report the SIC number.		
From Not Applicable in:		To Not Applicable in: DE, MA, MI, MN, NC, NJ, NY, PA, WI
86	ESTIMATED PREMIUM AMOUNT (106-115)	DCO Requirement Change
Population Rule: For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported.		
From Not Applicable in:		To Not Applicable in:

Changed Data Element Reporting Requirement

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (97-97)	DCO Requirement Change
From : Report the code that identifies the status of the experience modification at time of issuance.		To : Report the code that identifies the status of the Experience Modification/Merit Rating Factor at time of issuance.

Changed Data Elements State Applicability

Record	Field Name	Change Reason
01	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (64-72)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, NC, NCCI, NJ, NY, PA, WI		To Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
01	POLICY MINIMUM PREMIUM AMOUNT (117-126)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
01	POLICY MINIMUM PREMIUM STATE CODE (127-128)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
01	POLICY ESTIMATED STANDARD PREMIUM TOTAL (129-138)	DCO Requirement Change
From Not Applicable in: MI		To Not Applicable in: CA, MI

Changed Data Elements State Applicability

Record	Field Name	Change Reason
01	POLICY DEPOSIT PREMIUM AMOUNT (139-148)	DCO Requirement Change
From Not Applicable in: MI, NCCI		To Not Applicable in: CA, MI, NCCI
01	BILLING FREQUENCY CODE (150-150)	DCO Requirement Change
From Not Applicable in: DE, MI, NCCI, NJ, NY, PA, WI		To Not Applicable in: CA, DE, MI, NCCI, NJ, NY, PA, WI
01	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT (152-161)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
01	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT (162-171)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
01	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT (172-181)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
02	NAME LINK COUNTER IDENTIFIER (270-271)	DCO Requirement Change
From Not Applicable in: DE, PA		To Not Applicable in: DE, MN, PA
03	NAME LINK COUNTER IDENTIFIER (269-270)	DCO Requirement Change
From Not Applicable in: DE, PA		To Not Applicable in: DE, MN, PA
04	OTHER INDIVIDUAL RISK RATING FACTOR (99-102)	DCO Requirement Change
From Not Applicable in: DE, MA, NJ, PA, WI		To Not Applicable in: CA, DE, MA, NJ, PA, WI
04	INSURER PREMIUM DEVIATION FACTOR (103-106)	DCO Requirement Change
From Not Applicable in: DE, NJ, NY, PA, WI		To Not Applicable in: CA, DE, NJ, NY, PA, WI
04	EXPENSE CONSTANT AMOUNT (118-127)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
04	LOSS CONSTANT AMOUNT (128-137)	DCO Requirement Change
From Not Applicable in: DE, MI, MN, NC, NJ, NY, WI		To Not Applicable in: CA, DE, MI, MN, NC, NJ, NY, WI
04	PREMIUM DISCOUNT AMOUNT (138-147)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
04	PREMIUM ADJUSTMENT PERIOD CODE (186-186)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, NCCI, NJ, NY, PA		To Not Applicable in: CA, DE, MA, MI, NCCI, NJ, NY, PA
05	MANUAL/CHARGED RATE (69-78)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
05	EXPOSURE PERIOD CODE (117-117)	DCO Requirement Change
From Not Applicable in: MN, NCCI		To Not Applicable in: CA, MN, NCCI
06	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Not Applicable in: MI, NCCI		To Not Applicable in: CA, MI, NCCI
08	CANCELLATION/REINSTATEMENT ID CODE (48-48)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA
08	CANCELLATION TYPE CODE (49-49)	DCO Requirement Change
From Not Applicable in:		To Not Applicable in: CA

Changed Data Elements State Applicability

Record	Field Name	Change Reason
08	REASON FOR REINSTATEMENT CODE (261-262)	DCO Requirement Change
	From Not Applicable in: CA, MI, MN, NJ	To Not Applicable in: CA, MI, NJ
11	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
15	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NCCI	To Not Applicable in: CA, NCCI
17	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
17	ENDORSEMENT NUMBER (51-58)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
17	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) (59-59)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
17	CARRIER VERSION IDENTIFIER (60-70)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
17	WORK DESCRIPTION (71-190)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
18	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
20	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
21	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
21	ENDORSEMENT NUMBER (51-58)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
23	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in:	To Not Applicable in: CA
28	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NCCI, NJ	To Not Applicable in: CA, NCCI, NJ
30	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NC, NCCI	To Not Applicable in: CA, NC, NCCI
31	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NCCI	To Not Applicable in: CA, NCCI
32	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NCCI	To Not Applicable in: CA, NCCI
33	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NCCI	To Not Applicable in: CA, NCCI
36	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: NC, NCCI, NJ	To Not Applicable in: CA, NC, NCCI, NJ
40	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: MA, MI, NCCI, NJ	To Not Applicable in: CA, MA, MI, NCCI, NJ

Changed Data Elements State Applicability

Record	Field Name	Change Reason
42	STATE CODE (44-45)	DCO Requirement Change
	From Not Applicable in: DE, MI, NJ, NY, PA	To Not Applicable in: CA, DE, MI, NJ, NY, PA
42	RECORD TYPE CODE (46-47)	DCO Requirement Change
	From Not Applicable in: DE, MI, NJ, NY, PA	To Not Applicable in: CA, DE, MI, NJ, NY, PA
84	OTHER INDIVIDUAL RISK RATING FACTOR (72-75)	WCIO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, PA, WI	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI
84	EXPENSE CONSTANT AMOUNT (91-100)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
84	PREMIUM DISCOUNT AMOUNT (111-120)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
84	PREVIOUSLY REPORTED ANNIVERSARY RATING DATE (130-135)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, PA, WI	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI
85	POLICY MINIMUM PREMIUM AMOUNT (117-126)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
85	POLICY MINIMUM PREMIUM STATE CODE (127-128)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
85	POLICY ESTIMATED STANDARD PREMIUM TOTAL (129-138)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
85	POLICY DEPOSIT PREMIUM AMOUNT (139-148)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA
86	MANUAL/CHARGED RATE (84-93)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
86	CLASSIFICATION USE CODE (229-229)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
86	EXPOSURE PERIOD CODE (230-230)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	CARRIER CODE (71-75)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, PA	To Not Applicable in: CA, DE, MA, MI, MN, PA
87	POLICY NUMBER IDENTIFIER (76-93)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, PA	To Not Applicable in: CA, DE, MA, MI, MN, PA
87	POLICY EFFECTIVE DATE (94-99)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, PA	To Not Applicable in: CA, DE, MA, MI, MN, PA

Changed Data Elements State Applicability

Record	Field Name	Change Reason
87	ITEM 3.A/3.C. CODE (128-128)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	ITEM 3.C INCLUSION / EXCLUSION CODE (129-129)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (130-131)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (132-133)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (134-135)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (136-137)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (138-139)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (140-141)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (142-143)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (144-145)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (146-147)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (150-151)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (152-153)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (154-155)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (156-157)	DCO Requirement Change
	From Not Applicable in: DE, MA, MI, MN, NCCI, PA	To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA

Changed Data Elements State Applicability

Record	Field Name	Change Reason
87	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. (158-159)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, MN, NCCI, PA		To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT (160-169)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, MN, NCCI, PA		To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT (170-179)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, MN, NCCI, PA		To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT (180-189)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, MN, NCCI, PA		To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA
87	INTERSTATE RISK ID NUMBER (241-249)	DCO Requirement Change
From Not Applicable in: DE, MA, MI, MN, NCCI, NJ, PA		To Not Applicable in: CA, DE, MA, MI, MN, NCCI, NJ, PA

Changed Field Name

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (97-97)	DCO Requirement Change
Changed From Field Name: EXPERIENCE MODIFICATION STATUS CODE		
10	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (81-81)	DCO Requirement Change
Changed From Field Name: EXPERIENCE MODIFICATION STATUS CODE		

Deleted Data Element Note

Record	Field Name	Change Reason
04	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96)	DCO Requirement Change
Deleted Note: EXCEPTION: Report zeros if no Experience Modification Factor applied.		
08	STATE CODE (44-45)	DCO Requirement Change
Deleted Note: When cancelling or reinstating the entire policy, report "99" or "00".		

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
A		
ACCEPTING LIABILITY CARRIER CODE	Assumption of Liability Endorsement Record – Wisconsin Record	77-81
ACCEPTING LIABILITY CARRIER SIGNATORY DATE	Assumption of Liability Endorsement Record – Wisconsin Record	82-87
ACCEPTING LIABILITY CARRIER SIGNATORY TITLE	Assumption of Liability Endorsement Record – Wisconsin Record	118-137
ADDENDUM (FORM NUMBER)	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long- Term Construction Project) Record	241-252
ADDITIONAL COMPLIANCE REASON CODE	Noncompliance/Compliance of Policy Terms and Conditions Record	67-68
	Noncompliance/Compliance of Policy Terms and Conditions Record	69-70
	Noncompliance/Compliance of Policy Terms and Conditions Record	71-72
ADDITIONAL NONCOMPLIANCE REASON CODE	Noncompliance/Compliance of Policy Terms and Conditions Record	51-52
	Noncompliance/Compliance of Policy Terms and Conditions Record	53-54
	Noncompliance/Compliance of Policy Terms and Conditions Record	55-56
ADDRESS - CITY	Address Record	111-140
	Minnesota Employee Leasing Endorsement	182-211
	Policy Information Page Address Change Endorsement Record	133-162
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	191-220
ADDRESS - STATE	Address Record	141-142
	Minnesota Employee Leasing Endorsement	212-213
	Policy Information Page Address Change Endorsement Record	163-164
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	221-222
ADDRESS - STREET	Address Record	51-110
	Minnesota Employee Leasing Endorsement	122-181
	Policy Information Page Address Change Endorsement Record	73-132
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	131-190
ADDRESS - ZIP CODE	Address Record	143-151
	Minnesota Employee Leasing Endorsement	214-222
	Policy Information Page Address Change Endorsement Record	165-173
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	223-231
ADDRESS NOT COVERED	Designated Workplaces Exclusion Endorsement Record	71-190
ADDRESS OF ALTERNATE EMPLOYER	Alternate Employer Endorsement Record	131-182
ADDRESS OF CLIENT - CITY	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	212-241
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	220-249
ADDRESS OF CLIENT - STATE	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	242-243
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	250-251
ADDRESS OF CLIENT - STREET	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	152-211
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	160-219
ADDRESS OF CLIENT - ZIP CODE	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) -	244-252

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	California Record	
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	252-260
ADDRESS OF CLIENT OR ADDRESS OF LABOR CONTRACTOR	Labor Contractor Endorsement - New York Record	161-220
	New Jersey Employee Leasing Endorsement Record	161-220
ADDRESS OF INSURED	Cancellation/Reinstatement Record	143-232
	Medical Benefits Reimbursement Endorsement - New York Record	71-110
	Medical Benefits Reimbursement Endorsement - New York Record	111-150
	Medical Benefits Reimbursement Endorsement - New York Record	151-190
	Medical Benefits Reimbursement Endorsement - New York Record	191-230
	Preferred Provider Organization Endorsement - New York Record	71-105
	Preferred Provider Organization Endorsement - New York Record	141-175
ADDRESS OF LABOR CONTRACTOR - CITY	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	212-241
ADDRESS OF LABOR CONTRACTOR - STATE	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	242-243
ADDRESS OF LABOR CONTRACTOR - STREET	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	152-211
ADDRESS OF LABOR CONTRACTOR - ZIP CODE	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	244-252
ADDRESS OF LOCATION	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	154-213
ADDRESS OF POST OFFICE	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	177-216
ADDRESS REVISION CODE	Policy Information Page Address Change Endorsement Record	254-254
ADDRESS STRUCTURE CODE	Address Record	50-50
	Policy Information Page Address Change Endorsement Record	72-72
ADDRESS TYPE CODE	Address Record	48-48
	Policy Information Page Address Change Endorsement Record	71-71
ANNIVERSARY RATING DATE	Anniversary Rating Date Endorsement Record	71-76
	State Premium Record	160-165
ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR	Policy Information Page State Premium Change Record	136-139
	State Premium Record	166-169
ASSIGNED RISK BINDER NUMBER - FIRST SEVEN POSITIONS	Header Record	212-218
ASSIGNED RISK BINDER NUMBER - LAST ELEVEN POSITIONS	Header Record	276-286
ASSIGNMENT DATE	Header Record	270-275
	Policy Information Page Supplemental Data Element(s) Change Endorsement Record	153-158
AUDIT FREQUENCY CODE	Header Record	149-149
AVERAGE PERCENTAGE DISCOUNT	Premium Discount Endorsement Record	101-103
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	99-101
B		
BALANCE PREMIUM DISCOUNT LAYER	Premium Discount Endorsement Record	94-97

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Premium Discount Endorsement Record	127-130
	Premium Discount Endorsement Record	157-160
	Premium Discount Endorsement Record	187-190
	Premium Discount Endorsement Record	217-220
	Premium Discount Endorsement Record	247-250
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	92-95
BALANCE PREMIUM DISCOUNT PERCENTAGE	Premium Discount Endorsement Record	98-100
	Premium Discount Endorsement Record	131-133
	Premium Discount Endorsement Record	161-163
	Premium Discount Endorsement Record	191-193
	Premium Discount Endorsement Record	221-223
	Premium Discount Endorsement Record	251-253
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	96-98
BASIC PREMIUM FACTOR - 100%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	168-172
BASIC PREMIUM FACTOR - 150%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	173-177
BASIC PREMIUM FACTOR - 50%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	163-167
BASIS OF AUDIT NONCOMPLIANCE CHARGE	Audit Noncompliance Charge Endorsement	73-122
	Audit Noncompliance Charge Endorsement	129-178
	Audit Noncompliance Charge Endorsement	185-234
BASIS OF DEDUCTIBLE CALCULATION CODE	Deductible Endorsement Record	73-74
BILLING FREQUENCY CODE	Header Record	150-150
BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	Aircraft Premium Endorsement Record	59-59
	Alternate Employer Endorsement Record	59-59
	Amendatory Endorsement - Farming Operations - Delaware Record	59-59
	Anniversary Rating Date Endorsement Record	59-59
	Assumption of Liability Endorsement Record - Wisconsin Record	59-59
	Audit Noncompliance Charge Endorsement	59-59
	Benefits Deductible Endorsement - New York Record	59-59
	Construction Classification Premium Adjustment Factor Endorsement - New York Record	59-59
	Contingent Experience Rating Modification Factor Endorsement Record	59-59
	Corporation Coverage/Exclusion Endorsement - California Record	59-59
	Deductible Endorsement - Delaware Record	59-59
	Deductible Endorsement (Small or Large)	59-59
	Deductible Endorsement Record	59-59
	Defense Base Act Coverage Endorsement Record	59-59
	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	59-59
	Designated Workplaces Exclusion Endorsement Record	59-59
	Domestic And Agricultural Workers Exclusion Endorsement Record	59-59
	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	59-59
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	59-59
	Employer Assessment Endorsement -	59-59

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Pennsylvania Record	
	Employers Liability Coverage Endorsement Record	59-59
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	59-59
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	59-59
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	59-59
	Endorsement Identification Record	59-59
	Endorsement Identification Record	79-79
	Endorsement Identification Record	99-99
	Endorsement Identification Record	119-119
	Endorsement Identification Record	139-139
	Endorsement Identification Record	159-159
	Endorsement Identification Record	179-179
	Endorsement Identification Record	199-199
	Endorsement Identification Record	219-219
	Endorsement Identification Record	239-239
	Endorsement Identification Record	259-259
	Excess Medical Coverage Endorsement - New York Record	59-59
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	59-59
	Exclusion Of Employees Endorsement - Pennsylvania Record	59-59
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	59-59
	Executive Officers Endorsement - New York Record	59-59
	Experience Rating Modification Change Endorsement Record	59-59
	Federal Employers' Liability Act Endorsement Record	59-59
	Federal Mine Safety & Health Act Coverage Endorsement Record	59-59
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	59-59
	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	59-59
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement - New York Record Continuation	59-59
	Group Insurance Coverage Information - California Record	59-59
	Labor Contractor Endorsement - New York Record	59-59
	Limited Liability Company Coverage/Exclusion Endorsement	59-59
	Maritime Coverage Endorsement Record	59-59
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	59-59
	Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record	59-59
	Medical Benefits Reimbursement Endorsement - New York Record	59-59
	Minnesota Employee Leasing Endorsement	59-59
	Minnesota Independent Contractors	59-59

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Coverage Endorsement	
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	59-59
	Multipurpose Text - California Record	59-59
	New Jersey Certified Managed Care Program Endorsement Record	59-59
	New Jersey Employee Leasing Endorsement Record	59-59
	New Jersey Large Risk - Large Deductible Endorsement Record	59-59
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	59-59
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	59-59
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	59-59
	Outer Continental Shelf Lands Act Coverage Endorsement Record	59-59
	Partners, Officers And Others Exclusion Endorsement Record	59-59
	Partnership Coverage/Exclusion Endorsement - California Record	59-59
	Policy Information Page Address Change Endorsement Record	59-59
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	59-59
	Policy Information Page Data Element(s) Change Endorsement Record	59-59
	Policy Information Page Data Element(s) Change Endorsement Record	199-199
	Policy Information Page Name Change Endorsement Record	59-59
	Policy Period Endorsement Record	59-59
	Preferred Provider Organization Endorsement - New York Record	59-59
	Premium Discount Endorsement Record	59-59
	Principal As Additional Insured - Pennsylvania Record	59-59
	Rate Change Endorsement Record	59-59
	Real Estate Management Endorsement - Pennsylvania Record	59-59
	Retrospective Premium Endorsement Aviation Exclusion Record	59-59
	Retrospective Premium Endorsement Changes Record	59-59
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	59-59
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	59-59
	Retrospective Premium Endorsement Short-Term Record	59-59
	Sole Proprietors & Partners Endorsement - New York Record	59-59
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	59-59
	Statutory Employer Endorsement - Pennsylvania Record	59-59
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	59-59
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	59-59
	Voluntary Compensation Maritime Coverage Endorsement Record	59-59

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	59-59
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	59-59
	Waiver Of Our Right To Recover From Others Endorsement Record	59-59
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	59-59
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	59-59
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	59-59
BUSINESS SEGMENT IDENTIFIER	Header Record	110-116
	Policy Information Page Supplemental Data Element(s) Change Endorsement Record	110-116
C		
CANCELLATION EFFECTIVE DATE	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	111-116
CANCELLATION MAILED TO INSURED DATE	Cancellation/Reinstatement Record	253-258
CANCELLATION TYPE CODE	Cancellation/Reinstatement Record	49-49
CANCELLATION/REINSTATEMENT EFFECTIVE DATE	Cancellation/Reinstatement Record	289-294
CANCELLATION/REINSTATEMENT ID CODE	Cancellation/Reinstatement Record	48-48
CANCELLATION/REINSTATEMENT TRANSACTION SEQUENCE NUMBER	Cancellation/Reinstatement Record	259-260
CARRIER CODE	Link Data Common to All Records	1-5
	Policy Information Page Data Element(s) Change Endorsement Record	71-75
	State Premium Record	88-92
CARRIER VERSION IDENTIFIER	Aircraft Premium Endorsement Record	60-70
	Alternate Employer Endorsement Record	60-70
	Amendatory Endorsement - Farming Operations - Delaware Record	60-70
	Anniversary Rating Date Endorsement Record	60-70
	Assumption of Liability Endorsement Record - Wisconsin Record	60-70
	Audit Noncompliance Charge Endorsement	60-70
	Benefits Deductible Endorsement - New York Record	60-70
	Construction Classification Premium Adjustment Factor Endorsement - New York Record	60-70
	Contingent Experience Rating Modification Factor Endorsement Record	60-70
	Corporation Coverage/Exclusion Endorsement - California Record	60-70
	Deductible Endorsement - Delaware Record	60-70
	Deductible Endorsement (Small or Large)	60-70
	Deductible Endorsement Record	60-70
	Defense Base Act Coverage Endorsement Record	60-70
	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	60-70
	Designated Workplaces Exclusion Endorsement Record	60-70
	Domestic And Agricultural Workers Exclusion Endorsement Record	60-70
	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	60-70
	Employee Leasing Endorsement (Policy	60-70

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Issued In Name Of Labor Contractor) - California Record	
	Employer Assessment Endorsement - Pennsylvania Record	60-70
	Employers Liability Coverage Endorsement Record	60-70
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	60-70
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	60-70
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	60-70
	Endorsement Identification Record	60-70
	Endorsement Identification Record	80-90
	Endorsement Identification Record	100-110
	Endorsement Identification Record	120-130
	Endorsement Identification Record	140-150
	Endorsement Identification Record	160-170
	Endorsement Identification Record	180-190
	Endorsement Identification Record	200-210
	Endorsement Identification Record	220-230
	Endorsement Identification Record	240-250
	Endorsement Identification Record	260-270
	Excess Medical Coverage Endorsement - New York Record	60-70
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	60-70
	Exclusion Of Employees Endorsement - Pennsylvania Record	60-70
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	60-70
	Executive Officers Endorsement - New York Record	60-70
	Experience Rating Modification Change Endorsement Record	60-70
	Federal Employers' Liability Act Endorsement Record	60-70
	Federal Mine Safety & Health Act Coverage Endorsement Record	60-70
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	60-70
	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	60-70
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement - New York Record Continuation	60-70
	Group Insurance Coverage Information - California Record	60-70
	Labor Contractor Endorsement - New York Record	60-70
	Limited Liability Company Coverage/Exclusion Endorsement	60-70
	Maritime Coverage Endorsement Record	60-70
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	60-70
	Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record	60-70
	Medical Benefits Reimbursement	60-70

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement - New York Record	
	Minnesota Employee Leasing Endorsement	60-70
	Minnesota Independent Contractors Coverage Endorsement	60-70
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	60-70
	Multipurpose Text - California Record	60-70
	New Jersey Certified Managed Care Program Endorsement Record	60-70
	New Jersey Employee Leasing Endorsement Record	60-70
	New Jersey Large Risk - Large Deductible Endorsement Record	60-70
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	60-70
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	60-70
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	60-70
	Outer Continental Shelf Lands Act Coverage Endorsement Record	60-70
	Partners, Officers And Others Exclusion Endorsement Record	60-70
	Partnership Coverage/Exclusion Endorsement - California Record	60-70
	Policy Information Page Address Change Endorsement Record	60-70
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	60-70
	Policy Information Page Data Element(s) Change Endorsement Record	60-70
	Policy Information Page Data Element(s) Change Endorsement Record	200-210
	Policy Information Page Name Change Endorsement Record	60-70
	Policy Information Page State Premium Change Record	60-70
	Policy Information Page Supplemental Data Element(s) Change Endorsement Record	60-70
	Policy Period Endorsement Record	60-70
	Preferred Provider Organization Endorsement - New York Record	60-70
	Premium Discount Endorsement Record	60-70
	Principal As Additional Insured - Pennsylvania Record	60-70
	Rate Change Endorsement Record	60-70
	Real Estate Management Endorsement - Pennsylvania Record	60-70
	Retrospective Premium Endorsement Aviation Exclusion Record	60-70
	Retrospective Premium Endorsement Changes Record	60-70
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	60-70
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	60-70
	Retrospective Premium Endorsement Short-Term Record	60-70
	Sole Proprietors & Partners Endorsement - New York Record	60-70
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	60-70
	Statutory Employer Endorsement - Pennsylvania Record	60-70

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	60-70
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	60-70
	Voluntary Compensation Maritime Coverage Endorsement Record	60-70
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	60-70
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	60-70
	Waiver Of Our Right To Recover From Others Endorsement Record	60-70
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	60-70
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	60-70
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	60-70
CLASSIFICATION CODE	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	214-217
	Excess Medical Coverage Endorsement - New York Record	81-84
	Excess Medical Coverage Endorsement - New York Record	110-113
	Excess Medical Coverage Endorsement - New York Record	139-142
	Excess Medical Coverage Endorsement - New York Record	168-171
	Excess Medical Coverage Endorsement - New York Record	197-200
	Excess Medical Coverage Endorsement - New York Record	226-229
	Exposure Record	51-54
	Minnesota Independent Contractors Coverage Endorsement	161-164
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	78-81
	Rate Change Endorsement Record	96-99
	Rate Change Endorsement Record	118-121
	Rate Change Endorsement Record	140-143
	Rate Change Endorsement Record	162-165
	Rate Change Endorsement Record	184-187
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ESTIMATED ANNUAL PREMIUM AMOUNT	Minnesota Independent Contractors Coverage Endorsement	239-248
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	Excess Medical Coverage Endorsement - New York Record	129-138
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ESTIMATED STANDARD PREMIUM AMOUNT - 50%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	178-187
ESTIMATED STATE STANDARD PREMIUM TOTAL	Policy Information Page State Premium Change Record	81-90
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	Excess Medical Coverage Endorsement - New York Record	230-239
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	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	151-190
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EXCESS LOSS FACTOR - STATE (OTHER THAN F-CLASSES)	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	208-210
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EXCESS LOSS PREMIUM FACTOR CHANGE - FEDERAL (F-CLASSES ONLY)	Retrospective Premium Endorsement Changes Record	74-76
EXCESS LOSS PREMIUM FACTOR CHANGE - STATE (OTHER THAN F-CLASSES)	Retrospective Premium Endorsement Changes Record	71-73
EXCESS MEDICAL RATE PER \$100 OF REMUNERATION	Excess Medical Coverage Endorsement - New York Record	95-99
	Excess Medical Coverage Endorsement - New York Record	124-128
	Excess Medical Coverage Endorsement - New York Record	153-157
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EXCLUDED COUNTRY	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	213-242
	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	243-272
EXCLUDED OPERATION DESCRIPTION	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	73-152
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	153-232
EXPENSE CONSTANT AMOUNT	Policy Information Page State Premium Change Record	91-100
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NAME OF PERSON TO BE INCLUDED	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	72-121
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	125-174
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NAME OF PREFERRED PROVIDER ORGANIZATION (PPO)	Preferred Provider Organization Endorsement - New York Record	106-140
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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NATURE OF BUSINESS	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	157-176
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NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER	Noncompliance/Compliance of Policy Terms and Conditions Record	259-260
NON-RETROSPECTIVE DEVELOPMENT PREMIUM AMOUNT STATE(S)	Retrospective Premium Endorsement Changes Record	83-182
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	Policy Information Page Class and/or Rate Change and Other Endorsement Record	234-236
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OFFICER, EMPLOYEE OR CLASS THEREOF	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	71-110
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	111-150
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	151-190
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OPERATION TITLE	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	134-153
ORIGINAL CARRIER CODE	Header Record	221-225
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	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	120-137
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	138-155
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PARTICIPATION IN PROGRAM EFFECTIVE DATE	Preferred Provider Organization Endorsement - New York Record	211-216
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	Aircraft Premium Endorsement Record	201-204
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	This Record is Reserved for Future Use	46-47
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	This Record Is Reserved For Future Use	46-47
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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	Audit Noncompliance Charge Endorsement	295-300
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	Corporation Coverage/Exclusion Endorsement - California Record	295-300
	Deductible Endorsement - Delaware Record	48-50
	Deductible Endorsement - Delaware Record	82-254
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	295-300
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	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	233-252
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	231-254
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	295-300
	Exclusion Of Employees Endorsement - Pennsylvania Record	48-50
	Exclusion Of Employees Endorsement - Pennsylvania Record	191-254
	Exclusion Of Employees Endorsement - Pennsylvania Record	295-300
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	48-50
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	234-254
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	295-300
	Executive Officers Endorsement - New York Record	48-50
	Executive Officers Endorsement - New York Record	211-254
	Executive Officers Endorsement - New York Record	295-300
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	Experience Rating Modification Change Endorsement Record	295-300
	Exposure Record	48-50
	Exposure Record	56-64
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Employers Liability Coverage Endorsement - New York Record	
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	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	48-50
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	107-300
	Group Insurance Coverage Information - California Record	48-50
	Group Insurance Coverage Information - California Record	151-161
	Group Insurance Coverage Information - California Record	174-254
	Group Insurance Coverage Information - California Record	295-300
	Header Record	44-45
	Header Record	95-105
	Header Record	220-220
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	Policy Information Page Data Element(s) Change Endorsement Record	48-50
	Policy Information Page Data Element(s) Change Endorsement Record	250-250
	Policy Information Page Data Element(s) Change Endorsement Record	252-252
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	Policy Information Page Name Change Endorsement Record	44-45
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	Rate Change Endorsement Record	210-215
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	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
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	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for ISO Use	48-300
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	Waiver Of Our Right To Recover From Others Endorsement Record	191-254
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	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	201-254
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	295-300
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	48-50
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	Wisconsin Employee Leasing Endorsement - Wisconsin Record	48-50
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	Other States Coverage Record	75-76
	Other States Coverage Record	77-78
	Other States Coverage Record	79-80
	Other States Coverage Record	81-82
	Other States Coverage Record	83-84
	Other States Coverage Record	85-86
	Other States Coverage Record	87-88
	Other States Coverage Record	89-90
	Other States Coverage Record	91-92
	Other States Coverage Record	93-94
	Other States Coverage Record	95-96
	Other States Coverage Record	97-98
	Other States Coverage Record	99-100
	Other States Coverage Record	101-102
	Other States Coverage Record	103-104
	Other States Coverage Record	105-106
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	Other States Coverage Record	109-110
	Other States Coverage Record	111-112
	Other States Coverage Record	113-114
	Other States Coverage Record	115-116
	Other States Coverage Record	117-118
	Other States Coverage Record	119-120
	Other States Coverage Record	121-122
	Other States Coverage Record	123-124
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	Other States Coverage Record	131-132
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	Statutory Employer Endorsement - Pennsylvania Record	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
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	This Record is Reserved for Future Use	44-45

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	44-45
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	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	44-45
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	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	44-45
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	Policy Information Page Data Element(s) Change Endorsement Record	134-135
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	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	97-100
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Workers' Compensation Act Coverage Endorsement Record	
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	115-118
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	121-124
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	127-130
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	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	139-142
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	145-148
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	151-154
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UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE	Rate Change Endorsement Record	86-86
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WORK DESCRIPTION	Defense Base Act Coverage Endorsement Record	71-190
	Maritime Coverage Endorsement Record	101-220
	Outer Continental Shelf Lands Act Coverage Endorsement Record	71-190
WORKERS' COMPENSATION LAW	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	191-200
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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE	Endorsement Record	
	Header Record	<u>109-109</u>
WRITTEN AFFIRMATION OBTAINED INDICATOR	Policy Information Page Supplemental Data	<u>177-177</u>
	Element(s) Change Endorsement Record	
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	<u>205-205</u>

Field No.	Field Title/Description	Class	Position	Bytes
LINK DATA COMMON TO ALL RECORDS				
1	CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO.	N	1-5	5
2	POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy. For Transaction Code 16-Proof of Coverage (POC) Notice/Binder, if a policy number identifier is not available, provide a unique number that can be used to identify this notice. This policy number identifier becomes very important when cancelling this notice and when submitting the policy Enter only the actual policy number identifier. Do not enter a "binder" or temporary policy number identifier. N/A: CA, DE, MI, NC, NCCI, NJ, NY, PA, WI Do not report embedded blanks or marks of punctuation.	AN	6-23	18
3	RESERVED FOR FUTURE USE	AN	24-30	7
4	POLICY EFFECTIVE DATE Report the effective date of the policy or POC. For the second and third year of a three-year variable rate policy, report the effective date of the appropriate annual period being reported. The second and third year of a three-year variable rate policy must be reported using Transaction Code 04. Format YYMMDD.	N	31-36	6
5	TRANSACTION ISSUE DATE Report the issue date of the transaction being submitted. 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. 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 submission may contain transactions with different transaction issue dates. More than one Transaction Code 06, 08, 10, 14 or 15, or any combination of these transactions with the same Transaction Issue Date for the same policy must not be included on the same submission. Format YYDDD.	N	37-41	5

Field No.	Field Title/Description	Class	Position	Bytes
6	TRANSACTION CODE	N	42-43	2

Report the code identifying the type of transaction being submitted.

Refer to the Data Reporting Handbook for further instructions.

Code Description

- 01 New Policy
- 02 Renewal Policy
- 03 Endorsement N/A: MI, MN
- 04 Annual Rerate Endorsement
- 05 Cancellation/Reinstatement
- 06 Policy Replacement Due to Key Field Change
- 07 Reserved for Future Use
- 08 Policy Replacement Due to Rating Change
- 09 Reserved for Future Use
- 10 Policy Replacement due to Non-Rating Change
- 11 Reserved for Future Use
- 12 Reserved for Future Use
- 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 Proof Of Coverage (POC) Notice / Binder N/A: MI, NC, NJ, NY
- 17 Noncompliance/Compliance of Policy Terms and Conditions N/A: CA, MI, NJ, NY, PA, WI
- 18 Renewal Certificate/Renewal Agreement N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
HEADER RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "01".	AN	46-47	2
4	EXPERIENCE RATING CODE <i>NOT APPLICABLE: CA, DE, MI, NJ, PA</i> Report the code describing the policy. Code Description 1 Interstate Rated Only 2 Inter- and Intrastate Rated N/A: NC 3 Intrastate Rated Only 4 Reserved for Future Use 5 Not Rated	N	48-48	1
5	INTERSTATE RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, PA</i> Report the number assigned by NCCI.	N	49-57	9
6	POLICY EXPIRATION DATE Report the expiration date of policy or POC expires. For the second and third year of a three-year variable rate policy, or a California annual rating endorsement, report the expiration date of the appropriate annual period being reported. (Note that the second and third year of a three-year variable rate policy must be reported using Transaction Code 04.) Format YYMMDD.	N	58-63	6
7	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> 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	64-72	9

Field No.	Field Title/Description	Class	Position	Bytes
8	TYPE OF COVERAGE ID CODE <i>NOT APPLICABLE: NJ</i>	N	73-74	2

Report the code that indicates the type of coverage.

Code Description

- 01 Standard Workers Compensation Policy
- 02 Alternative Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI
- 03 Group Policy N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI
For NCCI, this code is required for Texas only.
- 04 Reserved for Future Use
- 05 Large Risk Rated Option / Large Risk Alternative Rating Option N/A: MI, MN, NC, NCCI, NY
- 09 Nonstandard Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI
This code is not used in this specification.
- 10 Reserved for Future Use

9	EMPLOYEE LEASING POLICY TYPE CODE Report the code that identifies the type of employee leasing policy.	N	75-75	1
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Code Description

- 1 Non-Employee Leasing Policy
Employers covered under this policy are not part of an Employee Leasing arrangement.
- 2 Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers N/A: CA, MA, MN, NJ, NY, WI
The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are covered under this policy.
- 3 Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company (ELC)
The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the non-leased workers of the ELC only. The leased workers of the ELC are not covered under this policy.

This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, WI

Field No.	Field Title/Description	Class	Position	Bytes
	MA endorsement WC200305 – Exclusion of Coverage for Leased Employees must be included on the employee listing company policy for the non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI			
4	<p>Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company N/A: DE, MA, MN, NJ</p> <p>The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, PA, WI</p> <p>First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA</p>			
5	<p>Employee Leasing Policy For Leased Workers of a Single Client Company N/A: DE</p> <p>The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, PA</p> <p>The primary name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NY</p> <p>MA endorsement WC200304 – Massachusetts Employee Leasing Endorsement must be included on the policy for the workers leased to a client. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</p>			
6	<p>Client Company Policy For Non-Leased Workers of Client Company N/A: DE, MA</p> <p>The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI</p>			
7	<p>Client Company Policy For Leased And Non-Leased Workers of Client Company N/A: DE, MA, MN, NJ</p> <p>The Client Company is the first named insured and</p>			

Field No.	Field Title/Description	Class	Position	Bytes																
	<p>coverage is provided to the leased and non-leased workers of the Client Company.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p>																			
8	<p>Employee Leasing Policy For Leased Workers of Multiple Client Companies; Excludes ELC Non-Leased Workers N/A: CA, DE, MA, MN, NJ, NY, PA</p> <p>The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are not covered under this policy.</p> <p>Endorsement WC480314 must be included. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</p>																			
9	<p>Employee Leasing Policy for Leased Workers of a Single Client Company where the policy is purchased by the Client.</p> <p>This is applicable on all policies effective 4/1/18 or after. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</p>																			
10	<p>POLICY TERM CODE</p> <p>Report the code used to indicate the length/type of the policy term.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Standard One-Year</td> </tr> <tr> <td>2</td> <td>Three-Year Fixed Rate N/A: MA, NJ</td> </tr> <tr> <td>3</td> <td>Continuous Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</td> </tr> <tr> <td>4</td> <td>Short-Term (Less Than One Year)</td> </tr> <tr> <td>5</td> <td>Three-Year Variable (First Year) N/A: MN</td> </tr> <tr> <td>6</td> <td>Three-Year Variable (Second Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.</td> </tr> <tr> <td>7</td> <td>Three-Year Variable (Third Year) N/A: MN</td> </tr> </tbody> </table>	Code	Description	1	Standard One-Year	2	Three-Year Fixed Rate N/A: MA, NJ	3	Continuous Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI	4	Short-Term (Less Than One Year)	5	Three-Year Variable (First Year) N/A: MN	6	Three-Year Variable (Second Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.	7	Three-Year Variable (Third Year) N/A: MN	N	76-76	1
Code	Description																			
1	Standard One-Year																			
2	Three-Year Fixed Rate N/A: MA, NJ																			
3	Continuous Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI																			
4	Short-Term (Less Than One Year)																			
5	Three-Year Variable (First Year) N/A: MN																			
6	Three-Year Variable (Second Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.																			
7	Three-Year Variable (Third Year) N/A: MN																			

Field No.	Field Title/Description	Class	Position	Bytes
	Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.			
8	Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC000405 must be attached to the policy whenever Code 8 is applicable (see Record Type 13). This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. N/A: MI, MN, NCCI			
11	PRIOR POLICY NUMBER IDENTIFIER Report the policy number of the policy providing previous coverage. This field is not to be reported when reporting policy data with Transaction Code 01 - New Policy. Do not report embedded blanks or marks of punctuation.	AN	77-94	18
12	RESERVED FOR FUTURE USE	AN	95-105	11
13	LEGAL NATURE OF INSURED CODE Report the code that best describes the type of entity(s) being insured. Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.	N	106-107	2
	Code Description			
	01 Individual			
	02 Partnership			
	03 Corporation			
	04 Association, Labor Union, Religious Organization			
	05 Limited Partnership			
	06 Joint Venture			
	07 Common Ownership N/A: MI, WI			
	08 Multiple Status N/A: CA, MI, WI			
	09 Joint Employers N/A: MI, WI			
	10 Limited Liability Company (LLC)			

Field No.	Field Title/Description	Class	Position	Bytes
	11 Trust or Estate			
	12 Executor or Trustee N/A: CA, MI, WI			
	13 Limited Liability Partnership			
	14 Governmental Entity			
	99 Other			
14	TYPE OF PLAN ID CODE <i>NOT APPLICABLE: CA</i>	N	108-108	1
	Report the code that defines the type of plan used to underwrite the coverage.			
	Code Description			
	1 Voluntary Policy			
	2 Normal Assigned Risk Policy N/A: NY, PA			
	3 Reserved for Future Use			
	4 Reserved for Future Use			
	5 Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program N/A: DE, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	6 Reserved for Future Use			
	7 Assigned Risk Policy Originally Assigned by Another DCO N/A: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI			
15	WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE	N	109-109	1
	Report the code that is used to indicate whether the policy covers a wrap-up.			
	In the case of a Wrap-Up Policy (Code 1), the project description must be provided on an Address Record (Record Type Code 03) with the Address Type Code 4 (Wrap-Up/OCIP Project Description). N/A: NCCI			
	Code Description			
	1 Wrap-Up/OCIP Policy N/A: CA			
	2 Non-Wrap-Up/Non-OCIP Policy			
	3 OCIP Job Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	4 OCIP Master Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
16	BUSINESS SEGMENT IDENTIFIER	N	110-116	7

Field No.	Field Title/Description	Class	Position	Bytes												
	<p><i>NOT APPLICABLE: DE, MI, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA, MN</i></p> <p>Report the series of identifying codes maintained and reported by the data provider.</p>															
17	<p>POLICY MINIMUM PREMIUM AMOUNT <i>NOT APPLICABLE: CA</i></p> <p>Report the minimum premium amount that would be charged for the policy, if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts.</p>	N	117-126	10												
18	<p>POLICY MINIMUM PREMIUM STATE CODE <i>NOT APPLICABLE: CA</i></p> <p>Report the code of the state on which the policy minimum premium amount is based.</p>	N	127-128	2												
19	<p>POLICY ESTIMATED STANDARD PREMIUM TOTAL <i>NOT APPLICABLE: CA, MI</i></p> <p>Report the sum of the estimated state standard premium amounts reported on all State Premium Records (Record Type Code 04) submitted for the transaction code.</p>	N	129-138	10												
20	<p>POLICY DEPOSIT PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MI, NCCI</i></p> <p>Report the deposit premium amount to be collected for the policy.</p>	N	139-148	10												
21	<p>AUDIT FREQUENCY CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: MA, MN, NC</i></p> <p>Report the code identifying the audit frequency for the issued policy.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Semiannual</td> </tr> <tr> <td>3</td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> </tbody> </table>	Code	Description	1	Annual	2	Semiannual	3	Quarterly	4	Monthly	5	Other	N	149-149	1
Code	Description															
1	Annual															
2	Semiannual															
3	Quarterly															
4	Monthly															
5	Other															
22	<p>BILLING FREQUENCY CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: MA, MN, NC</i></p>	N	150-150	1												

Field No.	Field Title/Description	Class	Position	Bytes
	Report the code identifying the billing frequency for the issued policy.			
	Code Description			
	1 Annual			
	2 Semiannual This code is only applicable for voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY			
	3 Quarterly			
	4 Monthly			
	5 Other This code is only applicable for voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY			
	6 Balance due in 90 days N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI This code is not used in this specification.			
23	RETROSPECTIVE RATING CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MI</i>	N	151-151	1
	Report the code corresponding to the type of retrospective rating plan applied.			
	Code Description			
	1 Retrospective Rated— Endorsements submitted via an electronic record N/A: MA, NCCI			
	2 Retrospective Rated—Endorsements submitted via hard copy N/A: MA, NC, NCCI, WI			
	3 Not Retrospective Rated			
	4 Retrospective Rated—Endorsements submitted via an electronic record and hard copy N/A: MA, NC, NCCI, WI			
	5 Retrospective Rated N/A: MI, MN, NJ, NY, WI			
24	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MI, NCCI</i>	N	152-161	10
	Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury caused by accident.			

Field No.	Field Title/Description	Class	Position	Bytes								
25	<p>EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT NOT APPLICABLE: CA OPTIONAL: MI, NCCI</p> <p>Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – policy limit.</p>	N	162-171	10								
26	<p>EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT NOT APPLICABLE: CA OPTIONAL: MI, NCCI</p> <p>Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – each employee.</p>	N	172-181	10								
27	<p>NAME OF PRODUCER</p> <p>Report the name of the producer responsible for placing the business with the insurer.</p> <p>Direct writers: Where there is a producer or agent (e.g., Assigned Risk policies), this information must be provided; if none, leave blank.</p>	AN	182-211	30								
28	<p>ASSIGNED RISK BINDER NUMBER - FIRST SEVEN POSITIONS NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>Report the first 7 positions of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy).</p> <p>This field is required when Type of Plan ID Code (Position 108) is 2 (Normal Assigned Risk Policy).</p>	AN	212-218	7								
29	<p>GROUP COVERAGE STATUS CODE NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report the code identifying if the policy was written as part of group coverage.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Non-Group Coverage</td> </tr> <tr> <td>1</td> <td>Group Member Coverage</td> </tr> <tr> <td>2</td> <td>Group Master Coverage</td> </tr> </tbody> </table>	Code	Description	0	Non-Group Coverage	1	Group Member Coverage	2	Group Master Coverage	N	219-219	1
Code	Description											
0	Non-Group Coverage											
1	Group Member Coverage											
2	Group Master Coverage											
30	RESERVED FOR FUTURE USE	AN	220-220	1								
31	<p>ORIGINAL CARRIER CODE</p> <p>Report the carrier code assigned to a previously issued</p>	N	221-225	5								

Field No.	Field Title/Description	Class	Position	Bytes
	policy for this insured for the same term. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).			
32	ORIGINAL POLICY NUMBER IDENTIFIER Report the policy number identifier assigned to a previously issued policy for this insured for the same term. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). This field is also used when submitting a New Business or Renewal Transaction that replaces a Proof of Coverage (POC) Notice / Binder (Transaction Code 16). If the policy number identifier on the POC notice and the New Business or Renewal Transaction are different, report the number identifier from the POC notice here. N/A: MA, MN, WI Do not report embedded blanks or marks of punctuation.	AN	226-243	18
33	ORIGINAL POLICY EFFECTIVE DATE Report the policy effective date of a previously issued policy for this insured for the same term. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). Format YYMMDD.	N	244-249	6
34	TEXT FOR "OTHER" LEGAL NATURE OF INSURED <i>NOT APPLICABLE: NCCI</i> Report the text describing the legal nature of insured. This field is to be reported only when reporting Code 99 (Other) in positions 106-107.	AN	250-269	20
35	ASSIGNMENT DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> Report the date of notice assigned by the administrator of assigned risk coverage. This field is required when the Type of Plan ID Code (position 108 of the Header Record) is not "1". Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed. Format YYMMDD.	N	270-275	6
36	ASSIGNED RISK BINDER NUMBER - LAST ELEVEN POSITIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	276-286	11

Field No.	Field Title/Description	Class	Position	Bytes
	Report the last 11 positions of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy). This field is required when Type of Plan ID Code (Position 108) is 2 (Normal Assigned Risk Policy).			
37	DCO GENERATED TRANSACTION CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	287-287	1
	Report the code identifying the transaction as DCO generated. This field is for population by the DCO only. Code Description 1 A transaction generated by a DCO.			
38	RESERVED FOR FUTURE USE		288-288	1
39	POLICY CHANGE EFFECTIVE DATE <i>OPTIONAL: MI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			
40	POLICY CHANGE EXPIRATION DATE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI</i>	N	295-300	6
	Report the date that the endorsement expires on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
NAME RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "02".	AN	46-47	2
4	NAME TYPE CODE Report the code representing the type of name. String name type records are to be used by those insurers unable to provide separate formatted personal/commercial Name Records. Refer to the Data Reporting Handbook for further instructions.	N	48-48	1
	Code Description			
	1 Personal Name Type This is a separate personal Name Record of a Name Link Identifier. Format last name, first name, middle name or initial. The commas are delimiters.			
	2 Commercial Name Type This is a separate commercial Name Record of a Name Link Identifier.			
	3 String Name Type N/A: CA, DE, MN, PA This is a Name Record consisting of a string of names corresponding to one Name Link Identifier. Format is free-form.			
5	NAME LINK IDENTIFIER Report the number identifying one name or a group of names. When reporting more than 998 separate names, report positions 270-271—Name Link Counter Identifier in conjunction with this field. The primary name(s) on the policy must always be reported as 001. Refer to the Data Reporting Handbook for further instructions.	N	49-51	3
6	PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	A	52-52	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: NJ</i> <i>OPTIONAL: WI</i></p> <p>Report the code used to identify whether this is a PEO, Client Company or neither.</p> <p>This code is required when Employee Leasing Policy Type Code 2, 3, 4, 5, 6, 7, or 8 is reported (Header Record Position 75).</p> <p>Leave blank if Employee Leasing Policy Type Code 1 is reported (Header Record Position 75).</p> <p>Code Description</p> <p>C Client Company Name</p> <p>P Professional Employer Organization Company Name</p>			
7	<p>NAME OF INSURED</p> <p>Report the name of the insured that corresponds to the Type of Name Code reported in position 48.</p> <p>For policies using code 4 or 7 in Header Record position 75, the first name should be reported (Client Company Name) client of (PEO Company Name). For policies using code 5, the first name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p> <p>For policies using code 4 in Header Record - position 75, the first name should be reported (Client Company Name) client of (PEO Company Name). For policies using code 2 or 5, the first name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI</p>	AN	53-142	90
8	RESERVED FOR FUTURE USE	AN	143-148	6
9	<p>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</p> <p><i>NOT APPLICABLE: NJ</i></p> <p>Report the Federal Employer Identification Number corresponding to the name being reported.</p>	N	149-157	9
10	<p>CONTINUATION SEQUENCE NUMBER</p> <p>Report the number corresponding to the continuation status.</p> <p>Enter 001 representing the first record for a Name Link Identifier(positions 49–51).</p> <p>Enter 002–999 representing all continuation records for same Name Link Identifier (positions 49–51). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all Name Records.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	158-160	3
11	LEGAL NATURE OF ENTITY CODE	N	161-162	2

Field No.	Field Title/Description	Class	Position	Bytes
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NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI
OPTIONAL: MI

Report the legally filed entity code for each name record reported.

For MI POC, report the entity code that corresponds to the Federal Employer Identification Number reported in positions 149-157 of this record.

Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.

Code Description

- 01 Individual
- 02 Partnership
- 03 Corporation
- 04 Association, Labor Union, Religious Organization
- 05 Limited Partnership
- 06 Joint Venture
- 07 Common Ownership N/A: MI, WI
- 08 Multiple Status N/A: MI
- 09 Joint Employers N/A: MI, WI
- 10 Limited Liability Company (LLC)
- 11 Trust or Estate
- 12 Executor or Trustee N/A: MI, WI
- 13 Limited Liability Partnership
- 14 Governmental Entity
- 99 Other N/A: MI

12	STATE CODE	N	163-164	2
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NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI

Report the code of the state for the State Unemployment Number reported.

The State Unemployment Number is in positions 165–179.

When reporting more than three State Unemployment Numbers, multiple Name Records must be submitted with positions 1–162 being identical on all the records. The State Unemployment Number Record Sequence field in positions 248–249 will be used

Field No.	Field Title/Description	Class	Position	Bytes
	to distinguish each Name Record. N/A: MN, NJ This is a recurring field. Repeat as needed.			
13	STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI</i> Report the unemployment number for the state code corresponding to the name being reported. The State Code is in positions 163-164. Enter the Minnesota State Employer Unemployment Insurance Account Identification Number in this field. If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in positions 165–170 and spaces in positions 171–179. N/A: NCCI, NJ In IAIABC POC, enter the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field. N/A: MN, NJ Enter the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field. The NJ TIN must be reported on every Name Record that has an Address Record with a NJ State Code Link. N/A: MN, NCCI When reporting more than three State Unemployment Numbers, multiple Name Records must be submitted with Positions 1–162 being identical on all the records. The State Unemployment Number Record Sequence field in Positions 248–249 will be used to distinguish each Name Record. N/A: MN, NJ If the Identification Number is not available, report zeros. Do not submit this information for any other state. N/A: NCCI This is a recurring field. Repeat as needed.	AN	165-179	15
14	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI</i> Report the code of the state for the State Unemployment Number reported. The State Unemployment Number is in positions 182-196. This is a recurring field. Repeat as needed.	N	180-181	2
15	STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI</i> Report the unemployment number for the state code corresponding to the name being reported. The State Code is in positions 180-181. Enter the Minnesota State Employer Unemployment Insurance	AN	182-196	15

Field No.	Field Title/Description	Class	Position	Bytes
	Account Identification Number in this field. If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 182–187 and spaces in Position 188–196. N/A: NCCI, NJ			
	In IAIABC POC, enter the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field. N/A: MN, NJ			
	Enter the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field. The NJ TIN must be reported on every Name Record that has an Address Record with a NJ state Code Link. N/A: MN, NCCI			
	If the Identification Number is not available, report zeros. Do not submit this information for any other state. N/A: NCCI			
	This is a recurring field. Repeat as needed.			
16	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI</i>	N	197-198	2
	Report the code of the state for the State Unemployment Number reported.			
	The State Unemployment Number is in positions 199-213.			
	This is a recurring field. Repeat as needed.			
17	STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI</i>	AN	199-213	15
	Report the unemployment number for the state code corresponding to the name being reported.			
	The State Code is in positions 197-198.			
	Enter the Minnesota State Employer Unemployment Insurance Account Identification Number in this field. If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 199–204 and spaces in Position 205–213. N/A: NCCI, NJ			
	In IAIABC POC, enter the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field. N/A: MN, NJ			
	Enter the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field. The NJ TIN must be reported on every Name Record that has an Address Record with a NJ state Code Link. N/A: MN, NCCI			
	If the Identification Number is not available, report zeros. Do not submit this information for any other state. N/A: NCCI			
	This is a recurring field. Repeat as needed.			
18	RESERVED FOR FUTURE USE	AN	214-247	34

Field No.	Field Title/Description	Class	Position	Bytes
19	<p>STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE NUMBER</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA</i></p> <p>Report the number used to determine the proper sequence of multiple state unemployment number records submitted within the same transaction.</p> <p>This is the sequence number corresponding to the additional records count.</p> <p>Enter "01" to represent the record with the first three State Unemployment Numbers reported. Enter "02"–"99" to represent each additional Name Record submitted to report all applicable State Unemployment Numbers and their state codes for the name of insured. For record sequence 02–99, Positions 1 through 162 must be the same on all records for the name of insured.</p>	N	248-249	2
20	RESERVED FOR FUTURE USE	AN	250-269	20
21	<p>NAME LINK COUNTER IDENTIFIER</p> <p><i>NOT APPLICABLE: DE, MN, PA</i></p> <p>Report "00" for the first 998 names and report "01" –"99" counter records for the following sets of Name Link Identifiers.</p>	AN	270-271	2
22	RESERVED FOR FUTURE USE	AN	272-288	17
23	<p>POLICY CHANGE EFFECTIVE DATE</p> <p><i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>This field is required for Transaction Codes 08, 10, 14 and 15.</p> <p>Format YYMMDD.</p>	N	289-294	6
24	<p>POLICY CHANGE EXPIRATION DATE</p> <p><i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement expires on the policy.</p> <p>This field is required for Transaction Codes 08, 10, 14 and 15.</p> <p>Format YYMMDD.</p>	N	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
ADDRESS RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "03".	AN	46-47	2
4	ADDRESS TYPE CODE Report the code representing the type of address.	N	48-48	1

Code Description

- 1 Mailing Address of Insured
One and only one mailing address code is required.
- 2 Location of Operation's Address
This code is for other workplaces not shown in mailing address record. As many of these records as are needed may be reported. N/A: CA

This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. Descriptions such as "second building after K-Mart" are acceptable where a street name or address does not exist.

This code is for all workplaces, including the reported mailing address, if applicable. As many of these records as are needed may be reported. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
- 3 Address of Insurer Issuing/Serviceing Office
This record must be reported to permit proper communication with the insurer office servicing this policy.
- 4 Wrap-up/OCIP Project Description N/A: NCCI
Optional: WI
- 5 Producer Address
This record must be reported to provide the address of the producer responsible for placing the business with the insurer. This address must be submitted when a producer/agency name (Positions 182-211) is reported in the Header Record (Record Type 01) of the transaction.

Field No.	Field Title/Description	Class	Position	Bytes
6	No Specific Location Refers to work done at client sites in the state. If this code is submitted, the Address Structure Code and the Address are not applicable.			
7	Principal Location N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI This code is not used in this specification.			
8	Payroll Address N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI This code is not used in this specification.			
9	Client Address N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI This code is not used in this specification.			
5	FOREIGN ADDRESS INDICATOR <i>NOT APPLICABLE: MI, NCCI, NJ</i> Report the applicable indicator code. This field is only applicable to Address Type Code 1. If reporting "Y", enter the Country Code in positions 267-268. Code Description N Reported address is inside the US. Y Reported address is outside the US (e.g., Canada, Japan)	A	49-49	1
6	ADDRESS STRUCTURE CODE Report the code identifying the structure of the reported address. Code Description 1 Reported address follows structure. This code is required for Address Type Code 1, 3 and 5. These three address types must be reported in the structured format. This code is not applicable for Address Type Code 6. For IAIABC POC reporting states: This code is required for Address Type Code 2 when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states. 2 Reported address is free form. This code may be optional for Address Type Code 2 and	N	50-50	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p>may be required for Address Type Code 4. Contact the appropriate DCO for reporting requirements.</p> <p>For IAIABC POC reporting states: This code is not applicable for Address Type Code 2 and may only be used for Address Type Code 4. Contact your IAIABC POC vendor for applicable states.</p> <p>When not an IAIABC POC state, this code is optional for Address Type Code 2. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p>			
7	<p>ADDRESS - STREET</p> <p>Report the street number and name, post office box, or other description.</p> <p>A valid street address or P.O. box number must be reported for the mailing address of insured (Address Type Code 1) and for the producer [issuing agency] address (Address Type Code 5).</p> <p>IAIABC POC - The IAIABC Street Address portion of the Mailing Address of Insured (Address Type Code 1) and the Location of Operation's Address (Address Type Code 2) are two 30 position (bytes) fields. Contact your IAIABC vendor for reporting instructions.</p> <p>When reporting a Wrap-Up/OCIP policy (Code 1 in Header Record position 109), this field is used to report the Project Name. N/A: CA, DE, NCCI, NJ, NY, PA, WI</p>	AN	51-110	60
8	<p>ADDRESS - CITY</p> <p>Report the city name.</p>	AN	111-140	30
9	<p>ADDRESS - STATE</p> <p>Report the U.S. Postal Service abbreviation for the state.</p> <p>Leave blank if Foreign Address Indicator is "Y".</p>	AN	141-142	2
10	<p>ADDRESS - ZIP CODE</p> <p>Report the US Postal Service zip code.</p>	AN	143-151	9
11	<p>NAME LINK IDENTIFIER</p> <p>Report the Name Link Identifier in positions 49-51 of the Name Record corresponding to this particular Address Record.</p> <p>For Address Type Codes 3, 4 and 5, report "999".</p> <p>This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Location of Operation's Address) and 6 (No Specific Location).</p>	N	152-154	3
12	<p>STATE CODE LINK</p> <p>Report the code for the state covered by this record that is used as the second part of a 3-part field that links exposures to locations and then locations to names.</p>	N	155-156	2

Field No.	Field Title/Description	Class	Position	Bytes
	For Address Type Codes 3, 4 and 5, and for foreign addresses report "99". This field is required for Address Type Codes 1 (Mailing Address of Insured), 2 (Location of Operation's Address) and 6 (No Specific Location). Refer to the Data Reporting Handbook for further instructions.			
13	EXPOSURE RECORD LINK FOR LOCATION CODE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, MN</i> Report the code identifying this Address record. For Address Type Codes 3, 4 and 5, report "99999". This field corresponds to the Exposure Record Link for Exposure Code field in the Exposure Record. This field is optional for Address Type Code 1 (Mailing Address of Insured); however, in such cases where insurer does not include this field, the Mailing Address of Insured must also be included as an Address Type Code 2 (Location of Operation's Address) for required linkage. This field is required for Address Type Code 2 (Location of Operation's Address) and 6 (No Specific Location). If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. When exposure pertains to more than one Name Link Identifier, corresponding Exposure Records may be included with separate Name/Address/Exposure Link fields. Refer to the Data Reporting Handbook for further instructions.	N	157-161	5
14	RESERVED FOR FUTURE USE	AN	162-186	25
15	PHONE NUMBER OF INSURED Report the phone number of the primary Name Link Identifier, if available. This is reported when the Address Type Code is "1". Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.	N	187-196	10
16	NUMBER OF EMPLOYEES <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> Report the number of employees, at the time the policy is issued, for each address on this record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this Address	N	197-202	6

Field No.	Field Title/Description	Class	Position	Bytes
	Record).			
	Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.			
17	INDUSTRY CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	AN	203-208	6
	Report the appropriate Industry Code (Standard Industry Code [SIC] or the North American Industry Classification System [NAICS], code) representing the nature of the employer's business, which is contained in the SIC Manual or NAICS Manual published by the Federal Office of Management and Budget.			
	The Industry Code must be reported for each Address Record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this Address Record).			
	If reporting SIC, carriers must add "SC" suffix to code.			
	Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.			
	Report the NAICS number only. Do not report the SIC number. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI			
18	GEOGRAPHIC AREA <i>NOT APPLICABLE: MI, NCCI, NJ</i>	A	209-224	16
	Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is "Y".			
	This field is required when Foreign Address Indicator is "Y".			
19	EMAIL ADDRESS <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	AN	225-263	39
	Report the email address of the insured or employer name that is linked to this address record.			
	Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.			
20	RESERVED FOR FUTURE USE	AN	264-266	3
21	COUNTRY CODE <i>NOT APPLICABLE: MI, NCCI, NJ</i>	A	267-268	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the ISO 3166 Standard Country Code. This field is required when Foreign Address Indicator is "Y".			
22	NAME LINK COUNTER IDENTIFIER <i>NOT APPLICABLE: DE, MN, PA</i>	AN	269-270	2
	Report the Name Link Counter Identifier corresponding to this particular address. The Name Link Counter Identifier is in positions 270-271 of the Name Record.			
23	RESERVED FOR FUTURE USE	AN	271-288	18
24	POLICY CHANGE EFFECTIVE DATE <i>OPTIONAL: MI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			
25	POLICY CHANGE EXPIRATION DATE <i>OPTIONAL: MI</i>	N	295-300	6
	Report the date that the endorsement expires on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
STATE PREMIUM RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE Report the code for the state covered by this record.	N	44-45	2
3	RECORD TYPE CODE Report "04". A Record Type Code 04 must be submitted for every state in Item 3.A. of the policy to the rating organization(s) where the policy must be filed. Multiples of this record are required whenever exposure amounts are being reported on a split-period basis. Each record must contain the appropriate data associated with its particular period. N/A: NCCI When multiples of this record are reported due to an Experience Modification Effective Date, Anniversary Rating Date or both, these state premium records should be in order of the dates reported. The last record contains the expense constant, loss constant, and premium discount. N/A: NCCI Refer to the Data Reporting Handbook for further instructions. N/A: MN, NJ	AN	46-47	2
4	STATE ADD/DELETE CODE Report the code that is used to identify whether a state is being added to or deleted from a policy. The field shall be used only in connection with Transaction Code 15. This field must be blank if the State Code is not being added or deleted. Code Description A Adding the state shown D Deleting the state shown	A	48-48	1
5	RESERVED FOR FUTURE USE	AN	49-57	9
6	INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: CA, DE, NY, PA</i>	AN	58-72	15

Field No.	Field Title/Description	Class	Position	Bytes
	Report the risk identification number assigned by the appropriate DCO other than NCCI.			
	This is required for all assigned risk plan policies. Optional for Voluntary policies. N/A: CA, DE, MA, MI, MN, NY, PA			
7	RESERVED FOR FUTURE USE	AN	73-87	15
8	CARRIER CODE <i>NOT APPLICABLE: DE, MI, MN, NC, NJ, NY, PA</i>	N	88-92	5
	Report the code assigned to the reporting company by NCCI or other DCO.			
	Enter the carrier code corresponding to the particular individual carrier of a carrier group providing the coverage in this state if the carrier is different from that designated by the carrier code in positions 1–5. If there is no difference, report zeros.			
9	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR Report the factor that applies to the subject premium. If no experience modification factor or merit rating factor is applicable, report “1000”. N/A: CA, DE, PA If no experience M modification factor is applicable, report “0000”. N/A: MA, MI, MN, NC, NCCI, NJ, NY Provide the experience modification factor only in this field. The merit rating factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. When a merit rating factor is reported in the Exposure Record, report Code 3 in the Experience Modification Status Code, Position 97, of this record. N/A: CA, MA, MI, NC, NCCI, NJ, WI If a merit rating factor is reported in positions 93-96, report Code 4 in the Experience Modification Status Code, position 97, of this record. N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI Provide the Experience Modification Factor only in this field. The Merit Rating Factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI The Experience Modification Factor or Merit Rating Factor to be entered is the decimal complement of percentage debits or credits—e.g., 10% credit to be entered as “0900”, or 15% debit to be entered as “1150”. There is an assumed decimal point between positions 93 and 94.	N	93-96	4
10	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE <i>NOT APPLICABLE: MA, WI</i> Report the code that identifies the status of the Experience	N	97-97	1

Field No.	Field Title/Description	Class	Position	Bytes
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Modification/Merit Rating Factor at time of issuance.

The Experience Modification/Merit Rating Factor is in positions 93-96 of this record.

Code Description

- 1 Final Modification Factor for Policy Period
- 2 Modification Factor Not Final
- 3 No Modification or Merit Rating Factor Applicable
- 4 Merit Rating Factor

11	EXPERIENCE MODIFICATION PLAN TYPE CODE	N	98-98	1
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NOT APPLICABLE: CA, DE, MA, MI, NC, NJ, NY, PA
OPTIONAL: MN, NCCI

Report the type of experience modification factor identified in positions 93–96.

Code Description

- 1 Bureau Plan Modification Factor
- 2 Bureau Plan Modification Factor Deviated by Flat Percentage
- 3 Independent Company Plan Modification Factor
 Report this code for any modification factor resulting from an independently filed rating plan based on an insured's loss experience and used to modify the insured's manual premium on a prospective basis. This would include any factor based on a bureau's standard experience rating plan modified for independently filed ELR and D ratios.

12	OTHER INDIVIDUAL RISK RATING FACTOR	N	99-102	4
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NOT APPLICABLE: CA, DE, MA, NJ, PA, WI
OPTIONAL: NCCI

Report the factor used to modify the manual premium.

Provide the factor resulting from any rating plan based on the insured's characteristics other than its loss experience and used to modify the manual premium amount on a prospective basis (e.g., schedule rating). If more than one factor is applicable, enter the composite factor.

If this factor is not applicable, enter "1000". This field must not be left blank.

The factor to be entered is the decimal complement of percentage credits or debits.

Insurers may, at their option, report the total dollar effect of these

Field No.	Field Title/Description	Class	Position	Bytes
	<p>factors on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.</p> <p>There is an assumed decimal point between positions 99 and 100.</p>			
13	<p>INSURER PREMIUM DEVIATION FACTOR <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i></p> <p>Report the factor used to modify the insured's premium amount based on the insurer's filed flat premium amount deviation.</p> <p>If no deviation applies, or if the insurer deviates each particular rate and prints the deviated rate on the policy Information Page, enter "1000".</p> <p>If the insurer deviates each particular rate and prints the deviated rate on the policy Information Page the insurer premium deviation factor may be reported if the factor applies to all classes.</p> <p>If this factor is not applicable, enter "1000".</p> <p>The factor to be entered is the decimal complement of percentage debits and credits.</p> <p>At the DCO direction or offering of the option the insurers may, at their option, report the total dollar effect of their flat premium deviation on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field and code 4 in position 107.</p> <p>There is an assumed decimal point between positions 103 and 104.</p>	N	103-106	4
14	<p>TYPE OF PREMIUM DEVIATION CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: MN, NCCI</i></p> <p>Report the code identifying the type of deviation used.</p> <p>This code pertains to the Insurer Premium Deviation Factor in positions 103-106.</p> <p>Code Description</p> <p>0 No Premium Deviation Factor Applies. If this code is used, Insurer Premium Deviation Factor must be "1000".</p> <p>1 Premium Deviation Factor Applicable Prior to Experience Modification N/A: MA This code requires Insurer Premium Deviation Factor to be reported.</p> <p>2 Premium Deviation Factor Applicable After</p>	N	107-107	1

Field No.	Field Title/Description	Class	Position	Bytes
	Experience Modification N/A: MA This code requires Insurer Premium Deviation Factor to be reported.			
3	Deviation Applied to Individual Rates N/A: MA This code requires Insurer Premium Deviation Factor to be reported.			
4	Premium Deviation Reported as Exposure Record If this code is used, Insurer Premium Deviation Factor may be "1000".			
15	ESTIMATED STATE STANDARD PREMIUM TOTAL Report the total state standard premium amount. Refer to individual DCO Manual for definition of standard premium.	N	108-117	10
16	EXPENSE CONSTANT AMOUNT <i>NOT APPLICABLE: CA</i> Report the amount representing a premium charge that applies to every policy. This should never be reported as an Exposure Record (Record Type Code 05). N/A: CA, NCCI If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the expense constant amount. N/A: CA, NCCI Insurers may, at their option, additionally report the total dollar amount on an Exposure Record (Record Type Code 05) under the appropriate statistical code. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI	N	118-127	10
17	LOSS CONSTANT AMOUNT <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, NY, WI</i> Report the amount which may be added to the premium of policies for small risks (premium, exclusive of the expense constant, is less than the amount set by the DCO) to compensate for their higher loss ratio. This should never be reported as an Exposure Record (Record Type Code 05). N/A: CA, NCCI If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the loss constant amount. N/A: CA, NCCI Insurers may, at their option, additionally report the total dollar amount on an Exposure Record (Record Type Code 05) under the appropriate statistical code. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI	N	128-137	10

Field No.	Field Title/Description	Class	Position	Bytes
18	<p>PREMIUM DISCOUNT AMOUNT <i>NOT APPLICABLE: CA</i></p> <p>Report the amount that is discounted from the total premium.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05). N/A: CA, NCCI</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the premium discount amount. N/A: CA, NCCI</p> <p>Insurers may, at their option, additionally report the total dollar amount on an Exposure Record (Record Type Code 05) under the appropriate statistical code. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI</p>	N	138-147	10
19	<p>PRO-RATED EXPENSE CONSTANT AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i></p> <p>Report the code associated with the reason the expense constant is a pro-rated amount.</p> <p>Code Description</p> <p>0 Field Does Not Apply.</p> <p>1 Where the Short-Term Policy is Issued to Replace a Binder</p> <p>2 Where the Short-Term Policy is Issued Solely to Establish Concurrency with Other Policies of Insurance</p> <p>3 Where the Short-Term Policy is Issued to Reinstate Coverage with a Lapse</p> <p>4 Where the Amount Changes Due to a Change in Anniversary Rating Date</p>	N	148-148	1
20	<p>PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i></p> <p>Report the code associated with the reason the minimum premium is a pro-rated amount.</p> <p>Code Description</p> <p>0 Field Does Not Apply</p> <p>1 Where the Short-Term Policy is Issued to Replace a Binder</p> <p>2 Where the Short-Term Policy is Issued Solely to Establish Concurrency with Other Policies of Insurance</p> <p>3 Where the Short-Term Policy is Issued to Reinstate</p>	N	149-149	1

Field No.	Field Title/Description	Class	Position	Bytes
	Coverage with a Lapse			
4	Where the Amount Changes Due to a Change in Anniversary Rating Date			
21	REASON STATE WAS ADDED TO THE POLICY CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA</i>	N	150-150	1
	Report the code associated with the reason why the state was added to the policy.			
	Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.			
	Code Description			
0	Field Does Not Apply For all states reported on a new policy. Continue to report "0" on any subsequent full policy replacement transactions if there are no state changes.			
1	State Added Because of Audit For all states added to a new or renewal policy due to audit findings. Continue to report "1" on any subsequent full policy replacement transactions if there are no additional state changes.			
2	State Added for any Other Reason For all states added to a current new or renewal policy. Continue to report "2" on any subsequent full policy replacement transactions if there are no additional state changes.			
3	State Added at Time of Renewal N/A: WI For all states added at time of renewal. Continue to report "3" on any subsequent full policy replacement transactions if there are no additional state changes.			
4	State Added to Cover a Lapse in Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
22	RESERVED FOR FUTURE USE	AN	151-153	3
23	EXPERIENCE MODIFICATION/MERIT RATING FACTOR EFFECTIVE DATE <i>OPTIONAL: NCCI</i>	N	154-159	6
	Report the Experience Modification/Merit Rating Factor Effective Date that is effective after the Policy Effective Date, for this state.			
	When an Experience Modification/Merit Rating Factor Effective Date is effective on or before the Policy Effective Date, report the			

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Policy Effective Date or zeros. When an Experience Modification/Merit Rating Factor Effective Date is effective after the Policy Effective Date, then an Experience Modification Effective Date split has occurred and at least two State Premium Records must be reported.</p> <p>To report an Experience Modification Effective Date split, report the Policy Effective Date or zeros on the initial State Premium Record. On the second and any additional State Premium Record(s), report the Experience Modification Effective Date(s). N/A: NCCI</p> <p>The final State Premium Record must contain the Expense Constant Amount, Loss Constant Amount, and Premium Discount Amount.</p> <p>The premium amount reported should match the individual exposure premium amount from the Exposure Records with the appropriate Exposure Period Effective Date. N/A: WI</p> <p>Refer to the Data Reporting Handbook for further Instructions.</p> <p>Contact the DCO for requirements.</p> <p>Applicable for policies effective 5/1/2017 and after. N/A: CA, DE, MA, MN, NC, NCCI, PA</p> <p>Only one State Premium Record is to be reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>Format YYMMDD.</p>			
24	<p>ANNIVERSARY RATING DATE NOT APPLICABLE: CA, MN, NY OPTIONAL: NCCI</p> <p>Report the Anniversary Rating Date that is effective after the Policy Effective Date, for this state.</p> <p>Applicable for policies effective prior to 5/1/2017. N/A: CA, NCCI</p> <p>When an Anniversary Rating Date is effective on or before the Policy Effective Date, report the Policy Effective Date or zeros. When an Anniversary Rating Date is effective after the Policy Effective Date, then an Anniversary Rating Date split has occurred and at least two State Premium Records must be reported.</p> <p>To report an Anniversary Rating Date split, report the Policy Effective Date or zeros on the initial State Premium Record. On the second and any additional State Premium Record(s), report the Anniversary Rating Date(s). N/A: NCCI</p> <p>The final State Premium Record must contain the Expense Constant Amount, Loss Constant Amount, and Premium Discount Amount.</p> <p>The premium amount reported should match the individual exposure premium amount from the Exposure Records with the</p>	N	160-165	6

Field No.	Field Title/Description	Class	Position	Bytes
	appropriate Exposure Period Effective Date. N/A: WI Refer to the Data Reporting Handbook for further instructions. Only one State Premium Record is to be reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Format YYMMDD.			
25	ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, PA, WI</i> Report the factor used to report the Assigned Risk Adjustment Program. If no ARAP factor is applicable, report "1000". This is the All Risk Adjustment Factor. N/A: NC When an ARAP factor is applicable, the ARAP premium amount must be reported on the Exposure Record. N/A: NC There is an assumed decimal point between positions 166 and 167.	N	166-169	4
26	RESERVED FOR FUTURE USE	AN	170-185	16
27	PREMIUM ADJUSTMENT PERIOD CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MN, WI</i> Report the code that represents when the premium will be reviewed/adjusted. Code Description 1 Annual 2 Semiannual 3 Quarterly 4 Monthly 5 Other	N	186-186	1
28	TYPE OF NON-STANDARD ID CODE <i>NOT APPLICABLE: CA, MA, MI, NJ</i> <i>OPTIONAL: WI</i> Report the code that indicates the type of non-standard workers compensation policy. Code Description 01 Non-Standard Code Does Not Apply 02 Excluding Medical N/A: DE, MA, NC, PA, WI	N	187-188	2

Field No.	Field Title/Description	Class	Position	Bytes
03	Reserved for Future Use			
04	Reserved for Future Use			
05	Excess Policy N/A: DE, MN, NC, NY, PA, WI For NCCI, this code is required for WV only.			
06	Excess Medical N/A: DE, MN, NC, NCCI, PA, WI			
07	Reserved for Future Use			
08	Coverage Excludes Certain Individuals Listed on Exclusion Endorsement , such as officers, partners, sole proprietors or others N/A: MN, NC, NY, WI			
09	Voluntary Coverage Not Mandatory by State Act N/A: MN, NC, NY, WI			
99	Self-Insured Groups N/A: DE, MN, NC, NCCI, NY, PA, WI This code is not used in this specification.			
29	RESERVED FOR FUTURE USE	AN	189-288	100
30	POLICY CHANGE EFFECTIVE DATE <i>OPTIONAL: MI</i> Report the date that the endorsement becomes effective on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.	N	289-294	6
31	POLICY CHANGE EXPIRATION DATE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI</i> Report the date that the endorsement expires on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.	N	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EXPOSURE RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE Report the state code to which the exposure and/or premium reported on this record has been assigned.	N	44-45	2
3	RECORD TYPE CODE Report "05".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	CLASSIFICATION CODE Report the classification code corresponding to the exposure amount and/or premium reported on this record. There are miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes.	N	51-54	4
6	CLASSIFICATION USE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the code to indicate if the Company Use class code applies to Unit Report, Financial Calls or both. For Company Use class codes only. This field is for ISO use only. Code Description B Data Should Be Used for Both Unit Reports and Financial Calls N Data Should Be Used for Financial Calls Only U Data Should Be Used in Unit Reports Only	A	55-55	1
7	RESERVED FOR FUTURE USE	AN	56-64	9
8	CLASSIFICATION WORDING SUFFIX <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the suffix that will provide a cross-reference to the Manual classification wording.	AN	65-66	2

Field No.	Field Title/Description	Class	Position	Bytes
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Enter "00" for Primary Wording.

If classification wording suffix is reported, then classification wording (positions 118–218 of this record) is not required.

9	EXPOSURE ACT/ EXPOSURE COVERAGE CODE	N	67-68	2
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Report the code that indicates the Act (Law) under which the exposure for the class code is associated.

An Exposure Act/Exposure Coverage Code is required for all exposure records. Statistical codes can be coded to 00 or the Act (Law) governing the policy. N/A: CA

Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Code Description

- 00 For Use with Statistical Codes
- 01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
- 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes
- 03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY
- 04 Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY
- 05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
For NCCI, this code is required for Texas only.
- 06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
- 07 Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
- 08 Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act.
For NCCI, this code is required for Texas only.
- 09 Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
- 10 Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

Field No.	Field Title/Description	Class	Position	Bytes
	11 Reserved for Future Use			
10	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA</i>	N	69-78	10
	Report the insurer rate charged for the classification and printed on the Information Page.			
	Please contact the DCO for instructions on this field.			
	If the rate is "to be determined" or the classification reported is for a flat miscellaneous premium amount charge, report zeros.			
	Manual/Charged Rate for surcharge rates that require a percentage should be reported here. For New Jersey, this must be reported in the Policy Surcharge Factor field (positions 267–276).			
	This must be the fixed and established manual Bureau rate and not the carrier deviated rate. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA			
	There is an assumed decimal point between positions 74 and 75.			
11	EXPOSURE PERIOD EFFECTIVE DATE <i>OPTIONAL: WI</i>	N	79-84	6
	Report the date when exposure amounts reported on a split period basis are effective.			
	When exposure amounts are reported on a split period basis, an exposure record will be required for each period for each class.			
	Format YYMMDD.			
12	RESERVED FOR FUTURE USE	N	85-94	10
13	ESTIMATED EXPOSURE AMOUNT	N	95-106	12
	Report the amount that is the basis for determining premium on a per classification level.			
	For non-payroll exposure amounts, report only to the nearest two decimal places for which there is an assumed decimal point between positions 104 and 105.			
	If the exposure amount is on an "if any" basis, or if the reported classification is one for a miscellaneous premium charge not requiring exposure, report zeros.			
	For three-year variable rate policies or continuous policies, report the exposure amount for the rating period.			
	For policies reported on a split period basis, report the exposure amount for the policy period represented by the Exposure Period Effective Date (positions 79–84).			
14	ESTIMATED PREMIUM AMOUNT	N	107-116	10
	Report the premium amount corresponding to the			

Field No.	Field Title/Description	Class	Position	Bytes
	classification code on this record. If the exposure amount for the classification code is on an “if any” basis, report zeros. For three-year variable rate policies or continuous policies, report the premium amount for the rating period. For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (positions 79–84). There are many miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes given in the appropriate Manual or Statistical Plan. For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
15	EXPOSURE PERIOD CODE <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI, NC, WI</i>	N	117-117	1
	Report the code describing the period covered by the reported estimated exposure amount. The Estimated Exposure Amount is in positions 95-106 of this record. Code Description 1 Annual 2 Three Year 3 Less Than Annual or Split Period 4 Greater Than Annual But Less Than Three Years			
16	CLASSIFICATION WORDING <i>NOT APPLICABLE: MA, MI, MN, NC, NCCI, WI</i> <i>OPTIONAL: CA</i>	A	118-218	101
	Report the wording that describes the classification reported. To be reported by those insurers unable to provide a classification wording suffix (positions 65–66 of this record). Insurers that do provide a classification wording suffix may leave this field blank.			
17	RESERVED FOR FUTURE USE	AN	219-220	2
18	NAME LINK IDENTIFIER	N	221-223	3

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MN</i></p> <p>Report the Name Link Identifier in positions 152–154 of the Address Record to which you are linking.</p> <p>In the event that one classification code applies to multiple addresses, multiple exposure records for that classification code may be reported with each exposure record having the payroll and premium corresponding to each particular address.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>			
19	<p>STATE CODE LINK <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MN</i></p> <p>Report the code for the state covered by this record that is used as the second part of a 3-part field that links exposures to locations and then locations to names.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	224-225	2
20	<p>EXPOSURE RECORD LINK FOR EXPOSURE CODE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, MN, NC</i></p> <p>Report the Exposure Record Link for Location Code in positions 157-161 of the Address Record corresponding to this record.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	226-230	5
21	<p>NAME LINK COUNTER IDENTIFIER <i>NOT APPLICABLE: DE, MI, NCCI, NY, PA</i> <i>OPTIONAL: MN</i></p> <p>Report “00” for the first 998 names and report “01” –“99” counter records for the following sets of Name Link Identifiers.</p> <p>Provide the Name Link Counter Identifier in positions 269-270 of the Address Record corresponding to this particular exposure record.</p>	AN	231-232	2
22	<p>RESERVED FOR FUTURE USE</p>	AN	233-260	28
23	<p>NUMBER OF PIECES OF APPARATUS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).</p>	N	261-263	3
24	<p>NUMBER OF VOLUNTEERS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p>	N	264-266	3

Field No.	Field Title/Description	Class	Position	Bytes
	Report the amount of volunteers associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).			
25	POLICY SURCHARGE FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	267-276	10
	Report the factor charged for the Second Injury Fund, Uninsured Employers Fund or New Jersey Workers Compensation Insurance Plan. New Jersey Workers Compensation Insurance Plan Surcharge factor is applicable for policies effective prior to 7/1/2013. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
	There is an assumed decimal point between positions 272 and 273 (e.g., report 4.65% as 0000000465).			
26	PLAN PREMIUM ADJUSTMENT FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	277-279	3
	Report the factor charged for the New Jersey Plan Premium Adjustment Program or applied for the New Jersey Construction Classification Premium Adjustment Program credit. There is an assumed decimal point between positions 277 and 278.			
27	RESERVED FOR FUTURE USE	AN	280-288	9
28	POLICY CHANGE EFFECTIVE DATE <i>OPTIONAL: MI</i>	N	289-294	6
	Report the date that the endorsement becomes effective. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			
29	POLICY CHANGE EXPIRATION DATE <i>OPTIONAL: MI</i>	N	295-300	6
	Report the date that the endorsement expires on the policy. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
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OTHER STATES COVERAGE RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	44-45	2
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3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: CA, MI, NCCI
OPTIONAL: NC

Report "06".

When submitting Transaction Code 16-Proof of Coverage (POC) Notice/Binder, use this record to identify the states covered by the POC notice. N/A: MA, WI

4	INCLUSION/EXCLUSION CODE	N	48-48	1
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NOT APPLICABLE: CA, MI, NC, NCCI

Report the code that is used to identify whether the states reported are included or excluded from policy coverage.

When submitting Transaction Code 16-Proof of Coverage (POC) Notice/Binder, use this record to identify the states covered by the POC notice. N/A: MA, MN

Code Description

1 State Codes listed are included in policy coverage (Item 3.C., if applicable) or POC 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.

5	STATE CODE	N	49-50	2
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NOT APPLICABLE: CA, MI, NCCI
OPTIONAL: NC

Report the State Code for the included or excluded states.

This is a recurring field. Repeat as needed.

6	STATE CODE	N	51-52	2
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NOT APPLICABLE: CA, MI, NCCI
OPTIONAL: NC

Report the State Code for the included or excluded states.

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
7	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	53-54	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
8	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	55-56	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
9	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	57-58	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
10	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	59-60	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
11	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	61-62	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
12	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	63-64	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
13	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	65-66	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
14	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	67-68	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
15	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	69-70	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
16	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	71-72	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
17	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	73-74	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
18	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	75-76	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
19	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	77-78	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
20	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i>	N	79-80	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>OPTIONAL: NC</i>			
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
21	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	81-82	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
22	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	83-84	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
23	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	85-86	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
24	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	87-88	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
25	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	89-90	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
26	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	91-92	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
27	STATE CODE	N	93-94	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>			
28	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	95-96	2
29	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	97-98	2
30	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	99-100	2
31	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	101-102	2
32	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	103-104	2
33	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	105-106	2

Field No.	Field Title/Description	Class	Position	Bytes
34	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p>	N	107-108	2
35	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	109-110	2
36	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	111-112	2
37	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	113-114	2
38	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	115-116	2
39	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	117-118	2
40	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p>	N	119-120	2

Field No.	Field Title/Description	Class	Position	Bytes
41	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.</p>	N	121-122	2
42	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.</p>	N	123-124	2
43	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.</p>	N	125-126	2
44	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.</p>	N	127-128	2
45	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.</p>	N	129-130	2
46	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.</p>	N	131-132	2
47	<p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p>	N	133-134	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
48	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	135-136	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
49	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	137-138	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
50	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	139-140	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
51	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	141-142	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
52	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	143-144	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
53	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	145-146	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
54	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	147-148	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
55	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	149-150	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
56	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	151-152	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
57	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	153-154	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
58	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	155-156	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
59	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	157-158	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
60	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	159-160	2
	Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.			
61	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i>	N	161-162	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>OPTIONAL: NC</i>			
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
62	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	163-164	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
63	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	165-166	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
64	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i>	N	167-168	2
	Report the State Code for the included or excluded states.			
	This is a recurring field. Repeat as needed.			
65	RESERVED FOR FUTURE USE	AN	169-288	120
66	POLICY CHANGE EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MI, NC</i>	N	289-294	6
	Report the date the endorsement becomes effective.			
	This field is required for Transaction Codes 08, 10, 14 and 15.			
	Format YYMMDD.			
67	POLICY CHANGE EXPIRATION DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MI, NC</i>	N	295-300	6
	Report the date the endorsement expires.			
	This field is required for Transaction Codes 08, 10, 14 and 15.			
	Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
ENDORSEMENT IDENTIFICATION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE Report the code for the state covered by this record or "00" when all endorsements identified apply to all states on the policy.	N	44-45	2
3	RECORD TYPE CODE Report "07". List all endorsement numbers associated with the policy. All endorsement numbers must be reported whether the endorsements are reported by hard copy or separate transaction endorsement records. Also list the form/endorsement numbers for the Policy Conditions, Information/Declaration Page, and Ancillary Agreements. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 51-58. This is a recurring field. Repeat as needed.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i> Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	60-70	11
8	ENDORSEMENT NUMBER Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy.	AN	71-78	8

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
9	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 71-78. This is a recurring field. Repeat as needed.	A	79-79	1
10	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i> Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	80-90	11
11	ENDORSEMENT NUMBER Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.	AN	91-98	8
12	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 91-98. This is a recurring field. Repeat as needed.	A	99-99	1
13	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i> Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	100-110	11
14	ENDORSEMENT NUMBER Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.	AN	111-118	8
15	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 111-118. This is a recurring field. Repeat as needed.	A	119-119	1

Field No.	Field Title/Description	Class	Position	Bytes
16	<p>CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i></p> <p>Report the carrier specific form number as filed and approved.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	120-130	11
17	<p>ENDORSEMENT NUMBER</p> <p>Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	131-138	8
18	<p>BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)</p> <p>Report the bureau-approved identifier that corresponds to the Endorsement Number reported.</p> <p>The Endorsement Number is in positions 131-138.</p> <p>This is a recurring field. Repeat as needed.</p>	A	139-139	1
19	<p>CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i></p> <p>Report the carrier specific form number as filed and approved.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	140-150	11
20	<p>ENDORSEMENT NUMBER</p> <p>Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	151-158	8
21	<p>BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)</p> <p>Report the bureau-approved identifier that corresponds to the Endorsement Number reported.</p> <p>The Endorsement Number is in positions 151-158.</p> <p>This is a recurring field. Repeat as needed.</p>	A	159-159	1
22	<p>CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i></p> <p>Report the carrier specific form number as filed and approved.</p> <p>This is a recurring field. Repeat as needed.</p>	AN	160-170	11
23	<p>ENDORSEMENT NUMBER</p>	AN	171-178	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.			
24	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 171-178. This is a recurring field. Repeat as needed.	A	179-179	1
25	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i> Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	180-190	11
26	ENDORSEMENT NUMBER Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.	AN	191-198	8
27	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 191-198. This is a recurring field. Repeat as needed.	A	199-199	1
28	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i> Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	200-210	11
29	ENDORSEMENT NUMBER Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.	AN	211-218	8
30	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved identifier that corresponds to the Endorsement Number reported.	A	219-219	1

Field No.	Field Title/Description	Class	Position	Bytes
	The Endorsement Number is in positions 211-218. This is a recurring field. Repeat as needed.			
31	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i>	AN	220-230	11
	Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.			
32	ENDORSEMENT NUMBER	AN	231-238	8
	Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.			
33	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	A	239-239	1
	Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 231-238. This is a recurring field. Repeat as needed.			
34	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i>	AN	240-250	11
	Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.			
35	ENDORSEMENT NUMBER	AN	251-258	8
	Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.			
36	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	A	259-259	1
	Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 251-258. This is a recurring field. Repeat as needed.			
37	CARRIER VERSION IDENTIFIER <i>OPTIONAL: NC, WI</i>	AN	260-270	11
	Report the carrier specific form number as filed and approved.			

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
38	RESERVED FOR FUTURE USE	AN	271-288	18
39	POLICY CHANGE EFFECTIVE DATE <i>OPTIONAL: MI</i>	N	289-294	6
	Report the date the endorsement becomes effective. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			
40	POLICY CHANGE EXPIRATION DATE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI</i>	N	295-300	6
	Report the date the endorsement expires. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
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CANCELLATION/REINSTATEMENT RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	44-45	2
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Report the code for the state covered by this record.

When cancelling, reinstating or non-renewing a specific state, report the state code. N/A: NJ

When cancelling, reinstating, or non-renewing the entire policy, report the state code or "99". N/A: NCCI

When cancelling or reinstating the entire policy, report "99". N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

When nonrenewing a single state or reinstating a non-renewal of a single state, report the state code. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

When non-renewing the entire policy or reinstating a non-renewal of the entire policy, report "99". N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

If deleting or re-adding any state on the policy, a Transaction Code 15 must be reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

3	RECORD TYPE CODE	AN	46-47	2
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Report "08".

4	CANCELLATION/REINSTATEMENT ID CODE	N	48-48	1
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NOT APPLICABLE: CA

Report the code used to identify a reinstatement or type of cancellation.

When reporting 3 in this field, you must have a Reason for Cancellation Code (positions 50–51 of this record). Do not zero-fill Reason for Cancellation Code or use Reason for Cancellation Code 06. N/A: CA, DE, MI, MN, NC, NJ, PA

Code Description

- 1 Cancellation
- 2 Reinstatement
- 3 Nonrenewal
- 4 Cancellation of Proof of Coverage (POC) Notice/Binder N/A: MI, MN, NC, NJ, NY, WI

Field No.	Field Title/Description	Class	Position	Bytes
	Use this code to cancel a POC notice submitted via Transaction Code 16.			
9	Deletion of original data submitted under the Carrier Code, Policy Number Identifier, and Policy Effective Date reported above. N/A: MI, NC, NCCI, WI Code 9 is only to be used on cancellation records submitted in conjunction with Transaction Code 06 (Policy Replacement due to Key Field Change) for the purpose of accommodating a policy "key" change (Carrier Code, Policy Number Identifier, or Policy Effective Date).			
5	CANCELLATION TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MI, WI</i> Report the code that identifies the type of cancellation. Zero-fill when Code 2, 3 or 9 is reported in the Cancellation/Reinstatement ID Code (position 48 of this record). Code Description 1 Cancelled Flat 2 Cancelled Pro Rata 3 Cancelled Short-Rate	N	49-49	1
6	REASON FOR CANCELLATION CODE Report the code identifying the reason for cancellation. For codes 04 and 19, the Cancellation/Reinstatement ID Code (Position 48 of this record) must be 3. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA For code 07, Cancellation Type Code 1 (Position 49 of this record) is not required. N/A: CA, DE, MI, NC, NCCI, NJ, PA Code 99 is not applicable when Cancellation/Reinstatement ID Code 3 is reported (Position 48 of this record). N/A: CA, DE, MA, NC, PA Zero-fill when Cancellation/Reinstatement ID Code 2 is reported (Position 48 of this record). N/A: DE, MI, NY, PA Zero-fill when Cancellation/Reinstatement ID Code 3 is reported (Position 48 of this record). N/A: MA, NCCI, NY Zero-fill when Cancellation/Reinstatement ID Code 9 is reported (Position 48 of this record). N/A: MA, NC, NCCI, WI Code Description 01 Retiring From Business or Out of Business	N	50-51	2

Field No.	Field Title/Description	Class	Position	Bytes
02	Completed Operations (No Employees/No Exposure/No Operations)			
03	Cancelled by Employer			
04	Cancelled by Underwriter and/or Plan Administrator N/A: CA			
05	Nonpayment of Premium			
06	Reserved for Future Use			
07	Rewrite (Use with Cancellation Type Code 1 [position 49]) N/A: NCCI			
08	Change of Interest or Ownership and/or Business Sold			
09	Coverage Placed Elsewhere			
10	Duplicate Coverage N/A: WI			
11	Revocation of Voluntary Market Acceptance N/A: CA, MA, NC, PA, WI			
12	Failure to Pay Deductible N/A: WI			
13	Misrepresentation of Information on Application N/A: MA			
14	Corporate Officer Nonelection N/A: CA, NJ, PA			
15	Substantial Change in Risk N/A: NJ, PA			
16	Failure to Comply With the Terms and Conditions or Audit Failure N/A: MA, PA			
17	Not in "Good Faith" Entitled to Coverage N/A: CA, MA, NJ, PA This code is only applicable for Assigned Risk policies. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
18	Participation in Wrap-Up Complete N/A: CA, NJ			
19	Underwriting Reasons N/A: CA, NJ, PA			
20	Cancelled at Request of the Finance Company N/A: CA, NJ, PA, WI			
21	Material Misrepresentation/Fraud N/A: NJ			
22	Employee Leasing Agreement Terminated N/A: CA, DE, MA, MI, MN, NJ, NY			
23	Failure to Submit Payroll Information N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI			
99	Other N/A: NC, PA, WI			

Field No.	Field Title/Description	Class	Position	Bytes
7	<p>REINSTATEMENT TYPE CODE OPTIONAL: CA, MI, WI</p> <p>Report the code indicating the type of cancellation being reinstated.</p> <p>When Code 1, 3, 4 or 9 is reported in the Cancellation/ Reinstatement ID Code (position 48), report "0".</p> <p>Code Description</p> <p>1 Reinstatement of Policy Cancelled Flat</p> <p>2 Reinstatement of Policy Cancelled Mid-Term</p> <p>3 Withdrawal of Nonrenewal Status</p>	N	52-52	1
8	<p>NAME OF INSURED NOT APPLICABLE: NCCI OPTIONAL: NC</p> <p>Report the name of the insured.</p>	AN	53-142	90
9	<p>ADDRESS OF INSURED NOT APPLICABLE: NCCI OPTIONAL: NC</p> <p>Report the mailing address of the insured.</p>	AN	143-232	90
10	<p>NATURE OF INSURED NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</p> <p>Report a brief description of nature of business of the insured.</p>	AN	233-252	20
11	<p>CANCELLATION MAILED TO INSURED DATE</p> <p>Report the date this cancellation notice was mailed to employer.</p> <p>Format YYMMDD.</p>	N	253-258	6
12	<p>CANCELLATION/REINSTATEMENT TRANSACTION SEQUENCE NUMBER</p> <p>Report the number used to determine the proper sequence of multiple Record Type Code 08's with the same Transaction Issue Date for the same policy.</p> <p>The first record will always begin with "01".</p>	N	259-260	2
13	<p>REASON FOR REINSTATEMENT CODE NOT APPLICABLE: CA, MI, NJ OPTIONAL: MA, MN, WI</p> <p>Report the code identifying the reason for reinstatement.</p>	N	261-262	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Enter "00" when Code 1, 3, 4 or 9 is reported in position 48 - Cancellation/Reinstatement ID Code of this record.</p> <p>For Codes 02 and 03 the amended cancellation transaction may be submitted on the same business day.</p> <p>Code 04 may have an amended cancellation transaction in the same or a subsequent submission.</p> <p>Applicability is subject to the individual DCO, IAABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAABC POC vendor if further clarification is needed.</p> <p>Code Description</p> <p>01 Reinstatement Regular Policy was reinstated without special conditions.</p> <p>02 Reinstatement Due to Carrier Error on Last Cancellation A cancellation was generated in error.</p> <p>03 Reinstatement Due to Change in Cancellation Effective Date and/or Reason for Cancellation Code Cancellation Effective Date and/or Reason for Cancellation were reported incorrectly.</p> <p>04 Reinstatement Due to Carrier Consideration – Late Reinstatement Submitted by Carrier to Accommodate Insured An underwriting decision was made to reinstate a cancelled policy to accommodate the insured.</p>			
14	RESERVED FOR FUTURE USE	AN	263-281	19
15	<p>DCO GENERATED TRANSACTION CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i></p> <p>Report the code identifying the transaction as DCO generated.</p> <p>This field is for population by the DCO only.</p> <p>Code Description</p> <p>1 A transaction generated by a DCO.</p>	AN	282-282	1
16	<p>CORRESPONDING CANCELLATION EFFECTIVE DATE <i>NOT APPLICABLE: NCCI, NJ</i> <i>OPTIONAL: DE, MI, MN, NC, NY, PA</i></p> <p>Report the effective date of the corresponding cancellation that is being reinstated.</p>	N	283-288	6

Field No.	Field Title/Description	Class	Position	Bytes
	This field is to be used on reinstatements only. Format YYMMDD.			
17	CANCELLATION/REINSTATEMENT EFFECTIVE DATE Report the date on which the cancellation or reinstatement on the policy becomes effective. For cancellation transactions with Cancellation/Reinstatement ID Code 3 (position 48), this field must be the same as the Policy Expiration Date. For cancellation transactions with Cancellation/Reinstatement ID Code 9 (position 48) submitted in conjunction with Transaction Code 06 (Policy Replacement due to Key Field Change), report the date corresponding to the policy effective date on the invalid policy. Format YYMMDD.	N	289-294	6
18	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
ANNIVERSARY RATING DATE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> Report the code of the state covered by this endorsement record. Enter "99" if this endorsement applies to all states reported on an interstate policy.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> Report "09". Applicable for policies effective prior to 05/01/2017. N/A: CA, NCCI, NY	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> Report WC000402. Use endorsement number WC220402. Applicable for policies effective prior to 05/01/2017. N/A: CA, DE, MA, MI, NC, NJ, NY, PA, WI	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> Report the bureau-approved version identifier that corresponds to the endorsement number reported above.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ANNIVERSARY RATING DATE	N	71-76	6

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i></p> <p>Report the anniversary rating date applicable to the policy for this state.</p> <p>Format YYMMDD.</p>			
9	RESERVED FOR FUTURE USE	AN	77-254	178
10	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
11	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
12	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EXPERIENCE RATING MODIFICATION CHANGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: MA, MI, MN</i> Report the code of the state covered by this endorsement record. Enter "99" if this endorsement applies to all states reported on an interstate policy.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: MA, MI, MN</i> Report "10". This Record Type Code will accommodate an experience modification change associated with policy Information Page Endorsement WC890600 (WC890406). Record Type Code 10 may only be reported using Transaction Code 03. N/A: NCCI Record Type Code 10 may be reported on complete policy replacement transactions. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: MA, MI, MN</i> Report WC890406.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: MA, MI, MN</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: MA, MI, MN</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	MODIFICATION EFFECTIVE DATE <i>NOT APPLICABLE: MA, MI, MN</i>	N	71-76	6

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date on which the revised experience modification factor becomes effective on the policy. Format YYMMDD.			
9	EXPERIENCE MODIFICATION FACTOR <i>NOT APPLICABLE: MA, MI, MN</i>	N	77-80	4
	Report the factor that applies to the subject premium. There is an assumed decimal point between positions 77 and 78.			
10	EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE <i>NOT APPLICABLE: MA, MI, MN, WI</i>	N	81-81	1
	Report the code that identifies the status of the experience modification at time of issuance. The Experience Modification Factor is in positions 77-80 of this record.			
	Code Description			
	1 Final Modification Factor for Policy Period			
	2 Modification Factor Not Final			
	3 No Modification or Merit Rating Factor Applicable			
	4 Merit Rating Factor			
11	RESERVED FOR FUTURE USE	AN	82-254	173
12	NAME OF INSURED <i>NOT APPLICABLE: MA, MI, MN, NCCI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
13	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: MA, MI, MN</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
RATE CHANGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the code of the state covered by this endorsement record.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report "11". This Record Type Code will accommodate notification to the insured that the regulatory authority has approved a state or USL&HW change in rates when associated with Endorsement WC000407 or WC000408, respectively. Record Type Code 11 may only be reported using Transaction Code 03. Record Type Code 11 may not be reported on complete policy transactions.	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report WC000407 or WC000408. Endorsement WC000408 is not applicable. N/A: WI	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	RATES EFFECTIVE ON POLICY DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the date on which the rate change became effective on the policy.	N	71-76	6

Field No.	Field Title/Description	Class	Position	Bytes
	Format YYMMDD.			
9	STATE COVERAGE PERCENTAGE CHANGE FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	77-80	4
	Report the factor used to represent the percentage change of a class code's manual/charged rate. This factor is associated to WC000407. If rate change is being applied on a class code and rate basis, report zeros. There is an assumed decimal point between positions 78 and 79.			
10	UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT COVERAGE PERCENTAGE CHANGE FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	81-84	4
	Report the factor used to report the percentage change of the United States Longshore and Harbor Workers' factor. This factor is associated to WC000408. If the rate change is being applied on a class code and rate basis, report zeros. There is an assumed decimal point between positions 82 and 83.			
11	STATE PERCENTAGE CHANGE INCREASE/DECREASE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	85-85	1
	Report the code that indicates whether a manual/charged rate is increased, decreased, or on a class code and rate basis. Code Description 0 Class Code and Rate Basis 1 Increase 2 Decrease			
12	UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, PA</i> <i>OPTIONAL: PA</i>	N	86-86	1
	Report the code that defines whether the United States Longshore and Harbor Workers' percentage change is increased, decreased, or reported on a class code and rate basis. Code Description			

Field No.	Field Title/Description	Class	Position	Bytes
	0 Class Code and Rate Basis			
	1 Increase			
	2 Decrease			
13	NEW UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> <i>OPTIONAL: CA</i> Report the new United States Longshore and Harbor Workers' factor. Applicable to all non-F-class codes related to WC000407. This is an assumed decimal point between positions 89 and 90.	N	87-90	4
14	RESERVED FOR FUTURE USE	AN	91-95	5
15	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the appropriate classification code corresponding to the classification assigned to the insured. This is required only if rate change is being applied on the basis of classification code and rate. If applied on a flat basis across all classifications, report zeros. This is a recurring field. Repeat as needed.	N	96-99	4
16	RESERVED FOR FUTURE USE	AN	100-105	6
17	EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the code describing the coverage for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI	N	106-107	2
	Code Description			
	00 For Use with Statistical Codes			
	01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act			
	02 USL&HW "F" or USL&HW Coverage on Non-F-Classes			

Field No.	Field Title/Description	Class	Position	Bytes
	Classes			
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only.			
06	Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
07	Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
08	Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only.			
09	Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	Reserved for Future Use			
18	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the new rate charged by the carrier for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 113 and 114.	N	108-117	10
19	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the appropriate classification code corresponding to the classification assigned to the insured. This is required only if rate change is being applied on the basis	N	118-121	4

Field No.	Field Title/Description	Class	Position	Bytes
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of classification code and rate.

If applied on a flat basis across all classifications, report zeros.

This is a recurring field. Repeat as needed.

20	RESERVED FOR FUTURE USE	AN	122-127	6
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21	EXPOSURE ACT/ EXPOSURE COVERAGE CODE	N	128-129	2
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NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA

Report the code describing the coverage for the classification reported above.

This is required only if the rate change is applicable on a Schedule of Rate basis.

This is a recurring field. Repeat as needed.

Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI

Code Description

00 For Use with Statistical Codes

01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act

02 USL&HW "F" or USL&HW Coverage on Non-F-Classes

03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY

04 Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY

05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

For NCCI, this code is required for Texas only.

06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

07 Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

08 Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI

Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act.

For NCCI, this code is required for Texas only.

Field No.	Field Title/Description	Class	Position	Bytes
	09 Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	10 Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	11 Reserved for Future Use			
22	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	130-139	10
	Report the new rate charged by the carrier for the classification reported above.			
	This is required only if the rate change is applicable on a Schedule of Rate basis.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 135 and 136.			
23	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	140-143	4
	Report the appropriate classification code corresponding to the classification assigned to the insured.			
	This is required only if rate change is being applied on the basis of classification code and rate.			
	If applied on a flat basis across all classifications, report zeros.			
	This is a recurring field. Repeat as needed.			
24	RESERVED FOR FUTURE USE	AN	144-149	6
25	EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	150-151	2
	Report the code describing the coverage for the classification reported above.			
	This is required only if the rate change is applicable on a Schedule of Rate basis.			
	This is a recurring field. Repeat as needed.			
	Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
	Code Description			
	00 For Use with Statistical Codes			
	01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act			

Field No.	Field Title/Description	Class	Position	Bytes
02	USL&HW "F" or USL&HW Coverage on Non-F-Classes			
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only.			
06	Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
07	Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
08	Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only.			
09	Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	Reserved for Future Use			
26	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the new rate charged by the carrier for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 157 and 158.	N	152-161	10
27	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the appropriate classification code corresponding to the classification assigned to the insured.	N	162-165	4

Field No.	Field Title/Description	Class	Position	Bytes
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This is required only if rate change is being applied on the basis of classification code and rate.

If applied on a flat basis across all classifications, report zeros.

This is a recurring field. Repeat as needed.

28	RESERVED FOR FUTURE USE	AN	166-171	6
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29	EXPOSURE ACT/ EXPOSURE COVERAGE CODE	N	172-173	2
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NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA

Report the code describing the coverage for the classification reported above.

This is required only if the rate change is applicable on a Schedule of Rate basis.

This is a recurring field. Repeat as needed.

Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI

Code Description

- 00 For Use with Statistical Codes
- 01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act
- 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes
- 03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY
- 04 Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY
- 05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
For NCCI, this code is required for Texas only.
- 06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
- 07 Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
- 08 Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI
Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act.
For NCCI, this code is required for Texas only.

Field No.	Field Title/Description	Class	Position	Bytes
	09 Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	10 Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	11 Reserved for Future Use			
30	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	174-183	10
	Report the new rate charged by the carrier for the classification reported above.			
	This is required only if the rate change is applicable on a Schedule of Rate basis.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 179 and 180.			
31	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	184-187	4
	Report the appropriate classification code corresponding to the classification assigned to the insured.			
	This is required only if rate change is being applied on the basis of classification code and rate.			
	If applied on a flat basis across all classifications, report zeros.			
	This is a recurring field. Repeat as needed.			
32	RESERVED FOR FUTURE USE	AN	188-193	6
33	EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	194-195	2
	Report the code describing the coverage for the classification reported above.			
	Required only if the rate change is applicable on a Schedule of Rate basis.			
	This is a recurring field. Repeat as needed.			
	Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
	Code Description			
	00 For Use with Statistical Codes			
	01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act			

Field No.	Field Title/Description	Class	Position	Bytes
02	USL&HW "F" or USL&HW Coverage on Non-F-Classes			
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only.			
06	Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
07	Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
08	Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only.			
09	Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	Reserved for Future Use			
34	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the new rate charged by the carrier for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 201 and 202.	N	196-205	10
35	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the appropriate classification code corresponding to the classification assigned to the insured	N	206-209	4

Field No.	Field Title/Description	Class	Position	Bytes
	This is required only if rate change is being applied on the basis of classification code and rate.			
	If applied on a flat basis across all classifications, report zeros.			
	This is a recurring field. Repeat as needed.			
36	RESERVED FOR FUTURE USE	AN	210-215	6
37	EXPOSURE ACT/ EXPOSURE COVERAGE CODE	N	216-217	2
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>			
	Report the code describing the coverage for the classification reported above.			
	This is required only if the rate change is applicable on a Schedule of Rate basis.			
	This is a recurring field. Repeat as needed.			
	Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Code Description			
	00 For Use with Statistical Codes			
	01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act			
	02 USL&HW "F" or USL&HW Coverage on Non-F-Classes			
	03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
	04 Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
	05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only.			
	06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	07 Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	08 Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only.			

Field No.	Field Title/Description	Class	Position	Bytes
09	Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	Reserved for Future Use			
38	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	218-227	10
	Report the new rate charged by the carrier for the classification reported above.			
	Required only if the rate change is applicable on a Schedule of Rate basis.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 223 and 224.			
39	RESERVED FOR FUTURE USE	AN	228-254	27
40	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
41	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
42	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE Report the code of the state covered by this endorsement record.	N	44-45	2
3	RECORD TYPE CODE Report "12".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
POLICY PERIOD ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "13".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER Report WC000405.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EFFECTIVE DATE Report the date of the first policy period. Format YYMMDD.	N	71-76	6
9	EXPIRATION DATE Report the date of the first policy period. Format YYMMDD.	N	77-82	6
10	EFFECTIVE DATE Report the date of the second policy period. Format YYMMDD.	N	83-88	6
11	EXPIRATION DATE Report the date of the second policy period. Format YYMMDD.	N	89-94	6
12	EFFECTIVE DATE Report the date of the third policy period. Format YYMMDD.	N	95-100	6
13	EXPIRATION DATE Report the date of the third policy period.	N	101-106	6

Field No.	Field Title/Description	Class	Position	Bytes
	Format YYMMDD.			
14	RESERVED FOR FUTURE USE	AN	107-254	148
15	NAME OF INSURED <i>NOT APPLICABLE: NCCI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
16	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: MI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
17	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE Report the code of the state covered by this endorsement record.	N	44-45	2
3	RECORD TYPE CODE Report "14".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
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RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	44-45	2
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NOT APPLICABLE: CA, NCCI
OPTIONAL: MA, MI

Report the code of the state covered by this endorsement record.

3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: CA, NCCI
OPTIONAL: MA, MI

Report "15".

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: CA, NCCI
OPTIONAL: MA, MI

Report WC000503, WC000504, WC000505, WC000512, WC000513, WC000514 or WC000515.

Endorsement WC000515 is applicable. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI

Endorsements WC000512, WC000513 and WC000514 are applicable. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA

Enter endorsement WC000503, WC000504, WC000505 or WC290512. WC290512 are applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	A	59-59	1
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NOT APPLICABLE: CA, NCCI
OPTIONAL: MA, MI

Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.

7	CARRIER VERSION IDENTIFIER	AN	60-70	11
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NOT APPLICABLE: CA, NCCI
OPTIONAL: MA, MI

Report the identifier used by the carrier to determine the

Field No.	Field Title/Description	Class	Position	Bytes
	version of the endorsement applied to the policy.			
8	RETROSPECTIVE PREMIUM OPTION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	71-71	1
	Report "5" always in this field.			
9	LOSS LIMITATION AMOUNT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	72-78	7
	Report the threshold amount by which losses are limited.			
10	LOSS CONVERSION FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	79-83	5
	Report the factor used to recognize loss adjustment expense in determination of retrospective premium.			
	Enter "01000" if this factor is not applicable.			
	There is an assumed decimal point between positions 80 and 81.			
11	HAZARD GROUP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	AN	84-84	1
	Report the code that identifies what groups classes are segmented into based on the severity potential in the class.			
	Applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
12	RESERVED FOR FUTURE USE	AN	85-108	24
13	TAX MULTIPLIER FACTOR - STATE (OTHER THAN F-CLASSES) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	109-113	5
	Report the factor used to represent the percentage of basic premium and converted losses when determining taxes to be applied in the premium determination used in the retrospective rating formula to account for taxes.			
	Only one Tax Multiplier Factor is to be reported.			
	There is an assumed decimal point between positions 110 and 111.			
14	TAX MULTIPLIER FACTOR - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	114-118	5

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Report the factor used to represent the percentage of basic premium and converted losses when determining taxes to be applied in the premium determination used in the retrospective rating formula.</p> <p>Enter "01000" if not applicable.</p> <p>Only one Tax Multiplier Factor is to be reported.</p> <p>There is an assumed decimal point between positions 115 and 116.</p>			
15	<p>TAX MULTIPLIER FACTOR - WEIGHTED AVERAGE TAX MULTIPLIER FACTOR</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the factor used in the determination of retrospective premium in instances where both state and federal coverage are provided.</p> <p>This field is required on endorsement WC290512. WC290512 is applicable for policies effective prior to 7/1/2015.</p> <p>Enter "01000" if this factor is not applicable.</p> <p>There is an assumed decimal point between positions 120 and 121.</p>	N	119-123	5
16	<p>RETROSPECTIVE DEVELOPMENT FACTOR - FIRST FACTOR</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor that represents the first adjustment to the calculation of retrospective premium.</p> <p>Enter "00" if this factor is not applicable.</p> <p>There is an assumed decimal point before position 124.</p>	N	124-125	2
17	<p>RETROSPECTIVE DEVELOPMENT FACTOR - SECOND FACTOR</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor that represents the second adjustment to the calculation of retrospective premium.</p> <p>Enter "00" if this factor is not applicable.</p> <p>There is an assumed decimal point before position 126.</p>	N	126-127	2
18	<p>RETROSPECTIVE DEVELOPMENT FACTOR - THIRD FACTOR</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor that represents the third adjustment to the</p>	N	128-129	2

Field No.	Field Title/Description	Class	Position	Bytes
	calculation of retrospective premium. Enter "00" if this factor is not applicable. There is an assumed decimal point before position 128.			
19	RESERVED FOR FUTURE USE	AN	130-132	3
20	MINIMUM RETROSPECTIVE PREMIUM FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the factor used to determine the minimum retrospective premium amount for the estimated standard premium. When reporting endorsement WC290512, enter the factor for 50% in positions 133-137 with an assumed decimal point between positions 134 and 135. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI When reporting endorsement WC290512, enter the factor for 100% in positions 138-142 with an assumed decimal point between positions 139 and 140. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI When reporting endorsement WC290512, enter the factor for 150% in positions 143-147 with an assumed decimal point between positions 144 and 145. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI There is an assumed decimal point between positions 144 and 145.	N	133-147	15
21	MAXIMUM RETROSPECTIVE PREMIUM FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the factor used to display the maximum retrospective premium factor. When reporting endorsement WC290512, enter the factor for 50% in positions 148-152 with an assumed decimal point between positions 149 and 150. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI When reporting endorsement WC290512, enter the factor for 100% in positions 153-157 with an assumed decimal point between ppositions 154 and 155. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI When reporting endorsement WC290512, enter the factor for 150% in positions 158-162 with an assumed decimal point between positions 159 and 160. WC290512 is applicable for	N	148-162	15

Field No.	Field Title/Description	Class	Position	Bytes
	between positions 159 and 160. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI			
	There is an assumed decimal point between positions 159 and 160.			
22	BASIC PREMIUM FACTOR - 50% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	163-167	5
	Report the basic premium percentage of the standard premium			
	There is an assumed decimal point between positions 164 and 165.			
23	BASIC PREMIUM FACTOR - 100% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	168-172	5
	Report the basic premium percentage of the standard premium.			
	There is an assumed decimal point between positions 169 and 170.			
24	BASIC PREMIUM FACTOR - 150% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	173-177	5
	Report the basic premium percentage of the standard premium			
	There is an assumed decimal point between positions 174 and 175.			
25	ESTIMATED STANDARD PREMIUM AMOUNT - 50% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	178-187	10
	Report the amount of premium an insured would pay if not entitled to any discount, after application of the 50% basic premium factor.			
26	ESTIMATED STANDARD PREMIUM AMOUNT - 100% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	188-197	10
	Report the amount of premium an insured would pay if not entitled to any discount, after application of the 100% basic premium factor.			
27	ESTIMATED STANDARD PREMIUM AMOUNT - 150% <i>NOT APPLICABLE: CA, NCCI</i>	N	198-207	10

Field No.	Field Title/Description	Class	Position	Bytes
	<i>OPTIONAL: MA, MI</i>			
	Report the amount of premium an insured would pay if not entitled to any discount, after application of the 150% basic premium factor.			
28	EXCESS LOSS FACTOR - STATE (OTHER THAN F-CLASSES) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	208-210	3
	Report the factor used to represent losses in excess of the primary amount.			
	Applies to federal class codes under the USL&HW Act.			
	Enter "000" if not applicable.			
	There is an assumed decimal point before position 208.			
29	EXCESS LOSS FACTOR - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	211-213	3
	Report the factor used to represent losses in excess of the primary amount.			
	Applies to federal class codes under the USL&HW Act.			
	Enter "000" if not applicable.			
	There is an assumed decimal point before position 211.			
30	RESERVED FOR FUTURE USE	AN	214-216	3
31	RETROSPECTIVE RATING PLAN EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	217-222	6
	Report the effective date of the retrospective rating plan.			
	Format YYMMDD.			
32	OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	223-240	18
	Report the identifier of the other policy that includes the Retrospective Premium Endorsement.			
33	ADDENDUM (FORM NUMBER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	AN	241-252	12
	Report the form number that contains information supplementary to the schedule.			
	Applicable for policies effective prior to 7/1/2015.			

Field No.	Field Title/Description	Class	Position	Bytes
34	RESERVED FOR FUTURE USE	AN	253-254	2
35	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
36	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the date that this endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
37	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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OTHER POLICIES SUBJECT TO RETROSPECTIVE RATING OR PREMIUM DISCOUNT RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	44-45	2
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3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: CA, MN, NCCI
OPTIONAL: MA, MI

Report "16".

This record is to be used to identify other concurrent policies that are to be combined for Retro or Premium Discount. This record is included with the policy that contains the Retro or Premium Discount Endorsement.

Submit one record for other policies combined for Retro and another record for other policies combined for Premium Discount.

4	ENDORSEMENT TYPE CODE	N	48-48	1
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NOT APPLICABLE: CA, MN, NCCI
OPTIONAL: MA, MI

Report the code that describes the type of endorsement for which all policies listed are combined.

For New Jersey Endorsement WC290512, report "0". WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI

Code Description

- 1 Retro—Option I N/A: MA
- 2 Retro—Option II N/A: MA
- 3 Retro—Option III N/A: MA, NJ
- 4 Retro—Option IV N/A: MA, NJ
- 5 Retro—Option V N/A: MA
- 6 Premium Discount

5	RESERVED FOR FUTURE USE	AN	49-50	2
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6	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: CA, MN, NCCI
OPTIONAL: MA, MI

Report the national characters (WCXXXXXX) of the Retro or

Field No.	Field Title/Description	Class	Position	Bytes
	Premium Discount Endorsement that lists the other policy number(s) identifiers reported in this record.			
7	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	A	59-59	1
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.			
8	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
9	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	71-88	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.			
10	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	89-106	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.			
11	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	107-124	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.			
12	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	125-142	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.			

Field No.	Field Title/Description	Class	Position	Bytes
	Do not report embedded blanks or marks of punctuation.			
13	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	143-160	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
14	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	161-178	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
15	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	179-196	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
16	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	197-214	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
17	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	215-232	18
	Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
18	RESERVED FOR FUTURE USE	AN	233-254	22
19	NAME OF INSURED	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>			
20	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
21	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DEFENSE BASE ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report "17".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report WC000101.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	WORK DESCRIPTION <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report a description of the work.	AN	71-190	120
9	RESERVED FOR FUTURE USE	AN	191-252	62
10	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.	N	253-254	2

Field No.	Field Title/Description	Class	Position	Bytes
	The first record will always begin with "01".			
11	NAME OF INSURED <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
FEDERAL EMPLOYERS' LIABILITY ACT ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report "18".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
6	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
7	EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL) - BODILY INJURY BY ACCIDENT AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by accident.	N	71-80	10
8	EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL)- BODILY INJURY BY DISEASE AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease.	N	81-90	10
9	SCHEDULE - STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	91-190	100

Field No.	Field Title/Description	Class	Position	Bytes
	Report the codes of the state(s) in which Part Two (Employers Liability) applies to work subject to Federal Employers' Liability as though that state(s) were listed in Item 3.A of the Information Page.			
10	RESERVED FOR FUTURE USE	AN	191-254	64
11	NAME OF INSURED <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
UNITED STATES LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report "19".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report WC000106.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	71-72	2
9	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in	N	73-76	4

Field No.	Field Title/Description	Class	Position	Bytes
	the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 75 and 76.			
10	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	77-78	2
11	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 81 and 82.	N	79-82	4
12	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	83-84	2
13	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 87 and 88.	N	85-88	4
14	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code.	N	89-90	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
15	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	91-94	4
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 93 and 94.			
16	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	95-96	2
	Report the state code.			
	This is a recurring field. Repeat as needed.			
17	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	97-100	4
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 99 and 100.			
18	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	101-102	2
	Report the state code.			
	This is a recurring field. Repeat as needed.			
19	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	103-106	4
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 105 and 106.			
20	STATE CODE	N	107-108	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>			
21	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 111 and 112.</p>	N	109-112	4
22	<p>STATE CODE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>	N	113-114	2
23	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 117 and 118.</p>	N	115-118	4
24	<p>STATE CODE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>	N	119-120	2
25	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p>	N	121-124	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 123 and 124.			
26	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	125-126	2
27	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 129 and 130.	N	127-130	4
28	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	131-132	2
29	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 135 and 136.	N	133-136	4
30	STATE CODE <i>NOT APPLICABLE: CA</i>	N	137-138	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the state code.			
	This is a recurring field. Repeat as needed.			
31	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR	N	139-142	4
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 141 and 142.			
32	STATE CODE	N	143-144	2
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the state code.			
	This is a recurring field. Repeat as needed.			
33	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR	N	145-148	4
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 147 and 148.			
34	STATE CODE	N	149-150	2
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the state code.			
	This is a recurring field. Repeat as needed.			
35	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR	N	151-154	4
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			

Field No.	Field Title/Description	Class	Position	Bytes
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 153 and 154.			
36	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	155-156	2
37	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 159 and 160.	N	157-160	4
38	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	161-162	2
39	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 165 and 166.	N	163-166	4
40	STATE CODE <i>NOT APPLICABLE: CA</i>	N	167-168	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the state code.			
	This is a recurring field. Repeat as needed.			
41	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR	N	169-172	4
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 171 and 172.			
42	STATE CODE	N	173-174	2
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the state code.			
	This is a recurring field. Repeat as needed.			
43	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR	N	175-178	4
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 177 and 178.			
44	STATE CODE	N	179-180	2
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			
	Report the state code.			
	This is a recurring field. Repeat as needed.			
45	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR	N	181-184	4
	<i>NOT APPLICABLE: CA</i>			
	<i>OPTIONAL: MA, MI, NCCI</i>			

Field No.	Field Title/Description	Class	Position	Bytes
	Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 183 and 184.			
46	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	185-186	2
47	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 189 and 190.	N	187-190	4
48	STATE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the state code. This is a recurring field. Repeat as needed.	N	191-192	2
49	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 195 and 196.	N	193-196	4
50	STATE CODE <i>NOT APPLICABLE: CA</i>	N	197-198	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>			
51	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 201 and 202.</p>	N	199-202	4
52	<p>STATE CODE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>	N	203-204	2
53	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 207 and 208.</p>	N	205-208	4
54	<p>STATE CODE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>	N	209-210	2
55	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p>	N	211-214	4

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 213 and 214.</p>			
56	<p>STATE CODE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p>	N	215-216	2
57	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 219 and 220.</p>	N	217-220	4
58	RESERVED FOR FUTURE USE	AN	221-254	34
59	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
60	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
61	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report "20".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report WC000109.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	WORK DESCRIPTION <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report a description of the work.	AN	71-190	120
9	RESERVED FOR FUTURE USE	AN	191-252	62
10	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.	N	253-254	2

Field No.	Field Title/Description	Class	Position	Bytes
	The first record will always begin with "01".			
11	NAME OF INSURED <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
MARITIME COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report "21".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report WC000201.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EMPLOYER LIABILITY LIMIT AMOUNT (MARITIME) - BODILY INJURY BY ACCIDENT AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by accident.	N	71-80	10
9	EMPLOYER LIABILITY LIMIT AMOUNT (MARITIME) - BODILY INJURY BY DISEASE AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the amount that protects an employer for damages	N	81-90	10

Field No.	Field Title/Description	Class	Position	Bytes
	over and above those statutorily provided under workers compensation laws for bodily injury by accident.			
10	TRANSPORTATION, WAGES, MAINTENANCE & CURE PREMIUM AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	91-100	10
	Report the amount that is assigned to transportation, wages, maintenance or cure.			
11	WORK DESCRIPTION <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	AN	101-220	120
	Report a description of the work.			
12	RESERVED FOR FUTURE USE	AN	221-252	32
13	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	253-254	2
	Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with "01."			
14	NAME OF INSURED <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
15	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
16	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "22".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report "23".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report WC000203.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF VESSEL(S) <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the name of a vessel associated with Maritime coverage.	AN	71-130	60
9	WORKERS' COMPENSATION LAW <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the states that will provide coverage as defined by their law.	AN	131-140	10
10	DESCRIPTION OF WORK	AN	141-180	40

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report a description of the work.</p>			
11	RESERVED FOR FUTURE USE	AN	181-252	72
12	<p>ENDORSEMENT SEQUENCE NUMBER</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p>	N	253-254	2
13	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
14	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
ALTERNATE EMPLOYER ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i> Report "24".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i> Report WC000301. Enter WC000301 or WC220306 N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF ALTERNATE EMPLOYER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i> Report the name of the alternate employer.	AN	71-130	60
9	ADDRESS OF ALTERNATE EMPLOYER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i> Report the address of the alternate employer.	AN	131-182	52

Field No.	Field Title/Description	Class	Position	Bytes
10	<p>STATE OF SPECIAL TEMPORARY EMPLOYMENT <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i></p> <p>Report the state of temporary or special employment.</p>	A	183-184	2
11	<p>NAME OF CONTRACT OR PROJECT <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i></p> <p>Report the first 50 positions of the name of the contract or project.</p>	AN	185-234	50
12	<p>RESERVED FOR FUTURE USE</p>	AN	235-252	18
13	<p>ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p>	N	253-254	2
14	<p>NAME OF INSURED <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>The field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
15	<p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: MI, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
16	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report "25".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report WC000302.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ADDRESS NOT COVERED <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report the address of a location of insured operations not covered by this policy.	AN	71-190	120
9	RESERVED FOR FUTURE USE	AN	191-252	62
10	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for	N	253-254	2

Field No.	Field Title/Description	Class	Position	Bytes
	the same policy. The first record will always begin with "01".			
11	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "26".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
FEDERAL MINE SAFETY & HEALTH ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i> Report "27".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i> Report WC000102.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	STATE CODE <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i> Report the state code(s).	N	71-170	100
9	RESERVED FOR FUTURE USE	AN	171-254	84
10	NAME OF INSURED <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i> Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	This field is required when this record is submitted using Transaction Code 03.			
11	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MA, MN, NJ, NY</i> <i>OPTIONAL: MI, NCCI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
12	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report "28".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report WC000108.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	DESCRIPTION AND LOCATION OF WORK <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report the description/location of the work requiring the specific coverage.	AN	71-195	125
9	RESERVED FOR FUTURE USE	AN	196-252	57
10	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for	N	253-254	2

Field No.	Field Title/Description	Class	Position	Bytes
	the same policy. The first record will always begin with "01".			
11	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report "29".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report WC000311.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	IDENTIFY EMPLOYEES <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report a listing, by name or by group, of employees.	AN	71-170	100
9	STATE OF EMPLOYMENT <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the state of employment of the group of employees reported.	AN	171-210	40
10	DESIGNATED WORKERS COMPENSATION LAW OR	AN	211-250	40

Field No.	Field Title/Description	Class	Position	Bytes
	<p>DESCRIPTION</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report the appropriate state of the workers compensation law.</p>			
11	RESERVED FOR FUTURE USE	AN	251-252	2
12	<p>ENDORSEMENT SEQUENCE NUMBER</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p>	N	253-254	2
13	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
14	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
PREMIUM DISCOUNT ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report "30". This Record Type Code will report the estimated discount for premiums that may be eligible for a discount. To list all policies that are combined under the Discount Rule, also report Record Type Code 16, Other Policies Subject to Retrospective Rating or Premium Discount. N/A: MN	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report WC000406.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	STATE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the state code. This is a recurring field. Repeat as needed.	N	71-72	2
9	FIRST PREMIUM DISCOUNT LAYER	N	73-76	4

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the amount that represents the portion of the policy premium using the first premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p>			
10	<p>FIRST PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the percentage discount applied to the first premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 78 and 79.</p>	N	77-79	3
11	<p>SECOND (NEXT) PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the second discount layer used to determine the total premium.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Enter amount in thousands of dollars.</p>	N	80-83	4
12	<p>SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the percentage discount applied to the second premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 85 and 86.</p>	N	84-86	3
13	<p>THIRD (NEXT) PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the portion of the policy premium using the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Enter amount in thousands of dollars.</p>	N	87-90	4
14	<p>THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p>	N	91-93	3

Field No.	Field Title/Description	Class	Position	Bytes
	Report the percentage discount applied to the third premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 92 and 93.			
15	BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	94-97	4
	Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars.			
16	BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	98-100	3
	Report the premium discount percentage that applies to premium balance. If fewer than four layers apply, the premium discount layer and percentage fields of the first unused layer must be filled with 9s. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 99 and 100.			
17	AVERAGE PERCENTAGE DISCOUNT <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	101-103	3
	Report the Average Percentage Discount used to determine the policy premium. There is an assumed decimal point between positions 102 and 103.			
18	STATE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	104-105	2
	Report the state code. This is a recurring field. Repeat as needed.			
19	FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	106-109	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed.			
20	FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	110-112	3
	Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 111 and 112.			
21	SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	113-116	4
	Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars.			
22	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	117-119	3
	Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 118 and 119.			
23	THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	120-123	4
	Report the portion of the policy premium using the third premium discount layer. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars.			
24	THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	124-126	3

Field No.	Field Title/Description	Class	Position	Bytes
	Report the percentage discount applied to the third premium discount layer. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars.			
25	BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	127-130	4
	Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed.			
26	BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	131-133	3
	Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.			
27	STATE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	134-135	2
	Report the state code(s). This is a recurring field. Repeat as needed.			
28	FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	136-139	4
	Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed.			
29	FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	140-142	3
	Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 141 and 142.			
30	SECOND (NEXT) PREMIUM DISCOUNT LAYER	N	143-146	4

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the second discount layer used to determine the total premium.</p> <p>This is a recurring field. Repeat as needed.</p>			
31	<p>SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the percentage discount applied to the second premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 148 and 149.</p>	N	147-149	3
32	<p>THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the portion of the policy premium using the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Enter amount in thousands of dollars.</p>	N	150-153	4
33	<p>THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the percentage discount applied to the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 155 and 156.</p>	N	154-156	3
34	<p>BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the amount of premium over the last layer used to determine the premium discount.</p> <p>This is a recurring field. Repeat as needed.</p>	N	157-160	4
35	<p>BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p>	N	161-163	3

Field No.	Field Title/Description	Class	Position	Bytes
	Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.			
36	STATE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the state code(s). This is a recurring field. Repeat as needed.	N	164-165	2
37	FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed.	N	166-169	4
38	FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 171 and 172.	N	170-172	3
39	SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed.	N	173-176	4
40	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i> Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 178 and 179.	N	177-179	3
41	THIRD (NEXT) PREMIUM DISCOUNT LAYER	N	180-183	4

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the portion of the policy premium using the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Enter amount in thousands of dollars.</p>			
42	<p>THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the percentage discount applied to the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 185 and 186.</p>	N	184-186	3
43	<p>BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the amount of premium over the last layer used to determine the premium discount.</p> <p>This is a recurring field. Repeat as needed.</p>	N	187-190	4
44	<p>BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the premium discount percentage that applies to premium balance.</p> <p>This is a recurring field. Repeat as needed.</p>	N	191-193	3
45	<p>STATE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the state code(s).</p> <p>This is a recurring field. Repeat as needed.</p>	N	194-195	2
46	<p>FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i></p> <p>Report the amount that represents the portion of the policy premium using the first premium discount layer.</p>	N	196-199	4

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
47	FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	200-202	3
	Report the percentage discount applied to the first premium discount layer.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 201 and 202.			
48	SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	203-206	4
	Report the second discount layer used to determine the total premium.			
	This is a recurring field. Repeat as needed.			
49	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	207-209	3
	Report the percentage discount applied to the second premium discount layer.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 208 and 209.			
50	THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	210-213	4
	Report the portion of the policy premium using the third premium discount layer.			
	This is a recurring field. Repeat as needed.			
	Enter amount in thousands of dollars.			
51	THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	214-216	3
	Report the percentage discount applied to the third premium discount layer.			
	This is a recurring field. Repeat as needed.			

Field No.	Field Title/Description	Class	Position	Bytes
	There is an assumed decimal point between positions 215 and 216.			
52	BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	217-220	4
	Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed.			
53	BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	221-223	3
	Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.			
54	STATE CODE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: CA, MA, MI, NJ</i>	N	224-225	2
	Report the state code(s). This is a recurring field. Repeat as needed.			
55	FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	226-229	4
	Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed.			
56	FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	230-232	3
	Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 231 and 232.			
57	SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	233-236	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed.			
58	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	237-239	3
	Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 238 and 239.			
59	THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	240-243	4
	Report the portion of the policy premium using the third premium discount layer. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars.			
60	THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	244-246	3
	Report the percentage discount applied to the third premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 245 and 246.			
61	BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	247-250	4
	Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed.			
62	BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	251-253	3
	Report the premium discount percentage that applies to premium balance.			

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
63	RESERVED FOR FUTURE USE	AN	254-254	1
64	NAME OF INSURED <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
65	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NC, NCCI</i> <i>OPTIONAL: MA, MI, NJ</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
66	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report "31".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report WC000508.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	71-74	4
9	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the aviation classification for which the exposure is not subject to retrospective rating.	N	75-78	4

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
10	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	79-82	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
11	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	83-86	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
12	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	87-90	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
13	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	91-94	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
14	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	95-98	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
15	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	99-102	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
16	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	103-106	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
17	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	107-110	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
18	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	111-114	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
19	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	115-118	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
20	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	119-122	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
21	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	123-126	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
22	LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	127-130	4
	Report the aviation classification for which the exposure is not subject to retrospective rating.			
	This is a recurring field. Repeat as needed.			
23	RESERVED FOR FUTURE USE	AN	131-254	124
24	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
25	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
26	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the state code.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report "32".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report WC000509.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EXCESS LOSS PREMIUM FACTOR CHANGE - STATE (OTHER THAN F-CLASSES) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the factor that represents the premium charge for a limitation on losses used in computing the retrospective premium. Enter "000" if not applicable.	N	71-73	3

Field No.	Field Title/Description	Class	Position	Bytes
	There is an assumed decimal point before position 71.			
9	EXCESS LOSS PREMIUM FACTOR CHANGE - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	74-76	3
	Report the factor that represents the premium charge for a limitation on losses used in computing the retrospective premium under the USL&HW Act. Enter "000" if not applicable.			
	There is an assumed decimal point before position 74.			
10	EXCESS LOSS PREMIUM FACTOR CHANGE - EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	77-82	6
	Report the date that the excess loss premium factor changed. Format YYMMDD.			
11	NON-RETROSPECTIVE DEVELOPMENT PREMIUM AMOUNT STATE(S) <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i>	AN	83-182	100
	Report the state code(s) of state(s) where Retrospective Development Premium Amount does not apply.			
12	RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - FIRST FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	183-188	6
	Report the change in the retrospective development factor detailed in the first report. There is an assumed decimal point between positions 186 and 187.			
13	RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - SECOND FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	189-194	6
	Report the change in the retrospective development factor detailed in the second report. There is an assumed decimal point between positions 192 and 193.			
14	RETROSPECTIVE DEVELOPMENT FACTOR CHANGE -	N	195-200	6

Field No.	Field Title/Description	Class	Position	Bytes
	<p>THIRD FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the change in the retrospective development factor detailed in the third report.</p> <p>There is an assumed decimal point between positions 198 and 199.</p>			
15	<p>RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the effective date of change in the retrospective development factor.</p> <p>Format YYMMDD.</p>	N	201-206	6
16	<p>TAX MULTIPLIER FACTOR CHANGE - STATE (OTHER THAN F-CLASSES) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the changed/corrected Tax Multiplier Factor.</p> <p>Enter "01000" if not applicable.</p> <p>There is an assumed decimal point between positions 208 and 209.</p>	N	207-211	5
17	<p>TAX MULTIPLIER FACTOR CHANGE - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the changed/corrected Tax Multiplier Factor applicable to F-Classes only.</p> <p>Enter "01000" if not applicable.</p> <p>There is an assumed decimal point between positions 213 and 214.</p>	N	212-216	5
18	<p>TAX MULTIPLIER FACTOR CHANGE - EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the Tax Multiplier Factor changed.</p> <p>Format YYMMDD.</p>	N	217-222	6
19	RESERVED FOR FUTURE USE	AN	223-254	32
20	NAME OF INSURED	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>			
21	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
22	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT NONRATABLE CATASTROPHE ELEMENT OR SURCHARGE RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report "33".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report WC000510.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.	N	71-74	4
9	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	75-78	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
10	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	79-82	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
11	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	83-86	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
12	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	87-90	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
13	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	91-94	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
14	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	95-98	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
15	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	99-102	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
16	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	103-106	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
17	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	107-110	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
18	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	111-114	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
19	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	115-118	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
20	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	119-122	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
21	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	123-126	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
22	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	127-130	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
23	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	131-134	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
24	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	135-138	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
25	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	139-142	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
26	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	143-146	4
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
27	LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	147-150	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
28	RESERVED FOR FUTURE USE	AN	151-254	104
29	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
30	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
31	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT SHORT-TERM RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report "34".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report WC000511.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	POLICY NUMBER IDENTIFIER THAT CARRIES THE RETROSPECTIVE PREMIUM ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the unique identifier used for identifying the policy.	AN	71-88	18
9	RESERVED FOR FUTURE USE	AN	89-254	166
10	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	This field is required when this record is submitted using Transaction Code 03.			
11	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
12	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE Report "35".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report "36".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report WC000313.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF PERSON <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the name of the person waiving the right to recover payments.	AN	71-130	60
9	NAME OF ORGANIZATION <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i> Report the name of the organization waiving the right to recover payments.	AN	131-190	60
10	RESERVED FOR FUTURE USE	AN	191-254	64

Field No.	Field Title/Description	Class	Position	Bytes
11	<p>NAME OF INSURED <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
12	<p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NC, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
13	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT RECORD

1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> Report "37".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> Report WC000310.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	DESCRIPTOR CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> Report the code describing the corresponding person's position in the company. This is a recurring field. Repeat as needed. Code Description O Officer P Partner S Sole Proprietor (This code is not used for Record 38) X Other	A	71-71	1
9	NAME OF PERSON TO BE INCLUDED	AN	72-121	50

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>			
	Report the name of the person included for coverage on the policy.			
	This is a recurring field. Repeat as needed.			
10	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	N	122-123	2
	Report the code of the state covered by this endorsement record.			
	This is a recurring field. Repeat as needed.			
11	DESCRIPTOR CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	A	124-124	1
	Report the code describing the corresponding person's position in the company.			
	This is a recurring field. Repeat as needed.			
	Code Description			
	O Officer			
	P Partner			
	S Sole Proprietor (This code is not used for Record 38)			
	X Other			
12	NAME OF PERSON TO BE INCLUDED <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	AN	125-174	50
	Report the name of the person included for coverage on the policy.			
	This is a recurring field. Repeat as needed.			
13	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	N	175-176	2
	Report the code of the state covered by this endorsement record.			
	This is a recurring field. Repeat as needed.			
14	DESCRIPTOR CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	A	177-177	1
	Report the code describing the corresponding person's position in the company.			

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
	Code Description			
	O Officer			
	P Partner			
	S Sole Proprietor (This code is not used for Record 38)			
	X Other			
15	NAME OF PERSON TO BE INCLUDED <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	AN	178-227	50
	Report the name of the person included for coverage on the policy.			
	This is a recurring field. Repeat as needed.			
16	STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	N	228-229	2
	Report the code of the state covered by this endorsement record.			
	This is a recurring field. Repeat as needed.			
17	RESERVED FOR FUTURE USE	AN	230-254	25
18	NAME OF INSURED <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
19	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
20	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	44-45	2
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3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: CA, NCCI, NJ, NY, PA
OPTIONAL: MI

Report "38".

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: CA, NCCI, NJ, NY, PA
OPTIONAL: MI

Report WC000308.

6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	A	59-59	1
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NOT APPLICABLE: CA, NCCI, NJ, NY, PA
OPTIONAL: MI

Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.

7	CARRIER VERSION IDENTIFIER	AN	60-70	11
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NOT APPLICABLE: CA, NCCI, NJ, NY, PA
OPTIONAL: MI

Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.

8	DESCRIPTOR CODE	A	71-71	1
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NOT APPLICABLE: CA, NCCI, NJ, NY, PA
OPTIONAL: MI

Report the code describing the corresponding person's position in the company.

This is a recurring field. Repeat as needed.

Code	Description
O	Officer
P	Partner
S	Sole Proprietor

Field No.	Field Title/Description	Class	Position	Bytes
	(This code is not used for Record 38)			
	X Other			
9	NAME OF PERSON TO BE EXCLUDED NOT APPLICABLE: CA, NCCI, NJ, NY, PA OPTIONAL: MI Report the name of the person excluded from coverage on the policy. This is a recurring field. Repeat as needed.	AN	72-131	60
10	DESCRIPTOR CODE NOT APPLICABLE: CA, NCCI, NJ, NY, PA OPTIONAL: MI Report the code describing the corresponding person's position in the company. This is a recurring field. Repeat as needed. Code S – Sole Proprietor is not applicable for Endorsement Number WC000308. Code Description O Officer P Partner S Sole Proprietor (This code is not used for Record 38) X Other	A	132-132	1
11	NAME OF PERSON TO BE EXCLUDED NOT APPLICABLE: CA, NCCI, NJ, NY, PA OPTIONAL: MI Report the name of the person excluded from coverage on the policy. This is a recurring field. Repeat as needed.	AN	133-192	60
12	DESCRIPTOR CODE NOT APPLICABLE: CA, NCCI, NJ, NY, PA OPTIONAL: MI Report the code describing the corresponding person's position in the company. This is a recurring field. Repeat as needed. Code S – Sole Proprietor is not applicable for Endorsement Number WC000308.	A	193-193	1

Field No.	Field Title/Description	Class	Position	Bytes
	Code Description O Officer P Partner S Sole Proprietor (This code is not used for Record 38) X Other			
13	NAME OF PERSON TO BE EXCLUDED <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> Report the name of the person excluded from coverage on the policy. This is a recurring field. Repeat as needed.	AN	194-253	60
14	RESERVED FOR FUTURE USE	AN	254-254	1
15	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
16	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> Report the date that the endorsement to the policy becomes effective. Format YYMMDD.	N	289-294	6
17	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
AIRCRAFT PREMIUM ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> Report "39".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI, PA</i> Report WC000401.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> Report the code of the state in which the aircraft is based. This is a recurring field. Repeat as needed.	N	71-72	2
9	TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> Report the type of the aircraft. This is a recurring field. Repeat as needed.	AN	73-92	20

Field No.	Field Title/Description	Class	Position	Bytes
10	<p>PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium per seat. This is a recurring field. Repeat as needed.</p>	N	93-96	4
11	<p>MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the maximum charge amount per aircraft. This is a recurring field. Repeat as needed.</p>	N	97-101	5
12	<p>ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium for the aircraft. This is a recurring field. Repeat as needed.</p>	N	102-106	5
13	<p>STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the code of the state in which the aircraft is based. This is a recurring field. Repeat as needed.</p>	N	107-108	2
14	<p>TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the type of the aircraft. This is a recurring field. Repeat as needed.</p>	AN	109-128	20
15	<p>PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium per seat. This is a recurring field. Repeat as needed.</p>	N	129-132	4
16	<p>MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the maximum charge amount per aircraft.</p>	N	133-137	5

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
17	ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	138-142	5
	Report the amount of additional premium for the aircraft.			
	This is a recurring field. Repeat as needed.			
18	STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	AN	143-144	2
	Report the code of the state in which the aircraft is based.			
	This is a recurring field. Repeat as needed.			
19	TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	AN	145-164	20
	Report the type of the aircraft.			
	This is a recurring field. Repeat as needed.			
20	PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	165-168	4
	Report the amount of additional premium per seat.			
	This is a recurring field. Repeat as needed.			
21	MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	169-173	5
	Report the maximum charge amount per aircraft.			
	This is a recurring field. Repeat as needed.			
22	ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	174-178	5
	Report the amount of additional premium for the aircraft.			
	This is a recurring field. Repeat as needed.			
23	STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	179-180	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the code of the state in which the aircraft is based. This is a recurring field. Repeat as needed.			
24	TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	AN	181-200	20
	Report the type of the aircraft. This is a recurring field. Repeat as needed.			
25	PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	201-204	4
	Report the amount of additional premium per seat. This is a recurring field. Repeat as needed.			
26	MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	205-209	5
	Report the maximum charge amount per aircraft. This is a recurring field. Repeat as needed.			
27	ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	210-214	5
	Report the amount of additional premium for the aircraft. This is a recurring field. Repeat as needed.			
28	STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	N	215-216	2
	Report the 2-digit code of the state in which the aircraft is based. This is a recurring field. Repeat as needed.			
29	TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i>	AN	217-236	20
	Report the type of the aircraft. This is a recurring field. Repeat as needed.			
30	PASSENGER SEAT CHARGE AMOUNT	N	237-240	4

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium per seat.</p> <p>This is a recurring field. Repeat as needed.</p>			
31	<p>MAXIMUM CHARGE AMOUNT</p> <p><i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the maximum charge amount per aircraft.</p> <p>This is a recurring field. Repeat as needed.</p>	N	241-245	5
32	<p>ESTIMATED PREMIUM AMOUNT</p> <p><i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium for the aircraft.</p> <p>This is a recurring field. Repeat as needed.</p>	N	246-250	5
33	<p>RESERVED FOR FUTURE USE</p>	AN	251-254	4
34	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
35	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
36	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report "40".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report WC000303.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	71-72	2
9	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	73-74	2
10	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage.	N	75-76	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
11	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	77-78	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
12	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	79-80	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
13	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	81-82	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
14	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	83-84	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
15	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	85-86	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
16	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	87-88	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
17	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	89-90	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
18	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	91-92	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
19	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	93-94	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
20	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	95-96	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
21	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	97-98	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
22	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	99-100	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
23	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	101-102	2
	Report the code of the state in providing this coverage. This is a recurring field. Repeat as needed.			
24	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	103-104	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
25	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	105-106	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
26	STATE CODE	N	107-108	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>			
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
27	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	109-110	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
28	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	111-112	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
29	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	113-114	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
30	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	115-116	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
31	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	117-118	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
32	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	119-120	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
33	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	121-122	2
	Report the code of the state in providing this coverage.			
	This is a recurring field. Repeat as needed.			

Field No.	Field Title/Description	Class	Position	Bytes
34	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	123-124	2
35	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	125-126	2
36	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	127-128	2
37	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	129-130	2
38	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	131-132	2
39	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	133-134	2
40	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p>	N	135-136	2
41	<p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage.</p>	N	137-138	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
42	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	139-140	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
43	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	141-142	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
44	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	143-144	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
45	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	145-146	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
46	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	147-148	2
	Report the code of the state in providing this coverage.			
	This is a recurring field. Repeat as needed.			
47	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	149-150	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
48	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	151-152	2
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
49	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	153-154	2

Field No.	Field Title/Description	Class	Position	Bytes
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
50	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	155-156	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
51	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	157-158	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
52	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	159-160	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
53	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	161-162	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
54	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	163-164	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
55	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	165-166	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
56	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>	N	167-168	2
	Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.			
57	STATE CODE	N	169-170	2

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>			
	Report the code of the state providing this coverage.			
	This is a recurring field. Repeat as needed.			
58	RESERVED FOR FUTURE USE	AN	171-254	84
59	NAME OF INSURED	AN	255-288	34
	<i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>			
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
60	ENDORSEMENT EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i>			
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
61	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report "41".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report WC000315.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF FARM OR AGRICULTURAL WORKERS <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report the names or descriptions of workers to which the endorsement applies.	AN	71-145	75
9	NAME OF DOMESTIC OR HOUSEHOLD WORKERS <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report the name of the domestic or household worker to which the endorsement applies.	AN	146-220	75
10	RESERVED FOR FUTURE USE	AN	221-254	34

Field No.	Field Title/Description	Class	Position	Bytes
11	NAME OF INSURED <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field required when this record is submitted using Transaction Code 03.	AN	255-288	34
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report the code of the state covered by this endorsement record. If this endorsement applies to all states reported on an interstate policy, report "99".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report "42".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report WC000412.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	CONTINGENT MODIFICATION EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report the date on which the contingent experience modification becomes effective on the policy. Format YYMMDD.	N	71-76	6
9	CONTINGENT EXPERIENCE MODIFICATION FACTOR <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report the factor.	N	77-80	4

Field No.	Field Title/Description	Class	Position	Bytes
	There is an assumed decimal point between positions 77 and 78.			
10	RESERVED FOR FUTURE USE	AN	81-254	174
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DEDUCTIBLE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report the code of the state covered by this endorsement record. A Deductible Endorsement Record must be submitted for each state where the deductible provisions apply.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report "43".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report the standard national or state number of the Deductible Endorsement Record applicable to the deductible information. Use Endorsement WC000603 or jurisdictionally approved endorsement number. Use Endorsement WC370403. N/A: MA, MI, MN, NC, NCCI Use Endorsements WC200602 or WC200603 or filed and approved carrier endorsement number. N/A: MI, MN, NC, NCCI, PA	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i>	AN	60-70	11

Field No.	Field Title/Description	Class	Position	Bytes
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	LOSSES SUBJECT TO DEDUCTIBLE CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: MI, MN</i>	N	71-72	2
	Report the code that identifies the type of deductible being reported.			
	Code Description			
	00 No Deductible			
	01 Medical Losses Only			
	02 Indemnity Losses Only			
	03 Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.			
9	BASIS OF DEDUCTIBLE CALCULATION CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: MI, MN</i>	N	73-74	2
	Report the code that identifies the type of deductible being reported.			
	Code Description			
	00 No Deductible			
	01 Per Claim Deductible Amount			
	02 Per Accident Deductible Amount N/A: MA			
	03 Per Policy Deductible Aggregate Limit N/A: MA			
	04 Percent of Claim Cost N/A: MA			
	05 Percent of Premium N/A: MA			
	06 Coinsurance Only Percent With Per Claim Amount Limit N/A: MA			
	07 Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit N/A: MA			
	08 Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit N/A: MA			
	09 Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit			
	10 Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit N/A: MN			

Field No.	Field Title/Description	Class	Position	Bytes
	11 Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit N/A: MA, MN			
	12 Variable -- as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined.			
	13 Negotiated N/A: MA, MN			
10	DEDUCTIBLE PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, NJ, NY, PA, WI</i> <i>OPTIONAL: MI, MN</i> Report the whole percentage of the deductible to be paid by the insured, if applicable, as defined by the deductible program.	N	75-76	2
11	DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report the loss amount by claim or by accident or for each occurrence to be paid by the insured, as defined by the deductible program.	N	77-85	9
12	DEDUCTIBLE AMOUNT - AGGREGATE <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: MI, MN</i> Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program—coinsurance only percent with Per Claim and Per Policy Aggregate Limit.	N	86-94	9
13	PREMIUM REDUCTION PERCENTAGE <i>NOT APPLICABLE: CA, DE, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report the applicable corresponding percentage of the deductible amount. There is an assumed decimal point between positions 96 and 97.	N	95-99	5
14	RESERVED FOR FUTURE USE	AN	100-254	155
15	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, NCCI, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
16	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
17	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> Report "44".	AN	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC000424. Required for Voluntary policies. N/A: NC Required for Assigned Risk policies.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> Report the US Postal Services abbreviation of the state. This is a recurring field. Repeat as needed.	A	71-72	2
9	BASIS OF AUDIT NONCOMPLIANCE CHARGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> Report the method for calculating the audit noncompliance charge.	AN	73-122	50

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
10	MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	N	123-126	4
	Report the multiplier used in the audit noncompliance charge calculation.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal between positions 123 and 124.			
	Enter "2" in this field. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	A	127-128	2
	Report the US Postal Services abbreviation of the state.			
	This is a recurring field. Repeat as needed.			
12	BASIS OF AUDIT NONCOMPLIANCE CHARGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	AN	129-178	50
	Report the method for calculating the audit noncompliance charge.			
	This is a recurring field. Repeat as needed.			
13	MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	N	179-182	4
	Report the multiplier used in the audit noncompliance charge calculation.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal between positions 179 and 180.			
14	STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	A	183-184	2
	Report the US Postal Services abbreviation of the state.			
	This is a recurring field. Repeat as needed.			
15	BASIS OF AUDIT NONCOMPLIANCE CHARGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i>	AN	185-234	50

Field No.	Field Title/Description	Class	Position	Bytes
	<i>OPTIONAL: NC</i>			
	Report the method for calculating the audit noncompliance charge.			
	This is a recurring field. Repeat as needed.			
16	MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	N	235-238	4
	Report the multiplier used in the audit noncompliance charge calculation.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal between positions 235 and 236.			
17	RESERVED FOR FUTURE USE		239-254	16
18	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	AN	255-288	34
	Report the first 34 positions of the primary name of the insured.			
	This field is required when the record is submitted using Transaction Code 03. N/A: NCCI			
19	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
20	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE STATE PREMIUM CHANGE RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the code of the state covered by this endorsement record.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report "84". This Record Type Code will accommodate changes to the policy premium information not included in Record Type Codes 09, 10 and 87. Record Type Code 84 may only be reported using Transaction Code 03. Record Type Code 84 may not be reported on complete policy transactions. Effective 07/01/16 this record will no longer be accepted. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	DATA ELEMENT CHANGE IDENTIFICATION NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the type of change by reporting one of the corresponding change identification numbers: WC840401 Experience Modification Plan Type Code WC840402 Other Individual Risk Rating Factor WC840405 Estimated State Standard Premium Total WC840406 Expense Constant Amount WC840408 Premium Discount Amount WC840409 Pro-Rated Expense Constant Amount Reason Code WC840410 Pro-Rated Minimum Premium Amount Reason Code WC840411 Reason State Was Added to Policy Code	AN	51-58	8

Field No.	Field Title/Description	Class	Position	Bytes
	WC840412 Assigned Risk Adjustment Program (ARAP) Factor			
	WC840413 Type of Non-Standard ID Code			
	WC840414 Independent DCO Risk ID Number / File Number / Account Number			
6	RESERVED FOR FUTURE USE	AN	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	EXPERIENCE MODIFICATION PLAN TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	71-71	1
	Report the type of experience modification factor.			
	Code Description			
	1 Bureau Plan Modification Factor			
	2 Bureau Plan Modification Factor Deviated by Flat Percentage			
	3 Independent Company Plan Modification Factor Report this code for any modification factor resulting from an independently filed rating plan based on an insured's loss experience and used to modify the insured's manual premium on a prospective basis. This would include any factor based on a bureau's standard experience rating plan modified for independently filed ELR and D ratios.			
9	OTHER INDIVIDUAL RISK RATING FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	72-75	4
	Report the factor resulting from any rating plan based on the insured's characteristics other than its loss experience and used to modify the manual premium amount on a prospective basis (e.g., schedule rating).			
	If more than one factor is applicable, enter the composite factor.			
	Insurers may, at their option, report the total dollar effect of these factors on a Record Type Code 05 under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.			
	The factor to be entered is the decimal complement of percentage credits or debits.			
	There is an assumed decimal point between positions 72 and 73.			
10	RESERVED FOR FUTURE USE	AN	76-80	5

Field No.	Field Title/Description	Class	Position	Bytes
11	ESTIMATED STATE STANDARD PREMIUM TOTAL <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i>	N	81-90	10
	Report the total state standard premium.			
	Refer to individual state Bureau Manual for definition of standard premium.			
12	EXPENSE CONSTANT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	91-100	10
	Report the dollar amount representing a premium charge that applies to every policy.			
	This should never be reported as an Exposure Record (Record Type Code 05).			
	If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the expense constant amount.			
13	RESERVED FOR FUTURE USE	AN	101-110	10
14	PREMIUM DISCOUNT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	111-120	10
	Report the amount that is discounted from the total premium.			
	This should never be reported as an Exposure Record (Record Type Code 05).			
	If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the premium discount amount.			
15	PRO-RATED EXPENSE CONSTANT AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	121-121	1
	Report the code associated with the reason the Expense Constant Amount is not the full year amount.			

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

Field No.	Field Title/Description	Class	Position	Bytes
16	PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	122-122	1

Report the code associated with the reason the Minimum Premium Amount is not the full year amount.

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

17	REASON STATE WAS ADDED TO THE POLICY CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	123-123	1
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Report the code associated with the reason why the state was added to the policy.

Code Description

- 0 Field Does Not Apply
For all states reported on a new policy. Continue to report "0" on any subsequent full policy replacement transactions if there are no state changes.
- 1 State Added Because of Audit
For all states added to a new or renewal policy due to audit findings. Continue to report "1" on any subsequent full policy replacement transactions if there are no additional state changes.
- 2 State Added for any Other Reason
For all states added to a current new or renewal policy. Continue to report "2" on any subsequent full policy replacement transactions if there are no additional state changes.
- 3 State Added at Time of Renewal N/A: WI
For all states added at time of renewal. Continue to report "3" on any subsequent full policy replacement transactions if there are no additional state changes.
- 4 State Added to Cover a Lapse in Coverage N/A: CA,

Field No.	Field Title/Description	Class	Position	Bytes
	DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
18	PREVIOUSLY REPORTED EXPERIENCE MODIFICATION EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the Experience Modification Effective Date previously reported on the corresponding State Premium Record that is being changed. Updates to the Experience Modification Effective Date are not to be made using this record. Use Record Type Code 10 to report the revised Experience Modification Effective Date.	N	124-129	6
19	PREVIOUSLY REPORTED ANNIVERSARY RATING DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the Anniversary Rating Date previously reported on the corresponding State Premium Record that is being changed. Not Applicable for policies effective 05/01/2017 and after. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA Updates to the Anniversary Rating Date are not to be made using this record. Use Record Type Code 09 to report the revised Anniversary Rating Date.	N	130-135	6
20	ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the ARAP factor. There is an assumed decimal point between Positions 136 and 137.	N	136-139	4
21	TYPE OF NON-STANDARD ID CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA</i> <i>OPTIONAL: WI</i> Report the code that indicates the type of non-standard workers compensation policy. Code Description 01 Non-Standard Code Does Not Apply 02 Excluding Medical N/A: DE, MA, NC, PA, WI 03 Reserved for Future Use 04 Reserved for Future Use 05 Excess Policy N/A: DE, MN, NC, NY, PA, WI For NCCI, this code is required for WV only.	N	140-141	2

Field No.	Field Title/Description	Class	Position	Bytes
06	Excess Medical N/A: DE, MN, NC, NCCI, PA, WI			
07	Reserved for Future Use			
08	Coverage Excludes Certain Individuals Listed on Exclusion Endorsement , such as officers, partners, sole proprietors or others N/A: MN, NC, NY, WI			
09	Voluntary Coverage Not Mandatory by State Act N/A: MN, NC, NY, WI			
99	Self-Insured Groups N/A: DE, MN, NC, NCCI, NY, PA, WI This code is not used in this specification.			
22	INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> <i>OPTIONAL: CA</i> Report the risk identification number assigned by the appropriate DCO other than NCCI.	AN	142-156	15
23	RESERVED FOR FUTURE USE	AN	157-254	98
24	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
25	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the date that the endorsement becomes effective on the policy.	N	289-294	6
26	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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POLICY INFORMATION PAGE SUPPLEMENTAL DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	44-45	2
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3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA

Report "85".

This Record Type Code will accommodate changes to the information page that are not included in Record Type Code 87.

Record Type Code 85 may only be reported using Transaction Code 03. Record Type Code 85 may not be reported on complete policy transactions.

Effective 07/01/16 this record will no longer be accepted. N/A: CA, MA, MI, MN, NC, NJ, NY

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	DATA ELEMENT CHANGE IDENTIFICATION NUMBER	AN	51-58	8
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NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA

Report the type of change by reporting the corresponding change identification numbers.

WC850601 Experience Rating Code

WC850602 Third Party Entity FEIN

WC850603 Type of Coverage ID Code

WC850604 Employee Leasing Policy Type Code

WC850605 Policy Term Code

WC850606 Prior Policy Number Identifier

WC850608 Type of Plan ID Code

WC850609 Business Segment Identifier

WC850610 Policy Minimum Premium

WC850611 Policy Minimum Premium State Code

WC850612 Policy Estimated Standard Premium Total

WC850613 Policy Deposit Premium Amount

Field No.	Field Title/Description	Class	Position	Bytes
	WC850616 Retrospective Rating Code			
	WC850617 Group Coverage Status			
	WC850618 Assignment Date			
	WC850620 Wrap-Up/OCIP Code			
6	RESERVED FOR FUTURE USE	AN	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	EXPERIENCE RATING CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA</i>	N	71-71	1
	Report the code describing the policy.			
	Code Description			
	1 Interstate Rated Only			
	2 Inter- and Intrastate Rated N/A: NC			
	3 Intrastate Rated Only			
	4 Reserved for Future Use			
	5 Not Rated			
9	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	N	72-80	9
	Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider (on behalf of the Insurance Carrier).			
10	TYPE OF COVERAGE ID CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, PA</i>	N	81-82	2
	Report the code that indicates the type of coverage.			
	Code Description			
	01 Standard Workers Compensation Policy			
	02 Alternative Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI			
	03 Group Policy N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI			

Field No.	Field Title/Description	Class	Position	Bytes
	For NCCI, this code is required for Texas only.			
04	Reserved for Future Use			
05	Large Risk Rated Option / Large Risk Alternative Rating Option N/A: MI, MN, NC, NCCI, NY			
09	Nonstandard Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI This code is not used in this specification.			
10	Reserved for Future Use			
11	EMPLOYEE LEASING POLICY TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, PA</i>	N	83-83	1
	Report the code that identifies the type of Employee Leasing policy.			
	Code Description			
1	Non-Employee Leasing Policy Employers covered under this policy are not part of an Employee Leasing arrangement.			
2	Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers N/A: CA, MA, MN, NJ, NY, WI The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are covered under this policy.			
3	Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company (ELC) The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the non-leased workers of the ELC only. The leased workers of the ELC are not covered under this policy. This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, WI MA endorsement WC200305 – Exclusion of Coverage for Leased Employees must be included on the employee listing company policy for the non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI			
4	Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company N/A: DE, MA, MN, NJ The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client			

Field No.	Field Title/Description	Class	Position	Bytes
	Company are not covered under this policy. This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, PA, WI First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA			
5	Employee Leasing Policy For Leased Workers of a Single Client Company N/A: DE The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only. This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, PA The primary name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NY MA endorsement WC200304 – Massachusetts Employee Leasing Endorsement must be included on the policy for the workers leased to a client. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI			
6	Client Company Policy For Non-Leased Workers of Client Company N/A: DE, MA The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy. This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI			
7	Client Company Policy For Leased And Non-Leased Workers of Client Company N/A: DE, MA, MN, NJ The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company. This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			

Field No.	Field Title/Description	Class	Position	Bytes
8	<p>Employee Leasing Policy For Leased Workers of Multiple Client Companies; Excludes ELC Non-Leased Workers N/A: CA, DE, MA, MN, NJ, NY, PA</p> <p>The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are not covered under this policy.</p> <p>Endorsement WC480314 must be included. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</p>			
9	<p>Employee Leasing Policy for Leased Workers of a Single Client Company where the policy is purchased by the Client.</p> <p>This is applicable on all policies effective 4/1/18 or after. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</p>			
12	<p>POLICY TERM CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the code used to indicate the length/type of the policy term.</p> <p>Code Description</p> <p>1 Standard One-Year</p> <p>2 Three-Year Fixed Rate N/A: MA, NJ</p> <p>3 Continuous Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>4 Short-Term (Less Than One Year)</p> <p>5 Three-Year Variable (First Year) N/A: MN</p> <p>6 Three-Year Variable (Second Year) N/A: MN</p> <p>Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.</p> <p>7 Three-Year Variable (Third Year) N/A: MN</p> <p>Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.</p> <p>8 Other, i.e., a policy issued for more than one year and sixteen days, but less than three years.</p> <p>Endorsement WC000405 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).</p>	N	84-84	1

Field No.	Field Title/Description	Class	Position	Bytes
	This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. N/A: MI, MN, NCCI			
13	PRIOR POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i>	AN	85-102	18
	Report the policy number of the policy providing previous coverage. Do not report any embedded blanks or marks of punctuation.			
14	RESERVED FOR FUTURE USE	AN	103-108	6
15	TYPE OF PLAN ID CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	109-109	1
	Report the code that defines the type of plan used to underwrite the coverage.			
	Code Description			
	1 Voluntary Policy			
	2 Normal Assigned Risk Policy N/A: NY, PA			
	3 Reserved for Future Use			
	4 Reserved for Future Use			
	5 Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program N/A: DE, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	6 Reserved for Future Use			
	7 Assigned Risk Policy Originally Assigned by Another DCO N/A: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI			
16	BUSINESS SEGMENT IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	N	110-116	7
	Report the series of identifying codes maintained and reported by the data provider.			
17	POLICY MINIMUM PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	117-126	10
	Report the minimum premium amount that would be charged for the policy if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts.			

Field No.	Field Title/Description	Class	Position	Bytes
18	POLICY MINIMUM PREMIUM STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	127-128	2
	Report the code of the state on which the policy minimum premium amount is based.			
19	POLICY ESTIMATED STANDARD PREMIUM TOTAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	129-138	10
	Report the sum of the estimated state standard premiums reported on all state premium records (Record Type Code 04) submitted for the transaction.			
20	POLICY DEPOSIT PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	139-148	10
	Report the deposit premium amount to be collected for the policy.			
21	RESERVED FOR FUTURE USE	AN	149-150	2
22	RETROSPECTIVE RATING CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i>	N	151-151	1
	Report the code corresponding to the policy.			
	Code Description			
	1 Retrospective Rated— Endorsements submitted via an electronic record N/A: MA, NCCI			
	2 Retrospective Rated—Endorsements submitted via hard copy N/A: MA, NC, NCCI, WI			
	3 Not Retrospective Rated			
	4 Retrospective Rated—Endorsements submitted via an electronic record and hard copy N/A: MA, NC, NCCI, WI			
	5 Retrospective Rated N/A: MI, MN, NJ, NY, WI			
23	GROUP COVERAGE STATUS CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	152-152	1
	Report the code identifying if the policy was written as part of group coverage.			
	Code Description			
	0 Non-Group Coverage			
	1 Group Member Coverage			
	2 Group Master Coverage			
24	ASSIGNMENT DATE	N	153-158	6

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date of notice assigned by the administrator of involuntary market coverage.</p> <p>This field is required when the Type of Plan ID Code (position 108 of the Header Record) is not "1".</p> <p>Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.</p>			
25	RESERVED FOR FUTURE USE	AN	159-176	18
26	<p>WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the code that is used to indicate whether the policy covers a wrap-up.</p> <p>In the case of a wrap-up policy (code is "1"), the project description must be provided on an Address Record (Record Type Code 03) with the Address Type Code as "4" (Wrap-Up Project Description).</p> <p>Code Description</p> <p>1 Wrap-Up/OCIP Policy N/A: CA</p> <p>2 Non-Wrap-Up/Non-OCIP Policy</p> <p>3 OCIP Job Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>4 OCIP Master Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p>	N	177-177	1
27	RESERVED FOR FUTURE USE	AN	178-254	77
28	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
29	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p>	N	289-294	6
30	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE CLASS AND/OR RATE CHANGE AND OTHER ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report the code of the state covered by this endorsement record.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report "86". This Record Type Code will accommodate changes to a class and/or a rate when associated with Policy Information Page Change Endorsement WC890600. You cannot include more than one set of Transaction Code 03, with the same transaction issue date, for the same policy on the same submission. Record Type Code 86 may only be reported using Transaction Code 03. Record Type Code 86 may not be reported on complete policy transactions. Effective 07/01/16 this record will no longer be accepted. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report WC890415.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EXPOSURE PERIOD EFFECTIVE DATE	N	71-76	6

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>			
	Report the exposure's effective date when exposure amounts are reported on a split period basis.			
9	CLASSIFICATION CODE REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	A	77-77	1
	Report the code that describes the action to be taken regarding the classification code reported in positions 78-81.			
	Deletes will be processed first.			
	For codes C and D, use the Exposure Period Effective Date, Classification Code, Exposure Act/Exposure Coverage Code, Classification Wording Suffix (if applicable), Name Link Identifier, State Code Link, and Exposure Record Link for Exposure Code for matching changed data to the original.			
	None of these data items may be changed using code C. Use the delete and add option when changing these items.			
	Code Description			
	A Add Classification Code To Policy			
	C Change Classification Code Information			
	D Delete Classification Code From the Policy			
10	CLASSIFICATION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	78-81	4
	Report the appropriate classification code.			
11	EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	82-83	2
	Report the code describing the coverage for the classification code reported.			
	Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
	The Classification Code is in positions 78-81 of this record.			
	Code Description			
	00 For Use with Statistical Codes			
	01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act			
	02 USL&HW "F" or USL&HW Coverage on Non-F-Classes			
	03 Federal Mine Safety and Health Act Only N/A: CA,			

Field No.	Field Title/Description	Class	Position	Bytes
03	Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
04	Federal Mine Safety and Health Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY			
05	Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only.			
06	Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
07	Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
08	Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only.			
09	Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	Reserved for Future Use			
12	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the rate charged by the carrier for the classification reported. The Classification Code is in positions 78-81 of this record. When reporting the percentage for statistical classification codes 0935, 0936, 0937, 0942, or 9046, report a factor. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI There is an assumed decimal point between positions 89 and 90.	N	84-93	10
13	ESTIMATED EXPOSURE AMOUNT <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report the amount that is the basis for determining premium on a per classification level. For non-payroll exposure amounts, report only to the nearest two decimal places for which there is an assumed decimal point between positions 103 and 104.	N	94-105	12

Field No.	Field Title/Description	Class	Position	Bytes
	<p>If the exposure amount is on an “if any” basis, or if the reported classification is one for a miscellaneous premium charge not requiring exposure, report zeros.</p> <p>For three-year variable rate policies or continuous policies, report the exposure amount for the rating period.</p> <p>For policies reported on a split period basis, report the exposure amount for the policy period represented by the revised Exposure Period Effective Date (positions 79–84).</p>			
14	<p>ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the premium amount corresponding to the classification code on this record.</p> <p>If the exposure amount for the classification code is on an “if any” basis, report zeros.</p> <p>For three-year variable rate policies or continuous policies, report the premium amount for the rating period.</p> <p>For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (positions 71–76).</p> <p>There are many miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes given in the appropriate Manual or Statistical Plan.</p> <p>For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p>	N	106-115	10
15	<p>CLASSIFICATION WORDING SUFFIX <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the suffix that will provide a cross-reference to the Manual classification wording.</p> <p>If classification wording suffix is reported, then classification wording (positions 118–218) is not required.</p> <p>Primary Wording is reported as 00.</p>	AN	116-117	2
16	<p>CLASSIFICATION WORDING <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report the wording that describes the classification reported.</p>	A	118-218	101

Field No.	Field Title/Description	Class	Position	Bytes
	To be reported by those insurers unable to provide a Classification Wording Suffix (positions 116-117). Insurers that do provide a Classification Wording Suffix may leave this field blank.			
17	NAME LINK IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	219-221	3
	Report the Name Link Identifier associated with the Address Record. In the event that one classification code applies to multiple addresses, multiples of this endorsement record for that classification code may be reported with each endorsement record having the payroll and premium corresponding to each particular address.			
18	STATE CODE LINK <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	222-223	2
	Report the code for the state covered by this record.			
19	EXPOSURE RECORD LINK FOR EXPOSURE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	224-228	5
	Report the Exposure Record Link Code associated with the address record corresponding to this endorsement record.			
20	CLASSIFICATION USE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	A	229-229	1
	Report one of the following codes to indicate if the Company Use class code applies to Unit Report, Financial Calls, or both. For Company Use class codes only. For other than Company Use class codes, this is optional, and a blank or zero may be reported. This field is for ISO use only.			
	Code Description			
	B Data Should Be Used for Both Unit Reports and Financial Calls			
	N Data Should Be Used for Financial Calls Only			
	U Data Should Be Used in Unit Reports Only			
21	EXPOSURE PERIOD CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> <i>OPTIONAL: WI</i>	N	230-230	1

Field No.	Field Title/Description	Class	Position	Bytes
	Report the code describing the period covered by the reported exposure. The reported exposure is in positions 94-105 of this record.			
	Code Description			
	1 Annual			
	2 Three Year			
	3 Less Than Annual or Split Period			
	4 Greater Than Annual But Less Than Three Years			
22	NUMBER OF PIECES OF APPARATUS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	231-233	3
	Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).			
23	NUMBER OF VOLUNTEERS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	234-236	3
	Report the amount of volunteers associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).			
24	RESERVED FOR FUTURE USE	AN	237-254	18
25	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
26	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
27	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	44-45	2
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3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: DE, MA, MI, MN, PA

Report "87".

This Record Type Code will accommodate changes to certain data elements associated with certain endorsement numbers indicated in the Policy Information Page Change Endorsement WC890600. Premium changes cannot be made via this record.

Record Type Code 87 may only be reported using Transaction Code 03, for any of the listed endorsement numbers. Record Type Code 87 may not be reported on complete policy transactions.

A separate record is required for each data element changed. Certain data elements may require multiple change endorsement records.

Effective 07/01/16 this record will no longer be accepted. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: DE, MA, MI, MN, PA

Report the appropriate endorsement number associated with the change.

Enter WC890602 for changes to Policy Number Identifier.

Enter WC890603 for changes to Policy Effective Date.

Enter WC890604 for changes to Policy Expiration Date.

Enter WC890607 for changes to Producer Name.

Enter WC890610 for changes to Legal Nature of Insured.

Enter WC890611 for changes to Item 3.A. States N/A: NCCI

Enter WC890612 for changes to Item 3.B. Employer Liability Limit Amounts. N/A: NCCI

Enter WC890613 for changes to Item 3.C. State Codes.
 N/A: NCCI

Field No.	Field Title/Description	Class	Position	Bytes
	Enter WC890416 for changes to Interim Adjustment Of Premium. N/A: NCCI, NJ			
	Enter WC890618 for changes to Interstate/Intrastate Risk ID. N/A: NCCI, NJ			
	Enter WC890614 for changes to Item 3.D. Endorsement Numbers. N/A: NCCI			
	Enter WC890619 for changes to Carrier Code.			
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i>	A	59-59	1
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.			
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	CARRIER CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, PA</i>	N	71-75	5
	Report the code assigned to the reporting company by NCCI or other DCO.			
	The endorsement effective date must equal the policy effective date.			
9	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, PA</i>	AN	76-93	18
	Report the characters used to uniquely identify the revised policy.			
	The endorsement effective date must equal the policy effective date.			
	Do not report any embedded blanks or marks of punctuation.			
10	POLICY EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, PA</i>	N	94-99	6
	Report the revised effective date of the policy.			
	The endorsement effective date must equal the policy effective date.			
	Format YYMMDD.			
11	POLICY EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i>	N	100-105	6

Field No.	Field Title/Description	Class	Position	Bytes
	Report the revised expiration date of the policy. Format YYMMDD.			
12	LEGAL NATURE OF INSURED CODE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i>	N	106-107	2
	Report the code corresponding to the revised legal nature. Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.			
	Code Description			
	01 Individual			
	02 Partnership			
	03 Corporation			
	04 Association, Labor Union, Religious Organization			
	05 Limited Partnership			
	06 Joint Venture			
	07 Common Ownership N/A: MI, WI			
	08 Multiple Status N/A: CA, MI, WI			
	09 Joint Employers N/A: MI, WI			
	10 Limited Liability Company (LLC)			
	11 Trust or Estate			
	12 Executor or Trustee N/A: CA, MI, WI			
	13 Limited Liability Partnership			
	14 Governmental Entity			
	99 Other			
13	TEXT FOR "OTHER" LEGAL NATURE OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	108-127	20
	Report the text describing the revised legal nature of insured. Only provide if reporting Code 99 (Other) in positions 106-107.			
14	ITEM 3.A/3.C. CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	A	128-128	1
	Report the code that identifies that policy item that has changed.			

Field No.	Field Title/Description	Class	Position	Bytes
	<p>This method cannot be submitted to those rating organizations whose state(s) are being added and/or deleted. Transaction Code 15 must be submitted to those rating organizations where state(s) are being added and/or deleted.</p> <p>If both Item 3.A. and Item 3.C. are being revised, then multiple change endorsement record(s) are required.</p> <p>Code Description</p> <p>A State codes in Item 3.A. of the policy are being revised.</p> <p>C State codes in Item 3.C. of the policy are being revised.</p>			
15	<p>ITEM 3.C INCLUSION / EXCLUSION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code used to identify whether the states reported are included or excluded from policy coverage.</p> <p>The State Codes for Item 3.A. or Item 3.C. is in positions 130-159 of this record.</p> <p>Code Description</p> <p>1 States listed are included in policy coverage or POC notice.</p> <p>2 States listed are excluded from policy coverage or POC notice.</p> <p>3 No other states coverage afforded. This is primarily used with wrap-ups/OCIPs.</p>	N	129-129	1
16	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>	N	130-131	2
17	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>	N	132-133	2
18	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C.</p>	N	134-135	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>			
19	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C.</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>	N	136-137	2
20	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C.</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>	N	138-139	2
21	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C.</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>	N	140-141	2
22	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C.</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p> <p>This is a recurring field. Repeat as needed.</p>	N	142-143	2
23	<p>STATE CODES FOR ITEM 3.A. OR ITEM 3.C.</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.</p> <p>More than one record may be used.</p>	N	144-145	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
24	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	N	146-147	2
	Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.			
	More than one record may be used.			
	This is a recurring field. Repeat as needed.			
25	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	N	148-149	2
	Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.			
	More than one record may be used.			
	This is a recurring field. Repeat as needed.			
26	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	N	150-151	2
	Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.			
	More than one record may be used.			
	This is a recurring field. Repeat as needed.			
27	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	N	152-153	2
	Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.			
	More than one record may be used.			
	This is a recurring field. Repeat as needed.			
28	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	N	154-155	2
	Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any.			
	More than one record may be used.			
	This is a recurring field. Repeat as needed.			
29	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i>	N	156-157	2
	Report the revised codes for all states to be included in Item			

Field No.	Field Title/Description	Class	Position	Bytes
	3.A. or Item 3.C. after the change if any. More than one record may be used. This is a recurring field. Repeat as needed.			
30	STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. More than one record may be used. This is a recurring field. Repeat as needed.	N	158-159	2
31	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury caused by accident.	N	160-169	10
32	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – policy limit.	N	170-179	10
33	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – each employee.	N	180-189	10
34	PREMIUM ADJUSTMENT PERIOD CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA</i> Report the code that represents when the premium will be reviewed/adjusted. Code Description 1 Annual 2 Semiannual 3 Quarterly 4 Monthly	N	190-190	1

Field No.	Field Title/Description	Class	Position	Bytes
	5 Other			
35	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	191-198	8
	Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy.			
36	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	A	199-199	1
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 191-198.			
37	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	200-210	11
	Report the carrier specific form number as filed and approved.			
38	NAME OF PRODUCER <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i>	AN	211-240	30
	Report the name of the producer responsible for placing the business with the insurer.			
39	INTERSTATE RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, PA</i>	N	241-249	9
	Report the revised Interstate Risk ID Number.			
40	RESERVED FOR FUTURE USE	AN	250-250	1
41	ENDORSEMENT NUMBER REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	A	251-251	1
	Report the code that describes the action to be taken regarding the endorsements reported. The endorsements reported are in positions 191-210. Endorsements may not be changed by submitting a net replacement (one record for every endorsement) of all endorsements on a policy. To change an endorsement number, submit two records: one deleting the endorsement number requiring the change and one adding the correct endorsement number.			
	Code Description			
	A Add Endorsement Number to Policy			

Field No.	Field Title/Description	Class	Position	Bytes
	D Delete Endorsement Number From Policy			
42	RESERVED FOR FUTURE USE	AN	252-252	1
43	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	253-254	2
	Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with "01".			
44	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
45	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
46	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	RESERVED FOR FUTURE USE	AN	44-45	2
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3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA

Report "88".

This Record Type Code will accommodate changes to the name of insured of a policy associated with Policy Information Page Change Endorsement WC890600.

Names may be changed by adding and/or deleting only the name(s) affected by the change.

For submissions received on or after 10/01/2010 names may no longer be changed by submitting a net replacement (one record per name) of all names on a policy.

You cannot include more than one set of Transaction Code 03, with the same Transaction Issue Date, for the same policy on the same submission.

Record Type Code 88 may only be reported using Transaction Code 03. Record Type Code 88 may not be reported on complete policy transactions.

This record will replace all fields in the Name Record (Record Type Code 02) previously reported.

Effective 07/01/16 this record will no longer be accepted. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA

Report WC890601.

6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	A	59-59	1
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NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA

Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.

7	CARRIER VERSION IDENTIFIER	AN	60-70	11
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NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA

Field No.	Field Title/Description	Class	Position	Bytes
8	<p>Report the identifier used by the carrier to determine the version of the endorsement applied to the policy</p> <p>NAME TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code representing the type of name.</p> <p>String name type records are to be used by those insurers unable to provide separate formatted personal/commercial Name Records.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p> <p>Code Description</p> <p>1 Personal Name Type This is a separate personal Name Record of a Name Link Identifier. Format last name, first name, middle name or initial. The commas are delimiters.</p> <p>2 Commercial Name Type This is a separate commercial Name Record of a Name Link Identifier.</p> <p>3 String Name Type N/A: CA, DE, MN, PA This is a Name Record consisting of a string of names corresponding to one Name Link Identifier. Format is free-form.</p>	N	71-71	1
9	<p>NAME LINK IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the number identifying one name or a group of names.</p> <p>When reporting more than 998 separate names, report positions 295-296—revised Name Link Counter Identifier in conjunction with this field.</p> <p>The primary name(s) on the policy must always be reported as "001".</p> <p>Assigned Name Link Identifiers cannot be reassigned or used again.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	72-74	3
10	<p>NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the name of the person or business with whom an insurance contract is made.</p> <p>In IAABC POC, for jurisdictions that receive their POC File in the</p>	AN	75-164	90

Field No.	Field Title/Description	Class	Position	Bytes
	IAIABC POC Versions 2.0 and 2.1 format this field is 60 bytes. For jurisdictions that receive their POC file in the IAIABC POC Version 3.0 format this field is 90 bytes. Contact your IAIABC POC vendor for further reporting instructions.			
11	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i>	N	165-173	9
	Report the number assigned to each employer for federal tax purposes.			
12	CONTINUATION SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	174-176	3
	Report the number corresponding to the continuation status.			
	Enter 001 representing the first record for a Name Link Identifier (positions 72-74).			
	Enter 002–999 representing all continuation records for same Name Link Identifier (positions 72-74). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all Name Records.			
	Refer to the Data Reporting Handbook for further instructions.			
13	RESERVED FOR FUTURE USE	AN	177-198	22
14	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	199-200	2
	Report the state code for the state unemployment number reported.			
	The State Unemployment Number is in positions 201-215.			
15	STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	AN	201-215	15
	Report the revised unemployment number for the state code reported.			
	The State Code is in positions 199-200.			
	Provide the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field. The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state.			
16	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	216-217	2
	Report the state code for the state unemployment number reported.			
	The State Unemployment Number is in positions 218-232.			

Field No.	Field Title/Description	Class	Position	Bytes
17	<p>STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the unemployment number for the state code reported.</p> <p>The State Code is in positions 216-217.</p> <p>Provide the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field. The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state.</p>	AN	218-232	15
18	<p>STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the state code for the state unemployment number reported.</p> <p>The State Unemployment Number is in positions 235-249.</p>	N	233-234	2
19	<p>STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the unemployment number for the state code reported.</p> <p>The State Code is in positions 233-234.</p> <p>Provide the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field. The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state.</p>	AN	235-249	15
20	RESERVED FOR FUTURE USE	AN	250-251	2
21	<p>NAME REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code that describes the action to be taken regarding the name reported.</p> <p>The Name of Insured is in positions 75-164.</p> <p>To change a name, submit two records, one deleting the name requiring the change and one adding the correct name. Deletes will process first.</p> <p>Code Description</p> <p>A Add Name of Insured to Policy</p> <p>D Delete Name of Insured From Policy</p>	A	252-252	1
22	RESERVED FOR FUTURE USE	AN	253-253	1
23	PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	A	254-254	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> <i>OPTIONAL: WI</i></p> <p>Report the code used to identify whether this is a PEO, Client Company or neither.</p> <p>This code is intended to provide another option for reporting the names of PEO's and client companies only. This does not change or replace any existing reporting requirements.</p> <p>Code Description</p> <p>C Client Company Name</p> <p>P Professional Employer Organization Company Name</p>			
24	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
25	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
26	<p>NAME LINK COUNTER IDENTIFIER</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report "00" for the first 998 names and report "01" – "99" counter records for the following sets of Name Link Identifiers.</p>	AN	295-296	2
27	<p>RESERVED FOR FUTURE USE</p>	AN	297-300	4

Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report "89". This record type will accommodate changes to addresses on the policy and associated with Policy Information Page Change Endorsement WC890600. For submissions received on or after 10/01/2010 locations may no longer be changed by submitting a net replacement (one record for every address) of all addresses of a location of operations on a policy. You cannot include more than one set of Transaction Code 03, with the same Transaction Issue Date, for the same policy on the same submission. Record Type Code 89 may only be reported using Transaction Code 03. Record Type Code 89 may not be reported on complete policy transactions. This record will replace all fields in the Address Record (Record Type Code 03) previously reported. Effective 07/01/16 this record will no longer be accepted. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report the appropriate endorsement number associated with the change. Enter WC890605 for changes to Mailing Address of Insured Enter WC890608 for changes to Other Location(s) of Operations Enter WC890617 for changes to Carrier Issuing/Service Office Enter WC890625 for changes to Producer [Issuing Agency] Office	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	A	59-59	1

Field No.	Field Title/Description	Class	Position	Bytes
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.			
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	ADDRESS TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	71-71	1
	Report the code representing the type of address.			
	Code Description			
1	Mailing Address of Insured One and only one mailing address code is required.			
2	Location of Operation's Address This code is for other workplaces not shown in mailing address record. As many of these records as are needed may be reported. N/A: CA This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. Descriptions such as "second building after K-Mart" are acceptable where a street name or address does not exist. This code is for all workplaces, including the reported mailing address, if applicable. As many of these records as are needed may be reported. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
3	Address of Insurer Issuing/Serviceing Office This record must be reported to permit proper communication with the insurer office servicing this policy.			
4	Wrap-up/OCIP Project Description N/A: NCCI Optional: WI			
5	Producer Address This record must be reported to provide the address of the producer responsible for placing the business with the insurer. This address must be submitted when a producer/agency name (Positions 182-211) is reported in the Header Record (Record Type 01) of the transaction.			
6	No Specific Location			

Field No.	Field Title/Description	Class	Position	Bytes
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Refers to work done at client sites in the state. If this code is submitted, the Address Structure Code and the Address are not applicable.

7 Principal Location N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
 This code is not used in this specification.

8 Payroll Address N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
 This code is not used in this specification.

9 Client Address N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
 This code is not used in this specification.

9	ADDRESS STRUCTURE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	72-72	1
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Report the code identifying the structure of the address.

The reported address is in positions 73-173 of this record.

For IAIABC POC reporting states: Address Structure Code 1 is required for Type of Address Code 2 when the address is for an IAIABC POC state. Address Structure Code 2 is not applicable for Type of Address Code 2 and may only be used for Type of Address Code 4. Contact your IAIABC POC vendor for applicable states.

Code Description

1 Reported address follows structure.
 This code is required for Address Type Code 1, 3 and 5. These three address types must be reported in the structured format.
 This code is not applicable for Address Type Code 6.
 For IAIABC POC reporting states: This code is required for Address Type Code 2 when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.

2 Reported address is free form.
 This code may be optional for Address Type Code 2 and may be required for Address Type Code 4. Contact the appropriate DCO for reporting requirements.
 For IAIABC POC reporting states: This code is not applicable for Address Type Code 2 and may only be used for Address Type Code 4. Contact your IAIABC POC vendor for applicable states.

Field No.	Field Title/Description	Class	Position	Bytes
	When not an IAIABC POC state, this code is optional for Address Type Code 2. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
10	ADDRESS - STREET <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	73-132	60
	Report the street number and name, post office box, or other description.			
	IAIABC POC The IAIABC Street Address portion of the Address of Insured (WCPOLS Address Type Code 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type Code 1 - Mailing address of insured and WCPOLS Address Type Code 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.			
11	ADDRESS - CITY <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	133-162	30
	Report the city name.			
12	ADDRESS - STATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	163-164	2
	Report the U.S. Postal Service abbreviation for the state.			
	If Foreign Address Indicator is "Y", leave blank.			
13	ADDRESS - ZIP CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	165-173	9
	Report the U.S. post office zip code			
14	NAME LINK IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	174-176	3
	Report the number identifying one name or a group of names.			
	When reporting more than 998 separate names, report positions 295-296—Name Link Counter Identifier in conjunction with this field.			
	There must be at least one Address Record for each Name Link Identifier (and Counter Identifier if reporting more than 998 separate names) on the policy. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names), then only one address record must be reported with that Name Link Identifier (and Counter Identifier).			
	In the event that multiple names are residing at one address, multiple (Address Type Code 2) records for the same address			

Field No.	Field Title/Description	Class	Position	Bytes
	<p>associated with the different names must be reported.</p> <p>This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location).</p> <p>For Address Type Codes 3, 4 and 5; report "999".</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>			
15	<p>STATE CODE LINK</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code for the state covered by this record.</p> <p>This field, when used along with the Revised Name Link Identifier field of this record, will provide a link to the name related to this address record.</p> <p>This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location).</p> <p>For Address Type Codes 3, 4 and 5 report "99".</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	177-178	2
16	<p>EXPOSURE RECORD LINK FOR LOCATION CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code identifying this location record.</p> <p>This field, when used along with the revised Name Link Identifier and revised State Code Link fields of this record, will provide a 3-part link to the Name/Address/Exposure Link field of the exposure records related to this Address Record.</p> <p>This field is optional for Address Type Code 1 (Mailing Address of Insured); however, in such cases where the carrier does not include this field, the insured's mailing address must also be included as Address Type Code 2 (Address of Location of Operations) record for required linkage.</p> <p>This field is required for Address Type Code 2 (Address of Locations of Operations) and 6 (No Specific Location).</p> <p>If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. If exposure is combined with a business with separate Name Link Identifier, the exposure may be included in a separate record.</p> <p>For Address Type Codes 3, 4 and 5; report "99999".</p> <p>Refer to the Data Reporting Handbook for further instructions.</p>	N	179-183	5
17	<p>RESERVED FOR FUTURE USE</p>	AN	184-195	12
18	<p>EMAIL ADDRESS</p>	AN	196-217	22

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report the email address of this address if reported on the policy.</p> <p>If additional bytes are needed continue in positions 237-253 of this record.</p>			
19	<p>FOREIGN ADDRESS INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i></p> <p>Report the applicable indicator code.</p> <p>This field is only applicable to Address Type Code 1.</p> <p>If reporting "Y", enter the Country Code in positions 235-236.</p> <p>Code Description</p> <p>N Reported address is inside the US.</p> <p>Y Reported address is outside the US (e.g., Canada, Japan)</p>	A	218-218	1
20	<p>GEOGRAPHIC AREA <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i></p> <p>Report the revised Geographic Area (province, state, etc.) when foreign address should be reported.</p>	A	219-234	16
21	<p>COUNTRY CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i></p> <p>Report the revised Country Code when a foreign address is being reported.</p>	A	235-236	2
22	<p>EMAIL ADDRESS - CONTINUED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report any additional characters of the email address of this address if reported on the policy.</p>	AN	237-253	17
23	<p>ADDRESS REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code that describes the action to be taken regarding the reported address.</p> <p>The Address is in positions 73-173.</p> <p>Locations may not be changed by submitting a net replacement (one record for every address) of all addresses on a policy.</p> <p>To change an address, submit two records, one deleting the</p>	A	254-254	1

Field No.	Field Title/Description	Class	Position	Bytes
	address requiring the change and one adding the correct address. Deleted will process first.			
	This field is only required for changes to addresses with Address Type Code (position 71) values 2, 4 or 6.			
	Code Description			
	A Add Address of Location to Policy			
	D Delete Address of Location From Policy			
24	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
25	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
26	NAME LINK COUNTER IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i>	AN	295-296	2
	Report the identifier from the Name Record that corresponds to this particular Address Record.			
27	RESERVED FOR FUTURE USE	AN	297-300	4

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AB".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AC".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AD".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY VOLUNTARY COMPENSATION FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report "29".	N	44-45	2
3	RECORD TYPE CODE NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report "AE".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report WC290101.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EMPLOYEES SUBJECT TO THIS ENDORSEMENT NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report the name(s) of the employees subject to the Federal Employer's Liability Act.	AN	71-190	120
9	WORKERS' COMPENSATION LAW NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI Report the states that will provide coverage as defined by their law.	AN	191-200	10
10	DESCRIPTION OF WORK NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI	AN	201-240	40

Field No.	Field Title/Description	Class	Position	Bytes
	Report a description of the work.			
11	RESERVED FOR FUTURE USE	AN	241-254	14
12	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
13	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AF".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY EMPLOYEE LEASING ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AG".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report WC290303 (Labor Contractor), WC290304 (Client Exclusion), or WC290311 (Client).	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF CLIENT OR NAME OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the name. For Endorsement Number WC290303, report the name of the client. For Endorsement Numbers WC290304 and WC290311 report the name of the labor contractor.	AN	71-160	90
9	ADDRESS OF CLIENT OR ADDRESS OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>	AN	161-220	60

Field No.	Field Title/Description	Class	Position	Bytes
	Report the address. For Endorsement Number WC290303, report the address of the client. For Endorsement Numbers WC290304 and WC290311 report the address of the labor contractor.			
10	RESERVED FOR FUTURE USE	AN	221-254	34
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY LARGE RISK - LARGE DEDUCTIBLE ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AH".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report WC290601 or WC290605.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident.	N	71-80	10
9	DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for indemnity and medical benefits and damages combined for disablement of one employee due to bodily injury by disease.	N	81-90	10

Field No.	Field Title/Description	Class	Position	Bytes
10	DEDUCTIBLE AMOUNT SCHEDULE - ALL COVERED BODILY INJURY - AGGREGATE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for the sum of all indemnity and medical benefits, damages, and allocated loss adjustment expense if elected by the insured, because of bodily injury by accident or bodily injury by disease for the policy period.	N	91-100	10
11	DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - BODILY INJURY BY ACCIDENT - EACH PERSON OR EACH OCCURRENCE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for the sum of all indemnity and medical benefits, damages, and allocated loss adjustment expense if elected by the insured, because of bodily injury by disease for each occurrence for the policy period.	N	101-110	10
12	DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - BODILY INJURY BY DISEASE - EACH PERSON OR EACH OCCURRENCE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for indemnity and medical benefits and damages combined, including allocated loss adjustment expense if elected by the insured, for disablement of one employee due to bodily injury by disease arising out of one occurrence.	N	111-120	10
13	DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - ALL COVERED BODILY INJURY - OCCURRENCE AGGREGATE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for the sum of all indemnity and medical benefits, damages, and allocated loss adjustment expense if elected by the insured, because of bodily injury by disease for each occurrence for the policy period.	N	121-130	10
14	DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - ALL COVERED BODILY INJURY - POLICY AGGREGATE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the maximum amount payable by the insured for the sum of all indemnity and medical benefits, damages, and allocated loss adjustment expense if elected by the insured, because of bodily injury by accident or bodily injury by disease for the policy period.	N	131-140	10
15	RESERVED FOR FUTURE USE	AN	141-254	114
16	NAME OF INSURED	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>			
17	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
18	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY CERTIFIED MANAGED CARE PROGRAM ENDORSEMENT RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "29".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report "AI".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report WC290409.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF CERTIFIED MANAGED CARE PROGRAM <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the identity of the organization that has received approval from the Department of Insurance and will provide medical services to injured workers.	AN	71-130	60
9	PROGRAM EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the date that the managed care program is initiated. Format YYMMDD.	N	131-136	6
10	PREMIUM REDUCTION PERCENTAGE	N	137-140	4

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>			
	Report the proportion of the discount a carrier provides to the insured that is meant to be used with an approved managed care program or preferred provider.			
	There is an assumed decimal point between positions 138 and 139.			
11	RESERVED FOR FUTURE USE	AN	141-254	114
12	NAME OF INSURED	AN	255-288	34
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>			
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
13	ENDORSEMENT EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i>			
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "07" for Delaware. Report "37" for Pennsylvania.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "07" for Delaware.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "BB".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
AMENDATORY ENDORSEMENT - FARMING OPERATIONS - DELAWARE RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "07".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "BC".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC070303.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF WIFE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the farm employer's female spouse.	AN	71-130	60
9	NAMES OF MINOR CHILDREN <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the names of the farm employer's sons and/or daughters who are under the age of fourteen.	AN	131-250	120
10	RESERVED FOR FUTURE USE	AN	251-254	4
11	NAME OF INSURED <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DEDUCTIBLE ENDORSEMENT - DELAWARE RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "07".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "BD".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC070401.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	DEDUCTIBLE AMOUNT <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the amount of the deductible for each occurrence.	N	71-76	6
9	PREMIUM REDUCTION PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the applicable corresponding percentage factor of the deductible amount. There is an assumed decimal point between positions 78 and 79.	N	77-81	5
10	RESERVED FOR FUTURE USE	AN	82-254	173
11	NAME OF INSURED	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>			
12	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
13	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EXCLUSION OF EMPLOYEES ENDORSEMENT - PENNSYLVANIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "37".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BE".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report WC370303.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF STATUTORY EMPLOYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the name of a person acknowledged by law and employs persons to engage in specific operations.	AN	71-120	50
9	DESCRIPTION OF OPERATIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report an outline of specific work activities.	AN	121-190	70
10	RESERVED FOR FUTURE USE	AN	191-254	64
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
PRINCIPAL AS ADDITIONAL INSURED - PENNSYLVANIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "37".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BF".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report WC370304.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF PRINCIPAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the name of the person acting on behalf of the insured.	AN	71-120	50
9	DESCRIPTION OF OPERATIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report an outline of specific work activities.	AN	121-190	70
10	RESERVED FOR FUTURE USE	AN	191-254	64
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
REAL ESTATE MANAGEMENT ENDORSEMENT - PENNSYLVANIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "37".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BG".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report WC370306.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF MANAGING AGENT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the name of the person who is authorized to hire employees on an employer's behalf.	AN	71-120	50
9	DESCRIPTION OF PREMISES <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report a description of the property where building operations may be performed.	AN	121-190	70
10	RESERVED FOR FUTURE USE	AN	191-254	64
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
STATUTORY EMPLOYER ENDORSEMENT - PENNSYLVANIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "37".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BH".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report WC370309.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	LIST OF SUBCONTRACTORS' NAMES <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the names of the contractors employed by a Statutory Employer to participate in operations at a specific site.	AN	71-170	100
9	RESERVED FOR FUTURE USE	AN	171-252	82
10	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the number used to determine the proper sequence of multiple records with the same endorsement serial number. The first record will always begin with "01".	N	253-254	2
11	NAME OF INSURED	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>			
12	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
13	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT - PENNSYLVANIA RECORD

1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43								
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "37".	N	44-45	2								
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BI".	AN	46-47	2								
4	RESERVED FOR FUTURE USE	AN	48-50	3								
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report WC370310.	AN	51-58	8								
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1								
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11								
8	TYPE OF CORPORATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the code designating the type of corporation in which the officer(s) named has ownership or serves voluntarily. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>Subchapter C</td> </tr> <tr> <td>S</td> <td>Subchapter S</td> </tr> <tr> <td>V</td> <td>Voluntary in Non-profit Corporation</td> </tr> </tbody> </table>	Code	Description	C	Subchapter C	S	Subchapter S	V	Voluntary in Non-profit Corporation	AN	71-71	1
Code	Description											
C	Subchapter C											
S	Subchapter S											
V	Voluntary in Non-profit Corporation											
9	NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	72-111	40								

Field No.	Field Title/Description	Class	Position	Bytes
	Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.			
10	OFFICE HELD <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	112-120	9
	Report the executive officer's elected position. This is a recurring field. Repeat as needed.			
11	PERCENTAGE OF OWNERSHIP INTEREST <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	N	121-125	5
	Report the portion of the business owned; expressed as part of a hundred. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 123 and 124.			
12	NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	126-165	40
	Report the name of the executive officer who is to be excluded. This is a recurring field. Report as needed.			
13	OFFICE HELD <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	166-174	9
	Report the executive officer's elected position. This is a recurring field. Report as needed.			
14	PERCENTAGE OF OWNERSHIP INTEREST <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	N	175-179	5
	Report the portion of the business owned; expressed as part of a hundred. This is a recurring field. Report as needed. There is an assumed decimal point between positions 177 and 178.			
15	NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>	AN	180-219	40
	Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.			

Field No.	Field Title/Description	Class	Position	Bytes
16	OFFICE HELD <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the executive officer's elected position. This is a recurring field. Repeat as needed.	AN	220-228	9
17	PERCENTAGE OF OWNERSHIP INTEREST <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the portion of the business owned; expressed as part of a hundred. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 231 and 232.	N	229-233	5
18	RESERVED FOR FUTURE USE	AN	234-254	21
19	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
20	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
21	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYER ASSESSMENT ENDORSEMENT - PENNSYLVANIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "37".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report "BJ".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report WC370604.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EMPLOYER ASSESSMENT FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the factor that is applied to employer payroll to calculate an additional charge called an employer assessment. The employer assessment is not considered premium. There is an assumed decimal point between positions 71 and 72.	N	71-75	5
9	EMPLOYER ASSESSMENT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the amount that results from multiplying the Employer Assessment Factor times the employer assessment premium	N	76-85	10

Field No.	Field Title/Description	Class	Position	Bytes
	base. There is an assumed decimal point between positions 83 and 84.			
10	RESERVED FOR FUTURE USE	AN	86-254	169
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EXECUTIVE OFFICERS ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310301, WC310304, WC310305, WC310306, WC310312, or WC310603.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.	AN	71-110	40
9	TITLE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the title of the officer of the insured. This is a recurring field. Repeat as needed.	AN	111-140	30

Field No.	Field Title/Description	Class	Position	Bytes
10	NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.	AN	141-180	40
11	TITLE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the title of the officer of the insured. This is a recurring field. Repeat as needed.	AN	181-210	30
12	RESERVED FOR FUTURE USE	AN	211-254	44
13	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DESIGNATED WORKPLACE CANCELLATION ENDORSEMENT AND NOTICE OF PARTIAL CANCELLATION - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CB".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310302.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EXCLUDED ADDRESS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the location excluded subsequent to the effective date of a policy.	AN	71-110	40
9	CANCELLATION EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the cancellation becomes effective on the policy. Format YYMMDD.	N	111-116	6
10	NAME OF EMPLOYER	AN	117-156	40

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the name of the employer.			
11	NATURE OF BUSINESS	AN	157-176	20
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report a brief description of the insured's business.			
12	ADDRESS OF POST OFFICE	AN	177-216	40
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the post office mailing address of the insured.			
13	POLICY EFFECTIVE DATE	N	217-222	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the date that the policy became effective.			
	Format YYMMDD.			
14	POLICY EXPIRATION DATE	N	223-228	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the date that the policy expires.			
	Format YYMMDD.			
15	NOTICE SENT TO CHAIRPERSON DATE	N	229-234	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the date that the cancellation notice was sent to the chairperson.			
	Format YYMMDD.			
16	REASON FOR PARTIAL CANCELLATION	AN	235-264	30
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the reason for the partial cancellation of the policy.			
17	NAME OF CARRIER IF INSURED ELSEWHERE	AN	265-288	24
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the name of the insurer if the partially cancelled policy is insured elsewhere.			
18	ENDORSEMENT EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
19	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
MEDICAL BENEFITS REIMBURSEMENT ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CC".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310310.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ADDRESS OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the insured. This is a recurring field. Repeat as needed.	AN	71-110	40
9	ADDRESS OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the insured. This is a recurring field. Repeat as needed.	AN	111-150	40

Field No.	Field Title/Description	Class	Position	Bytes
10	ADDRESS OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the insured. This is a recurring field. Repeat as needed.	AN	151-190	40
11	ADDRESS OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the insured. This is a recurring field. Repeat as needed.	AN	191-230	40
12	RESERVED FOR FUTURE USE	AN	231-254	24
13	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EXCESS MEDICAL COVERAGE ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CD".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310303.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EXCESS AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the amount of the limit agreed upon by the carrier and the insured.	N	71-80	10
9	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the classification code for the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction. This is a recurring field. Repeat as needed.	N	81-84	4

Field No.	Field Title/Description	Class	Position	Bytes
10	ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	85-94	10
	Report the amount that represents the estimated exposure amount of excess medical coverage.			
	This is a recurring field. Repeat as needed.			
11	EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	95-99	5
	Report the class rate for excess medical coverage.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 97 and 98.			
12	ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	100-109	10
	Report the amount that represents the estimated premium amount of excess medical coverage.			
	This is a recurring field. Repeat as needed.			
13	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	110-113	4
	Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction.			
	This is a recurring field. Repeat as needed.			
14	ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	114-123	10
	Report the amount that represents the estimated exposure amount of excess medical coverage.			
	This is a recurring field. Repeat as needed.			
15	EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	124-128	5
	Report the class rate for excess medical coverage.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 126 and 127.			
16	ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	129-138	10

Field No.	Field Title/Description	Class	Position	Bytes
	Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.			
17	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	139-142	4
	Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction. This is a recurring field. Repeat as needed.			
18	ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	143-152	10
	Report the amount that represents the estimated exposure amount of excess medical coverage. This is a recurring field. Repeat as needed.			
19	EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	153-157	5
	Report the class rate for excess medical coverage. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 155 and 156.			
20	ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	158-167	10
	Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.			
21	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	168-171	4
	Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction. This is a recurring field. Repeat as needed.			
22	ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	172-181	10
	Report the amount that represents the estimated exposure amount of excess medical coverage.			

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
23	EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	182-186	5
	Report the class rate for excess medical coverage.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 184 and 185.			
24	ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	187-196	10
	Report the amount that represents the estimated premium amount of excess medical coverage.			
	This is a recurring field. Repeat as needed.			
25	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	197-200	4
	Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction.			
	This is a recurring field. Repeat as needed.			
26	ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	201-210	10
	Report the amount that represents the estimated exposure amount of excess medical coverage.			
	This is a recurring field. Repeat as needed.			
27	EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	211-215	5
	Report the class rate for excess medical coverage.			
	This is a recurring field. Repeat as needed.			
	There is an assumed decimal point between positions 213 and 214.			
28	ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	216-225	10
	Report the amount that represents the estimated premium amount of excess medical coverage.			
	This is a recurring field. Repeat as needed.			

Field No.	Field Title/Description	Class	Position	Bytes
29	<p>CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction.</p> <p>This is a recurring field. Repeat as needed.</p>	N	226-229	4
30	<p>ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the amount that represents the estimated exposure amount of excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p>	N	230-239	10
31	<p>EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the class rate for excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 242 and 243.</p>	N	240-244	5
32	<p>ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the amount that represents the estimated premium amount of excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p>	N	245-254	10
33	<p>NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
34	<p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
35	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
BENEFITS DEDUCTIBLE ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CE".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310315.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	DEDUCTIBLE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the amount of the deductible for each occurrence.	N	71-75	5
9	RESERVED FOR FUTURE USE	AN	76-254	179
10	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
11	ENDORSEMENT EFFECTIVE DATE	N	289-294	6

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
12	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTEER FIREFIGHTERS/AMBULANCE PREMIUM DISCOUNT ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CF".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310606 or WC310608.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the amount that represents the portion of the policy premium using the first premium discount layer. Report amount in thousands of dollars.	N	71-74	4
9	FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the percentage discount applied to the first premium discount layer. There is an assumed decimal point between positions 76 and 77.	AN	75-77	3

Field No.	Field Title/Description	Class	Position	Bytes
10	SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the second discount layer used to determine the total premium. Report the amount in thousands of dollars.	N	78-81	4
11	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the percentage discount applied to the second premium discount layer. There is an assumed decimal point between positions 83 and 84.	N	82-84	3
12	THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the portion of the policy premium using the third premium discount layer. Report amount in thousands of dollars.	N	85-88	4
13	THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the percentage discount applied to the third premium discount layer. There is an assumed decimal point between positions 90 and 91.	N	89-91	3
14	BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the amount of premium over the last layer used to determine the premium discount. Enter amount in thousands of dollars.	N	92-95	4
15	BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the premium discount percentage that applies to premium balance. There is an assumed decimal point between positions 97 and 98.	N	96-98	3
16	AVERAGE PERCENTAGE DISCOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the average percentage discount used to determine the policy premium. There is an assumed decimal point between positions 100 and	N	99-101	3

Field No.	Field Title/Description	Class	Position	Bytes
	101.			
17	OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	102-119	18
	Report the policy number identifier combined under the Discount Rule.			
	This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
18	OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	120-137	18
	Report the policy number identifier combined under the Discount Rule.			
	This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
19	OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	138-155	18
	Report the policy number identifier combined under the Discount Rule.			
	This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
20	OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	156-173	18
	Report the policy number identifier combined under the Discount Rule.			
	This is a recurring field. Repeat as needed.			
	Do not report embedded blanks or marks of punctuation.			
21	RESERVED FOR FUTURE USE	AN	174-254	81
22	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
23	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	289-294	6

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
24	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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**EXCLUSION FOR DESIGNATED OFFICERS AND EMPLOYEES OF FIRE/AMBULANCE DISTRICTS
 ENDORSEMENT - NEW YORK RECORD**

1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CG".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310602 or WC310611.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	OFFICER, EMPLOYEE OR CLASS THEREOF <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the person or class of persons excluded from coverage. This is a recurring field. Repeat as needed.	AN	71-110	40
9	OFFICER, EMPLOYEE OR CLASS THEREOF <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the person or class of persons excluded from coverage. This is a recurring field. Repeat as needed.	AN	111-150	40

Field No.	Field Title/Description	Class	Position	Bytes
10	OFFICER, EMPLOYEE OR CLASS THEREOF <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	151-190	40
	Report the name of the person or class of persons excluded from coverage.			
	This is a recurring field. Repeat as needed.			
11	OFFICER, EMPLOYEE OR CLASS THEREOF <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	191-230	40
	Report the name of the person or class of persons excluded from coverage.			
	This is a recurring field. Repeat as needed.			
12	RESERVED FOR FUTURE USE	AN	231-254	24
13	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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**FIRE/AMBULANCE DISTRICT LIABILITY EXCLUSION (FOR COUNTY OR TOWN POLICIES)
 ENDORSEMENT - NEW YORK RECORD**

1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CH".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310604 or WC310609.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EXCEPTIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the names of fire districts requesting coverage. If there are no exceptions, report "no exceptions." This is a recurring field. Repeat as needed.	AN	71-110	40
9	EXCEPTIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the names of fire districts requesting coverage. If there are no exceptions, report "no exceptions."	AN	111-150	40

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
10	EXCEPTIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	151-190	40
	Report the names of fire districts requesting coverage. If there are no exceptions, report "no exceptions."			
	This is a recurring field. Repeat as needed.			
11	EXCEPTIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	191-230	40
	Report the names of fire districts requesting coverage. If there are no exceptions, report "no exceptions."			
	This is a recurring field. Repeat as needed.			
12	RESERVED FOR FUTURE USE	AN	231-254	24
13	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTEER FIREFIGHTERS/AMBULANCE WORKERS' BENEFIT LAW GROUP INSURANCE ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CI".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310605 or WC310610.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	TOWN INCLUDED UNDER GROUP POLICY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the town as reported under the Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement. This is a recurring field. Repeat if needed.	AN	71-110	40
9	TOWN INCLUDED UNDER GROUP POLICY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the town as reported under the Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement.	AN	111-150	40

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat if needed.			
10	TOWN INCLUDED UNDER GROUP POLICY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	151-190	40
	Report the name of the town as reported under the Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement.			
	This is a recurring field. Repeat if needed.			
11	TOWN INCLUDED UNDER GROUP POLICY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	191-230	40
	Report the name of the town as reported under the Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement.			
	This is a recurring field. Repeat if needed.			
12	RESERVED FOR FUTURE USE	AN	231-254	24
13	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT FACTOR ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CJ".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310401.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	CONSTRUCTION CLASSIFICATION PREMIUM CREDIT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the estimated credit percentage assigned under the NY construction classification premium adjustment program. There is an assumed decimal point between positions 72 and 73.	N	71-73	3
9	RESERVED FOR FUTURE USE	AN	74-254	181
10	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the insured as	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
11	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
12	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
LABOR CONTRACTOR ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CK".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310317, WC310318, WC310320 or WC310322.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF CLIENT OR NAME OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the labor contractor for Endorsements WC310317 and WC310322. Report the name of the client for Endorsements WC310318 and WC310320.	AN	71-160	90
9	ADDRESS OF CLIENT OR ADDRESS OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the client for Endorsement WC310318. Report the address of the labor contractor for Endorsement	AN	161-220	60

Field No.	Field Title/Description	Class	Position	Bytes
	WC310317.			
10	RESERVED FOR FUTURE USE	AN	221-254	34
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
SOLE PROPRIETORS & PARTNERS ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CL".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310313 for Partners covered. Report WC310316 for Partners excluded.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF SOLE PROPRIETOR OR OF A PARTNER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the sole proprietor or partner.	AN	71-105	35
9	NAME OF ADDITIONAL PARTNER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of an additional partner. This is a recurring field. Repeat as needed.	AN	106-140	35
10	NAME OF ADDITIONAL PARTNER	AN	141-175	35

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the name of an additional partner.			
	This is a recurring field. Repeat as needed.			
11	NAME OF ADDITIONAL PARTNER	AN	176-210	35
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the name of an additional partner.			
	This is a recurring field. Repeat as needed.			
12	NAME OF ADDITIONAL PARTNER	AN	211-245	35
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the name of an additional partner.			
	This is a recurring field. Repeat as needed.			
13	RESERVED FOR FUTURE USE	AN	246-254	9
14	NAME OF INSURED	AN	255-288	34
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
15	ENDORSEMENT EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
16	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
PREFERRED PROVIDER ORGANIZATION ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CM".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310403 for premium reduction. Report WC310616.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ADDRESS OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the insured. This is a recurring field. Repeat as needed.	AN	71-105	35
9	NAME OF PREFERRED PROVIDER ORGANIZATION (PPO) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the Preferred Provider Organization. This is a recurring field. Repeat as needed.	AN	106-140	35

Field No.	Field Title/Description	Class	Position	Bytes
10	ADDRESS OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the address of the insured. This is a recurring field. Repeat as needed.	AN	141-175	35
11	NAME OF PREFERRED PROVIDER ORGANIZATION (PPO) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the Preferred Provider Organization. This is a recurring field. Repeat as needed.	AN	176-210	35
12	PARTICIPATION IN PROGRAM EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the effective date of the employer's participation in the PPO program. Format YYMMDD.	N	211-216	6
13	UNION EMPLOYEES INDICATOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the applicable indicator code. Code Description N The applicant does not employ union employees. Y The applicant employs union employees.	A	217-217	1
14	UNION EMPLOYEES IN THE PROGRAM INDICATOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the applicable indicator code. Code Description N The applicant does not employ union employees in the program. Y The applicant employs union employees in the program.	A	218-218	1
15	TOTAL ESTIMATED AMOUNT OF EMPLOYEES COVERED BY PREFERRED PROVIDER ORGANIZATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the estimated number of employees covered by the PPO.	N	219-224	6
16	PREMIUM REDUCTION PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	225-228	4

Field No.	Field Title/Description	Class	Position	Bytes
	Report the proportion of the discount a carrier provides to the insured for Endorsement WC310403.			
	There is an assumed decimal point between positions 226 and 227.			
17	PREMIUM AMOUNT TOTAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	229-238	10
	Report the policy premium amount.			
18	RESERVED FOR FUTURE USE	AN	239-254	16
19	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
20	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
21	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - NEW YORK RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CN".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310617.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	FOREIGN VOLUNTARY COVERAGE PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the premium amount for Repatriation Expenses and EL Increased Limits (if applicable).	N	71-80	10
9	NAME OF EMPLOYEE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the employee as accommodated by this field. This is a recurring field. Repeat as needed.	AN	81-114	34
10	STATE OR COUNTRY OF OPERATIONS	A	115-144	30

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>			
	Report the state or country where employees are traveling or temporarily reside.			
	This is a recurring field. Repeat as needed.			
11	DESIGNATED WORKERS COMPENSATION LAW <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	A	145-146	2
	Report the U.S. postal abbreviation of the appropriate state.			
	This is a recurring field. Repeat as needed.			
12	NAME OF EMPLOYEE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	AN	147-180	34
	Report all or a portion of the name of the employee as accommodated by this field.			
	This is a recurring field. Repeat as needed.			
13	STATE OR COUNTRY OF OPERATIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	A	181-210	30
	Report the state or country where employees are traveling or temporarily reside.			
	This is a recurring field. Repeat as needed.			
14	DESIGNATED WORKERS COMPENSATION LAW <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	A	211-212	2
	Report the U.S. postal abbreviation of the appropriate state.			
	This is a recurring field. Repeat as needed.			
15	EXCLUDED COUNTRY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	A	213-242	30
	Report the country that is excluded from coverage.			
	This is a recurring field. Repeat as needed.			
16	EXCLUDED COUNTRY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	A	243-272	30
	Report the country that is excluded from coverage.			
	This is a recurring field. Repeat as needed.			
17	RESERVED FOR FUTURE USE	AN	273-288	16
18	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	289-294	6

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
19	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT – NEW YORK RECORD CONTINUATION				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CO". This record must be submitted with Record Type Code CN.	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310617.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the endorsement number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury caused by accident.	N	71-80	10
9	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the amount that protects an employer for damages	N	81-90	10

Field No.	Field Title/Description	Class	Position	Bytes
	over and above those statutorily provided under workers compensation laws for bodily injury by disease – policy limit.			
10	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	91-100	10
	Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – each employee.			
11	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i>	N	101-106	6
	Report the date that the endorsement becomes effective on the policy.			
12	RESERVED FOR FUTURE USE	AN	107-300	194

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
PARTNERSHIP COVERAGE/EXCLUSION ENDORSEMENT - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DB".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME AND TITLE OF GENERAL PARTNER/TRUSTEE EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name and title of the general partner or trustee excluded from coverage, for which workers' compensation coverage is not being provided. This is a recurring field. Repeat as needed.	AN	71-130	60
9	NAME AND TITLE OF GENERAL PARTNER/TRUSTEE EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name and title of the general partner or trustee excluded from coverage, for which workers' compensation coverage is not being provided. This is a recurring field. Repeat as needed.	AN	131-190	60
10	NAME AND TITLE OF GENERAL PARTNER/TRUSTEE	AN	191-250	60

Field No.	Field Title/Description	Class	Position	Bytes
	EXCLUDED NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Report the name and title of the general partner or trustee excluded from coverage, for which workers' compensation coverage is not being provided. This is a recurring field. Repeat as needed.			
11	RESERVED FOR FUTURE USE	AN	251-254	4
12	NAME OF INSURED NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
13	ENDORSEMENT EFFECTIVE DATE NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
CORPORATION COVERAGE/EXCLUSION ENDORSEMENT - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DC".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC040303 for Officer/Director/Trustee Exclusions. Report WC040366 for Professional Corporation Owner/Trustee Exclusions.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR TRUSTEE EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name and title of the officer, director, owner or trustee excluded from coverage. This is a recurring field. Repeat as needed.	AN	71-130	60
9	NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR TRUSTEE EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	131-190	60

Field No.	Field Title/Description	Class	Position	Bytes
	Report the name and title of the officer, director, owner or trustee excluded from coverage. This is a recurring field. Repeat as needed.			
10	NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR TRUSTEE EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	191-250	60
	Report the name and title of the officer, director, owner or trustee excluded from coverage. This is a recurring field. Repeat as needed.			
11	RESERVED FOR FUTURE USE	AN	251-254	4
12	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
13	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DD".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DE".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DF".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
MULTIPURPOSE TEXT - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DG".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the applicable endorsement number.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the unique number that will distinguish this record from similar endorsement forms on the applicable policy. The first endorsement will always begin with "01".	AN	71-72	2
9	RESERVED FOR FUTURE USE	AN	73-74	2
10	ENDORSEMENT LINE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the variable text from the endorsement record. This is a recurring field. Repeat as needed.	AN	75-154	80

Field No.	Field Title/Description	Class	Position	Bytes
11	ENDORSEMENT LINE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	155-234	80
	Report the variable text from the endorsement record. This is a recurring field. Repeat as needed.			
12	RESERVED FOR FUTURE USE	AN	235-252	18
13	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	253-254	2
	Report the number used to determine the proper sequence of multiple records with the same endorsement serial number. The first record will always begin with "01".			
14	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
15	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
16	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DH".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DI".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DJ".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYEE LEASING ENDORSEMENT (POLICY ISSUED IN NAME OF LABOR CONTRACTOR) - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DK".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC040314 or WC040315.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the unique number that will distinguish this record from similar endorsement forms on the applicable policy. The first endorsement will always begin with "01".	AN	71-72	2
9	NAME OF CLIENT <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the client. If needed continue on a second record.	AN	73-151	79

Field No.	Field Title/Description	Class	Position	Bytes
10	ADDRESS OF CLIENT - STREET <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the street number and name, post office box, or other description of the location of the client.	AN	152-211	60
11	ADDRESS OF CLIENT - CITY <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the city name.	AN	212-241	30
12	ADDRESS OF CLIENT - STATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the U.S. Postal Service abbreviation for the state.	AN	242-243	2
13	ADDRESS OF CLIENT - ZIP CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the postal or zip code of the client.	AN	244-252	9
14	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the number used to determine the proper sequence of multiple records with the same endorsement serial number. The first record will always begin with "01".	N	253-254	2
15	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
16	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
17	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYEE LEASING ENDORSEMENT (POLICY ISSUED IN NAME OF CLIENT) - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DL".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC040316.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the unique number that will distinguish this record from similar endorsement forms on the applicable policy. The first endorsement will always begin with "01".	AN	71-72	2
9	NAME OF LABOR CONTRACTOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the labor contractor.	AN	73-151	79
10	ADDRESS OF LABOR CONTRACTOR - STREET	AN	152-211	60

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the street number and name, post office box, or other location of the labor contractor.			
11	ADDRESS OF LABOR CONTRACTOR - CITY <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	212-241	30
	Report the city name.			
12	ADDRESS OF LABOR CONTRACTOR - STATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	242-243	2
	Report the U.S. Postal Service abbreviation for the state.			
13	ADDRESS OF LABOR CONTRACTOR - ZIP CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	244-252	9
	Report the postal or zip code of the labor contractor.			
14	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	253-254	2
	Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.			
	The first record will always begin with "01".			
15	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
16	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format YYMMDD.			
17	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (DESIGNATED EMPLOYEE/OPERATION/LOCATION COVERAGE/EXCLUSIONS) - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DM".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the type of change by reporting the corresponding Standard Form Number. WC040338 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Employees Exclusion Endorsement. WC040340 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Location(s) Coverage Endorsement. WC040341 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Location(s) Exclusion Endorsement. WC040342 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) Exclusion Endorsement. WC040343 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) at Designated Location(s) Exclusion Endorsement. WC040344 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) at Designated Location(s) Coverage Endorsement.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	A	59-59	1

Field No.	Field Title/Description	Class	Position	Bytes
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.			
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	71-72	2
	Report the unique number that will distinguish this record from similar endorsement forms. The first endorsement will always begin with "01".			
9	RESERVED FOR FUTURE USE		73-73	1
10	NAME OF EMPLOYEE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	74-103	30
	Report the name of the employee being excluded on WC040338. If multiple employees are being excluded, report multiple records.			
11	NAME OF OPERATION <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	104-133	30
	Report the name of the operation being included for WC040340 or WC040344. Report the name of the operation being excluded for WC040341, WC040342, or WC040343.			
12	OPERATION TITLE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	AN	134-153	20
	Report the title of the operation being included for WC040340. Report the title of the operation being excluded for WC040341.			
13	ADDRESS OF LOCATION <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	154-213	60
	Report the location of the operation being included for WC040340 or WC040344. Report the name of the operation being excluded for WC040341 or WC040343.			
14	CLASSIFICATION CODE	N	214-217	4

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the classification code of the operation being excluded WC040342 or WC040343.			
	Report the classification code of the operation being included for WC040344.			
	If multiple classifications are being included or excluded, report multiple records.			
15	CLASSIFICATION WORDING SUFFIX	AN	218-219	2
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>			
	Report the suffix that will provide a cross-reference to the Manual classification wording.			
	Report the classification suffix of the operation being excluded for WC040342 or WC040343.			
	Report the classification suffix of the operation being included for WC040344.			
16	CLASSIFICATION WORDING	AN	220-249	30
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the abbreviated classification wording of the operation being excluded for WC040342 or WC040343.			
	Report the abbreviated classification wording of the operation being included for WC040344.			
17	RESERVED FOR FUTURE USE	AN	250-252	3
18	ENDORSEMENT SEQUENCE NUMBER	N	253-254	2
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.			
	The first record will always begin with "01".			
19	NAME OF INSURED	AN	255-288	34
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
20	ENDORSEMENT EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the date that the endorsement becomes effective on			

Field No.	Field Title/Description	Class	Position	Bytes
	the policy. Format YYMMDD.			
21	ENDORSEMENT EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement expires on the policy. Format YYMMDD.	N	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE - CALIFORNIA CUSTOMIZED LIMITING AND RESTRICTING - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DN".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC040399.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the unique number that will distinguish this record from similar endorsement forms. The first endorsement will always begin with "01".	AN	71-72	2
9	EXCLUDED OPERATION DESCRIPTION <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the narrative describing the excluded operation. This is a recurring field. Repeat as needed.	AN	73-152	80

Field No.	Field Title/Description	Class	Position	Bytes
10	EXCLUDED OPERATION DESCRIPTION <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	153-232	80
	Report the narrative describing the excluded operation. This is a recurring field. Repeat as needed.			
11	RESERVED FOR FUTURE USE	AN	233-252	20
12	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	253-254	2
	Report the number used to determine the proper sequence of multiple records with the same endorsement serial number. The first record will always begin with "01".			
13	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
15	ENDORSEMENT EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	295-300	6
	Report the date that the endorsement expires on the policy. Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
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ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (ALTERNATE COVERAGE INFORMATION) - CALIFORNIA RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	44-45	2
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NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report "04".

3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report "DO".

This form may be used in conjunction with any Limiting and Restricting Endorsement requiring alternate coverage for the excluded liability or to affirm that the excluded operation is lawfully uninsured. The form number from the Limiting and Restricting Form that this record correlates to should be reported for this record.

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

Report the appropriate endorsement number associated with this verification of alternate coverage.

WC040338 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Employee Exclusion.

WC040339 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) Coverage.

WC040340 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Location(s) Coverage.

WC040341 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Location(s) Exclusion.

WC040342 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) Exclusion.

WC040343 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated

Field No.	Field Title/Description	Class	Position	Bytes
	Operation(s) At Designated Location(s) Exclusion. WC040344 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) At Designated Location(s) Coverage.			
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	A	59-59	1
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.			
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	60-70	11
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.			
8	ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	71-72	2
	Report the unique number that will distinguish this record from similar endorsement forms. If the alternate coverage information is in correlation with a form using a DK, DL, or DM record use the same number as used on the Record Type Code DK, DL, or DM. Otherwise report as 01.			
9	NAME OF INSURED FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	AN	73-132	60
	Report the primary named insured for the policy providing alternate coverage.			
10	INSURER CODE FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	N	133-137	5
	Report the insurer code for the policy providing alternate coverage if known. If you do not know the Insurer Code for the Alternate Coverage, reports zeros and submit the Name of Insurer for the Alternate Coverage.			
11	NAME OF INSURER FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i>	AN	138-167	30
	Report the insurer name for the policy providing alternate coverage. Not required if the Insurer Code for the Alternate Coverage is reported.			

Field No.	Field Title/Description	Class	Position	Bytes
12	<p>POLICY NUMBER FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report the policy number (if applicable) for the policy providing alternate coverage.</p> <p>Do not report embedded blanks or marks of punctuation.</p>	AN	168-185	18
13	<p>RESERVED FOR FUTURE USE</p>	AN	186-191	6
14	<p>POLICY INCEPTION DATE FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report the inception date for the policy providing alternate coverage.</p> <p>Format YYMMDD.</p>	N	192-197	6
15	<p>POLICY EXPIRATION DATE FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report the expiration date for the policy providing alternate coverage.</p> <p>Format YYMMDD.</p>	N	198-203	6
16	<p>LAWFULLY UNINSURED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N Liability is Not Lawfully Uninsured</p> <p>Y Liability is Lawfully Uninsured</p>	A	204-204	1
17	<p>WRITTEN AFFIRMATION OBTAINED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N The Insurer has NOT Obtained Written Affirmation from the Policyholder for the Excluded Liability That Other Coverage Has Been Secured or is Lawfully Uninsured</p> <p>Y The Insurer has Obtained Written Affirmation from the Policyholder for the Excluded Liability That Other</p>	A	205-205	1

Field No.	Field Title/Description	Class	Position	Bytes
	Coverage Has Been Secured or is Lawfully Uninsured			
18	RESERVED FOR FUTURE USE	AN	206-252	47
19	ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	253-254	2
	Report the number used to determine the proper sequence of multiple records with the same endorsement serial number. The first record will always being with "01".			
20	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
21	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
22	ENDORSEMENT EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	295-300	6
	Report the date that the endorsement expires on the policy. Format YYMMDD.			

Field No.	Field Title/Description	Class	Position	Bytes
GROUP INSURANCE COVERAGE INFORMATION - CALIFORNIA RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DP". Use this form to report any group insurance participation information written in accordance with California Insurance Code Section 11656.6 and California Code of Regulations, Title 10, §2508.	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the applicable endorsement number. If the group information is not reported on an endorsement form, do not report a form number.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF GROUP <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the group as shown on the association documents.	AN	71-150	80
9	RESERVED FOR FUTURE USE	AN	151-161	11
10	GROUP INSURANCE EFFECTIVE DATE	N	162-167	6

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the date that the group insurance application is effective. Format YYMMDD.			
11	GROUP INSURANCE EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	168-173	6
	Report the date that the group insurance application expires. Format YYMMDD.			
12	RESERVED FOR FUTURE USE	AN	174-254	81
13	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
LIMITED LIABILITY COMPANY COVERAGE/EXCLUSION ENDORSEMENT				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DQ".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC040318.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME AND TITLE OF MANAGING MEMBERS AND TRUSTEES EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name and title of the managing members and trustees excluded from coverage. This is a recurring field. Repeat as needed.	AN	71-130	60
9	NAME AND TITLE OF MANAGING MEMBERS AND TRUSTEES EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name and title of the managing members and trustees excluded from coverage.	AN	131-190	60

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
10	NAME AND TITLE OF MANAGING MEMBERS AND TRUSTEES EXCLUDED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	191-250	60
	Report the name and title of the managing members and trustees excluded from coverage.			
	This is a recurring field. Repeat as needed.			
11	RESERVED FOR FUTURE USE	AN	251-254	4
12	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
13	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
	Format: YYMMDD			
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
DEDUCTIBLE ENDORSEMENT (SMALL OR LARGE)				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "04".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "DR".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC040602 or WC040603.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	DEDUCTIBLE AMOUNT PER ACCIDENT <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the loss amount by accident or for each occurrence to be paid by the insured, as defined by the deductible program.	N	71-79	9
9	DEDUCTIBLE AMOUNT - AGGREGATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program—coinsurance only percent with Per Claim and Per Policy Aggregate Limit. For Small Deductible Programs or if none, zero fill.	N	80-88	9

Field No.	Field Title/Description	Class	Position	Bytes
10	DEDUCTIBLE NEGOTIATED CHARGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	89-97	9
	Report the dollar amount of the negotiated charge for Large Deductible Programs. For Small Deductible Programs or if none, zero fill.			
11	DEDUCTIBLE ALLOCATED LOSS EXPENSES INCLUDED/EXCLUDED INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	A	98-98	1
	Report the code that identifies how the allocated loss expenses are handled. Code Description N Excluded Y Included			
12	DEDUCTIBLE FIXED EXPENSE CHARGE INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	A	99-99	1
	Report the code that identifies if the fixed expense charge will or won't be adjusted retroactively, based upon actual costs. Code Description N Not Adjusted Retroactively Y Adjusted Retroactively			
13	RESERVED FOR FUTURE USE	AN	100-254	155
14	NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
15	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
16	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "EA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN CHANGE OF INSURANCE CARRIER NAME ENDORSEMENT - WISCONSIN RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "EB".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report WC480605.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF ORIGINAL CARRIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name of the carrier that was used at policy issuance.	A	71-100	30
9	NAME OF NEW CARRIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name of the insurance carrier after a name change.	A	101-200	100
10	RESERVED FOR FUTURE USE	AN	201-254	54
11	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.			
12	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
13	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN EMPLOYEE LEASING ENDORSEMENT - WISCONSIN RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "EC".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report WC480314, WC480315, WC480317 or WC480318.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF CLIENT OR NAME OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name. For Endorsement Number WC480314, report the client company name. For Endorsement Number WC480315, report the employee leasing company name. For Endorsement Number WC480317, report the labor contractor name.	AN	71-130	60
9	ADDRESS - STREET <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	AN	131-190	60

Field No.	Field Title/Description	Class	Position	Bytes
	Report the street number and name, post office box, or other description. For Endorsement Number WC480314, report the client company address. For Endorsement Number WC480315, report the employee leasing company address. For Endorsement Number WC480317, report the labor contractor address. For Endorsement Number WC480318, report the client company mailing street address.			
10	ADDRESS - CITY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the city name. For Endorsement Number WC480314, report the client company address city. For Endorsement Number WC480315, report the employee leasing company address city. For Endorsement Number WC480317, report the labor contractor address city. For Endorsement Number WC480318, report the client company mailing address city.	AN	191-220	30
11	ADDRESS - STATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the US Postal Service abbreviation for the state. For Endorsement Number WC480314, report the client company address state. For Endorsement Number WC480315, report the employee leasing company address state. For Endorsement Number WC480317, report the labor contractor address state. For Endorsement Number WC480318, report the client company mailing address state.	AN	221-222	2
12	ADDRESS - ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the US Postal Service zip code. For Endorsement Number WC480314, report the client company zip code. For Endorsement Number WC480315, report the employee	AN	223-231	9

Field No.	Field Title/Description	Class	Position	Bytes
	leasing company zip code. For Endorsement Number WC480317, report the labor contractor zip code. For Endorsement Number WC480318, report the client company mailing postal or zip code.			
13	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the Federal Employer Identification Number corresponding to the name being reported. For Endorsement Number WC480314, report the client company FEIN. For Endorsement Number WC480315, report the employee leasing company FEIN.	N	232-240	9
14	CLIENT PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the estimated premium for endorsement number WC480314.	N	241-250	10
15	RESERVED FOR FUTURE USE	AN	251-254	4
16	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
17	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
18	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN EMPLOYEE LEASING CO CLIENT TERMINATION ENDORSEMENT - WISCONSIN RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "ED".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report WC480316.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF EMPLOYEE LEASING COMPANY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the employee leasing company name.	AN	71-130	60
9	NAME OF CLIENT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name of the client.	AN	131-190	60
10	TERMINATION EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the employee leasing arrangement termination date.	N	191-196	6

Field No.	Field Title/Description	Class	Position	Bytes
11	ENTITIES RECEIVING THIS FORM <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name(s) of all entities receiving a copy of this endorsement.	AN	197-248	52
12	DATE SENT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the date this endorsement was sent. Format YYMMDD.	N	249-254	6
13	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	AN	255-288	34
14	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
ASSUMPTION OF LIABILITY ENDORSEMENT RECORD – WISCONSIN RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "EF".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report WC480607.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	POLICY EXPIRATION DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the expiration date of the policy or POC notice.	N	71-76	6
9	ACCEPTING LIABILITY CARRIER CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the code to identify the carrier who is accepting the liability.	N	77-81	5
10	ACCEPTING LIABILITY CARRIER SIGNATORY DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the date the carrier representative signed the	N	82-87	6

Field No.	Field Title/Description	Class	Position	Bytes
	agreement on behalf of the carrier who is accepting the liability.			
11	NAME OF ACCEPTING LIABILITY CARRIER SIGNATORY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	A	88-117	30
	Report the name of the representative who signed the agreement on behalf of the carrier who is accepting the liability.			
12	ACCEPTING LIABILITY CARRIER SIGNATORY TITLE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	A	118-137	20
	Report the title of the representative who signed the agreement on behalf of the carrier who is accepting the liability.			
13	ORIGINAL CARRIER SIGNATORY DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	138-143	6
	Report the date the carrier representative signed the agreement on behalf of the original carrier.			
14	NAME OF ORIGINAL CARRIER SIGNATORY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	A	144-173	30
	Report the name of the representative who signed the agreement on behalf of the original carrier.			
15	ORIGINAL CARRIER SIGNATORY TITLE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	A	174-193	20
	Report the title of the representative who signed the agreement on behalf of the original carrier.			
16	RESERVED FOR FUTURE USE	AN	194-254	61
17	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	AN	255-288	34
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
18	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy.			
19	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
MASSACHUSETTS EMPLOYEE LEASING ENDORSEMENT - MASSACHUSETTS RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "20".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "FA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC200304.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF CLIENT <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the client.	AN	71-150	80
9	CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the FEIN of the client.	N	151-159	9
10	ADDRESS OF CLIENT - STREET <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the street number and name, post office box, or other	AN	160-219	60

Field No.	Field Title/Description	Class	Position	Bytes
	description.			
11	ADDRESS OF CLIENT - CITY <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the city name.	AN	220-249	30
12	ADDRESS OF CLIENT - STATE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the U.S. Postal Service abbreviation for the state.	AN	250-251	2
13	ADDRESS OF CLIENT - ZIP CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the postal or zip code of the client.	AN	252-260	9
14	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field should never have the name of the client. This field is required when this record is submitted using Transaction Code 03.	AN	261-294	34
15	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
MASSACHUSETTS QUALIFIED LOSS MANAGEMENT PROGRAM ENDORSEMENT - MASSACHUSETTS RECORD				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "20".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "FB".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report WC200402.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF QUALIFIED LOSS MANAGEMENT PROGRAM <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the qualified loss management program as shown on the notification from WCRIBMA to the data provider.	AN	71-160	90
9	SUBSCRIPTION DATE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider. Format YYMMDD.	N	161-166	6

Field No.	Field Title/Description	Class	Position	Bytes
10	<p>ELIGIBILITY DATE</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider.</p> <p>Format YYMMDD.</p>	N	167-172	6
11	<p>CREDIT FACTOR</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the credit percent shown on the notification from WCRIBMA to the Data Provider.</p> <p>Enter in decimal format.</p> <p>There is an assumed decimal before position 173.</p>	N	173-176	4
12	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	177-210	34
13	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	211-216	6
14	<p>RESERVED FOR FUTURE USE</p>	AN	217-300	84

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "21".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "GA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
MINNESOTA INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report "22".	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report "HA".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report WC220302.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF INDEPENDENT CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the independent contractor being covered.	AN	71-160	90
9	CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the classification code corresponding to the classification assigned to the insured.	N	161-164	4
10	CLASSIFICATION WORDING <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>	AN	165-211	47

Field No.	Field Title/Description	Class	Position	Bytes
	Report all or a portion of the classification code wording as accommodated by this field.			
11	ESTIMATED EXPOSURE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>	N	212-221	10
	Report the amount that is the basis for determining premium on a per classification level.			
	Exposure amount is normally on a payroll basis.			
	Exceptions include per capita, seat surcharge, etc. Refer to the Minnesota Statistical Plan Manual for classification code exceptions.			
	For non-payroll exposure, report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point. For non-payroll exposure amounts, there is an assumed decimal point between positions 220 and 221.			
	For payroll exposure, report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.			
12	RATE/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>	N	222-228	7
	Report the charge per unit of exposure for each classification.			
	There is an assumed decimal point between positions 225 and 226.			
13	MINIMUM PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>	N	229-238	10
	Report the lowest amount of premium required for coverage being provided.			
14	ESTIMATED ANNUAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>	N	239-248	10
	Report the premium amount corresponding to the classification.			
	For non-exposure classifications the premium is defined by the classification/statistical code.			
	The premium amount for payroll classes is the result of multiplying the exposure by the manual/charged rate divided by 100. Enter the premium amount developed by extension of payroll or other exposure amount at the authorized rate to the nearest whole dollar.			
	For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate.			
15	RESERVED FOR FUTURE USE	AN	249-254	6

Field No.	Field Title/Description	Class	Position	Bytes
16	<p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	AN	255-288	34
17	<p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p>	N	289-294	6
18	<p>RESERVED FOR FUTURE USE</p>	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
MINNESOTA THIRD DEGREE OF KINDRED FAMILY MEMBER EXCLUSION ENDORSEMENT				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	RESERVED FOR FUTURE USE	AN	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report "HB". Multiples of this record is required whenever there is more than one Family Member being excluded under the policy.	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-50	3
5	ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report WC220303.	AN	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	NAME OF PERSON TO BE EXCLUDED <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the person excluded from coverage on the policy.	AN	71-130	60
9	RELATIONSHIP TO EXECUTIVE OFFICER OR LIMITED LIABILITY COMPANY (LLC) MANAGER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the relatedness or connection, either by blood or marriage, to the excluded family member listed on the endorsement.	AN	131-160	30
10	NAME OF EXECUTIVE OFFICER OR LIMITED LIABILITY COMPANY (LLC) MANAGER	AN	161-220	60

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the name of the individual to which the excluded family member listed on the endorsement is related.			
11	RESERVED FOR FUTURE USE	AN	221-254	34
12	NAME OF INSURED	AN	255-288	34
	<i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>			
	Report all or a portion of the name of the insured as accommodated by this field.			
	This field is required when this record is submitted using Transaction Code 03.			
13	ENDORSEMENT EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the date that the endorsement to the policy becomes effective.			
	Format YYMMDD.			
14	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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MINNESOTA EMPLOYEE LEASING ENDORSEMENT

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	44-45	2
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report "22".

3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report "HC".

4	RESERVED FOR FUTURE USE	AN	48-50	3
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5	ENDORSEMENT NUMBER	AN	51-58	8
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report WC220304.

6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	A	59-59	1
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.

7	CARRIER VERSION IDENTIFIER	AN	60-70	11
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.

8	NAME OF CLIENT	AN	71-120	50
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report the name of the client.

9	LEASING ADDRESS TYPE CODE	A	121-121	1
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NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

Report the code that identifies the address type being reported.

Code Description

1	Client Mailing Address
	One and only one client mailing address code is

Field No.	Field Title/Description	Class	Position	Bytes
	required.			
2	Workplace Address Must report a minimum of one workplace address per endorsement. As many of these records as are needed may be reported.			
10	ADDRESS - STREET <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the street number and name, post office box, or other description.	AN	122-181	60
11	ADDRESS - CITY <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the city name.	AN	182-211	30
12	ADDRESS - STATE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the U.S. Postal Service abbreviation for the state.	AN	212-213	2
13	ADDRESS - ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the postal or zip code.	AN	214-222	9
14	RESERVED FOR FUTURE USE	AN	223-224	2
15	CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the FEIN of the client.	N	225-233	9
16	CLIENT'S UNEMPLOYMENT INSURANCE (UI) NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the Minnesota State Employer Unemployment Insurance Identification Number. If the Employer is exempt from this Minnesota State requirement, report "EXEMPT".	AN	234-248	15
17	RESERVED FOR FUTURE USE	AN	249-254	6
18	NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field should never have the name of the client.	AN	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
	This field is required when this record is submitted using Transaction Code 03.			
19	ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i>	N	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
20	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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NONCOMPLIANCE/COMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD

1	LINK DATA		1-43	43
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Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.

2	STATE CODE	N	44-45	2
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NOT APPLICABLE: CA, MI, NCCI, NJ, NY, PA, WI

Report the state code for the state covered by this record.

3	RECORD TYPE CODE	AN	46-47	2
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NOT APPLICABLE: CA, MI, NJ, NY, PA, WI

Report "Z1".

This record is to be used for Assigned Risk policies only. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI

4	NONCOMPLIANCE/COMPLIANCE NOTIFICATION TYPE CODE	N	48-48	1
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NOT APPLICABLE: CA, MI, NJ, NY, PA, WI

Report the code that identifies the type of transaction being reported.

Do not report "2" or "3" if a "1" was not previously reported.

Code Description

- 1 Notification of Noncompliance Reason(s)
- 2 Notification of Compliance Reason(s)
- 3 Notification of Corrected "Current Outstanding Premium Due Amount" N/A: MA, MN, NC

5	PRIMARY NONCOMPLIANCE REASON CODE	N	49-50	2
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NOT APPLICABLE: CA, MI, NJ, NY, PA, WI

Report the code that identifies the primary reason for noncompliance.

Enter "00" when code "2" or "3" is reported in Noncompliance/Compliance Notification Type Code (position 48).

Only one reason code will be accepted for each noncompliance record. N/A: CA, DE, MA, MI, NCCI, NJ, NY, PA, WI

Code Description

- 01 Nonpayment of Amount Billed at Final Audit

Field No.	Field Title/Description	Class	Position	Bytes
	02 Nonpayment – Dispute Resolved			
	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			
6	ADDITIONAL NONCOMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY, PA, WI</i> Report additional noncompliance reason code if one exists. This is a recurring field. Repeat as needed. 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	N	51-52	2
7	ADDITIONAL NONCOMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY, PA, WI</i> Report additional noncompliance reason code if one exists. This is a recurring field. Repeat as needed. 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	N	53-54	2

Field No.	Field Title/Description	Class	Position	Bytes
	98 Nonpayment – Other (e.g. nonpayment of claim deductible)			
	99 Noncompliance – Other			
8	ADDITIONAL NONCOMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY, PA, WI</i>	N	55-56	2
	Report additional noncompliance reason code if one exists. This is a recurring field. Repeat as needed.			
	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			
9	RESERVED FOR FUTURE USE	AN	57-64	8
10	PRIMARY COMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, NJ, NY, PA, WI</i>	N	65-66	2
	Report the code that identifies the primary reason for compliance. When code “1” or “3” is reported in Noncompliance/Compliance Notification Type Code (position 48), report “00”. Only one reason code will be accepted for each record. N/A: CA, DE, MA, MI, NCCI, NJ, NY, PA, WI			
	Code Description			
	01 Compliance of Nonpayment - Paid in Full N/A: NCCI			
	02 Compliance of Nonpayment – Payment Plan N/A: NCCI			
	03 Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI			
	04 Compliance of Nonpayment - Audit to Zero N/A: NCCI			
	05 Compliance of Nonpayment-Bankruptcy/Creditor			

Field No.	Field Title/Description	Class	Position	Bytes
	N/A: NCCI			
06	Compliance of Audit			
07	Compliance of Loss Control or Inspections			
08	Compliance of Nonpayment - Due to Carrier Error on Last Compliance for Nonpayment N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
97	Compliance of Nonpayment N/A: DE, MA, MN, NC			
98	Compliance of Nonpayment – Other N/A: NCCI			
99	Compliance - Other			
11	<p>ADDITIONAL COMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report additional compliance reason code if one exists.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Code Description</p> <p>01 Compliance of Nonpayment - Paid in Full N/A: NCCI</p> <p>02 Compliance of Nonpayment – Payment Plan N/A: NCCI</p> <p>03 Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI</p> <p>04 Compliance of Nonpayment - Audit to Zero N/A: NCCI</p> <p>05 Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI</p> <p>06 Compliance of Audit</p> <p>07 Compliance of Loss Control or Inspections</p> <p>97 Compliance of Nonpayment N/A: DE, MA, MN, NC</p> <p>98 Compliance of Nonpayment – Other N/A: NCCI</p> <p>99 Compliance - Other</p>	N	67-68	2
12	<p>ADDITIONAL COMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report additional compliance reason code if one exists.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Code Description</p>	N	69-70	2

Field No.	Field Title/Description	Class	Position	Bytes
	01 Compliance of Nonpayment - Paid in Full N/A: NCCI			
	02 Compliance of Nonpayment – Payment Plan N/A: NCCI			
	03 Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI			
	04 Compliance of Nonpayment - Audit to Zero N/A: NCCI			
	05 Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI			
	06 Compliance of Audit			
	07 Compliance of Loss Control or Inspections			
	97 Compliance of Nonpayment N/A: DE, MA, MN, NC			
	98 Compliance of Nonpayment – Other N/A: NCCI			
	99 Compliance - Other			
13	ADDITIONAL COMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY, PA, WI</i> Report additional compliance reason code if one exists. This is a recurring field. Repeat as needed.	N	71-72	2
	Code Description			
	01 Compliance of Nonpayment - Paid in Full N/A: NCCI			
	02 Compliance of Nonpayment – Payment Plan N/A: NCCI			
	03 Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI			
	04 Compliance of Nonpayment - Audit to Zero N/A: NCCI			
	05 Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI			
	06 Compliance of Audit			
	07 Compliance of Loss Control or Inspections			
	97 Compliance of Nonpayment N/A: DE, MA, MN, NC			
	98 Compliance of Nonpayment – Other N/A: NCCI			
	99 Compliance - Other			
14	RESERVED FOR FUTURE USE	AN	73-80	8
15	CURRENT OUTSTANDING PREMIUM DUE AMOUNT	N	81-90	10

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, MI, NJ, NY, PA, WI</i>			
	Report the premium amount still owed to the insured.			
	This field is required if Primary Noncompliance Reason Code is reported as "01", "02", "03" or "98".			
16	RESERVED FOR FUTURE USE	AN	91-258	168
17	NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER	N	259-260	2
	<i>NOT APPLICABLE: CA, MI, NJ, NY, PA, WI</i>			
	Report the unique identifier sequence number used to order multiple Z1 Type Records with the same transaction issue date for the same policy.			
	The first record will always begin with "01".			
18	RESERVED FOR FUTURE USE	AN	261-281	21
19	DCO GENERATED TRANSACTION CODE	AN	282-282	1
	<i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i>			
	Report the code identifying the transaction as DCO generated.			
	This field is for population by the DCO only.			
	Code Description			
	1 A transaction generated by a DCO.			
20	NONCOMPLIANCE EFFECTIVE DATE	N	283-288	6
	<i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY, PA, WI</i>			
	Report the date that the noncompliance becomes effective.			
	Format YYMMDD.			
21	COMPLIANCE EFFECTIVE DATE	N	289-294	6
	<i>NOT APPLICABLE: CA, MI, NJ, NY, PA, WI</i>			
	Report the date that the compliance becomes effective.			
	This field is required if the Noncompliance/Compliance Notification Type Code (position 48) is "2".			
	Format YYMMDD.			
22	RESERVED FOR FUTURE USE	AN	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR ISO USE				
1	LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.		1-43	43
2	STATE CODE Report the state code for the state covered by this record.	N	44-45	2
3	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report "ZZ".	AN	46-47	2
4	RESERVED FOR FUTURE USE	AN	48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
FILE CONTROL RECORD				
1	RESERVED FOR FUTURE USE	AN	1-45	45
2	RECORD TYPE CODE Report "99". One File Control Record is required per submission.	AN	46-47	2
3	RECORD TOTALS Report the total number of records on the submission. This field will show the total number of records on the submission, including the Electronic Transmittal Record if used, but excluding the File Control Record.	N	48-57	10
4	HEADER RECORD TOTALS Report the total number of Header Records (Record Type Code 01) included in a submission.	N	58-65	8
5	TRANSACTION FROM DATE <i>NOT APPLICABLE: NCCI</i> Report the earliest Transaction Issue Date included in the submission. Required only if Transmittal Record is used. Subsequent submissions must not overlap dates. Format CCYYMMDD.	N	66-73	8
6	TRANSACTION TO DATE <i>NOT APPLICABLE: NCCI</i> Report the latest Transaction Issue Date included in the submission. Subsequent submissions must not overlap dates. Required only if Transmittal Record is used. Format CCYYMMDD.	N	74-81	8
7	RESERVED FOR FUTURE USE	AN	82-300	219