

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

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

FOR REPORTING

**POLICY INFORMATION PAGE, CANCELLATION, REINSTATEMENT AND
ENDORSEMENT DATA**

**WORKERS COMPENSATION POLICY REPORTING SPECIFICATIONS (WCPOLS) FOR REPORTING
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AND ENDORSEMENT DATA**

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WCPOLS CONTACT PAGE

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

Compensation Advisory Organization of Michigan
Supervisor, Policy Services
17197 N. Laurel Park Drive, Suite 311
Livonia, MI 48152
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Compensation Rating and Inspection Bureau of
New Jersey
Programming Supervisor
60 Park Place
Newark, NJ 07102
Telephone: 973-622-6014, ext. 268
Fax: 973-622-1548

Delaware Compensation Rating Bureau
Verna Blazys, Systems and Programming
The Widener Building, 6th Floor
One South Penn Square
Philadelphia, PA 19107
Telephone: 215-568-2371, ext. 293
E-mail: vblazys@pcrb.com

Insurance Services Office, Inc.
Wendy Mayotte, Director
6392 Grand Cypress Circle
Lake Worth, FL 33463
Telephone: 561-434-7749
Fax: 561-963-0439
E-mail: Wmayotte@ISO.com

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

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

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

North Carolina Rate Bureau
Industry Support Team
5401 Six Forks Road
Raleigh, NC 27609-4435
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Pennsylvania Compensation Rating Bureau
Verna Blazys, Systems and Programming
The Widener Building, 6th Floor
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Wisconsin Compensation Rating Bureau
Elizabeth Rohde, Industry Support Consultant
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Workers Compensation Insurance Rating Bureau
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Vice President of Data Processing or Systems and
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San Francisco, CA 94105
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Boston, MA 02110
Telephone: 617-439-9030

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

SECTION 1

RECORD TYPE DESCRIPTIONS

Records containing data that are required by all or several jurisdictions are designated by a number in the left-most position of the record type code field. Records, usually containing endorsement data that are required by a single rating organization, jurisdiction or state, are also designated by a letter in the left-most position of the record type code field. At this time, the letter A designates New Jersey; B, Pennsylvania and Delaware; C, New York; D, California; E, Wisconsin; F, Massachusetts, G, Michigan, H, Minnesota.

Record specifications and record type codes will be added to these specifications as they are developed by the jurisdictions.

In addition, records specific to a single transaction will be designated by a letter/number combination as specified by the WCIO. For example, record Z1 can only be used with Transaction 17. Record specifications and record type codes will be added to these specifications as they are developed by the DCOs.

RECORD TYPE CODE 01—HEADER RECORD

Provides for the inclusion of policy level information. One header record is required for each unique policy number Identifier/effective date/transaction code combination. Transaction Codes 03 (Endorsement Transaction) and 05 (Cancellation/Reinstatement) must not have a header record.

RECORD TYPE CODE 02—NAME RECORD

Provides for the legal name(s) of the insured.

RECORD TYPE CODE 03—ADDRESS RECORD

Provides for the inclusion of the mailing address of the policyholder, address(es) of location(s) of policyholder operations, and address of the insurer's office to which correspondence concerning this policy should be sent.

Each type of address requires a separate record, identified by a unique type of address code.

RECORD TYPE CODE 04—STATE PREMIUM RECORD

Provides for reporting premium amount, loss constant amount, expense constant amount, experience modification factor. Scheduled rating and insurer premium deviation factor reporting are also provided for those states where applicable. Multistate policies will have multiple state premium records.

RECORD TYPE CODE 05—EXPOSURE RECORD

Provides for reporting classification codes, manual/charged rates, and estimated exposure and premium amounts. As many records as necessary may be used to report multiple classification codes or manual/charged rates.

RECORD TYPE CODE 06—OTHER STATES COVERAGE RECORD

Provides for reporting other states coverage.

OPTIONAL: NCCI

RECORD TYPE CODE 07—ENDORSEMENT IDENTIFICATION RECORD

Provides for the identification of all endorsements that apply to the policy.

One identification record will accommodate from one to nine endorsements. As many endorsement identification records as are needed may be reported.

RECORD TYPE CODE 08—CANCELLATION/REINSTATEMENT RECORD

Provides for reporting cancellation or reinstatement information.

RECORD TYPE CODE 09—ANNIVERSARY RATING DATE ENDORSEMENT RECORD

Provides for reporting anniversary rating date. This record type shall be used for NCCI Endorsement WC 00 04 02.

MN: WC 22 04 02

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 10—EXPERIENCE RATING MODIFICATION CHANGE ENDORSEMENT RECORD

Provides for reporting experience rating modification factor and modification effective date. This record type shall be used for NCCI endorsement number or the corresponding carrier Endorsement WC 89 04 06.

OPTIONAL: MI

NOT APPLICABLE: CA, MN

RECORD TYPE CODE 11—RATE CHANGE ENDORSEMENT RECORD

Provides for reporting date of change, percent change factor, as well as classification code and manual/charged rate for regulatory authority approved state or U.S. change in rates.

May also be used in conjunction with a classification code and/or manual/charged rate change when associated with Endorsement WC 89 04 15.

RECORD TYPE CODE 11 (CONT'D)

As many records as are necessary may be used to report multiple classification codes. This record type shall be used for Endorsements WC 00 04 07, WC 00 04 08, WC 89 04 15.

NOT APPLICABLE: CA, MN

OPTIONAL: MI, NCCI

NOT APPLICABLE: WC 00 04 07 in NC

NOT APPLICABLE: WC 00 04 08 in DE, NC, NJ, PA

NOT APPLICABLE: WC 89 04 15 in DE, PA

RECORD TYPE CODE 12—PENDING RATE CHANGE ENDORSEMENT RECORD

Provides for reporting number of states and state code. This record type shall be used for Endorsement WC 00 04 04.

NOT APPLICABLE: CA, MN

OPTIONAL: MI, NCCI

RECORD TYPE CODE 13—POLICY PERIOD ENDORSEMENT RECORD

Provides for reporting effective dates and expiration dates. This record type shall be used for Endorsement WC 00 04 05.

RECORD TYPE CODE 14—THIS RECORD IS RESERVED FOR FUTURE USE

RECORD TYPE CODE 15—RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD

Provides for reporting retrospective premium option code, loss limitation amount, excess loss factors, loss conversion factor, premium factors (minimum, maximum, basic) and tax multiplier factor. This record type shall be used for Endorsements WC 00 05 03, WC 00 05 04, WC 00 05 05, WC 00 05 12, WC 00 05 13, WC 00 05 14.

NJ: WC 29 05 03, WC 29 05 04, WC 29 05 12, WC 29 05 13, WC 29 05 14, WC 29 05 15
WC290503 and WC290504 not applicable for New Jersey policies effective 1/1/05 and after.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 16—OTHER POLICIES SUBJECT TO RETROSPECTIVE RATING OR PREMIUM DISCOUNT RECORD

Provides for reporting all other policy number identifiers subject to the same retrospective rating or premium discount plan. As many records as are needed may be reported.

NOT APPLICABLE: CA, MN

OPTIONAL: MI, NCCI

RECORD TYPE CODE 17—DEFENSE BASE ACT COVERAGE ENDORSEMENT RECORD

Provides for the application of the U.S. Longshore and Harbor Workers' Compensation Act to employment at overseas U.S. military bases. This record type shall be used for Endorsement WC 00 01 01.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 18—FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT RECORD

Provides coverage for interstate railroads under the Federal Employers' Liability Act. This record type shall be used for Endorsement WC 00 01 04.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 19—LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE
ENDORSEMENT RECORD

Provides coverage for maritime or longshore employment. This record type shall be used for Endorsement WC 00 01 06.

NOT APPLICABLE: CA

OPTIONAL: MI, NCCI

RECORD TYPE CODE 20—OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT
RECORD

Provides coverage under the U.S. Longshore and Harbor Workers' Compensation Act for operations on the outer continental shelf. This record type shall be used for Endorsement WC 00 01 09.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 21—MARITIME COVERAGE ENDORSEMENT RECORD

Provides coverage under Part Two of the policy for maritime operations. This record type shall be used for Endorsement WC 00 02 01.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 22—THIS RECORD IS RESERVED FOR FUTURE USE

RECORD TYPE CODE 23—VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT RECORD

Provides voluntary compensation for maritime employment. This record type shall be used for Endorsement WC 00 02 03.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 24—ALTERNATE EMPLOYER ENDORSEMENT RECORD

Provides coverage for employees of special or temporary employers. This record type shall be used for Endorsement WC 00 03 01.

NOT APPLICABLE: NCCI

OPTIONAL: CA, MI

RECORD TYPE CODE 25—DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT RECORD

Provides for the exclusion of designated workplaces where allowed by the workers compensation law. This record type shall be used for Endorsement WC 00 03 02

NOT APPLICABLE: CA, PA

OPTIONAL: MI, NCCI

RECORD TYPE CODE 26—THIS RECORD IS RESERVED FOR FUTURE USE

RECORD TYPE CODE 27—FEDERAL COAL MINE HEALTH & SAFETY ACT COVERAGE ENDORSEMENT
RECORD

Provides coverage under the Federal Coal Mine Health and Safety Act. This record type shall be used for Endorsement WC 00 01 02.

NOT APPLICABLE: CA, MN, NJ, NY

OPTIONAL: MI, NCCI

RECORD TYPE CODE 28—NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE
ENDORSEMENT RECORD

Provides coverage under the Longshore and Harbor Workers' Compensation Act for civilian employees of certain Armed Forces instrumentalities such as Army, Navy, Marine or Air Force Exchange Service. Also provides coverage under workers compensation for employees subject to the Nonappropriated Fund Instrumentalities Act. This record type shall be used for Endorsement WC 00 01 08.

NOT APPLICABLE: NJ, NY

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 29—VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE
ENDORSEMENT RECORD

Provides coverage under the Workers' Compensation Law designated in the endorsement, according to the qualifications of Rules II and VIII of the *Basic Manual*. This record type shall be used for Endorsement WC 00 03 11.

NOT APPLICABLE: CA, NJ

OPTIONAL: MI, NCCI

RECORD TYPE CODE 30—PREMIUM DISCOUNT ENDORSEMENT RECORD

Provides a reduction in premium amount. This record type shall be used for Endorsement WC 00 04 06

NOT APPLICABLE: MN, NJ

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 31—RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD

Provides exclusion of aviation exposure amounts from retrospective rating. This record type shall be used for Endorsement WC 00 05 08.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 32—RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD

Provides excess loss premium factor change and for inclusion or exclusion of a retrospective development factor amount. This record type shall be used for Endorsement WC 00 05 09.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 33—RETROSPECTIVE PREMIUM ENDORSEMENT NONRATABLE CATASTROPHE
ELEMENT OR SURCHARGE RECORD

Provides for exclusion of nonratable catastrophe element premium amount, or the losses explained in the endorsement, from retrospective rating. This record type shall be used for Endorsement WC 00 05 10.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 34—RETROSPECTIVE PREMIUM ENDORSEMENT SHORT-TERM RECORD

Provides for the combination of premium with the policy that includes the basic premium endorsement, on a concurrent or renewal policy basis. This record type shall be used for Endorsement WC 00 05 11.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 35—INCLUSION OF SOLE PROPRIETOR OR PARTNERS ENDORSEMENT RECORD

Provides for endorsements including sole proprietors or partners. This record type is for use with New York Endorsement WC 31 03 13.

NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, WI

OPTIONAL: NCCI

RECORD TYPE CODE 36—WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT RECORD

Waives right to recover from a specifically named person or organization. This record type is for use with Endorsement WC 00 03 13.

NOT APPLICABLE: NJ, PA

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 37—SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE
ENDORSEMENT RECORD

Includes specifically named persons in coverage. This record type is for use with Endorsement WC 00 03 10.

NOT APPLICABLE: CA, MI, NJ, NY, PA

OPTIONAL: NCCI

RECORD TYPE CODE 38—PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT RECORD

Names specific persons to be excluded from coverage. This record type is for use with Endorsement WC 00 03 08.

NOT APPLICABLE: CA, ~~MN~~, NJ, NY, PA

OPTIONAL: MI, NCCI

RECORD TYPE CODE 39—AIRCRAFT PREMIUM ENDORSEMENT RECORD

Provides for premium amount and related data for aircraft exposure amounts. This record type is for use with Endorsement WC 00 04 01.

NOT APPLICABLE: NJ

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 40—EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD

Provides for reporting employers liability insurance in the states named and where the policy does not provide workers compensation insurance. This record type is for use with Endorsement WC 00 03 03.

NOT APPLICABLE: MI, NJ

OPTIONAL: CA, NCCI

RECORD TYPE CODE 41—DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT RECORD

Names or describes individuals to be excluded from coverage. This record type is for use with Endorsement WC 00 03 15.

NOT APPLICABLE: CA, MN, NJ, NY, WI

OPTIONAL: MI, NCCI

RECORD TYPE CODE 42—CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT RECORD

Provides for reporting a contingent experience rating modification factor and modification effective date. This record type is for use with Endorsement WC 00 04 12.

NOT APPLICABLE: DE, MI, NJ, NY, PA

OPTIONAL: CA

RECORD TYPE CODE 43—DEDUCTIBLE ENDORSEMENT RECORD

Provides for reporting the deductible type code, the deductible percentage or deductible amount paid by the insured and the amount of the premium reduction percentage. This record type is for use with any Deductible Endorsement approved in the jurisdiction(s) where this record type is applicable. Report WC 00 06 03, WC 37 04 03, or jurisdictionally approved endorsement number.

NOT APPLICABLE: CA, DE, NJ, NY, WI

OPTIONAL: MI

RECORD TYPE CODE 87—POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD

Provides for reporting changes to the Information Page except for names and addresses. This record type shall be used for Endorsements WC 89 04 16, WC 89 06 02, WC 89 06 03, WC 89 06 04, WC 89 06 07, WC 89 06 10, WC 89 06 11, WC 89 06 12, WC 89 06 13, WC 89 06 14, WC 89 06 18, WC 89 06 19.

NOT APPLICABLE: CA

OPTIONAL: MI

RECORD TYPE CODE 88—POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD

Provides for reporting insured name changes. This record type shall be used for Endorsement WC 89 06 01.

NOT APPLICABLE: CA

OPTIONAL: MI

RECORD TYPE CODE 89—POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD

Provides for reporting changes to the insured's mailing address, locations or insurer's issuing/servicing office. This record type shall be used for Endorsement WC 89 06 05, WC 89 06 08, WC 89 06 17, or WC 89 06 25.

NOT APPLICABLE: CA

OPTIONAL: MI

RECORD TYPE CODE AA—NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT—RENEWAL POLICIES—THREE YEAR RATING PERIOD RECORD

Provides for updating the tax multiplier factor and excess loss factor in the second and third year of a three-year option. This record type shall be used for New Jersey Endorsement WC 29 05 05.

WC290503 and WC290504 not applicable for New Jersey policies effective 1/1/05 and after.

RECORD TYPE CODE AB—NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD

Provides for the exclusion of aviation exposure amounts from retrospective rating. This record type shall be used for New Jersey Endorsement WC 29 05 06.

WC290503 and WC290504 not applicable for New Jersey policies effective 1/1/05 and after.

RECORD TYPE CODE AC—NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE ELEMENT RECORD

Provides for the exclusion of nonratable catastrophe premium and losses. This record type shall be used for New Jersey Endorsement WC 29 05 07.

WC290503 and WC290504 not applicable for New Jersey policies effective 1/1/05 and after.

RECORD TYPE CODE AD—NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT SHORT FORM RECORD

Provides for the combination of two or more policies for retrospective rating. This record type shall be used for New Jersey Endorsement WC 29 05 08.

WC290503 and WC290504 not applicable for New Jersey policies effective 1/1/05 and after.

RECORD TYPE CODE AE—NEW JERSEY VOLUNTARY COMPENSATION FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT RECORD

Provides voluntary compensation for employees subject to the Federal Employers' Liability Act. This record type shall be used for New Jersey Endorsement WC 29 01 01.

RECORD TYPE CODE AF—NEW JERSEY PLAN RATING PROGRAM ENDORSEMENT RECORD

Provides for reporting of policies under the Plan Rating Program where the initial New Jersey estimated annual standard premium amount for the risk equals or exceeds the premium amount indicated on 3:14-11 of the New Jersey Manual. This record type shall be used for New Jersey Endorsement WC 29 04 08. This endorsement record is not applicable for New Jersey policies effective 1/1/96 and after.

RECORD TYPE CODE AG—NEW JERSEY EMPLOYEE LEASING ENDORSEMENT RECORD

Provides coverage for employees working under an employee leasing arrangement between a client and a labor contractor as described in 3:10 of the New Jersey Manual. This record type shall be used for New Jersey Endorsements WC 29 03 03 and WC 29 03 04.

RECORD TYPE CODE AH—NEW JERSEY LARGE RISK—LARGE DEDUCTIBLE ENDORSEMENT RECORD

Provides risks with ~~New Jersey an estimated annual standard premium amounts of at least \$500,000 or~~ ~~countrywide premium amounts of \$1,000,000 or more~~ the option of selecting a large deductible in lieu of opting for the standard self-insurance or retrospective rating mechanisms. This record type shall be used for New Jersey Endorsement WC 29 06 01 and WC 29 06 05.

RECORD TYPE CODE AI—NEW JERSEY CERTIFIED MANAGED CARE PROGRAM ENDORSEMENT RECORD

Provides for premium amount reduction resulting from an agreement to use the medical services of a certified managed care program offered by the insurer. This record type shall be used for New Jersey Endorsement WC 29 04 09.

RECORD TYPE CODE BA—RESERVED FOR FUTURE USE

RECORD TYPE CODE BB—DISCONTINUED FOR USE EFFECTIVE 1/1/99, THIS RECORD IS RESERVED FOR FUTURE USE

RECORD TYPE CODE BC—AMENDATORY ENDORSEMENT—FARMING OPERATIONS—DELAWARE RECORD

Provides coverage for an individual engaged in farming operations. This record type shall be used for Delaware Endorsement WC 07 03 03.

RECORD TYPE CODE BD—DEDUCTIBLE ENDORSEMENT—DELAWARE RECORD

Provides a deductible for death and medical benefits. This record type shall be used for Delaware Endorsement WC 07 04 01.

RECORD TYPE CODE BE—EXCLUSION OF EMPLOYEES ENDORSEMENT—PENNSYLVANIA RECORD

Provides the exclusion of coverage for employees of a subcontractor when such employees are insured under the policy for the principal contractor as statutory employer. This record type shall be used for Pennsylvania Endorsement WC 37 03 03.

RECORD TYPE CODE BF—PRINCIPAL AS ADDITIONAL INSURED—PENNSYLVANIA RECORD
Provides coverage for the insured's principal for injuries to the insured's employees. This record type shall be used for Pennsylvania Endorsement WC 37 03 04.

RECORD TYPE CODE BG—REAL ESTATE MANAGEMENT ENDORSEMENT—PENNSYLVANIA RECORD
Provides coverage for employees of a building owner when such owner has entered into a contract with a managing agent. This record type shall be used for Pennsylvania Endorsement WC 37 03 06.

RECORD TYPE CODE BH—STATUTORY EMPLOYER ENDORSEMENT—PENNSYLVANIA RECORD
Provides extension of coverage under a statutory employer's policy to employees of subcontractors. Also creates wrap-up coverage for subcontractors. This record type shall be used for Pennsylvania Endorsement WC 37 03 09.

RECORD TYPE CODE BI—EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT—PENNSYLVANIA RECORD
Provides for the exclusion of executive officers from the Workers' Compensation Law. This record type shall be used for Pennsylvania Endorsement WC 37 03 10.

RECORD TYPE CODE BJ—EMPLOYER ASSESSMENT ENDORSEMENT—PENNSYLVANIA RECORD
Provides for setting forth the pertinent parameters and amount of employer assessments for the maintenance of special funds. This record type shall be used for Pennsylvania Endorsement WC 37 06 04.

RECORD TYPE CODE CA—EXECUTIVE OFFICER ENDORSEMENTS—NEW YORK RECORD
Provides for reporting the following New York Endorsements: WC 31 03 01, WC 31 03 04, WC 31 03 05, WC 31 03 06, WC 31 03 12, and WC 31 06 03.

RECORD TYPE CODE CB—DESIGNATED WORKPLACE CANCELLATION ENDORSEMENT AND NOTICE OF PARTIAL CANCELLATION—NEW YORK RECORD
Provides for reporting New York Endorsement WC 31 03 02.

RECORD TYPE CODE CC—MEDICAL BENEFITS REIMBURSEMENT ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsement WC 31 03 10.

RECORD TYPE CODE CD—EXCESS MEDICAL COVERAGE ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsement WC 31 03 03.

RECORD TYPE CODE CE—BENEFITS DEDUCTIBLE ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsement WC 31 03 15.

RECORD TYPE CODE CF—VOLUNTEER FIREFIGHTERS/AMBULANCE PREMIUM DISCOUNT ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 06 06, WC 31 06 08.

RECORD TYPE CODE CG—EXCLUSION FOR DESIGNATED OFFICERS AND EMPLOYEES OF FIRE/AMBULANCE DISTRICTS ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 06 02, WC 31 06 11.

RECORD TYPE CODE CH—FIRE/AMBULANCE DISTRICT LIABILITY EXCLUSION (FOR COUNTY OR TOWN POLICIES) ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 06 04, WC 31 06 09.

RECORD TYPE CODE CI—VOLUNTEER FIREFIGHTERS/AMBULANCE WORKERS' BENEFIT LAW GROUP INSURANCE ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 06 05, WC 31 06 10.

RECORD TYPE CODE CJ—CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT FACTOR ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsement WC 31 04 01.

RECORD TYPE CODE CK—LABOR CONTRACTOR ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 03 17, WC 31 03 18, WC 31 03 20, WC 31 03 22.

RECORD TYPE CODE CL—SOLE PROPRIETORS & PARTNERS ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 03 13, WC 31 03 16.

RECORD TYPE CODE CM—PREFERRED PROVIDER ORGANIZATION ENDORSEMENT—NEW YORK RECORD
Provides for reporting New York Endorsements WC 31 04 03, WC 31 06 16.

RECORD TYPE CODE CN—FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE ENDORSEMENT—NEW YORK RECORD

Provides for reporting New York Endorsement WC 31 06 17.

RECORD TYPE CODE DA—LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT
COVERAGE ENDORSEMENT—CALIFORNIA RECORD

Provides for reporting L&H coverage data for California Endorsement WC 04 01 01.

RECORD TYPE CODE DB—PARTNERSHIP COVERAGE/EXCLUSION ENDORSEMENT—CALIFORNIA
RECORD

Provides for exclusion of general partners by name for California Endorsement WC 04 03 02.

RECORD TYPE CODE DC—OFFICERS AND DIRECTORS COVERAGE/EXCLUSION ENDORSEMENT—
CALIFORNIA RECORD

Provides for exclusion of officers or directors by name for California Endorsement WC 04 03 03.

RECORD TYPE CODE DD—VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE
ENDORSEMENT—CALIFORNIA RECORD

Provides coverage for named employees or described operations for California Endorsement WC 04 03 05.

RECORD TYPE CODE DE—WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—
CALIFORNIA RECORD

Provides names of persons or organizations and job descriptions for California Endorsement WC 04 03 06.

RECORD TYPE CODE DF—ANNIVERSARY RATING DATE ENDORSEMENT—CALIFORNIA RECORD

Provides for reporting anniversary date for California Endorsement WC 04 04 01.

RECORD TYPE CODE DG—MULTIPURPOSE TEXT—CALIFORNIA RECORD

Provides for reporting various endorsements that contain inserted names, addresses, texts.

RECORD TYPE CODE DH—MULTIPURPOSE DOLLAR AMOUNT—CALIFORNIA RECORD

Provides for reporting various endorsements that contain inserted dollar amounts.

RECORD TYPE CODE DI—MULTIPURPOSE PERCENTAGE—CALIFORNIA RECORD

Provides for reporting various endorsements that contain inserted percents.

RECORD TYPE CODE DJ—EMPLOYEE LEASING ENDORSEMENT—CALIFORNIA RECORD

Provides for reporting California Endorsements WC 04 03 07, WC 04 03 08, WC 04 03 11 and WC 04 03 12.

RECORD TYPE CODE DK—EMPLOYEE LEASING ENDORSEMENT—CALIFORNIA RECORD

Provides for reporting California Endorsements WC 04 03 14 and WC 04 03 15.

RECORD TYPE CODE DL—EMPLOYEE LEASING ENDORSEMENT—CALIFORNIA RECORD

Provides for reporting California Endorsements WC 04 03 16.

RECORD TYPE CODE EA—WISCONSIN LIMITED OTHER STATES ENDORSEMENT—WISCONSIN RECORD

Provides for reporting states applicable on Wisconsin Endorsement WC 48 03 01.

RECORD TYPE CODE EB—WISCONSIN CHANGE OF INSURANCE CARRIER NAME ENDORSEMENT—
WISCONSIN RECORD

Provides for reporting applicable carrier name on Wisconsin Endorsement WC 48 06 05.

RECORD TYPE CODE FA—MASSACHUSETTS EMPLOYEE LEASING ENDORSEMENT—MASSACHUSETTS
RECORD

Provides for reporting Massachusetts Endorsements WC 20 03 04.

RECORD TYPE CODE FB—MASSACHUSETTS QUALIFIED LOSS MANAGEMENT PROGRAM
ENDORSEMENT—MASSACHUSETTS RECORD

Provides for reporting Massachusetts Endorsement WC 20 04 02.

RECORD TYPE CODE GA – MICHIGAN WORKERS COMPENSATION PLACEMENT FACILITY LIMITS OF
LIABILITY ENDORSEMENT RECORD—MICHIGAN RECORD.

Provides for reporting Michigan Endorsement WC 21 03 06 applicable to Assigned Risk only.

RECORD TYPE CODE HA – MINNESOTA INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT
Provides coverage for independent contractors as scheduled on Minnesota endorsement WC 22 03 02.

RECORD TYPE CODE HB – MINNESOTA THIRD DEGREE OF KINDRED FAMILY MEMBER EXCLUSION ENDORSEMENT

Provides for reporting of excluded family members as scheduled on Minnesota endorsement WC 22 03 03. Submit one record for each family member being excluded under the policy.

RECORD TYPE CODE HC – MINNESOTA EMPLOYEE LEASING ENDORSEMENT

Provides for reporting Minnesota endorsement WC22 03 04. Each leasing address type requires a separate record, identified by a unique code. Only one record containing the client address code may be reported. As many records as needed may be used to report multiple workplace addresses.

RECORD TYPE CODE Z1— NON COMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD
Provides for reporting In Compliance and Not In Compliance detail.

RECORD TYPE CODE 99—SUBMISSION CONTROL RECORD

Provides information about the electronic submission such as the number of data records and number of header records included in this submission.

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

SECTION 2

SUBMISSION REQUIREMENTS

TAPE SPECIFICATIONS

1. Tape must be wound on reels in lengths of not less than 600 feet, not more than 2,400 feet.
2. Tape reel or cartridge must be file protected prior to shipment to the jurisdiction.
3. Reflective spots must be present and properly located.
4. Tape reels and cartridges must be packed properly to avoid damage in shipment.
5. Data shall be reported on 9 track recordings in 1600 or 6250 density (BPI), odd parity.

Preferably, data may be submitted via Tape Cartridges (3480).

(Refer to individual jurisdiction for specific requirements.)

6. Data is to be reported in 300-byte record image, as shown in the instructions, using EBCDIC.
7. Data must be blocked 25, i.e., 7,500 characters per block. The final block may be a "short block"; do not fill with padding. There is to be no record mark at the end of a record, nor a group mark at the end of a block.
8. Data submitted on cartridge must be noncompressed for all jurisdictions, except for DE, MA and PA, which can accept noncompressed or compressed (using ICRC or IDRC).
9. In addition to its external physical label, each tape shall contain "Third Generation Computer" type internal labels generated as "Standard Labels" by IBM DOS or OS operating systems.
10. The Submission Control Record, Record Type Code 99, will be the last data record on the last tape. ONLY ONE PER SUBMISSION. (Refer to Section 7—Submission Control Record for specifications.)

11. Data Field Formats

Unless otherwise specified, the following data field class formats will apply:

All alphabetic (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled. These fields should be blank if not applicable or not available unless otherwise indicated.

All numeric (N) data fields are to be right-justified and left zero-filled, and unsigned. These fields should be zero-filled if not applicable or not available unless otherwise indicated.

All RESERVED FOR FUTURE USE fields are to be blank.

12. Transmittal

Each submission containing policy data must be accompanied by a properly completed Transmittal Letter. (Refer to General Section for instructions.)

NOTE: Although magnetic tape is the predominant transfer method, other electronic data submission options are available in some jurisdictions. Contact jurisdiction for details.

NOTE: Wisconsin will no longer accept tape submissions. Effective 1-1-05, Compensation Data Exchange (CDX) is the only option for submitting data in Wisconsin.

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

SECTION 3

LINK DATA COMMON TO ALL RECORDS

LINK DATA COMMON TO ALL RECORDS

Field No.	Field Title/Description	Class	Position	Bytes
1	<p>CARRIER CODE Report the 5-digit code assigned by NCCI or other jurisdictions. Multistate policies including states requiring reporting to independent jurisdictions:</p> <ol style="list-style-type: none"> Reporting to NCCI and WI: Report the carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage for the risk. Reporting to all other independent jurisdictions: (NOT APPLICABLE: WI) Report the carrier code corresponding to the insurer providing coverage in the state under the jurisdiction or rating organization to which data is being reported. All other multistate policies reported to NCCI only. Report the carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage (i.e., covering the majority of states on the policy) for the risk. 	(N)	1-5	5
2	<p>POLICY NUMBER IDENTIFIER Report the alphanumeric characters used for uniquely identifying the policy. Do not report any imbedded blanks or marks of punctuation. NOTE: For Transaction Code 16 (Coverage Notice), 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. MA only: Report only the actual policy number identifier. Do not report a "binder" or temporary policy number identifier.</p>	(AN)	6-23	18
3	RESERVED FOR FUTURE USE		24	1
4	<p>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number as part of the policy number, report the alphanumeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.</p>	(N)	25-30	6
5	<p>POLICY EFFECTIVE DATE Report the effective date of the policy or coverage notice, formatted YYMMDD. For the second and third year of a three-year variable rate policy, report the effective 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.)</p>	(N)	31-36	6
6	<p>TRANSACTION ISSUE DATE Report the issue date of the transaction being submitted, in Julian date format (YYDDD). 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 magnetic tape for the jurisdiction. Example: If an insurer processes transactions on a daily basis and saves these daily transactions to a file from which a tape is created once a week, this date would reflect the daily processing date, not the date of tape creation. Thus, a given tape submitted to the jurisdiction may contain transactions with different transaction issue dates. More than one "06," "08," "10," "14," or "15" transactions with the same Transaction Issue Date for the same policy must not be included on the same submission.</p>	(N)	37-41	5

LINK DATA COMMON TO ALL RECORDS (CONT'D)

Field No.	Field Title/Description	Class (N)	Position 42-43	Bytes 2
7	TRANSACTION CODE Report the 2-digit code identifying the type of transaction being submitted:			
	Code Description			
01.	New Policy This transaction code is used to report to the jurisdiction that the insurer has been issued a policy for the first time. It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction. Transaction Code 01 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.			
02.	Renewal Policy This transaction code is used to report coverage that has been continued for another policy term by the insurer. It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction. Transaction Code 02 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.			
03.	This transaction code is used to report endorsements (other than annual rerate) having record layouts in Section 6 of these specifications and issued subsequent to the policy.			
04.	Annual Rerate Endorsement This transaction code is used to report two types of coverage: 1—To report the second or third year of a three-year variable rate policy. 2—To report the remaining portion of policies with a coverage period greater than annual. There are no unique record types for annual rerate endorsements. They are to be reported using all record types applicable to new or renewal business and are identified by Transaction Code 04. Transaction Code 04 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.			
05.	Cancellation/Reinstatement This transaction code is used to report a cancellation or reinstatement of a policy or coverage notice previously reported. Only Record Type Code 08 is valid for this transaction code. The cancellation record must include the carrier code, policy number identifier and policy effective date of the policy term being cancelled or reinstated in the appropriate link data fields (Positions 1-43).			
06.	Policy Replacement Due to Key Field Change			

LINK DATA COMMON TO ALL RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
7	TRANSACTION CODE (CONT'D) This transaction code is used to report a replacement policy for a previously issued policy that has had key data fields changed. This type of transaction must contain the new carrier code (if changed), the new policy number identifier (if changed) and the new policy effective date (if changed) in the appropriate link data fields (Positions 1–43) on all record types, and must contain the carrier code, policy number identifier and policy effective date of the policy term being replaced in Positions 221–249 of the Header Record. Only one Transaction Code 06 may be submitted per policy on the same issue date. Some jurisdictions may require a cancellation record (Record Type Code 08) with a Transaction Code 05 and the values of 9, 0 and 00 in Positions 48–51 for the previously issued policy this transaction replaces. Cancellation Record is not applicable in CA.			
07.	Reserved for Future Use			
08.	Policy Replacement due to Rating Change This transaction code is used to report a change to the policy that impacts premium amounts and for which an additional premium amount bill or return premium amount is sent to the insured. All records that are submitted for Transaction Code 08 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 08. Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 08 are only required on the record(s) that has the change. If the individual record(s) cannot be identified, complete these two fields on all the records submitted. Only one set of Transaction Code 08 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date. If there are multiple transactions corresponding to Transaction Code 08 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code. <i>If an insurer submitting Transaction Code 08 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.</i>			
09.	Reserved for Future Use			
10.	Policy Replacement due to Non-Rating Change			

LINK DATA COMMON TO ALL RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
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7 TRANSACTION CODE (CONT'D)

This transaction code is used to report a change to the policy that does not impact premium amounts.

All records that are submitted for Transaction Code 10 **must** contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 10.

Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 10 are only required on the record(s) that has the change. If the individual record(s) cannot be identified, complete these two fields on all the records submitted.

Only one set of Transaction Code 10 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

If there are multiple transactions corresponding to Transaction Code 10 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

If an insurer submitting Transaction Code 10 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

11. Reserved for Future Use

12. Reserved for Future Use

13. Reserved for Future Use

14. Policy Replacement due to Miscellaneous Change/Non-Key Field Change

This transaction code is used at the insurer's option for policy changes (excluding key data field changes) in place of Transaction Codes 08 and 10.

All records that are submitted for Transaction Code 14 **must** contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 14.

Policy Changes Effective Date and Policy Changes Expiration Date for Transaction Code 14 are only required on the record(s) that has the change. If the individual record(s) cannot be identified, complete these two fields on all the records submitted.

Only one set of Transaction Code 14 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.

If there are multiple transactions corresponding to Transaction Code 14 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

If an insurer submitting Transaction Code 14 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

NOT APPLICABLE: DE, PA

Field No.	Field Title/Description	Class	Position	Bytes
7	TRANSACTION CODE (CONT'D) LINK DATA COMMON TO ALL RECORDS (CONT'D)			
15.	<p>Policy Replacement due to Add/Delete State Change This transaction code is used to add or delete a state and has a very specific purpose.</p> <ol style="list-style-type: none"> 1. Reporting to DCOs: <ol style="list-style-type: none"> a) Reporting to the DCO of the state being added with this transaction: Notifies the DCO that the state is being added to the policy and therefore this is the first submission of this policy to the state. b) Reporting to the DCO of the state being deleted with this transaction: Cannot be reported using this transaction. Submit a cancellation using Transaction Code 05 with Record Type Code 08 (only). c) Reporting to a DCO other than that of the state being added or deleted with this transaction: Notifies the DCO that another state is being added to or deleted from the policy. No other changes, other than those directly associated with adding or deleting the state (i.e., premium) are to be made with this transaction. If unable to exclude other changes from this transaction, then the transaction must be reported using one of Transaction Codes 08–14. 2. Reporting to NCCI: Notifies NCCI of the state(s) being added and/or deleted to/from Item 3.A. Because NCCI is responsible for many states, NCCI can accept changes for states other than those being added and/or deleted. <p>The Policy Changes Effective Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) will indicate the date the state is to be added or deleted.</p> <p>If the state is to be deleted on the inception date of the policy, the deleted state will have only one accompanying Exposure Record (Record Type Code 05). The Exposure Record must contain zeros in the following fields: Classification Codes, Exposure Act/Exposure Coverage Code, Manual/Charged Rate, Exposure Period Effective Date, Estimated Exposure Amount, Estimated Premium Amount, Exposure Period Code, Amount of Pieces of Apparatus, Amount of Volunteers, and Policy Surcharge Factor.</p> <p>NCCI Only: The Policy Changes Expiration Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) of the state in question will be reported as follows:</p> <ol style="list-style-type: none"> a) State Added—Report the Policy Expiration Date. b) State Deleted—Report the Policy Changes Effective Date. <p>Only one set of Transaction Code 15 records per Transaction Issue Date per submission. A transaction may have more than one Policy Changes Effective Date.</p> <p>If there are multiple transactions corresponding to Transaction Code 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.</p>			
16.	Coverage Notice			

Field No.	Field Title/Description	Class	Position	Bytes
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**7 TRANSACTION CODE (CONT'D)
LINK DATA COMMON TO ALL RECORDS (CONT'D)**

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

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

Minimum requirements for filing include:

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

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

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

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

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

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

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

NOT APPLICABLE: NCCI, NJ, NY

17. Noncompliance of Policy Terms and Conditions

This transaction code is used to report noncompliance issues as a result of undisputed premium due, and/or noncompliance with the policy terms and conditions on a policy or coverage notice previously reported

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

LINK DATA COMMON TO ALL RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
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7 TRANSACTION CODE (CONT'D)

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

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

This transaction is optional for voluntary market policies.

NOT APPLICABLE: CA, MI, MN, NJ, NY, PA, WI

TRANSACTION CODE NOTES/INSTRUCTIONS

The following includes notes, or instructions, to provide additional information about Transaction Codes. Read the notes carefully as they may not apply to all Transactions.

Contact each DCO to determine which of the Transaction Codes they will accept and the applicability of all notes, instructions, and rules associated with Transactions.

Rules for Replacements:

- A **complete replacement** must be submitted when reporting changes to the policy for which there is not a specific endorsement record layout in Section 6.

MN: This complete replacement of the policy applies to the following MN endorsements:

WC 22 06 07 (Experience Modification)

WC 22 06 15 (Class, Rate, Other Change)

WC 22 06 16 (Interim Adjustment of Premium)

- A complete replacement of a policy should include all revised policy (Record Type Codes 01–07) and endorsement (Record Type Codes 09–ZZ) data resulting from the change, as well as all policy and endorsement data previously reported that is not impacted by the change.
- Cancellation and Reinstatement (Record Type Code 08) data are not to be considered a part of the basic policy and should not be included as part of a total replacement for Transaction Codes 06, 08, 10, 14, and 15.
- Changes to the policy for which there is a specific endorsement layout in Section 6 must be reported by one of two methods:
 - 1) As a separate Transaction Code 03 endorsement record or,
 - 2) As a Transaction Code 06, 08, 10 or 14 complete replacement policy including all the applicable endorsement records.
- If there are multiple transactions corresponding to Transaction Codes 08, 10, 14, and 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

TRANSACTION CODE NOTES/INSTRUCTIONS (CON'T.)

- If a rating change and nonrating change occur simultaneously (Transaction Codes 08 and 10), use the transaction code corresponding to the rating change (08).
- If the insurer is aware of an experience modification factor, manual/charged rate, or other data that is to be effective on a date subsequent to the policy effective date, when preparing a Transaction Code 01, 02, 04, or 06, the records containing these data may be submitted as part of Transaction Code 01, 02, 04, or 06 with the appropriate policy changes effective date.
- As an option, the insurer may submit a complete replacement of the policy using one of the Transaction Codes 08, 10, or 14 on the same issue date as Type 01, 02, 04, or 06.

Rules for Deletions:

- If the insurer's intent is to delete data from the **entire** policy period, a Transaction Code 08, 10, or 14 should be submitted. The transaction should include all data on the policy effective date, and on subsequent policy changes effective dates, but which excludes the data or record(s) to be deleted.
- If the insurer's intent is to delete data for **only part** of the policy period, a Transaction Code 08, 10, or 14 should be submitted, which includes all data on the policy, as follows:

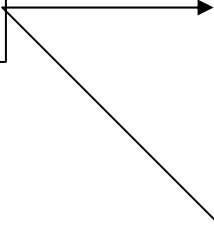
Policy Changes Effective Date will be reported only on the record(s) being eliminated and will be equal to the policy effective date (or date previously added).

Policy Changes Expiration Date will be reported only on the record(s) being eliminated and will be the "delete" date.

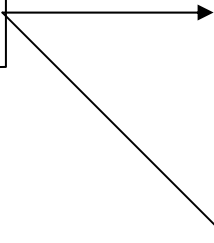
**Transaction 15 Example
"Adding a State"**

Existing Policy

INTRASTATE
NJ ONLY



INTERSTATE
NJ & PA



Transaction 15

TO NJ:

ADD PA TO
NJ FOR
UPDATE OF
ITEM 3.A

TO PA:

COMPLETE
POLICY
INSERTION

TO NJ & PA:

ADD NY TO
NJ & PA FOR
UPDATE OF
ITEM 3.A

TO NY:

COMPLETE
POLICY
INSERTION

**Policy Information Page Data
Element Change Endorsement—
Record Type # Code 87**

or ↗

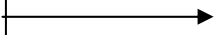
ADD PA TO
NJ FOR
UPDATE OF
ITEM 3.A

or ↗

ADD NY TO
NJ & PA
FOR UPDATE
OF ITEM 3.A

"Deleting a State"

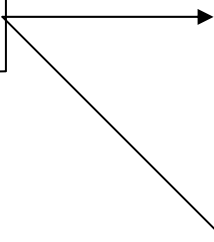
INTRASTATE
NJ ONLY



TO NJ:

NOT ALLOWED
INSTEAD SUBMIT
RECORD TYPE
08—CANCELLATION

INTERSTATE
NJ & PA



TO NJ:

DELETE PA OR NJ
FROM POLICY
FOR UPDATE
OF ITEM 3.A

or ↗

DELETE PA
FROM POLICY
FOR UPDATE
OF ITEM 3.A

TO PA:

DELETE PA OR NJ
FROM POLICY
FOR UPDATE
OF ITEM 3.A

or ↗

DELETE NJ
FROM POLICY
FOR UPDATE
OF ITEM 3.A

RESERVED FOR FUTURE USE

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

SECTION 4

RECORD LAYOUTS AND REPORTING INSTRUCTIONS: BASIC POLICY

I. HEADER RECORD

Field No.	Field Title/Description	Class	Position	Bytes														
1	LINK DATA		1–43	43														
2	RESERVED FOR FUTURE USE		44–45	2														
3	RECORD TYPE CODE Report "01".	(AN)	46–47	2														
4	EXPERIENCE RATING CODE Report the 1-digit code describing the policy:	(N)	48	1														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Interstate rated only</td> </tr> <tr> <td>2</td> <td>Inter- and intrastate rated</td> </tr> <tr> <td>3</td> <td>Intrastate rated only</td> </tr> <tr> <td>4</td> <td>Reserved for Future Use</td> </tr> <tr> <td>5</td> <td>Not rated</td> </tr> </tbody> </table>	Code	Description	1	Interstate rated only	2	Inter- and intrastate rated	3	Intrastate rated only	4	Reserved for Future Use	5	Not rated					
Code	Description																	
1	Interstate rated only																	
2	Inter- and intrastate rated																	
3	Intrastate rated only																	
4	Reserved for Future Use																	
5	Not rated																	
	NOT APPLICABLE: CA, DE, NJ, PA																	
5	INTERSTATE RISK ID NUMBER Report the 9-digit number assigned by NCCI. NOT APPLICABLE: CA, DE, MI, NCCI, NJ, PA	(N)	49–57	9														
6	POLICY EXPIRATION DATE Report the expiration date of policy or coverage notice, formatted YYMMDD. 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.)	(N)	58–63	6														
7	RESERVED FOR FUTURE USE		64–72	9														
8	POLICY TYPE ID CODE—TYPE OF COVERAGE Report the 2-digit code:	(N)	73–74	2														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Standard Workers Compensation Policy</td> </tr> <tr> <td>02</td> <td>Alternative Workers Compensation Coverage (NCCI ONLY)</td> </tr> <tr> <td>03</td> <td>Not Available; used for WCSTAT</td> </tr> <tr> <td>04</td> <td>Reserved for Future Use</td> </tr> <tr> <td>05</td> <td>MA Large Risk Rated Option (MA-only) N/A: CA, MI, MN, NCCI, NJ, NY, NC, WI</td> </tr> <tr> <td>09</td> <td>Not Available; used for WCSTAT</td> </tr> </tbody> </table>	Code	Description	01	Standard Workers Compensation Policy	02	Alternative Workers Compensation Coverage (NCCI ONLY)	03	Not Available; used for WCSTAT	04	Reserved for Future Use	05	MA Large Risk Rated Option (MA-only) N/A: CA, MI, MN, NCCI, NJ, NY, NC, WI	09	Not Available; used for WCSTAT			
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01	Standard Workers Compensation Policy																	
02	Alternative Workers Compensation Coverage (NCCI ONLY)																	
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05	MA Large Risk Rated Option (MA-only) N/A: CA, MI, MN, NCCI, NJ, NY, NC, WI																	
09	Not Available; used for WCSTAT																	
	NOT APPLICABLE: CA, NJ																	

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
9	EMPLOYEE LEASING POLICY TYPE CODE Report the 1-digit code that identifies the type of Employee Leasing policy:	(N)	75	1

Code	Description
1	Non-Employee Leasing Policy— <u>Employers covered under this policy are not part of an Employee Leasing arrangement.</u>
2	Employee Leasing Policy (Master Policy)- <u>For Leased Workers of Multiple Client Companies —Employee Leasing Company and Client Companies</u> The Employee Leasing Company is the primary named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company can also be covered under this policy. <u>-N/A: CA, MA, MN, NY</u>
3	Employee Leasing Policy (Multiple Coordinated Policy) <u>For Non-Leased Workers of Employee Leasing Company —Employee Leasing Company only</u> The Employee Leasing Company is the primary named insured and coverage is provided to the non-leased workers of the Employee Leasing Company only. The leased workers of the Employee Leasing Company are not covered under this policy.
4	Employee Leasing Policy (Multiple Coordinated Policy)- <u>Client Company Policy For Leased Workers of Client Company —Client Company only</u> The Client Company is the primary 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. <u>N/A: MA, MN, NY</u>
5	<u>Employee Leasing Policy For Leased Workers of a Single Client Company—The Employee Leasing Company is the primary named insured and coverage is provided to the leased workers of a single Client Company only.</u> <u>NCCI Effective 1/1/2007</u> <u>N/A: NC</u>
6	<u>Client Company Policy For Non-Leased Workers of Client Company—The Client Company is the primary 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.</u> <u>NCCI (Effective 1/1/2007: NCCI)</u> <u>N/A: MA, NC</u>
7	<u>Client Company Policy For Leased And Non-Leased Workers of Client Company—The Client Company is the primary named insured and coverage is provided to the leased and non-leased workers of the Client Company. (Effective 1/1/2007: NCCI)</u> <u>N/A: MA, MN, NC</u>

NOT APPLICABLE: DE, MI, NJ, PA

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
10	POLICY TERM CODE Report the 1-digit code:	(N)	76	1
	Code Description			
	1 Standard one-year			
	2 Three-year fixed rate			
	3 Continuous policy—CA only			
	4 Short-term (less than one year)			
	5 Three-year variable (first year)			
	6 Three-year variable (second year)			
	7 Three-year variable (third year)			
	8 Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC 00 04 05 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).			
	NOT APPLICABLE: CA (8)			
11	PRIOR POLICY NUMBER IDENTIFIER Report the alphanumeric characters identifying the prior policy number identifier. Do not report any embedded blanks or marks of punctuation.	(AN)	77–94	18
12	PRIOR UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number identifier as part of the policy number, report the alphanumeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.	(N)	95–100	6
13	RESERVED FOR FUTURE USE		101–105	5
14	LEGAL NATURE OF INSURED CODE Report the 2-digit code:	(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			
	08 Multiple Status			
	09 Joint Employers			
	10 Limited Liability Company (LLC)			
	11 Trust or Estate			
	12 Executor or Trustee			
	13 Limited Liability Partnership			
	14 Governmental Entity			
	99 Other (Report text description in Positions 250–269)			

NOTE: Applicability of Codes 01–14 is subject to the Individual DCO and/or IAIABC POC State rules.

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes														
15	POLICY TYPE ID CODE—PLAN INDICATOR Report the 1-digit code:	(N)	108	1														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Voluntary Policy</td> </tr> <tr> <td>2</td> <td>Normal Assigned Risk Policy</td> </tr> <tr> <td>3</td> <td>Reserved for Future Use</td> </tr> <tr> <td>4</td> <td>Reserved for Future Use</td> </tr> <tr> <td>5</td> <td>Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)</td> </tr> <tr> <td>6</td> <td>Assigned Risk Policy written under Mandatory Direct Assigned Risk Program (MA only)</td> </tr> </tbody> </table>	Code	Description	1	Voluntary Policy	2	Normal Assigned Risk Policy	3	Reserved for Future Use	4	Reserved for Future Use	5	Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)	6	Assigned Risk Policy written under Mandatory Direct Assigned Risk Program (MA only)			
Code	Description																	
1	Voluntary Policy																	
2	Normal Assigned Risk Policy																	
3	Reserved for Future Use																	
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5	Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)																	
6	Assigned Risk Policy written under Mandatory Direct Assigned Risk Program (MA only)																	
	NOT APPLICABLE: CA, NY (2, 5, 6)																	
16	FIELD WRAP-UP CODE Report the 1-digit code:	(N)	109	1														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Wrap-Up Policy</td> </tr> <tr> <td>2</td> <td>Non-Wrap-Up Policy</td> </tr> </tbody> </table>	Code	Description	1	Wrap-Up Policy	2	Non-Wrap-Up Policy											
Code	Description																	
1	Wrap-Up Policy																	
2	Non-Wrap-Up Policy																	
	<p>NOTE: 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 Type of Address Code as "4" (Wrap-Up Project Description). This note is not applicable to NCCI.</p>																	
	NOT APPLICABLE: CA																	
17	RESERVED FOR FUTURE USE		110–116	7														
18	POLICY MINIMUM PREMIUM AMOUNT 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. Report dollars only.	(N)	117–126	10														
	OPTIONAL: CA																	
19	POLICY MINIMUM PREMIUM STATE CODE Report the 2-digit code of the state on which the policy minimum premium amount is based.	(N)	127–128	2														
	OPTIONAL: CA																	
20	POLICY ESTIMATED STANDARD PREMIUM TOTAL Report the sum of the estimated state standard premium reported on all state premium records (Record Type Code 04) submitted for the transaction. Report dollars only.	(N)	129–138	10														
	OPTIONAL: CA																	
21	POLICY DEPOSIT PREMIUM AMOUNT Report the deposit premium amount to be collected for the policy. Report dollars only.	(N)	139–148	10														
	NOT APPLICABLE: MI																	
	OPTIONAL: CA, NCCI																	

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes														
22	AUDIT FREQUENCY CODE Report the 1-digit code identifying the audit frequency for the policy:	(N)	149	1														
	<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					
Code	Description																	
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3	Quarterly																	
4	Monthly																	
5	Other																	
	NOT APPLICABLE: DE, MI, NJ, NY, PA																	
	OPTIONAL: CA, NCCI.																	
23	BILLING FREQUENCY CODE Report the 1-digit code identifying the billing frequency for the policy:	(N)	150	1														
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Code	Description																	
1	Annual																	
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4	Monthly																	
5	Other																	
6	Reserved to comply with WCNOA																	
	NOT APPLICABLE: DE, MI, NJ, NY, PA																	
	OPTIONAL: CA, NCCI																	
24	RETROSPECTIVE RATING CODE Report the 1-digit code corresponding to the policy:	(N)	151	1														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Retrospective Rated—Endorsements submitted via tape record</td> </tr> <tr> <td>2</td> <td>Retrospective Rated—Endorsements submitted via hard copy</td> </tr> <tr> <td>3</td> <td>Not Retrospective Rated</td> </tr> <tr> <td>4</td> <td>Retrospective Rated—Endorsements submitted via tape and hard copy</td> </tr> <tr> <td>5</td> <td>Retrospective Rated—Endorsements not submitted (NCCI only)</td> </tr> </tbody> </table>	Code	Description	1	Retrospective Rated—Endorsements submitted via tape record	2	Retrospective Rated—Endorsements submitted via hard copy	3	Not Retrospective Rated	4	Retrospective Rated—Endorsements submitted via tape and hard copy	5	Retrospective Rated—Endorsements not submitted (NCCI only)					
Code	Description																	
1	Retrospective Rated—Endorsements submitted via tape record																	
2	Retrospective Rated—Endorsements submitted via hard copy																	
3	Not Retrospective Rated																	
4	Retrospective Rated—Endorsements submitted via tape and hard copy																	
5	Retrospective Rated—Endorsements not submitted (NCCI only)																	
	NOT APPLICABLE: CA																	
	OPTIONAL: MI																	
25	EMPLOYER LIABILITY LIMIT AMOUNTS Report the employer liability limit amounts under Part Two of the policy, as follows:	(N)	152–181	30														
	Bodily Injury by Accident—each accident amount		152–161	10														
	Bodily Injury by Disease—policy limit amount		162–171	10														
	Bodily Injury by Disease—each employee amount		172–181	10														
	OPTIONAL: MI, NCCI																	

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
26	PRODUCER NAME Report the name of the producer responsible for placing the business with the insurer. Direct writers: Where there is a producer or agent (e.g., Assigned Risk policies), this information must be provided; if none, leave blank.	(AN)	182–211	30
27	ASSIGNED RISK BINDER NUMBER – FIRST SEVEN POSITIONS (NCCI ONLY) Report the first 7 digits of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy). This field is required when Policy Type ID Code—Plan Indicator (Position 108) is 2 (Normal Assigned Risk Policy). NOTE: If reported incorrectly, report the revised Assigned Risk Binder Number (First 7 Positions) in this field using Transaction Code 06 (Policy Replacement Due to Key Field Change), 10 (Policy Replacement due to Non-Rating Change) or 14 (Policy Replacement Due to Miscellaneous Change/Non-Key Field Change). Leave blank if not applicable.	(AN)	212–218	7
28	RESERVED FOR FUTURE USE		219–220	2
29	ORIGINAL CARRIER CODE Report the carrier code 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). Report zeros if not applicable.	(N)	221–225	5
30	ORIGINAL POLICY NUMBER IDENTIFIER Report the policy number identifier assigned to a previously issued policy for this insured for the same term. Do not report any embedded blanks or marks of punctuation. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). Report blanks if not applicable. NOTE: This field is also used when submitting a New Business or Renewal Transaction that replaces a Coverage Notice (Transaction Code 16). If the policy number identifier on the Coverage Notice and the New Business or Renewal Transaction are different, report the number identifier from the Coverage Notice here.	(AN)	226–243	18
31	ORIGINAL POLICY EFFECTIVE DATE Report the policy effective date of a previously issued policy for this insured for the same term. Format: YYYYMMDD. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). Report zeros if not applicable.	(N)	244–249	6
32	TEXT FOR “OTHER” LEGAL NATURE OF INSURED Report the text describing the Legal Nature of Insured if you reported code 99 (Other) in Legal Nature of Insured (Positions 106–107) of Header Record. NOT APPLICABLE: MN OPTIONAL: NCCI	(AN)	250–269	20

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
33	ASSIGNMENT DATE (IAIABC POC ONLY) Report the date of notice assigned by the administrator of involuntary market coverage. Format: YYMMDD. This field is required when the Policy Type ID Code—Plan Indicator (Position 108 of the Header Record [Record Type Code 01]) is not "1". NOTE: Contact your IAIABC POC vendor for applicable states.	(N)	270–275	6
34	ASSIGNED RISK BINDER NUMBER – LAST ELEVEN POSITIONS (NCCI ONLY) Report the last 11 digits of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy). This field is required when Policy Type ID Code—Plan Indicator (Position 108) is 2 (Normal Assigned Risk Policy). NOTE: If reported incorrectly, report the revised Assigned Risk Binder Number (Last 11 Positions) in this field using Transaction Code 06 (Policy Replacement Due to Key Field Change), 10 (Policy Replacement due to Non-Rating Change) or 14 (Policy Replacement Due to Miscellaneous Change/Non-Key Field Change). Leave blank if not applicable.	(AN)	276–286	11
35	RESERVED FOR FUTURE USE		287–288	2
36	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289–294	6
37	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	295–300	6

II. NAME RECORD

Field No.	Field Title/Description	Class	Position	Bytes								
1	LINK DATA		1–43	43								
2	RESERVED FOR FUTURE USE		44–45	2								
3	RECORD TYPE CODE Report “02”.	(AN)	46–47	2								
4	TYPE OF NAME RECORD CODE Report the 1-digit code representing the type of name record:	(N)	48	1								
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Personal name type (a separate personal name record of a Name Link Identifier) format is last name, first name, middle name or initial. The commas are the delimiters.</td> </tr> <tr> <td>2</td> <td>Commercial name type (a separate commercial name record of a Name Link Identifier).</td> </tr> <tr> <td>3</td> <td>String name type (a name record consisting of a string of names corresponding to one Name Link Identifier). Format is free-form. NA: MN</td> </tr> </tbody> </table>	Code	Description	1	Personal name type (a separate personal name record of a Name Link Identifier) format is last name, first name, middle name or initial. The commas are the delimiters.	2	Commercial name type (a separate commercial name record of a Name Link Identifier).	3	String name type (a name record consisting of a string of names corresponding to one Name Link Identifier). Format is free-form. NA: MN			
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3	String name type (a name record consisting of a string of names corresponding to one Name Link Identifier). Format is free-form. NA: MN											
	<p>NOTE: String name type records are to be used by those insurers unable to provide separate formatted personal/commercial name records. See name coding and name/address/exposure link coding examples on page 4:3-5 in this section.</p> <p>NOTE: IAIABC POC —The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.</p>											
5	NAME LINK IDENTIFIER Report the 3-digit number identifier identifying representing one name or a group of names. The primary name(s) on the policy must always be reported as 001.	(N)	49–51	3								
	<p>When reporting more than 998 separate names, report positions 270-271—Name Link Counter Identifier in conjunction with this field.</p> <p>Each name should have a separate Name Link Identifier (and Name Link Counter Identifier if reporting more than 998 separate names) in order to link to a specific address and exposure (if possible). If this is not possible, you may provide more than one name for each name link identifier reported.</p> <p>NOTE: See name coding and name/address/exposure link coding examples on page 4:3-5 in this section.</p>											
6	PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	(A)	52	1								
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td>Not a Professional Employer Organization Policy</td> </tr> <tr> <td>P</td> <td>Professional Employer Organization Company Name</td> </tr> <tr> <td>C</td> <td>Client Company Name</td> </tr> </tbody> </table>	Code	Description	Blank	Not a Professional Employer Organization Policy	P	Professional Employer Organization Company Name	C	Client Company Name			
Code	Description											
Blank	Not a Professional Employer Organization Policy											
P	Professional Employer Organization Company Name											
C	Client Company Name											
	<p>NOTE: 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>NOT APPLICABLE: MI, NJ, NY, NC</p>											

II. NAME RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes																																
7	INSURED NAME Report the name corresponding to the Type of Name Record Code (position 48). Report personal names in the following sequence with each name separated by a comma: surname, first name, and middle name or initial. NOTE: IAIABC POC —The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.	(AN)	53–142	90																																
8	RESERVED FOR FUTURE USE		143–148	6																																
9	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Report the identification number corresponding to the name being reported. Do not report any embedded blanks or marks of punctuation. NOT APPLICABLE: NJ	(N)	149–157	9																																
10	CONTINUATION SEQUENCE NUMBER Report the 3-digit number corresponding to the continuation status. Report 001 representing the first record for a Name Link Identifier (Positions 49–51). Report 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. NOTE: See name coding and name/address/exposure link coding examples on page 4:3-5 in this section.	(N)	158–160	3																																
11	LEGAL NATURE OF ENTITY CODE Report the 2-digit code corresponding to the legal nature of the name on this record for “type of name record” codes 1 and 2:	(N)	161–162	2																																
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Individual</td></tr> <tr><td>02</td><td>Partner</td></tr> <tr><td>03</td><td>Corporation</td></tr> <tr><td>04</td><td>Association, Labor Union, Religious Organization</td></tr> <tr><td>05</td><td>Limited Partner</td></tr> <tr><td>06</td><td>Joint Venture</td></tr> <tr><td>07</td><td>(Not Applicable)</td></tr> <tr><td>08</td><td>(Not Applicable)</td></tr> <tr><td>09</td><td>(Not Applicable)</td></tr> <tr><td>10</td><td>Trust or Estate</td></tr> <tr><td>11</td><td>Executor or Trustee</td></tr> <tr><td>12</td><td>Trade Name (T/A, D/B/A, etc.)</td></tr> <tr><td>13</td><td>Limited Liability Company (LLC)</td></tr> <tr><td>14</td><td>Governmental Entity</td></tr> <tr><td>99</td><td>Other (Report text description in Positions 250–269)</td></tr> </tbody> </table>	Code	Description	01	Individual	02	Partner	03	Corporation	04	Association, Labor Union, Religious Organization	05	Limited Partner	06	Joint Venture	07	(Not Applicable)	08	(Not Applicable)	09	(Not Applicable)	10	Trust or Estate	11	Executor or Trustee	12	Trade Name (T/A, D/B/A, etc.)	13	Limited Liability Company (LLC)	14	Governmental Entity	99	Other (Report text description in Positions 250–269)			
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OPTIONAL: MI, NCCI

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

II. NAME RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
12	STATE CODE Report the state code for the state unemployment number reported in Positions 165–179, State Unemployment Number. NOTE: 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. NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI	(N)	163–164	2
13	STATE UNEMPLOYMENT NUMBER Report the unemployment number for the state code reported in Positions 163–164, State Code, for the name reported on this record. NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Positions 182–196 and/or Positions 199–213). MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Positions 182–196 or Positions 199–213). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 165–170 and spaces in Position 171–179. If not available, report zeros. Do not submit this information for any other state. NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Positions 182–196 or Positions 199–213). Do not submit this information for any other state. NOTE: 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. NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI	(AN)	165–179	15
14	STATE CODE Report the state code for the state unemployment number reported in Positions 182–196, State Unemployment Number. NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI	(N)	180–181	2

II. NAME RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
15	STATE UNEMPLOYMENT NUMBER Report the unemployment number for the state code reported in Positions 180–181, State Code, for the name reported on this record. NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Positions 165–179 and/or Positions 199–213). MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Positions 165–179 or Positions 199–213). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 182–187 and spaces in Position 188–196. If not available, report zeros. Do not submit this information for any other state. NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Positions 165–179 or Positions 199–213). Do not submit this information for any other state. NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI	(AN)	182–196	15
16	STATE CODE Report the state code for the state unemployment number reported in Positions 199–213, State Unemployment Number. NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI	(N)	197–198	2
17	STATE UNEMPLOYMENT NUMBER Report the unemployment number for the state code reported in Positions 197–198, State Code, for the name reported on this record. NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Positions 165–179 and/or Positions 182–196). MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Positions 165–179 or Positions 182–196). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 199–204 and spaces in Position 205–213. If not available, report zeros. Do not submit this information for any other state. NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Positions 182–196 or Positions 199–213). Do not submit this information for any other state. NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI	(AN)	199–213	15
18	RESERVED FOR FUTURE USE		214–247	34
19	STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE NUMBER (NCCI ONLY) Report "01" representing the record with the first three State Unemployment Numbers reported. Report "02"–"99" representing 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. NOTE: Report the sequence number corresponding to the additional records count.	(N)	248–249	2

II. NAME RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
20	TEXT FOR "OTHER" LEGAL NATURE OF ENTITY (CA ONLY) Report the text describing the Legal Nature of Entity if you reported code 99 (Other) in Positions 161–162 of this Name Record. OPTIONAL: NCCI	(AN)	250–269	20
21	NAME LINK COUNTER IDENTIFIER When reporting 998 or less separate names, report "00". When reporting more than 998 separate names, report the 2-digit counter corresponding to the Name Link Identifier (positions 49-51). Report "01" representing the first 998 separate names. Report "02"–"99" representing counter records for the following sets of Name Link Identifiers. NOT APPLICABLE: CA, DE, MI, NC, PA	(AN)	270–271	2
22	RESERVED FOR FUTURE USE		272–288	17
23	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289–294	6
24	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	295–300	6

NAME CODING EXAMPLES

Policy Example: INSURED ABC Corporation
 NAME: dba ABC Industries
 Kyle Smythe and Sara Brown
 dba Smythe and Brown Industrial Co.
 Kyle Smythe
 ADDRESS: 123 Main Street (Mailing Address)
 ADD LOC: 456 South Street
 789 North Ave

If able to define each name or group of names with a separate Name Link Identifier, the records should appear as follows:

Example 1—Reporting by Personal/Commercial Format

Name Record

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
2	001	ABC Corporation	001	39-1234567
2	001	dba ABC Industries	002	39-2345678
1	002	Smythe, Kyle	001	39-3456789
1	002	Brown, Sara	002	39-4567890
		Smythe and Brown Industrial Co	003	
2	002			
1	003	Smythe, Kyle	001	39-5678901

Example 2—Reporting by String Format

Name Record

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
3	001	ABC Corp dba ABC Industries	001	39-1234567
		Smythe Kyle and Brown Sara	001	39-4567890
		dba Smythe and Brown		
3	002	Industrial Co		
3	003	Smythe Kyle	001	39-5678901

OR

Example 3—Reporting by String Format

Name Record

Type of Name Code	Name Link Identifier	Insured Name	Continuation Sequence Number	FEIN
3	001	ABC Corporation	001	39-1234567
3	001	dba ABC Industries	002	39-2345678
3	002	Smythe Kyle and Brown Sara	001	39-3456789
		dba Smythe and Brown	002	39-4567890
3	002	Industrial Co		
3	003	Smythe Kyle	001	

NAME/ADDRESS/EXPOSURE LINK CODING EXAMPLES

Name Link Identifier	Name Records	Address	Legal Nature of Insured	FEIN
001	ABC Corporation dba ABC Industries	123 Main Street, Brookfield, WI 53086	Corp	39-1234567
002	Smythe Kyle and Brown Sara dba Smythe & Brown	No Specific Location, MN 55051	Corp	39-2345678
002	Industrial Co	123 Main Street Brookfield, WI 53086	Corp	39-3456789
003	Smythe Kyle	789 North Avenue, Milwaukee, WI 53226	Partner	39-4567890

NAME/ADDRESS/EXPOSURE LINK

Name Link Identifier	State Code Link	Exposure Record Link	Mailing Address Record
001	48		123 Main Street

OTHER LOCATION RECORDS

(Listing of addresses is for example clarity only)

001*	48	00001	123 Main Street
002	48	00001	123 Main Street
003	48	00001	123 Main Street
003*	48	00002	789 North Avenue
005002	22	00001	No Specific Location (Optional Type of Address 6)

EXPOSURE RECORDS

Name Link Identifier	State Code Link	Exposure Record Link	Classification Codes	Exposure	Manual/Charged Rate	Premium Amount
001	48	00001	8810	100,000	1.00	1,000
001	48	00002	9082	100,000	1.00	1,000
002	48	00001	8810	100,000	1.00	1,000
003	48	00001	8810	100,000	1.00	1,000
002	22	00001	8742	100,000	1.00	1,000

* Whenever an insurer is supplying an address record/exposure record link, it may do so via either the Mailing Address record or Other Location record.
For information on the assignment of the Name Link Identifier, please see page 4:3-1.

III. ADDRESS RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "03".	(AN)	46-47	2
4	TYPE OF ADDRESS CODE Report the 1-digit code representing the type of address record:	(N)	48	1

Code Description

- 1 Mailing address of insured. One and only one mailing address code is required.
- 2 Address of a location of operations. This code is for other workplaces not shown in mailing address record. As many of these records as are needed may be reported.
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.
- 3 Address of insurer issuing/servicing office. This record must be reported to permit proper communication with the insurer office servicing this policy.
- 4 Wrap-up project description.
- 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—Refers to work done at client sites in the state. If this Type of Address is submitted, the Address Structure Code (Position 50) and the Address (Positions 51-151) are not applicable.
- 7 Reserved to comply with WCNOA
- 8 Reserved to comply with WCNOA

NOT APPLICABLE: Code 4 for CA, NCCI

OPTIONAL: Code 5 for CA, DE, NC, NJ, NY, PA, WI

OPTIONAL FOR ALL JURISDICTIONS: Code 6

5	FOREIGN ADDRESS INDICATOR Report a "Y" in this field if Type of Address Code is reported as "1" and the address is outside the U.S.A. (e.g., Canada, Japan). Report an "N" in this field if Type of Address Code is reported as "1" and the address is inside the USA.	(A)	49	1
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If "Y" report the Country Code in position 267-268.

NOT APPLICABLE: NCCI, NJ

III. ADDRESS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes																									
6	ADDRESS STRUCTURE CODE Report the 1-digit code identifying the structure of the reported address:	(N)	50	1																									
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td> <p>Reported address follows structure set forth in Positions 51–151 below.</p> <p>This code is required for Type of Address Record Code 1 (mailing address of insured), 3 (address of insurer issuing/servicing office) and 5 (producer [issuing agency] address). These three address types must be reported in the Structured Format shown in Positions 51–110 (address).</p> <p>NOTE: IAIABC POC—This code is required for Type of Address Code 2 (address of a location of operations) when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.</p> </td> </tr> <tr> <td>2</td> <td> <p>Reported address is free-form between Positions 51–151. This code is to be used only after requesting and receiving approval from the appropriate DCO.</p> <p>This code is may be optional for Type of Address Code 2 only (address of a location of operations) and is may be required for Type of Address Code 4 (wrap-up project description). <u>Contact the appropriate DCO for reporting requirements.</u></p> <p>NOTE: This code is not applicable for Type of Address Code 2 in MN and IAIABC POC states. Contact your IAIABC POC vendor for applicable states.</p> </td> </tr> </tbody> </table>	Code	Description	1	<p>Reported address follows structure set forth in Positions 51–151 below.</p> <p>This code is required for Type of Address Record Code 1 (mailing address of insured), 3 (address of insurer issuing/servicing office) and 5 (producer [issuing agency] address). These three address types must be reported in the Structured Format shown in Positions 51–110 (address).</p> <p>NOTE: IAIABC POC—This code is required for Type of Address Code 2 (address of a location of operations) when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.</p>	2	<p>Reported address is free-form between Positions 51–151. This code is to be used only after requesting and receiving approval from the appropriate DCO.</p> <p>This code is may be optional for Type of Address Code 2 only (address of a location of operations) and is may be required for Type of Address Code 4 (wrap-up project description). <u>Contact the appropriate DCO for reporting requirements.</u></p> <p>NOTE: This code is not applicable for Type of Address Code 2 in MN and IAIABC POC states. Contact your IAIABC POC vendor for applicable states.</p>																						
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7	ADDRESS (Shortening addresses that exceed field size is acceptable.) Report the address as follows:	(AN)	51-151	101																									
	<table border="1"> <tbody> <tr> <td>1.</td> <td>Street Report the street number and name, post office box, or other description.</td> <td></td> <td>51–110</td> <td>60</td> </tr> <tr> <td></td> <td> <p>NOTE: A valid street address or P.O. box number must be reported for the mailing address of insured (Type of Address Record Code 1) and for the producer [issuing agency] address (Type of Address Record Code 5).</p> <p>NOTE: IAIABC POC — The IAIABC Street Address portion of the Insured Address (WCPOLS Address Type 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type 1 - Mailing address of insured and WCPOLS Address Type 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.</p> </td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>City Report the city name.</td> <td></td> <td>111–140</td> <td>30</td> </tr> <tr> <td>3.</td> <td>State Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is “Y”.</td> <td></td> <td>141–142</td> <td>2</td> </tr> <tr> <td>4.</td> <td>Postal or Zip Code</td> <td></td> <td>143–151</td> <td>9</td> </tr> </tbody> </table>	1.	Street Report the street number and name, post office box, or other description.		51–110	60		<p>NOTE: A valid street address or P.O. box number must be reported for the mailing address of insured (Type of Address Record Code 1) and for the producer [issuing agency] address (Type of Address Record Code 5).</p> <p>NOTE: IAIABC POC — The IAIABC Street Address portion of the Insured Address (WCPOLS Address Type 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type 1 - Mailing address of insured and WCPOLS Address Type 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.</p>				2.	City Report the city name.		111–140	30	3.	State Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is “Y”.		141–142	2	4.	Postal or Zip Code		143–151	9			
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	<p>NOTE: A valid street address or P.O. box number must be reported for the mailing address of insured (Type of Address Record Code 1) and for the producer [issuing agency] address (Type of Address Record Code 5).</p> <p>NOTE: IAIABC POC — The IAIABC Street Address portion of the Insured Address (WCPOLS Address Type 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type 1 - Mailing address of insured and WCPOLS Address Type 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.</p>																												
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4.	Postal or Zip Code		143–151	9																									

III. ADDRESS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
8	NAME/ADDRESS/EXPOSURE LINK	(AN)	152-161	10

NAME LINK IDENTIFIER

~~This 3-part field is used to link exposures to locations and then locations to names. Report the 3-digit Name Link Identifier in Positions 49-51 of the name record corresponding to this particular address record.~~

152-154 3

- ~~When reporting more than 998 separate names, report positions 269-270 Name Link Counter Identifier in conjunction with this field.~~
- ~~There must be at least one address record for each Name Link Identifier (and Name Link 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 Name Link Counter Identifier if reporting more than 998 separate names), then only one address record must be reported with that Name Link Identifier (and Name Link Counter Identifier).~~
- ~~In the event of multiple names residing at one address, multiple (Type of Address Code 2) records for the same address associated with the different names must be reported.~~

THIS FIELD IS REQUIRED for Type of Address Record Codes 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location).

Report "999" for Type of Address Codes 3, 4 and 5.

STATE CODE LINK

Report the 2-digit code for the state covered by this record.

155-156 2

- ~~This field, when used along with the Name Link Identifier field of this record, will provide a link to the name related to this location record.~~

THIS FIELD IS REQUIRED for Type of Address Codes 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location).

Report "99" for Type of Address Codes 3, 4 and 5.

EXPOSURE RECORD LINK CODE

Report a 5-digit code identifying this address record. This field corresponds to the Exposure Record Link Code field in the exposure record.

157-161 5

- ~~This field, when used along with the Name Link Identifier and State Code Link fields of this record, will provide a 3-part link to the Name/Address/Exposure Link field in Positions 221-230 of the exposure records related to this address record.~~

THIS FIELD IS OPTIONAL for Type of Address Record 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 (Address of a Location of Operations) for required linkage.

THIS FIELD IS REQUIRED for Type of Address Record Codes 2 (Location of Operations) and 6 (No Specific Location).

NOTE: 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. If exposure is combined with a business with a separate Name Link Identifier, the exposure may be included in a separate name/address/exposure link record.

Report "99999" for Type of Address Codes 3, 4 and 5.

NOTE: See name coding and name/address/exposure link coding examples on page 4:3-6.

III. ADDRESS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE (Exposure Record Link portion): CA OPTIONAL (Exposure Record Link portion): MI, NCCI See Name coding examples on page 4:3-6.			
9	RESERVED FOR FUTURE USE		162–186	25
10	PHONE NUMBER OF INSURED (IAIABC POC ONLY) When the Type of Address Record Code (Position 48) is “1”, report the phone number of the primary Name Link Identifier, if available. NOTE: Contact your IAIABC POC vendor for applicable states.	(N)	187–196	10
11	NUMBER OF EMPLOYEES (IAIABC POC ONLY) 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 record). NOTE: Contact your IAIABC POC vendor for applicable states.	(N)	197–202	6
12	EMPLOYER SIC/NAICS/INDUSTRY CODE (IAIABC POC ONLY) Report the <u>Standard appropriate</u> Industry Code (<u>Standard Industry Code</u> {[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 <u>SIC/NAICS/Industry Code</u> must be reported 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 record). After 04/01/02, either NAICS or SIC can be submitted. If reporting SIC, carriers must add “SC” suffix to code, beginning on or after 04/01/02. (Carriers may begin reporting suffix with SIC as early as 01/01/02.) NOTE: These dates are transmission dates rather than policy effective dates. NOTE: Contact your IAIABC POC vendor for applicable states.	(AN)	203–208	6
13	GEOGRAPHIC AREA Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is “Y”. Leave blank if Foreign Address Indicator is N. NOT APPLICABLE: NCCI, NJ	(A)	209–224	16
14	RESERVED FOR FUTURE USE		225–266	42
15	COUNTRY CODE Report the 2-character Country code when Foreign Address Indicator is “Y”. Leave blank if Foreign Address Indicator is N. NOT APPLICABLE: NCCI, NJ	(AN)	267–268	2
16	NAME LINK COUNTER IDENTIFIER Report the 2-digit Name Link Counter Identifier in positions 270-271 of the Name Record corresponding to this particular address record. NOT APPLICABLE: CA, DE, MI, NC, PA	(AN)	269–270	2
17	RESERVED FOR FUTURE USE	(AN)	271–288	18
18	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289–294	6
19	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	295–300	6

IV. STATE PREMIUM RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code for the state covered by this record.	(N)	44-45	2
3	RECORD TYPE CODE Report "04".	(AN)	46-47	2
4	STATE ADD/DELETE CODE This field shall be used only in connection with Transaction Code 15.	(A)	48	1

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. (Not Applicable: NCCI)

NOTE: 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.

Report the 1-letter code that describes the action to be taken for this state:

Code	Description
A	Adding the state shown in position 44-45 above to this existing policy effective on the date in the Policy Changes Effective Date field of this record.
D	Deleting the state shown in position 44-45 above from this existing policy effective on the date in the Policy Changes Effective Date field of this record.

This field must be blank for state(s) not being added or deleted.

5	RESERVED FOR FUTURE USE		49-57	9
6	INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER Report the risk identification number assigned by the appropriate DCO other than NCCI.	(AN)	58-72	15

NJ, WI: Required for all assigned risk plan policies

OPTIONAL: CA, DE, NC, NCCI, NJ (all others), NY, PA, WI (all others)

Examples by jurisdiction:

State	Bytes	Class	Example	Report As	Position
CA	7	Numeric	1234567	1234567	58-64
			123	0000123	Blanks in
			1	0000001	65-72

NOTE: CA leading zeros must be expressed on WCPOLS.

IV. STATE PREMIUM RECORD (CONT'D)

Field No. Field Title/Description Class Position Bytes

6 INDEPENDENT DCO RISK ID NUMBER/FILE NUMBER/ACCOUNT NUMBER (CONT'D)

Examples by jurisdiction (Cont'd):

State	Bytes	Characteristic Class	Example	Infield Report As	Position
DE	7	Numeric	2570826	2570826	58-64
PA					Blanks in 65-72
			3165	3165	58-61
					Blanks in 62-72
				or 0003165	58-64
					Blanks in 65-72
NY NJ	6	Numeric	176	000176	58-63
NJ					Blanks in 64-72
NOTE: NJ leading zeros must be expressed on WCPOLS.					
MI	9	Alphanumeric	1234567AB	1234567AB	58-66
					Blanks in 67-72
			146A	0000146A	58-65
					Blanks in 66-72
NOTE: MI leading zeros must be expressed on WCPOLS.					
MN	7	Numeric	123456	0123456	58-64
MA			176	0000176	Blanks in 65-72
NY					
NOTE: MA, MN, NY leading zeros must be expressed on WCPOLS.					
NC	7	Numeric	3116920	3116920	58-64
					Blanks in 65-72
NOTE: NC Risk ID does not contain leading zeros.					
WI	9	Numeric	053656005	053656005	58-66
					Blanks in 67-72
	10		5365600599	5365600599	58-67
					Blanks in 68-72
WI Coverage ID Number may be reported instead of the Combinable ID Number.					
	7	Numeric	0237380	0237380	58-64
					Blanks in 65-72
NOTE: WI Coverage ID Number—leading zeros must be expressed on WCPOLS if reported.					

IV. STATE PREMIUM RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes								
7	RESERVED FOR FUTURE USE		73-87	15								
8	CARRIER CODE Report the 5-digit code. Report 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. NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, NY, PA	(N)	88-92	5								
9	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR Report the 4-digit experience rating plan modification factor. There is an assumed decimal point between Positions 93 and 94. If no experience modification factor is applicable, report "1000". This field must not be left blank. EXCEPTION: CA, DE, PA—Report zeros if no experience modification factor applied. The experience modification 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".	(N)	93-96	4								
10	EXPERIENCE MODIFICATION STATUS CODE Report the code for the status of the experience modification factor in Positions 93-96 above: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Final modification factor for policy period</td> </tr> <tr> <td>2</td> <td>Modification factor not final</td> </tr> <tr> <td>3</td> <td>No modification applicable</td> </tr> </tbody> </table> OPTIONAL: CA NOTE: NCCI—If a merit rating factor is reported in Positions 93-96, report Code 1.	Code	Description	1	Final modification factor for policy period	2	Modification factor not final	3	No modification applicable	(N)	97	1
Code	Description											
1	Final modification factor for policy period											
2	Modification factor not final											
3	No modification applicable											
11	EXPERIENCE MODIFICATION TYPE CODE Report the type of experience modification factor in Positions 93-96 above: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Bureau plan modification factor</td> </tr> <tr> <td>2</td> <td>Bureau plan modification factor deviated by flat percentage</td> </tr> <tr> <td>3</td> <td>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.</td> </tr> </tbody> </table> NOT APPLICABLE: CA, DE, MI, NC, NJ, NY, PA OPTIONAL: NCCI	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.	(N)	98	1
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.											

IV. STATE PREMIUM RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes										
12	OTHER INDIVIDUAL RISK RATING FACTOR Report the 4-digit factor.	(N)	99–102	4										
	<p>There is an assumed decimal point between Positions 99 and 100. 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.</p> <p>If this factor is not applicable, enter "1000". This field must not be left blank.</p> <p>The factor to be entered is the decimal complement of percentage credits or debits.</p> <p>Insurers may, at their option, report the total dollar effect of these 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>NOT APPLICABLE: NJ, NY, PA, WI</p> <p>OPTIONAL: CA</p>													
13	INSURER PREMIUM DEVIATION FACTOR Report the 4-digit factor. There is an assumed decimal point between Positions 103 and 104.	(N)	103–106	4										
	<p>Report the factor used to modify the insured's premium amount based on the insurer's independently filed flat premium amount deviation. 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 this factor is not applicable, enter "1000". This field must not be left blank.</p> <p>The factor to be entered is the decimal complement of percentage debits and credits.</p> <p>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.</p> <p>NOT APPLICABLE: DE, NJ, PA, WI</p> <p>OPTIONAL: CA</p>													
14	TYPE OF PREMIUM DEVIATION CODE Report the 1-digit code identifying the type of deviation in Positions 103–106:	(N)	107	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Premium deviation factor applicable prior to experience modification.</td> </tr> <tr> <td>2</td> <td>Premium deviation factor applicable after experience modification.</td> </tr> <tr> <td>3</td> <td>No deviation applicable or deviation applied to individual rates. If this code is used, Positions 103–106 must be "1000".</td> </tr> <tr> <td>4</td> <td>Premium deviation reported as classification record. If this code is used, Positions 103–106 must be "1000".</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, NJ, PA, WI</p> <p>OPTIONAL: CA, NCCI</p>	Code	Description	1	Premium deviation factor applicable prior to experience modification.	2	Premium deviation factor applicable after experience modification.	3	No deviation applicable or deviation applied to individual rates. If this code is used, Positions 103–106 must be "1000".	4	Premium deviation reported as classification record. If this code is used, Positions 103–106 must be "1000".			
Code	Description													
1	Premium deviation factor applicable prior to experience modification.													
2	Premium deviation factor applicable after experience modification.													
3	No deviation applicable or deviation applied to individual rates. If this code is used, Positions 103–106 must be "1000".													
4	Premium deviation reported as classification record. If this code is used, Positions 103–106 must be "1000".													

IV. STATE PREMIUM RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes										
15	ESTIMATED STATE STANDARD PREMIUM TOTAL Report the numeric dollar amount. Report the total state standard premium. Refer to individual state Bureau Manual for definition of standard premium. OPTIONAL: CA	(N)	108-117	10										
16	EXPENSE CONSTANT AMOUNT Report the numeric dollar amount. 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. OPTIONAL: CA	(N)	118-127	10										
17	LOSS CONSTANT AMOUNT Report the numeric dollar amount. 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 loss constant amount. NOT APPLICABLE: DE, MI, MN, NC, NJ, NY, WI OPTIONAL: CA	(N)	128-137	10										
18	PREMIUM DISCOUNT AMOUNT Report the numeric dollar amount. 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. OPTIONAL: CA	(N)	138-147	10										
19	PRORATED EXPENSE CONSTANT REASON CODE RESERVED FOR FUTURE USE (WI ONLY) Report the code associated with the reason the Expense Constant is not the full year amount.	(N)	148-159	12										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Where the short-term policy is issued to replace a binder.</td> </tr> <tr> <td>2</td> <td>Where the short-term policy is issued solely to establish concurrency with other policies of insurance.</td> </tr> <tr> <td>3</td> <td>Where the short-term policy is issued to reinstate coverage with a lapse.</td> </tr> <tr> <td>4</td> <td>Policy is short-termed for any other reason.</td> </tr> </tbody> </table>	Code	Description	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	Policy is short-termed for any other reason.			
Code	Description													
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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	Policy is short-termed for any other reason.													
20	PRORATED MINIMUM PREMIUM REASON CODE (WI ONLY) Report the code associated with the reason the Minimum Premium is not the full year amount.	(N)	149	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Where the short-term policy is issued to replace a binder.</td> </tr> <tr> <td>2</td> <td>Where the short-term policy is issued solely to establish concurrency with other policies of insurance.</td> </tr> <tr> <td>3</td> <td>Where the short-term policy is issued to reinstate coverage with a lapse.</td> </tr> <tr> <td>4</td> <td>Policy is short-termed for any other reason.</td> </tr> </tbody> </table>	Code	Description	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	Policy is short-termed for any other reason.			
Code	Description													
1	Where the short-term policy is issued to replace a binder.													
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3	Where the short-term policy is issued to reinstate coverage with a lapse.													
4	Policy is short-termed for any other reason.													

IV. STATE PREMIUM RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
<u>21</u>	PRORATED MINIMUM PREMIUM REASON CODE—(WI ONLY) Report the code associated with the reason the state was added to the policy.	(N)	150	1

Code	Description
1	State added because of prior audit
2	State added for any other reason.

<u>22</u>	RESERVED FOR FUTURE USE	(N)	151-159	9
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<u>2023</u>	ANNIVERSARY RATING DATE	(N)	160–165	6
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Report the anniversary rating date applicable to the policy for this state in YYMMDD format. If this field is not equal to the policy effective date or zeros, then a split has occurred and at least two State Premium Records **must exist**. The premium amount reported should match the individual exposure premium amount from the exposure records with the appropriate exposure period effective date.

If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the anniversary rating date, expense constant amount, loss constant amount, and premium discount amount in those fields.

NOTE: Only one State Premium Record is to be reported to NCCI.

NOTE: CA and MN only—This field is used to report the Experience Modification effective date.

OPTIONAL: MI, NCCI

<u>2424</u>	RESERVED FOR FUTURE USE		166–185	20
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<u>2225</u>	PREMIUM ADJUSTMENT PERIOD CODE	(N)	186	1
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Report the 1-digit code:

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

NOT APPLICABLE: NCCI, MI, NJ, NY

OPTIONAL: CA

IV. STATE PREMIUM RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes																						
<u>2326</u>	POLICY TYPE ID CODE—NON-STANDARD TYPE Report the 2-digit code that identifies the nonstandard indicator applicable to the policy:	(N)	187–188	2																						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Non-Standard Code does not apply</td> </tr> <tr> <td>02</td> <td>Excluding Medical—N/A: DE, MA, PA</td> </tr> <tr> <td>03</td> <td>Reserved For Future Use</td> </tr> <tr> <td>04</td> <td>Reserved For Future Use</td> </tr> <tr> <td>05</td> <td>Not available; used for WCSTAT</td> </tr> <tr> <td>06</td> <td>Excess Medical—NY only</td> </tr> <tr> <td>07</td> <td>Reserved for Future Use</td> </tr> <tr> <td>08</td> <td>Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others—N/A:, MN, NY</td> </tr> <tr> <td>09</td> <td>Voluntary Coverage not mandatory by State Act—DE, PA only</td> </tr> <tr> <td>99</td> <td>Not available; used for WCSTAT</td> </tr> </tbody> </table>	Code	Description	01	Non-Standard Code does not apply	02	Excluding Medical—N/A: DE, MA, PA	03	Reserved For Future Use	04	Reserved For Future Use	05	Not available; used for WCSTAT	06	Excess Medical—NY only	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, NY	09	Voluntary Coverage not mandatory by State Act—DE, PA only	99	Not available; used for WCSTAT			
Code	Description																									
01	Non-Standard Code does not apply																									
02	Excluding Medical—N/A: DE, MA, PA																									
03	Reserved For Future Use																									
04	Reserved For Future Use																									
05	Not available; used for WCSTAT																									
06	Excess Medical—NY only																									
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, NY																									
09	Voluntary Coverage not mandatory by State Act—DE, PA only																									
99	Not available; used for WCSTAT																									
	NOT APPLICABLE: CA, MI, NJ																									
	OPTIONAL: WI																									
<u>2427</u>	RESERVED FOR FUTURE USE		189–288	100																						
<u>2528</u>	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289–294	6																						
<u>2629</u>	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	295–300	6																						

V. EXPOSURE RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit 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		48-50	3
5	CLASSIFICATION CODE Report the 4-digit classification code corresponding to the exposure amount and/or premium reported on this record. NOTE: 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	RESERVED FOR FUTURE USE		55-64	10
7	CLASSIFICATION WORDING SUFFIX Report the suffix that will provide a cross-reference to the Manual classification wording. 00 = Primary Wording—NJ, NY. If classification wording suffix is reported, then classification wording (Positions 118-218) is not required. NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA, WI	(AN)	65-66	2
8	EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit code describing the coverage for the classification. Refer to Appendix III for codes.	(N)	67-68	2
9	MANUAL/CHARGED RATE Report the insurer rate charged for the classification and printed on the Information Page. Please contact the DCO for instructions on this field. There is an assumed decimal point between Positions 74 and 75. 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). OPTIONAL: CA	(N)	69-78	10
10	EXPOSURE PERIOD EFFECTIVE DATE Report the exposure's effective date, formatted YYMMDD, when exposure amounts are reported on a split period basis. If not applicable, report zeros. When exposure amounts are reported on a split period basis, an exposure record will be required for each period for each class. OPTIONAL: CA, NCCI	(N)	79-84	6

V. EXPOSURE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes										
11	RESERVED FOR FUTURE USE		85-94	10										
44 12	ESTIMATED EXPOSURE AMOUNT Report the classification estimated exposure amount in Positions 95-106. For classifications having payroll as an exposure base, report the payroll amount in whole dollars in Positions 95-106. Report non-payroll exposure amount 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). OPTIONAL: CA	(N)	95-106	12										
45 13	ESTIMATED PREMIUM AMOUNT Report the numeric dollar amount. Report the premium amount corresponding to the 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). NOTE: 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. OPTIONAL: CA	(N)	107-116	10										
46 14	EXPOSURE PERIOD CODE Report the 1-digit code describing the period covered by the reported exposure in Positions 95-106 on this record: <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>Three Year</td> </tr> <tr> <td>3</td> <td>Less than annual or split period</td> </tr> <tr> <td>4</td> <td>Greater than annual but less than three years</td> </tr> </tbody> </table> NOT APPLICABLE: MN OPTIONAL: CA, MI, NCCI, WI	Code	Description	1	Annual	2	Three Year	3	Less than annual or split period	4	Greater than annual but less than three years	(N)	117	1
Code	Description													
1	Annual													
2	Three Year													
3	Less than annual or split period													
4	Greater than annual but less than three years													

V. EXPOSURE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
47 15	CLASSIFICATION WORDING To be reported by those insurers unable to provide a classification wording suffix (Positions 65–66). Insurers that do provide a classification wording suffix may leave this field blank. NOT APPLICABLE: MA, MI, MN, NC, NCCI, WI	(A)	118–218	101
48 16	RESERVED FOR FUTURE USE		219–220	2
49 17	NAME/ADDRESS/EXPOSURE LINK This 3-part, 10-digit field is used to link the classification exposure amounts and/or premium amount data reported on this record to Positions 152–161 of a specific mailing address or other location address record.	(AN)	221–230	10
	NAME LINK IDENTIFIER Report the 3-digit Name Link Identifier in Positions 152–154 of the address record to which you are linking corresponding to this particular exposure record . When reporting more than 998 separate names, report positions 231-232 Name Link Counter Identifier in conjunction with this field. There must be at least one exposure record for each location of operations on the policy. If unable to report separate exposure by Name Link Identifier (and Name Link Counter Identifier if reporting more than 998 separate names) or by Address Record Link, link exposures with appropriate Name Link Identifier (and Name Link Counter Identifier if reporting more than 998 separate names) or default to "001". 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.	(N)	221–223	3
	STATE CODE LINK Report the 2-digit State Code Link in Positions 155–156 of the address record corresponding to covered by this record. This field, when used along with the Name Link Identifier field of this record, will provide a link to the location related to this exposure record.	(N)	224–225	2
	EXPOSURE RECORD LINK CODE Report the 5-digit Exposure Record Link Code in Positions 157-161 of the address record corresponding to this record. This field, when used along with the Name Link Identifier and State Code Link fields of this record, will provide a 3-part link to the Name/Address/Exposure Link field in Positions 152–161 of the location record(s) related to this exposure record.	(N)	226–230	5
	NOTE: See name coding and name/address/exposure link coding examples on page 4:3-5 in this section . NOT APPLICABLE: CA OPTIONAL: MI, NCCI			
20 18	NAME LINK COUNTER IDENTIFIER Report the 2-digit Name Link Counter Identifier in Positions 269-270 of the Address Record corresponding to this particular exposure record. NOT APPLICABLE: CA, DE, MI, NY, NC, PA	(AN)	231–232	2
24 19	RESERVED FOR FUTURE USE		233–260	28

V. EXPOSURE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
<u>2220</u>	NUMBER OF PIECES OF APPARATUS (NJ ONLY) 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).	(N)	261–263	3
<u>2321</u>	NUMBER OF VOLUNTEERS (NJ ONLY) 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).	(N)	264–266	3
<u>2422</u>	POLICY SURCHARGE FACTOR (NJ ONLY) Report the factor with an assumed decimal point between Positions 272 and 273 (e.g., report 4.65% as 0000000465). Report only the Second Injury Fund surcharge factor for Class 0935, the Uninsured Employers Fund surcharge factor for Class 0936 or the Workers Compensation Insurance Plan surcharge factor for Class 0937 in this field. The associated surcharge amounts are to be reported in the estimated premium amount field of this record.	(N)	267–276	10
<u>2523</u>	PLAN PREMIUM ADJUSTMENT FACTOR (NJ ONLY) Report the factor resulting from application of the New Jersey Plan Premium Adjustment Program (Class 0942) or the New Jersey Construction Classification Premium Adjustment Program (Class 9046). Assumed decimal point between Positions 277 and 278.	(N)	277–279	3
<u>2624</u>	RESERVED FOR FUTURE USE		280–288	9
<u>2725</u>	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289–294	6
<u>2826</u>	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Codes 08, 10, 14 and 15.	(N)	295–300	6

VI. OTHER STATES COVERAGE RECORD

Field No.	Field Title/Description	Class	Position	Bytes								
1	LINK DATA		1-43	43								
2	RESERVED FOR FUTURE USE		44-45	2								
3	RECORD TYPE CODE Report "06". OPTIONAL: NCCI	(AN)	46-47	2								
	NOTE: When submitting Transaction Code 16 (Coverage Notice), use this record to identify the states covered by the Coverage Notice.											
4	INCLUSION/EXCLUSION CODE Report the 1-digit code corresponding to the states indicated in Positions 49-148 on this record:	(N)	48	1								
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>State Codes listed are included in policy coverage (Item 3.C., if applicable) or coverage notice.</td> </tr> <tr> <td>2</td> <td>States Codes listed are excluded from policy coverage (Item 3.C.).</td> </tr> <tr> <td>3</td> <td>No other states coverage afforded. This is primarily used with wrap-ups.</td> </tr> </tbody> </table>				Code	Description	1	State Codes listed are included in policy coverage (Item 3.C., if applicable) or coverage notice.	2	States Codes listed are excluded from policy coverage (Item 3.C.).	3	No other states coverage afforded. This is primarily used with wrap-ups.
Code	Description											
1	State Codes listed are included in policy coverage (Item 3.C., if applicable) or coverage notice.											
2	States Codes listed are excluded from policy coverage (Item 3.C.).											
3	No other states coverage afforded. This is primarily used with wrap-ups.											
	NOTE: When submitting Transaction Code 16 (Coverage Notice), use this record to identify the states covered by the Coverage Notice.											
5	STATE CODE Report the 2-digit code.	(N)	49-50	2								
6	(Same as positions 49-50 above.)	(N)	51-52	2								
7	(Same as positions 49-50 above.)	(N)	53-54	2								
8	(Same as positions 49-50 above.)	(N)	55-56	2								
9	(Same as positions 49-50 above.)	(N)	57-58	2								
10	(Same as positions 49-50 above.)	(N)	59-60	2								
11	(Same as positions 49-50 above.)	(N)	61-62	2								
12	(Same as positions 49-50 above.)	(N)	63-64	2								
13	(Same as positions 49-50 above.)	(N)	65-66	2								
14	(Same as positions 49-50 above.)	(N)	67-68	2								
15	(Same as positions 49-50 above.)	(N)	69-70	2								
16	(Same as positions 49-50 above.)	(N)	71-72	2								
17	(Same as positions 49-50 above.)	(N)	73-74	2								
18	(Same as positions 49-50 above.)	(N)	75-76	2								
19	(Same as positions 49-50 above.)	(N)	77-78	2								
20	(Same as positions 49-50 above.)	(N)	79-80	2								
21	(Same as positions 49-50 above.)	(N)	81-82	2								

VI. OTHER STATES COVERAGE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
22	(Same as positions 49-50 above.)	(N)	83-84	2
23	(Same as positions 49-50 above.)	(N)	85-86	2
24	(Same as positions 49-50 above.)	(N)	87-88	2
25	(Same as positions 49-50 above.)	(N)	89-90	2
26	(Same as positions 49-50 above.)	(N)	91-92	2
27	(Same as positions 49-50 above.)	(N)	93-94	2
28	(Same as positions 49-50 above.)	(N)	95-96	2
29	(Same as positions 49-50 above.)	(N)	97-98	2
30	(Same as positions 49-50 above.)	(N)	99-100	2
31	(Same as positions 49-50 above.)	(N)	101-102	2
32	(Same as positions 49-50 above.)	(N)	103-104	2
33	(Same as positions 49-50 above.)	(N)	105-106	2
34	(Same as positions 49-50 above.)	(N)	107-108	2
35	(Same as positions 49-50 above.)	(N)	109-110	2
36	(Same as positions 49-50 above.)	(N)	111-112	2
37	(Same as positions 49-50 above.)	(N)	113-114	2
38	(Same as positions 49-50 above.)	(N)	115-116	2
39	(Same as positions 49-50 above.)	(N)	117-118	2
40	(Same as positions 49-50 above.)	(N)	119-120	2
41	(Same as positions 49-50 above.)	(N)	121-122	2
42	(Same as positions 49-50 above.)	(N)	123-124	2
43	(Same as positions 49-50 above.)	(N)	125-126	2
44	(Same as positions 49-50 above.)	(N)	127-128	2
45	(Same as positions 49-50 above.)	(N)	129-130	2
46	(Same as positions 49-50 above.)	(N)	131-132	2
47	(Same as positions 49-50 above.)	(N)	133-134	2
48	(Same as positions 49-50 above.)	(N)	135-136	2
49	(Same as positions 49-50 above.)	(N)	137-138	2
50	(Same as positions 49-50 above.)	(N)	139-140	2
51	(Same as positions 49-50 above.)	(N)	141-142	2
52	(Same as positions 49-50 above.)	(N)	143-144	2

VI. OTHER STATES COVERAGE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
53	(Same as positions 49-50 above.)	(N)	145-146	2
54	(Same as positions 49-50 above.)	(N)	147-148	2
55	RESERVED FOR FUTURE USE		149-288	140
56	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289-294	6
57	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	295-300	6

VII. ENDORSEMENT IDENTIFICATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “00” when all endorsements identified in Positions 51–270 apply to the entire policy. For endorsements that are applicable to specific states, enter the appropriate state code and corresponding endorsements on this record.	(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.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report the eight unique standard national and/or state alphanumeric characters (WC XX XX XX) of all endorsements associated with the policy.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER OPTIONAL: WI	(AN)	60–70	11
8	(Same as positions 51-58 above.)	(AN)	71–78	8
9	(Same as position 59 above.)	(A)	79	1
10	(Same as positions 60-70 above.)	(AN)	80–90	11
11	(Same as positions 51-58 above.)	(AN)	91–98	8
12	(Same as position 59 above.)	(A)	99	1
13	(Same as positions 60-70 above.)	(AN)	100–110	11
14	(Same as positions 51-58 above.)	(AN)	111–118	8
15	(Same as position 59 above.)	(A)	119	1
16	(Same as positions 60-70 above.)	(AN)	120–130	11
17	(Same as positions 51-58 above.)	(AN)	131–138	8
18	(Same as position 59 above.)	(A)	139	1
19	(Same as positions 60-70 above.)	(AN)	140–150	11
20	(Same as positions 51-58 above.)	(AN)	151–158	8
21	(Same as position 59 above.)	(A)	159	1
22	(Same as positions 60-70 above.)	(AN)	160–170	11

VII. ENDORSEMENT IDENTIFICATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
23	(Same as positions 51-58 above.)	(AN)	171-178	8
24	(Same as position 59 above.)	(A)	179	1
25	(Same as positions 60-70 above.)	(AN)	180-190	11
26	(Same as positions 51-58 above.)	(AN)	191-198	8
27	(Same as position 59 above.)	(A)	199	1
28	(Same as positions 60-70 above.)	(AN)	200-210	11
29	(Same as positions 51-58 above.)	(AN)	211-218	8
30	(Same as position 59 above.)	(A)	219	1
31	(Same as positions 60-70 above.)	(AN)	220-230	11
32	(Same as positions 51-58 above.)	(AN)	231-238	8
33	(Same as position 59 above.)	(A)	239	1
34	(Same as positions 60-70 above.)	(AN)	240-250	11
35	(Same as positions 51-58 above.)	(AN)	251-258	8
36	(Same as position 59 above.)	(A)	259	1
37	(Same as positions 60-70 above.)	(AN)	260-270	11
38	RESERVED FOR FUTURE USE		271-288	18
39	POLICY CHANGES EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	289-294	6
40	POLICY CHANGES EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.	(N)	295-300	6

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

SECTION 5

RECORD LAYOUTS AND REPORTING INSTRUCTIONS: CANCELLATION/REINSTATEMENT

NOTE: Cancellation/Reinstatement Records are always submitted with Transaction Code 05
Cancellation/Reinstatement Records must not have any other record type codes.

VIII. CANCELLATION/REINSTATEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes												
1	LINK DATA		1–43	43												
2	STATE CODE NOTE: Report the State Code when cancelling or reinstating a specific state. Report “99” or blank when cancelling or reinstating the entire policy. NOT APPLICABLE: NC NCCI NOTE: Only State Code 99 will be accepted (or blanks). If deleting or re-adding any state on the policy, a transaction code 15 must be reported.	(AN)	44–45	2												
3	RECORD TYPE CODE Report “08”.	(AN)	46–47	2												
4	CANCELLATION/REINSTATEMENT ID CODE Report the 1-digit code: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Cancellation</td> </tr> <tr> <td>2</td> <td>Reinstatement</td> </tr> <tr> <td>3</td> <td>Nonrenewal</td> </tr> <tr> <td>4</td> <td>Cancellation of Coverage Notice—use this code to cancel a proof of coverage notice submitted via Transaction Code 16. N/A: MI, NCCI, NJ, NY, NC, WI</td> </tr> <tr> <td>9</td> <td>Deletion of original data submitted under the carrier code, policy number, and policy effective date reported above. 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 or policy effective date). N/A: NC, WI</td> </tr> </tbody> </table> NOTE: WI—When reporting 3 in this field, must use Reason for Cancellation Code 04 and 17 (Positions 50–51) NOTE: IAIABC POC and NCCI—When reporting 3 in this field, you must have a Reason for Cancellation Code. Do not use Reason for Cancellation Code 00 or 06, (Positions 50–51).	Code	Description	1	Cancellation	2	Reinstatement	3	Nonrenewal	4	Cancellation of Coverage Notice—use this code to cancel a proof of coverage notice submitted via Transaction Code 16. N/A: MI, NCCI, NJ, NY, NC, WI	9	Deletion of original data submitted under the carrier code, policy number, and policy effective date reported above. 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 or policy effective date). N/A: NC, WI	(N)	48	1
Code	Description															
1	Cancellation															
2	Reinstatement															
3	Nonrenewal															
4	Cancellation of Coverage Notice—use this code to cancel a proof of coverage notice submitted via Transaction Code 16. N/A: MI, NCCI, NJ, NY, NC, WI															
9	Deletion of original data submitted under the carrier code, policy number, and policy effective date reported above. 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 or policy effective date). N/A: NC, WI															
5	CANCELLATION TYPE CODE Report the 1-digit code: This 1-byte field shows the type of cancellation for premium determination. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Cancelled flat</td> </tr> <tr> <td>2</td> <td>Cancelled pro rata</td> </tr> <tr> <td>3</td> <td>Cancelled short-rate</td> </tr> </tbody> </table> Report “0” when Code 2, 3 or 9 is reported in the Cancellation/ Reinstatement ID Code (Position 48). OPTIONAL: CA, WI	Code	Description	1	Cancelled flat	2	Cancelled pro rata	3	Cancelled short-rate	(N)	49	1				
Code	Description															
1	Cancelled flat															
2	Cancelled pro rata															
3	Cancelled short-rate															

VIII. CANCELLATION/REINSTATEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
6	REASON FOR CANCELLATION CODE Report the 2-digit code identifying the reason for cancellation:	(N)	50-51	2
	Code Description			
	01 Retiring from business or out of business			
	02 Completed operations (no employees/no exposure/no operations)			
	03 Cancelled by employer			
	04 Cancelled by underwriter and/or plan administrator N/A: DE, PA			
	05 Nonpayment of premium			
	06 Reserved for Future Use (formerly "Other" – discontinued 1/1/02)			
	07 Rewrite (use with Cancellation Type Code 1 [Position 49]) N/A: NC			
	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: DE, NC, PA, WI			
	12 Failure to pay deductible—N/A: WI			
	13 Misrepresentation of information on application—N/A: DE, MA, PA			
	14 Corporate Officer nonelection—N/A: DE, NJ, PA			
	15 Substantial change in risk—N/A: DE, NJ, PA			
	16 Failure to comply with the terms and conditions or audit failure—N/A: DE, NJ, PA			
	17 Not in "good faith" entitled to coverage for WI is applicable for Assigned Risk Carriers only—N/A: DE, NJ, PA			
	18 Participation in wrap-up complete—N/A: NJ			
	19 Underwriting reasons—N/A: DE, NJ, PA			
	20 Cancelled at request of the finance company—N/A: DE NJ, PA			
	21 Material Misrepresentation/Fraud—N/A: DE, NCCI, NJ, PA, WI			
	99 Other—N/A: DE, PA, WI			

MA only—Report "00" when Cancellation/Reinstatement ID Code 2 is reported in Position 48.

IAIABC POC, NCCI and WI only—Report "00" when Cancellation/Reinstatement ID Code 2 or 9 is reported in Position 48.

All other DCOs – Report "00" when Code 2, 3, or 9 is reported in Position 48.

NOTE: IAIABC POC and NCCI—Reason for Cancellation Code 99 is not applicable when Cancellation/Reinstatement ID Code 3 is reported (Position 48).

OPTIONAL: CA

7	REINSTATEMENT TYPE CODE Report the 1-digit code:	(N)	52	1
	Code Description			
	1 Reinstatement of policy cancelled flat			
	2 Reinstatement of policy cancelled in-term			
	3 Withdrawal of nonrenewal status			

Report "0" when Code 1, 3, 4 or 9 is reported in the Cancellation/ Reinstatement ID Code (Position 48).

OPTIONAL: CA, WI

VIII. CANCELLATION/REINSTATEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
8	INSURED NAME Report at least the primary name of employer. OPTIONAL: NCCI	(AN)	53-142	90
9	INSURED ADDRESS Report the mailing address of employer. Format is free-form. OPTIONAL:, NCCI	(AN)	143-232	90
10	NATURE OF INSURED Report a brief description of nature of business. Format is free-form. OPTIONAL: NCCI NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI	(AN)	233-252	20
11	CANCELLATION MAILED TO INSURED DATE Report the date this cancellation notice was mailed to employer. Format is YYMMDD. NOT APPLICABLE: CA, MA, MI, NC	(N)	253-258	6
12	CANCELLATION/REINSTATEMENT TRANSACTION SEQUENCE NUMBER This field to be used to determine the proper sequence of multiple 08 Type Records with the same Transaction Issue Date for the same policy. The first record will always begin with "01".	(N)	259-260	2
13	RESERVED FOR FUTURE USE		261-282	22
14	CORRESPONDING CANCELLATION EFFECTIVE DATE This field to be used on reinstatements only. The date in this field should be the effective date of the corresponding cancellation. Format is YYMMDD. Optional: CA, DE/PA, MN, NC, NCCI, NY NOT APPLICABLE: NJ	(N)	283-288	6
15	CANCELLATION/REINSTATEMENT EFFECTIVE DATE Report the 6-digit date that the cancellation or reinstatement becomes effective. Format: YYMMDD. For cancellation transactions with Cancellation/Reinstatement ID Code 3 (Position 48), this field must be the same as the Policy Expiration Date of the Policy. 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.	(N)	289-294	6
16	RESERVED FOR FUTURE USE		295-300	6

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

SECTION 6

RECORD LAYOUTS AND REPORTING INSTRUCTIONS: ENDORSEMENTS

Where appropriate, the endorsement records in this section are to be included as part of the policy submission. This includes all transaction codes except Transaction Codes 03 and 05. When including any of these endorsements with a full policy transaction, the endorsement record(s) must have the same transaction code as Record Types Codes 01–07.

Endorsement records submitted with Transaction Code 03 must not include any record type codes other than those included in this section.

For the purpose of reporting data under these specifications, endorsements are defined as changes and/or supplements to policy data represented by the record type codes in this section.

Any policy change not having a record type code in this section must be reported as a complete replacement of the policy (Record Type Codes 01–07) under Transaction Codes 08, 10, 14, 15.

Multiple endorsement records for the same record type codes may be submitted where appropriate.

IX. ANNIVERSARY RATING DATE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
NOTE: If the policy has anniversary rating dates that vary by state, the anniversary rating date may be reported on this record (report as many records as are needed) or in the appropriate state premium record.				
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record. (Report "99" if this endorsement applies to all states reported on an interstate policy.)	(N)	44-45	2
3	RECORD TYPE CODE Report "09". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 02. MN: WC 22 04 02	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ANNIVERSARY RATING DATE Report the 6-digit date, formatted YYMMDD.	(N)	71-76	6
9	RESERVED FOR FUTURE USE		77-254	178
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

IX. EXPERIENCE RATING MOD CHANGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record. (Report "99" if this endorsement applies to all states reported on an interstate policy.)	(N)	44-45	2
3	RECORD TYPE CODE Report "10". This record type code will accommodate an experience modification change associated with policy Information Page Endorsement WC 89 06 00 (WC 89 04 06). NOT APPLICABLE: CA, MN OPTIONAL: MI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 89 04 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	MODIFICATION EFFECTIVE DATE Report the 6-digit date that corresponds to the date on which the revised experience modification factor becomes effective on the policy. Format: YYMMDD.	(N)	71-76	6
9	EXPERIENCE MODIFICATION FACTOR Report the 4-digit factor. There is an assumed decimal point between Positions 77 and 78.	(N)	77-80	4
10	EXPERIENCE MODIFICATION STATUS CODE Report the code for the status of the experience modification factor in positions 77-80 above.	(N)	81	1
	Code Description			
	1 Final modification for policy period			
	2 Modification factor not final			
	3 No modification applicable			
11	RESERVED FOR FUTURE USE		82-254	173
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

IX. RATE CHANGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes								
1	LINK DATA		1-43	43								
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2								
3	RECORD TYPE CODE 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 WC 00 04 07 or WC 00 04 08, respectively. This record type code will also accommodate a class and/or rate change when associated with policy Information Page Endorsement WC 89 06 00 (WC 89 04 15). NOT APPLICABLE: CA, MN OPTIONAL: MI, NCCI	(AN)	46-47	2								
4	RESERVED FOR FUTURE USE		48-50	3								
5	ENDORSEMENT NUMBER Report WC 00 04 07, WC 00 04 08, WC 89 04 15. NOT APPLICABLE: WC 00 04 08 in DE, NC, NJ, PA NOT APPLICABLE: WC 89 04 15 in DE, PA	(AN)	51-58	8								
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1								
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11								
8	REVISED RATES EFFECTIVE ON POLICY DATE Report the 6-digit date that corresponds to the date on which the rate change became effective on the policy. Format: YYMMDD.	(N)	71-76	6								
9	STATE COVERAGE % CHANGE FACTOR Report the 4-digit factor related to WC 00 04 07. Assumed decimal point between Positions 78 and 79. Report zeros if rate change is being applied on a class code and rate basis.	(N)	77-80	4								
10	USL&HW ACT COVERAGE % CHANGE FACTOR Report the 4-digit factor related to WC 00 04 08. Assumed decimal point between Positions 82 and 83. Report zeros if rate change is being applied on a class code and rate basis.	(N)	81-84	4								
11	STATE % CHANGE INCREASE/DECREASE CODE Report the 1-digit code: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Class code and rate basis</td> </tr> <tr> <td>1</td> <td>Increase</td> </tr> <tr> <td>2</td> <td>Decrease</td> </tr> </tbody> </table>	Code	Description	0	Class code and rate basis	1	Increase	2	Decrease	(N)	85	1
Code	Description											
0	Class code and rate basis											
1	Increase											
2	Decrease											

IX. RATE CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
12	USL&HW % CHANGE INCREASE/DECREASE CODE Report the 1-digit code:	(N)	86	1
	Code Description			
	0 Class code and rate basis			
	1 Increase			
	2 Decrease			
13	NEW USL&HW ACT COVERAGE % FACTOR Report the new 4-digit USL&HW factor for non-F-class codes related to WC 00 04 07. Assumed decimal point between Positions 89 and 90.	(N)	87–90	4
14	RESERVED FOR FUTURE USE		91–95	5
15	CLASSIFICATION CODE Report the appropriate 4-digit classification code. 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.	(N)	96–99	4
16	RESERVED FOR FUTURE USE		100–105	6
17	EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit code describing the coverage for the classification reported above. Refer to Appendix III for codes. Required only if the rate change is applicable on a Schedule of Rate basis. If not required, report zeros.	(N)	106–107	2
18	MANUAL/CHARGED RATE Report the new rate charged by the carrier for the classification reported above. There is an assumed decimal point between Positions 113 and 114. Required only if the rate change is applicable on a Schedule of Rate basis. If not required, report zeros.	(N)	108–117	10
19	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	118–121	4
20	RESERVED FOR FUTURE USE		122–127	6
21	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	128–129	2
22	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 135 and 136.)	(N)	130–139	10
23	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	140–143	4
24	RESERVED FOR FUTURE USE		144–149	6
25	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	150–151	2
26	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 157 and 158.)	(N)	152–161	10

IX. RATE CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
27	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	162-165	4
28	RESERVED FOR FUTURE USE		166-171	6
29	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	172-173	2
30	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 179 and 180.)	(N)	174-183	10
31	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	184-187	4
32	RESERVED FOR FUTURE USE		188-193	6
33	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	194-195	2
34	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 201 and 202.)	(N)	196-205	10
35	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	206-209	4
36	RESERVED FOR FUTURE USE		210-215	6
37	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	216-217	2
38	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 223 and 224.)	(N)	218-227	10
39	RESERVED FOR FUTURE USE		228-254	27
40	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
41	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
42	RESERVED FOR FUTURE USE		295-300	6

IX. PENDING RATE CHANGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2
3	RECORD TYPE CODE Report "12". NOT APPLICABLE: CA, MN OPTIONAL: MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 04.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	RESERVED FOR FUTURE USE		71-254	184
9	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
10	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
11	RESERVED FOR FUTURE USE		295-300	6

IX. POLICY PERIOD ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "13".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 05.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	EFFECTIVE DATE Report the 6-digit date of the first policy period. Format: YYMMDD.	(N)	71-76	6
9	EXPIRATION DATE Report the 6-digit date of the first policy period. Format: YYMMDD.	(N)	77-82	6
10	EFFECTIVE DATE Report the 6-digit date of the second policy period. Format: YYMMDD.	(N)	83-88	6
11	EXPIRATION DATE Report the 6-digit date of the second policy period. Format: YYMMDD.	(N)	89-94	6
12	EFFECTIVE DATE Report the 6-digit date of the third policy period. Format: YYMMDD.	(N)	95-100	6
13	EXPIRATION DATE Report the 6-digit date of the third policy period. Format: YYMMDD.	(N)	101-106	6
14	RESERVED FOR FUTURE USE		107-254	148
15	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
17	RESERVED FOR FUTURE USE		295-300	6

IX. THIS RECORD IS RESERVED FOR FUTURE USE

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit 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		48-300	253

IX. RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD

Field No.	Field Title/Description	Class	Position	Bytes										
NOTE: The reporting of this endorsement is mandatory. It may be reported on magnetic tape under this record, or it may be reported on hard copy to the appropriate independent rating organization.														
1	LINK DATA		1-43	43										
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2										
3	RECORD TYPE CODE Report "15". OPTIONAL: CA, MI, NCCI NOT APPLICABLE: CA	(AN)	46-47	2										
4	RESERVED FOR FUTURE USE		48-50	3										
5	ENDORSEMENT NUMBER Report WC 00 05 03, WC 00 05 04, WC 00 05 05, WC 00 05 12, WC 00 05 13 or WC 00 05 14. NJ: WC 29 05 03, WC 29 05 04, WC 29 05 12, WC 29 05 13, WC 29 05 14 or WC 29 05 15 WC 29 05 03 and WC 29 05 04 NOT APPLICABLE for policies effective 1/1/05 and after. NOT APPLICABLE: WC 00 05 04 in PA	(AN)	51-58	8										
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1										
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11										
8	RETROSPECTIVE PREMIUM OPTION CODE Always report "5" in this 1-digit field.	(N)	71	1										
9	LOSS LIMITATION AMOUNT Report the 7-digit amount. Report whole dollars only.	(N)	72-78	7										
10	LOSS CONVERSION FACTOR Assumed decimal point between Positions 80 and 81. Report the 5-digit factor. Report "01000" if this factor is not applicable.	(N)	79-83	5										
11	HAZARD GROUP CODE (NJ ONLY) Report the 1-digit code corresponding to the roman numeral in Table H (2:1 of the NJ Manual). <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Hazard Group I</td> </tr> <tr> <td>2</td> <td>Hazard Group II</td> </tr> <tr> <td>3</td> <td>Hazard Group III</td> </tr> <tr> <td>4</td> <td>Hazard Group IV</td> </tr> </tbody> </table> OPTIONAL: NCCI	Code	Description	1	Hazard Group I	2	Hazard Group II	3	Hazard Group III	4	Hazard Group IV	(N)	84	1
Code	Description													
1	Hazard Group I													
2	Hazard Group II													
3	Hazard Group III													
4	Hazard Group IV													
12	RESERVED FOR FUTURE USE		85-108	24										

IX. RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
13	TAX MULTIPLIER FACTOR Report only one of the following:	(N)	109-123	15
1.	STATE (OTHER THAN F-CLASSES) Report the 5-digit factor. Assumed decimal point between Positions 110 and 111.		109-113	5
2.	FEDERAL (F-CLASSES ONLY) Report the 5-digit factor. Assumed decimal point between Positions 115 and 116. Report "01000" if not applicable.		114-118	5
3.	WEIGHTED AVERAGE OF STATE AND FEDERAL (NJ ONLY) Report the 5-digit factor required on Endorsements WC 29 05 03, WC 29 05 04 and WC 29 05 12. Assumed decimal point between Positions 120 and 121. Report "01000" if this factor is not applicable. OPTIONAL: NCCI		119-123	5
14	RETROSPECTIVE DEVELOPMENT FACTOR	(N)	124-129	6
1.	First Factor Report the 2-digit factor. Assumed decimal point before Position 124. The data in this field is to be right-justified. Zero-fill unused positions. Report "00" if this factor is not applicable.		124-125	2
2.	Second Factor Report the 2-digit factor. Assumed decimal point before Position 126. The data in this field is to be right-justified. Zero-fill unused positions. Report "00" if this factor is not applicable.		126-127	2
3.	Third Factor Report the 2-digit factor. Assumed decimal point before Position 128. The data in this field is to be right-justified. Zero-fill unused positions. Report "00" if this factor is not applicable.		128-129	2
15	RESERVED FOR FUTURE USE		130-132	3

IX. RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
16	MINIMUM RETRO PREMIUM FACTOR <u>Assumed decimal point between Positions 144 and 145.</u>	(N)	133-147	15
1.	50% (NJ ONLY) Report the 5-digit factor. Assumed decimal point between Positions 134 and 135.		133-137	(5)
2.	100% (NJ ONLY) Report the 5-digit factor. Assumed decimal point between Positions 139 and 140.		138-142	(5)
3.	150% (NJ ONLY) Report the 5-digit factor. Assumed decimal point between Positions 144 and 145.		143-147	(5)
17	MAXIMUM RETRO PREMIUM FACTOR <u>Assumed decimal point between Positions 159 and 160.</u>	(N)	148-162	15
1.	50% (NJ ONLY) Report the 5-digit factor. Assumed decimal point between Positions 149 and 150.		148-152	(5)
2.	100% (NJ ONLY) Report the 5-digit factor. Assumed decimal point between Positions 154 and 155.		153-157	(5)
3.	150% (NJ ONLY) Report the 5-digit factor. Assumed decimal point between Positions 159 and 160.		158-162	(5)
18	BASIC PREMIUM FACTOR	(N)	163-177	15
1.	50% Report the 5-digit factor. Assumed decimal point between Positions 164 and 165.		163-167	(5)
2.	100% Report the 5-digit factor. Assumed decimal point between Positions 169 and 170.		168-172	(5)
3.	150% Report the 5-digit factor. Assumed decimal point between Positions 174 and 175.		173-177	(5)

IX. RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
19	ESTIMATED STANDARD PREMIUM AMOUNT	(N)	178–207	30
1.	50% Report the 10-digit amount.		178–187	(10)
2.	100% Report the 10-digit amount.		188–197	(10)
3.	150% Report the 10-digit amount.		198–207	(10)
20	EXCESS LOSS FACTORS	(N)	208–216	9
1.	STATE (OTHER THAN F-CLASSES) Report the 3-digit decimal factor. Assumed decimal point before Position 208. Report “000” if not applicable.		208–210	(3)
2.	FEDERAL (F-CLASSES ONLY) Report the 3-digit decimal factor. Assumed decimal point before Position 211. Report “000” if not applicable.		211–213	(3)
3.	WEIGHTED AVERAGE OF STATE AND FEDERAL (NJ ONLY) Report the 3-digit weighted average decimal factor. Assumed decimal point before Position 214. Report “000” if not applicable. OPTIONAL: NCCI		214–216	(3)
21	RETROSPECTIVE RATING PLAN EFFECTIVE DATE Report the date that the retrospective rating plan becomes (or became) effective. Format: YYMMDD.	(N)	217–222	6
22	OTHER POLICY NUMBER IDENTIFIER (NJ ONLY) Report the 18-character number identifier of the other policy that includes the Retrospective Premium Endorsement.	(AN)	223–240	18
23	ADDENDUM (FORM NUMBER) (NJ ONLY) Report the form number that contains information supplementary to the schedule.	(AN)	241–252	12
24	ENDORSEMENT SEQUENCE NUMBER (NJ ONLY) This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with “01”.	(N)	253–254	2
25	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
26	ENDORSEMENT EFFECTIVE DATE Report the date that this endorsement becomes effective. Format: YYMMDD.	(N)	289–294	6
27	RESERVED FOR FUTURE USE		295–300	6

IX. OTHER POLICIES SUBJECT TO RETROSPECTIVE RATING OR PREMIUM DISCOUNT RECORD

Field No.	Field Title/Description	Class	Position	Bytes														
1	LINK DATA		1–43	43														
2	RESERVED FOR FUTURE USE		44–45	2														
3	RECORD TYPE CODE Report “16”.	(AN)	46–47	2														
<p>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 for other policies combined for Premium Discount.</p> <p>NOT APPLICABLE: CA, MN</p> <p>OPTIONAL: MI, NCCI</p>																		
4	ENDORSEMENT TYPE CODE Report the 1-digit code that describes the type of endorsement for which all policies below are combined:	(N)	48	1														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Retro—Option I</td> </tr> <tr> <td>2</td> <td>Retro—Option II</td> </tr> <tr> <td>3</td> <td>Retro—Option III</td> </tr> <tr> <td>4</td> <td>Retro—Option IV</td> </tr> <tr> <td>5</td> <td>Retro—Option V</td> </tr> <tr> <td>6</td> <td>Premium Discount</td> </tr> </tbody> </table>	Code	Description	1	Retro—Option I	2	Retro—Option II	3	Retro—Option III	4	Retro—Option IV	5	Retro—Option V	6	Premium Discount			
Code	Description																	
1	Retro—Option I																	
2	Retro—Option II																	
3	Retro—Option III																	
4	Retro—Option IV																	
5	Retro—Option V																	
6	Premium Discount																	
<p>NOTE: Report “0” (zero) for New Jersey Endorsements WC 29 05 12, WC 29 05 13, WC 29 05 14 and WC 29 05 15. Report “5” for New Jersey Endorsements WC 29 05 03 and WC 29 05 04.</p> <p>NOT APPLICABLE: 3 and 4 in NJ</p>																		
5	RESERVED FOR FUTURE USE		49–50	2														
6	ENDORSEMENT NUMBER Report the 8 national alphanumeric characters (WC XX XX XX) of the Retro or Discount Endorsement that lists the other policy number(s) identifiers shown below.	(AN)	51–58	8														
7	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1														
8	CARRIER VERSION IDENTIFIER	(AN)	60–70	11														
9	POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation. Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.	(AN)	71–88	18														
10	(Same as positions 71-88 above.)	(AN)	89–106	18														
11	(Same as positions 71-88 above.)	(AN)	107–124	18														
12	(Same as positions 71-88 above.)	(AN)	125–142	18														

**IX. OTHER POLICIES SUBJECT TO RETROSPECTIVE RATING OR PREMIUM DISCOUNT RECORD
(CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
13	(Same as positions 71-88 above.)	(AN)	143-160	18
14	(Same as positions 71-88 above.)	(AN)	161-178	18
15	(Same as positions 71-88 above.)	(AN)	179-196	18
16	(Same as positions 71-88 above.)	(AN)	197-214	18
17	(Same as positions 71-88 above.)	(AN)	215-232	18
18	RESERVED FOR FUTURE USE		233-254	22
19	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
20	ENDORSEMENT EFFECTIVE DATE Report the date that this record becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

IX. DEFENSE BASE ACT COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "17". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	WORK DESCRIPTION	(AN)	71-190	120
9	RESERVED FOR FUTURE USE		191-252	62
10	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "18". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 04.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	EMPLOYER LIABILITY LIMIT AMOUNTS a. Bodily Injury by Accident amount b. Bodily Injury by Disease amount	(N)	71-90 71-80 81-90	20 {10} {10}
9	SCHEDULE: STATE CODE Report the 2-digit state code(s).	(N)	91-190	100
10	RESERVED FOR FUTURE USE		191-254	64
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "19". NOT APPLICABLE: CA OPTIONAL: MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE	(N)	71-72	2
9	LONGSHORE AND HARBOR WORKERS' COVERAGE % FACTOR Assumed decimal point between Positions 75 and 76.	(N)	73-76	4
Example:				
Field	Positions	Value		
Record Type Code	46-47	19		
Endorsement Number	51-58	WC 00 01 06		
Edition Identifier	59	A		
Carrier Version Identifier	60-70	001		
State Code	71-72	01		
L&HW % Factor	73-76	1220—implied decimal between 75 & 76		
State Code	77-78	06		
L&HW % Factor	79-82	0020—implied decimal between 81 & 82		
State Code	83-84	12		
L&HW % Factor	85-88	0290—implied decimal between 87 & 88		
10	(Same as positions 71-72 above.)	(N)	77-78	2
11	(Same as positions 73-76 above.)	(N)	79-82	4
12	(Same as positions 71-72 above.)	(N)	83-84	2

**IX. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT
RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
13	(Same as positions 73-76 above.)	(N)	85-88	4
14	(Same as positions 71-72 above.)	(N)	89-90	2
15	(Same as positions 73-76 above.)	(N)	91-94	4
16	(Same as positions 71-72 above.)	(N)	95-96	2
17	(Same as positions 73-76 above.)	(N)	97-100	4
18	(Same as positions 71-72 above.)	(N)	101-102	2
19	(Same as positions 73-76 above.)	(N)	103-106	4
20	(Same as positions 71-72 above.)	(N)	107-108	2
21	(Same as positions 73-76 above.)	(N)	109-112	4
22	(Same as positions 71-72 above.)	(N)	113-114	2
23	(Same as positions 73-76 above.)	(N)	115-118	4
24	(Same as positions 71-72 above.)	(N)	119-120	2
25	(Same as positions 73-76 above.)	(N)	121-124	4
26	(Same as positions 71-72 above.)	(N)	125-126	2
27	(Same as positions 73-76 above.)	(N)	127-130	4
28	(Same as positions 71-72 above.)	(N)	131-132	2
29	(Same as positions 73-76 above.)	(N)	133-136	4
30	(Same as positions 71-72 above.)	(N)	137-138	2
31	(Same as positions 73-76 above.)	(N)	139-142	4
32	(Same as positions 71-72 above.)	(N)	143-144	2
33	(Same as positions 73-76 above.)	(N)	145-148	4
34	(Same as positions 71-72 above.)	(N)	149-150	2
35	(Same as positions 73-76 above.)	(N)	151-154	4
36	(Same as positions 71-72 above.)	(N)	155-156	2
37	(Same as positions 73-76 above.)	(N)	157-160	4
38	(Same as positions 71-72 above.)	(N)	161-162	2
39	(Same as positions 73-76 above.)	(N)	163-166	4
40	(Same as positions 71-72 above.)	(N)	167-168	2
41	(Same as positions 73-76 above.)	(N)	169-172	4
42	(Same as positions 71-72 above.)	(N)	173-174	2
43	(Same as positions 73-76 above.)	(N)	175-178	4

**IX. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT
RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
44	(Same as positions 71-72 above.)	(N)	179-180	2
45	(Same as positions 73-76 above.)	(N)	181-184	4
46	(Same as positions 71-72 above.)	(N)	185-186	2
47	(Same as positions 73-76 above.)	(N)	187-190	4
48	(Same as positions 71-72 above.)	(N)	191-192	2
49	(Same as positions 73-76 above.)	(N)	193-196	4
50	(Same as positions 71-72 above.)	(N)	197-198	2
51	(Same as positions 73-76 above.)	(N)	199-202	4
52	(Same as positions 71-72 above.)	(N)	203-204	2
53	(Same as positions 73-76 above.)	(N)	205-208	4
54	(Same as positions 71-72 above.)	(N)	209-210	2
55	(Same as positions 73-76 above.)	(N)	211-214	4
56	(Same as positions 71-72 above.)	(N)	215-216	2
57	(Same as positions 73-76 above.)	(N)	217-220	4
58	RESERVED FOR FUTURE USE		221-254	34
59	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
60	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
61	RESERVED FOR FUTURE USE		295-300	6

IX. OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "20". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 09.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	WORK DESCRIPTION	(AN)	71-190	120
9	RESERVED FOR FUTURE USE		191-252	62
10	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. MARITIME COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "21". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 02 01	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	EMPLOYER LIABILITY LIMIT AMOUNTS a. Bodily Injury by Accident amount b. Bodily Injury by Disease amount	(N)	71-90 71-80 81-90	20 10 10
9	TRANSPORTATION, WAGES, MAINTENANCE & CURE PREMIUM AMOUNT	(N)	91-100	10
10	WORK DESCRIPTION	(AN)	101-220	120
11	RESERVED FOR FUTURE USE		221-252	32
12	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01."	(N)	253-254	2
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

IX. THIS RECORD IS RESERVED FOR FUTURE USE

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "22".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

IX. VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "23". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 02 03.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	VESSEL(S) NAME	(AN)	71-130	60
9	WORKERS' COMPENSATION LAW	(AN)	131-140	10
10	WORK DESCRIPTION	(AN)	141-180	40
11	RESERVED FOR FUTURE USE		181-252	72
12	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

IX. ALTERNATE EMPLOYER ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "24".	(AN)	46-47	2
	NOT APPLICABLE: NCCI			
	OPTIONAL: CA, MI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ALTERNATE EMPLOYER NAME	(AN)	71-130	60
9	ALTERNATE EMPLOYER ADDRESS	(AN)	131-182	52
10	STATE OF SPECIAL TEMP EMPLOYMENT	(A)	183-184	2
11	CONTRACT OR PROJECT NAME Report the first 50 positions of the name of the contract or project.	(AN)	185-234	50
12	RESERVED FOR FUTURE USE		235-252	18
13	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
14	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
15	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
16	RESERVED FOR FUTURE USE		295-300	6

IX. DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	RESERVED FOR FUTURE USE		44–45	2
3	RECORD TYPE CODE Report “25”. NOT APPLICABLE: CA, PA OPTIONAL: MI, NCCI	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 00 03 02.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	ADDRESS NOT COVERED	(AN)	71–190	120
9	RESERVED FOR FUTURE USE		191–252	62
10	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with “01”.	(N)	253–254	2
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. THIS RECORD IS RESERVED FOR FUTURE USE

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "26".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

IX. FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "27". NOT APPLICABLE: CA, MN, NJ, NY OPTIONAL: MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 02.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE Report the 2-digit state code(s).	(N)	71-170	100
9	RESERVED FOR FUTURE USE		171-254	84
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

IX. NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "28". NOT APPLICABLE: NJ, NY OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 08.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	DESCRIPTION AND LOCATION OF WORK	(AN)	71-195	125
9	RESERVED FOR FUTURE USE		196-252	57
10	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "29". NOT APPLICABLE: CA, NJ OPTIONAL: MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 11.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	IDENTIFY EMPLOYEES Report by name or by group.	(AN)	71-170	100
9	STATE OF EMPLOYMENT	(AN)	171-210	40
10	DESIGNATED WORKERS' COMPENSATION LAW	(AN)	211-250	40
	EXAMPLE:			
	Identify Employees	State of Employment	Designated Workers' Compensation Law	
	All domestics, farm and agricultural workers	UT	UT	
11	RESERVED FOR FUTURE USE		251-252	2
12	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

IX. PREMIUM DISCOUNT ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "30".	(AN)	46-47	2
	NOT APPLICABLE: MN , NJ			
	OPTIONAL: CA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE Report 2-digit state code.	(N)	71-72	2
9	DISCOUNT AMOUNT AND PERCENTAGE LAYER	(N)	73-100	28
	1. First Premium Discount Layer Report amount in thousands of dollars.		73-76	(4)
	2. First Premium Discount Percentage Assumed decimal point between Positions 78 and 79.		77-79	(3)
	3. Next Premium Discount Layer Report amount in thousands of dollars.		80-83	(4)
	4. Next Premium Discount Percentage Assumed decimal point between Positions 85 and 86.		84-86	(3)
	5. Next Premium Discount Layer Report amount in thousands of dollars.		87-90	(4)
	6. Next Premium Discount Percentage Assumed decimal point between Positions 92 and 93.		91-93	(3)
	7. Balance Premium Discount Layer Report amount in thousands of dollars.		94-97	(4)
	8. Balance Premium Discount Percentage Assumed decimal point between Positions 99 and 100.		98-100	(3)
10	AVERAGE PERCENTAGE DISCOUNT (WHERE APPLICABLE) Assumed decimal point between Positions 102 and 103.	(N)	101-103	3

NOTE: If less than four layers apply, the premium discount layer and percentages fields of the first unused layer must be filled with nines.

In the following iterations of the percentage fields in **positions 73-103 above**, the assumed decimal points are between the first and second positions from the right field boundaries.

IX. PREMIUM DISCOUNT ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
11	(Same as positions 71-72 above.)	(N)	104-105	2
12	(Same as positions 73-100 above.)	(N)	106-133	28
13	(Same as positions 71-72 above.)	(N)	134-135	2
14	(Same as positions 73-100 above.)	(N)	136-163	28
15	(Same as positions 71-72 above.)	(N)	164-165	2
16	(Same as positions 73-100 above.)	(N)	166-193	28
17	(Same as positions 71-72 above.)	(N)	194-195	2
18	(Same as positions 73-100 above.)	(N)	196-223	28
19	(Same as positions 71-72 above.)	(N)	224-225	2
20	(Same as positions 73-100 above.)	(N)	226-253	28
21	RESERVED FOR FUTURE USE		254	1
22	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
23	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
24	RESERVED FOR FUTURE USE		295-300	6

IX. RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	RESERVED FOR FUTURE USE		44–45	2
3	RECORD TYPE CODE Report “31”.	(AN)	46–47	2
	OPTIONAL: CA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 00 05 08.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	LIST THE APPLICABLE CLASSIFICATION CODE	(N)	71– 13074	604
9	(Same as positions 71-74 above.)	(N)	75–78	4
10	(Same as positions 71-74 above.)	(N)	79–82	4
11	(Same as positions 71-74 above.)	(N)	83–86	4
12	(Same as positions 71-74 above.)	(N)	87–90	4
13	(Same as positions 71-74 above.)	(N)	91–94	4
14	(Same as positions 71-74 above.)	(N)	95–98	4
15	(Same as positions 71-74 above.)	(N)	99–102	4
16	(Same as positions 71-74 above.)	(N)	103–106	4
17	(Same as positions 71-74 above.)	(N)	107–110	4
18	(Same as positions 71-74 above.)	(N)	111–114	4
19	(Same as positions 71-74 above.)	(N)	115–118	4
20	(Same as positions 71-74 above.)	(N)	119–122	4
21	(Same as positions 71-74 above.)	(N)	123–126	4
22	(Same as positions 71-74 above.)	(N)	127–130	4
23	RESERVED FOR FUTURE USE		131–254	124
4024	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
4125	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
4226	RESERVED FOR FUTURE USE		295–300	6

IX. RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE STATE CODE	(N)	44-45	2
3	RECORD TYPE CODE Report "32". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 09.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	EXCESS LOSS PREMIUM FACTOR CHANGE	(N)	71-82	12
1.	EXCESS LOSS PREMIUM FACTORS Report only one of the following:			
a.	STATE (OTHER THAN F-CLASSES) Report the 3-digit decimal factor. Assumed decimal point before Position 71. Report "000" if not applicable.		71-73	(3)
b.	FEDERAL (F-CLASSES ONLY) Report the 3-digit decimal factor. Assumed decimal point before Position 74. Report "000" if not applicable.		74-76	(3)
2.	CHANGE EFFECTIVE DATE Report the date that the Excess Loss Premium Factor changed. Format: YYMMDD.		77-82	(6)
9	RETROSPECTIVE DEVELOPMENT PREMIUM AMOUNT Does not apply in the following state codes. <u>N/A: NC, NJ</u>	(AN)	83-182	100
10	RETROSPECTIVE DEVELOPMENT FACTOR CHANGE	(N)	183-206	24
1.	1ST FACTOR <u>Assumed decimal point between Positions 186-187.</u>		183-188	(6)
2.	2ND FACTOR <u>Assumed decimal point between Positions 192-193.</u>		189-194	(6)
3.	3RD FACTOR <u>Assumed decimal point between Positions 198-199.</u>		195-200	(6)
4.	EFFECTIVE DATE, formatted YYMMDD		201-206	(6)

IX. RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
11	TAX MULTIPLIER FACTOR CHANGE	(N)	207-222	16
	1. TAX MULTIPLIER Report only one of the following:			
	a. STATE (OTHER THAN F-CLASSES) Report the 5-digit factor. Assumed decimal between Positions 208 and 209. Report "01000" if not applicable.		207-211	(5)
	b. FEDERAL (F-CLASSES ONLY) Report the 3-digit factor. Assumed decimal point before Positions 213 and 214. Report "01000" if not applicable.		212-216	(5)
	2. CHANGE EFFECTIVE DATE Report the date that the Tax Multiplier Factor changed. Format: YYMMDD.		217-222	(6)
12	RESERVED FOR FUTURE USE		223-254	32
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

**IX. RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE ELEMENT
OR SURCHARGE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "33". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 10.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	LIST CLASSIFICATION CODES THAT AFFECTS THIS ENDORSEMENT	(N)	71- 150 74	80 4
9	(Same as positions 71-74 above.)	(N)	75-78	4
10	(Same as positions 71-74 above.)	(N)	79-82	4
11	(Same as positions 71-74 above.)	(N)	83-86	4
12	(Same as positions 71-74 above.)	(N)	87-90	4
13	(Same as positions 71-74 above.)	(N)	91-94	4
14	(Same as positions 71-74 above.)	(N)	95-98	4
15	(Same as positions 71-74 above.)	(N)	99-102	4
16	(Same as positions 71-74 above.)	(N)	103-106	4
17	(Same as positions 71-74 above.)	(N)	107-110	4
18	(Same as positions 71-74 above.)	(N)	111-114	4
19	(Same as positions 71-74 above.)	(N)	115-118	4
20	(Same as positions 71-74 above.)	(N)	119-122	4
21	(Same as positions 71-74 above.)	(N)	123-126	4
22	(Same as positions 71-74 above.)	(N)	127-130	4
23	(Same as positions 71-74 above.)	(N)	131-134	4
24	(Same as positions 71-74 above.)	(N)	135-138	4
25	(Same as positions 71-74 above.)	(N)	139-142	4
26	(Same as positions 71-74 above.)	(N)	143-146	4
27	(Same as positions 71-74 above.)	(N)	147-150	4
28 9	RESERVED FOR FUTURE USE		151-254	104
29 40	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
30 44	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

IX. RETROSPECTIVE PREMIUM ENDORSEMENT SHORT-TERM RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "34".	(AN)	46-47	2
	OPTIONAL: CA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 11.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	POLICY NUMBER IDENTIFIER THAT CARRIES THE RETROSPECTIVE PREMIUM ENDORSEMENT	(AN)	71-88	18
9	RESERVED FOR FUTURE USE		89-254	166
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

IX. INCLUSION OF SOLE PROPRIETOR OR PARTNERS ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE	(N)	44-45	2
3	RECORD TYPE CODE Report "35". NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, PA, WI OPTIONAL: NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report New York Endorsement WC 31 03 13.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF SOLE PROPRIETOR TO BE INCLUDED	(AN)	71-130	60
9	NAME OF PARTNER TO BE INCLUDED	(AN)	131-190	60
10	(Same as positions 131-190 above.)	(AN)	191-250	60
11	RESERVED FOR FUTURE USE		251-254	4
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

IX. WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "36". NOT APPLICABLE: NJ, OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 13.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF PERSON The right to recover payments from the person named is waived.	(AN)	71-130	60
9	NAME OF ORGANIZATION The right to recover payments from the organization named is waived.	(AN)	131-190	60
10	RESERVED FOR FUTURE USE		191-254	64
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes										
1	LINK DATA		1-43	43										
2	RESERVED FOR FUTURE USE		44-45	2										
3	RECORD TYPE CODE Report "37". NOT APPLICABLE: CA, MI, NJ, NY, PA OPTIONAL: NCCI	(AN)	46-47	2										
4	RESERVED FOR FUTURE USE		48-50	3										
5	ENDORSEMENT NUMBER Report WC 00 03 10.	(AN)	51-58	8										
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1										
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11										
8	DESCRIPTOR CODE Report the one-letter description code for the person named below: <table border="1" data-bbox="235 924 592 1102"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>S</td> <td>Sole Proprietor</td> </tr> <tr> <td>P</td> <td>Partner</td> </tr> <tr> <td>O</td> <td>Officer</td> </tr> <tr> <td>X</td> <td>Other</td> </tr> </tbody> </table>	Code	Description	S	Sole Proprietor	P	Partner	O	Officer	X	Other	(A)	71	1
Code	Description													
S	Sole Proprietor													
P	Partner													
O	Officer													
X	Other													
9	NAME OF PERSON TO BE INCLUDED	(AN)	72-121	50										
10	STATE CODE	(N)	122-123	2										
11	DESCRIPTOR CODE (Same as position 71 above.)	(A)	124	1										
12	NAME OF PERSON TO BE INCLUDED	(AN)	125-174	50										
13	STATE CODE	(N)	175-176	2										
14	DESCRIPTOR CODE (Same as position 71 above.)	(A)	177	1										
15	NAME OF PERSON TO BE INCLUDED	(AN)	178-227	50										
16	STATE CODE	(N)	228-229	2										
17	RESERVED FOR FUTURE USE		230-254	25										
18	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34										
19	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement to the policy becomes effective. Format: YYMMDD.	(N)	289-294	6										
20	RESERVED FOR FUTURE USE		295-300	6										

IX. PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes								
1	LINK DATA		1-43	43								
2	RESERVED FOR FUTURE USE		44-45	2								
3	RECORD TYPE CODE Report "38".	(AN)	46-47	2								
	NOT APPLICABLE: CA, <u>MN</u> , NJ, NY, PA											
	OPTIONAL: MI, NCCI											
4	RESERVED FOR FUTURE USE		48-50	3								
5	ENDORSEMENT NUMBER Report WC 00 03 08.	(AN)	51-58	8								
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1								
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11								
8	DESCRIPTOR CODE Report the one-character description code for the person named below:	(A)	71	1								
	<table border="0"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td>P</td> <td>Partner</td> </tr> <tr> <td>O</td> <td>Officer</td> </tr> <tr> <td>X</td> <td>Other</td> </tr> </table>	Code	Description	P	Partner	O	Officer	X	Other			
Code	Description											
P	Partner											
O	Officer											
X	Other											
9	NAME OF PERSON TO BE EXCLUDED	(AN)	72-131	60								
10	DESCRIPTOR CODE (Same as position 71 above.)	(A)	132	1								
11	NAME OF PERSON TO BE EXCLUDED	(AN)	133-192	60								
12	DESCRIPTOR CODE (Same as position 71 above.)	(A)	193	1								
13	NAME OF PERSON TO BE EXCLUDED	(AN)	194-253	60								
14	RESERVED FOR FUTURE USE		254	1								
15	INSURED NAME Report the first 34 positions of the primary name of the insured.	(AN)	255-288	34								
	This field is required when this record is submitted using Transaction Code 03.											
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement to the policy becomes effective. Format: YYMMDD.	(N)	289-294	6								
17	RESERVED FOR FUTURE USE		295-300	6								

IX. AIRCRAFT PREMIUM ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "39". NOT APPLICABLE: NJ OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE Report the 2-digit code of the state in which the aircraft is based.	(N)	71-72	2
9	TYPE OF AIRCRAFT Report the type of the aircraft.	(AN)	73-92	20
10	PASSENGER SEAT CHARGE AMOUNT Report the amount of additional premium per seat. Report in whole dollars only.	(N)	93-96	4
11	MAXIMUM CHARGE AMOUNT Report the maximum charge amount per aircraft.	(N)	97-101	5
12	ESTIMATED PREMIUM AMOUNT Report the amount of additional premium for the aircraft named above.	(N)	102-106	5
13	STATE CODE (Same as positions 71-72 above.)	(N)	107-108	2
14	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	109-128	20
15	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	129-132	4
16	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	133-137	5
17	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	138-142	5
18	STATE CODE (Same as positions 71-72 above.)	(N)	143-144	2
19	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	145-164	20
20	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	165-168	4

IX. AIRCRAFT PREMIUM ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
21	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	169-173	5
22	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	174-178	5
23	STATE CODE (Same as positions 71-72 above.)	(N)	179-180	2
24	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	181-200	20
25	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	201-204	4
26	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	205-209	5
27	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	210-214	5
28	STATE CODE (Same as positions 71-72 above.)	(N)	215-216	2
29	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	217-236	20
30	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	237-240	4
31	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	241-245	5
32	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	246-250	5
33	RESERVED FOR FUTURE USE		251-254	4
34	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
35	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
36	RESERVED FOR FUTURE USE		295-300	6

IX. EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "40". NOT APPLICABLE: MI, NJ OPTIONAL: CA, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 03.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE Report the 2-digit code of the state providing this coverage.	(N)	71-72	2
9	(Same as positions 71-72 above.)	(N)	73-74	2
10	(Same as positions 71-72 above.)	(N)	75-76	2
11	(Same as positions 71-72 above.)	(N)	77-78	2
12	(Same as positions 71-72 above.)	(N)	79-80	2
13	(Same as positions 71-72 above.)	(N)	81-82	2
14	(Same as positions 71-72 above.)	(N)	83-84	2
15	(Same as positions 71-72 above.)	(N)	85-86	2
16	(Same as positions 71-72 above.)	(N)	87-88	2
17	(Same as positions 71-72 above.)	(N)	89-90	2
18	(Same as positions 71-72 above.)	(N)	91-92	2
19	(Same as positions 71-72 above.)	(N)	93-94	2
20	(Same as positions 71-72 above.)	(N)	95-96	2
21	(Same as positions 71-72 above.)	(N)	97-98	2
22	(Same as positions 71-72 above.)	(N)	99-100	2
23	(Same as positions 71-72 above.)	(N)	101-102	2
24	(Same as positions 71-72 above.)	(N)	103-104	2
25	(Same as positions 71-72 above.)	(N)	105-106	2
26	(Same as positions 71-72 above.)	(N)	107-108	2

IX. EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
27	(Same as positions 71-72 above.)	(N)	109-110	2
28	(Same as positions 71-72 above.)	(N)	111-112	2
29	(Same as positions 71-72 above.)	(N)	113-114	2
30	(Same as positions 71-72 above.)	(N)	115-116	2
31	(Same as positions 71-72 above.)	(N)	117-118	2
32	(Same as positions 71-72 above.)	(N)	119-120	2
33	(Same as positions 71-72 above.)	(N)	121-122	2
34	(Same as positions 71-72 above.)	(N)	123-124	2
35	(Same as positions 71-72 above.)	(N)	125-126	2
36	(Same as positions 71-72 above.)	(N)	127-128	2
37	(Same as positions 71-72 above.)	(N)	129-130	2
38	(Same as positions 71-72 above.)	(N)	131-132	2
39	(Same as positions 71-72 above.)	(N)	133-134	2
40	(Same as positions 71-72 above.)	(N)	135-136	2
41	(Same as positions 71-72 above.)	(N)	137-138	2
42	(Same as positions 71-72 above.)	(N)	139-140	2
43	(Same as positions 71-72 above.)	(N)	141-142	2
44	(Same as positions 71-72 above.)	(N)	143-144	2
45	(Same as positions 71-72 above.)	(N)	145-146	2
46	(Same as positions 71-72 above.)	(N)	147-148	2
47	(Same as positions 71-72 above.)	(N)	149-150	2
48	(Same as positions 71-72 above.)	(N)	151-152	2
49	(Same as positions 71-72 above.)	(N)	153-154	2
50	(Same as positions 71-72 above.)	(N)	155-156	2
51	(Same as positions 71-72 above.)	(N)	157-158	2
52	(Same as positions 71-72 above.)	(N)	159-160	2
53	(Same as positions 71-72 above.)	(N)	161-162	2
54	(Same as positions 71-72 above.)	(N)	163-164	2
55	(Same as positions 71-72 above.)	(N)	165-166	2

IX. EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
56	(Same as positions 71-72 above.)	(N)	167-168	2
57	(Same as positions 71-72 above.)	(N)	169-170	2
58	RESERVED FOR FUTURE USE		171-254	84
59	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
60	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
61	RESERVED FOR FUTURE USE		295-300	6

IX. DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	RESERVED FOR FUTURE USE		44–45	2
3	RECORD TYPE CODE Report “41”. NOT APPLICABLE: CA, MN, NJ, NY, WI OPTIONAL: MI, NCCI	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 00 03 15.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	FARM OR AGRICULTURAL WORKERS NAME Names or descriptions of workers excluded.	(AN)	71–145	75
9	DOMESTIC OR HOUSEHOLD WORKERS NAME Names or descriptions of workers excluded.	(AN)	146–220	75
10	RESERVED FOR FUTURE USE		221–254	34
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record. (Report "99" if this endorsement applies to all states reported on an interstate policy.)	(N)	44-45	2
3	RECORD TYPE CODE Report "42". NOT APPLICABLE: DE, MI, NJ, NY, PA OPTIONAL: CA	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 12.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	CONTINGENT MOD EFFECTIVE DATE Report the 6-digit date that corresponds to the date on which the contingent experience modification becomes effective on the policy. Format: YYMMDD.	(N)	71-76	6
9	CONTINGENT EXPERIENCE MOD FACTOR Report the 4-digit factor. Assumed decimal point between Positions 77 and 78.	(N)	77-80	4
10	RESERVED FOR FUTURE USE		81-254	174
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. DEDUCTIBLE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit 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 Report "43". NOT APPLICABLE: CA, DE, NJ, NY, WI OPTIONAL: MI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report the 8-character standard national or state number of the Deductible Endorsement applicable to the deductible information below. Report WC 00 06 03 or jurisdictionally approved endorsement number. PA: WC 37 04 03	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	DEDUCTIBLE TYPE CODE Report the two 2-digit codes that identify the type of deductible being reported.	(N)	71-74	4

**First Two Positions
(Positions 71-72)**

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical and Indemnity Losses

**Second Two Positions
(Positions 73-74)**

Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy Deductible Aggregate Limit
04	% of Claim Cost
05	% of Premium
06	Coinsurance Only % with Per Claim Amount Limit
07	Coinsurance % With Per Claim Deductible Amount and Coinsurance Limit
08	Coinsurance % With Per Accident Deductible Amount and Coinsurance Limit
09	Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit
10	Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit
11	Coinsurance % With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit

NOT APPLICABLE: PA

IX. DEDUCTIBLE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
9	DEDUCTIBLE PERCENTAGE Report the whole percentage of the deductible to be paid by the insured, if applicable, as defined by the deductible program. NOT APPLICABLE: PA	(N)	75-76	2
10	DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT 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
11	DEDUCTIBLE AMOUNT—AGGREGATE 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. NOT APPLICABLE: PA	(N)	86-94	9
12	PREMIUM REDUCTION PERCENTAGE Report the applicable corresponding percentage of the deductible amount. There is an assumed decimal point between Positions 96 and 97. OPTIONAL: NCCI	(N)	95-99	5
13	RESERVED FOR FUTURE USE		100-254	155
14	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
15	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
16	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

IX. POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "87".	(AN)	46-47	2
<p>This record type code will accommodate changes to certain data elements associated with certain endorsement numbers indicated in the policy Information Page Change Endorsement WC 89 06 00, MN: WC 22 06 00. Premium changes cannot be made via this record. Premium changes must be submitted via Transaction Codes 08-14.</p> <p>NOT APPLICABLE: CA</p> <p>OPTIONAL: MI</p>				
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report the appropriate endorsement number from below:	(AN)	51-58	8
	WC 89 06 02 (Policy Number Identifier)		WC 89 06 12 (Item 3.B. Employer Liability Limit Amounts)	
	WC 89 06 03 (Policy Effective Date)		WC 89 06 13 (Item 3.C. State Codes)	
	WC 89 06 04 (Policy Expiration Date)		WC 89 06 14 (Item 3.D. End. Numbers)	
	WC 89 06 07 (Producer Name)		WC 89 04 16 (Interim Adj. of Prem.) N/A: NJ	
	WC 89 06 10 (Legal Nature of Insured)		WC 89 06 18 (Interstate/Intrastate Risk ID) N/A: NJ	
	WC 89 06 11 (Item 3.A. States)		WC 89 06 19 (Carrier Code)	
	MN:			
	WC 22 06 03 (Policy Number Identifier)		WC 22 06 12 (Item 3.B. Employer Liability Limit Amounts)	
	WC 22 06 04 (Policy Effective Date)		WC 22 06 13 (Item 3.C. State Codes)	
	WC 22 06 05 (Policy Expiration Date)		WC 22 06 14 (Item 3.D. Endorsement Numbers)	
	WC 22 06 08 (Producer Name)		WC 22 06 18 (Interstate/Intrastate Risk ID Number)	
	WC 22 06 10 (Insured's Legal Status)		WC 22 06 19 (Carrier Code)	
	WC 22 06 11 (Item 3.A. States)			
<p>A separate record is required for each data element changed. Certain data elements may require multiple change endorsement records.</p> <p>NOTE: Endorsement numbers WC 89 06 02, MN: WC 22 06 03 (Policy Number Identifier), WC 89 06 03, MN: WC 22 06 04 (Policy Effective Date), and WC 89 06 19, MN: WC 22 06 19 (Carrier Code) constitute key information changes and therefore must be submitted in detached format (Transaction Code 03). No other record types are required.</p>				
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED CARRIER CODE Report the revised 5-digit code assigned by NCCI, or other jurisdiction.	(N)	71-75	5

The change effective date must equal the policy effective date.

Multistate policies including states requiring reporting to independent rating bureaus:

- Reporting to NCCI:
Report the revised carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage for the risk.

IX. POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes																																
2.	Reporting to independent rating bureaus: Report the revised carrier code corresponding to the carrier providing coverage in the state under the jurisdiction of the bureau to which data is being reported.																																			
3.	All other multistate policies reported to NCCI only: Report the revised carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage (i.e., covering the majority of states on the policy) for the risk.																																			
9	REVISED POLICY NUMBER IDENTIFIER Report the alphanumeric characters used to uniquely identify the revised policy. Do not report any imbedded blanks or marks of punctuation. The change effective date must equal the policy effective date.	(AN)	76-93	18																																
10	REVISED POLICY EFFECTIVE DATE Report the revised effective date of the policy, formatted YYMMDD. The policy change effective date must equal the revised policy effective date. For the second and third year of a three-year variable rate policy, report the effective date of the appropriate annual period being reported.	(N)	94-99	6																																
11	REVISED POLICY EXPIRATION DATE Report the revised expiration date of the policy, formatted YYMMDD. 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.	(N)	100-105	6																																
12	REVISED LEGAL NATURE OF INSURED CODE Report the 2-digit code corresponding to the revised legal nature.	(N)	106-107	2																																
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Individual</td></tr> <tr><td>02</td><td>Partnership</td></tr> <tr><td>03</td><td>Corporation</td></tr> <tr><td>04</td><td>Association, Labor Union, Religious Organization</td></tr> <tr><td>05</td><td>Limited Partnership</td></tr> <tr><td>06</td><td>Joint Venture</td></tr> <tr><td>07</td><td>Common Ownership</td></tr> <tr><td>08</td><td>Multiple Status</td></tr> <tr><td>09</td><td>Joint Employers</td></tr> <tr><td>10</td><td>Limited Liability Company (LLC)</td></tr> <tr><td>11</td><td>Trust or Estate</td></tr> <tr><td>12</td><td>Executor or Trustee</td></tr> <tr><td>13</td><td>Limited Liability Partnership</td></tr> <tr><td>14</td><td>Governmental Entity</td></tr> <tr><td>99</td><td>Other (Report text description in Positions 108-127)</td></tr> </tbody> </table>	Code	Description	01	Individual	02	Partnership	03	Corporation	04	Association, Labor Union, Religious Organization	05	Limited Partnership	06	Joint Venture	07	Common Ownership	08	Multiple Status	09	Joint Employers	10	Limited Liability Company (LLC)	11	Trust or Estate	12	Executor or Trustee	13	Limited Liability Partnership	14	Governmental Entity	99	Other (Report text description in Positions 108-127)			
Code	Description																																			
01	Individual																																			
02	Partnership																																			
03	Corporation																																			
04	Association, Labor Union, Religious Organization																																			
05	Limited Partnership																																			
06	Joint Venture																																			
07	Common Ownership																																			
08	Multiple Status																																			
09	Joint Employers																																			
10	Limited Liability Company (LLC)																																			
11	Trust or Estate																																			
12	Executor or Trustee																																			
13	Limited Liability Partnership																																			
14	Governmental Entity																																			
99	Other (Report text description in Positions 108-127)																																			
	NOTE: Applicability of Codes 01-13 is subject to the Individual DCO and/or IAIABC POC state rules.																																			
13	REVISED TEXT FOR "OTHER" LEGAL NATURE OF INSURED Report the text describing the revised legal nature of insured if you reported code 99 (Other) in positions 106-107 of this record. NOT APPLICABLE: MN OPTIONAL: NCCI	(AN)	108-127	20																																

IX. POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes								
14	ITEM 3.A./3.C. CODE Report A if the state codes covered by the policy (Item 3.A.) are being revised. NOTE: This method cannot be submitted to those rating organizations whose state(s) are being added and/or deleted. Transaction Code 15 (or a manual endorsement) must be submitted to those rating organizations where state(s) are being added and/or deleted. Report C if the state codes in Item 3.C. of the policy are revised. If both Item 3.A. and Item 3.C. are being revised, then multiple change endorsement record(s) are required. OPTIONAL: NCCI	(A)	128	1								
15	ITEM 3.C. INCL/EXCL CODE Report the 1-digit code corresponding to the state codes indicated in Positions 130–159 on this record. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>States listed are included in policy coverage or coverage notice.</td> </tr> <tr> <td>2</td> <td>States listed are excluded from policy coverage or coverage notice.</td> </tr> <tr> <td>3</td> <td>No other states coverage afforded. This is primarily used with wrap-ups.</td> </tr> </tbody> </table> OPTIONAL: NCCI	Code	Description	1	States listed are included in policy coverage or coverage notice.	2	States listed are excluded from policy coverage or coverage notice.	3	No other states coverage afforded. This is primarily used with wrap-ups.	(N)	129	1
Code	Description											
1	States listed are included in policy coverage or coverage notice.											
2	States listed are excluded from policy coverage or coverage notice.											
3	No other states coverage afforded. This is primarily used with wrap-ups.											
16	REVISED STATE CODES FOR ITEM 3.A. OR ITEM 3.C. Report the revised 2-digit 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. See NOTE in Position 128 of this Record Type. OPTIONAL: NCCI	(N)	130–131	2								
17	(Same as positions 130-131 above.)	(N)	132–133	2								
18	(Same as positions 130-131 above.)	(N)	134–135	2								
19	(Same as positions 130-131 above.)	(N)	136–137	2								
20	(Same as positions 130-131 above.)	(N)	138–139	2								
21	(Same as positions 130-131 above.)	(N)	140–141	2								
22	(Same as positions 130-131 above.)	(N)	142–143	2								
23	(Same as positions 130-131 above.)	(N)	144–145	2								
24	(Same as positions 130-131 above.)	(N)	146–147	2								
25	(Same as positions 130-131 above.)	(N)	148–149	2								
26	(Same as positions 130-131 above.)	(N)	150–151	2								
27	(Same as positions 130-131 above.)	(N)	152–153	2								
28	(Same as positions 130-131 above.)	(N)	154–155	2								
29	(Same as positions 130-131 above.)	(N)	156–157	2								
30	(Same as positions 130-131 above.)	(N)	158–159	2								

IX. POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
31	REVISED EMPLOYER LIABILITY LIMIT AMOUNTS Report the revised Employer Liability Limit Amounts under Part Two of the policy, as follows:	(N)	160–189	30
	Bodily Injury by Accident—each accident amount		160–169	(10)
	Bodily Injury by Disease—policy limit amount		170–179	(10)
	Bodily Injury by Disease—each employee amount		180–189	(10)
	OPTIONAL: MI, NCCI			
32	REVISED INTERIM ADJUSTMENT OF PREMIUM CODE Report the 1-digit code identifying the revised premium adjustment period for the policy:	(N)	190	1
	Code Description			
	1 Annual			
	2 Semiannual			
	3 Quarterly			
	4 Monthly			
	5 Other			
	<u>6</u> <u>Reserved to comply with WCNOA</u>			
	NOT APPLICABLE: MI, NJ, NY			
	OPTIONAL: NCCI			
33	REVISED ITEM 3.D. AND 5 ENDORSEMENT NUMBERS The use of WC 89 06 14 shall only be for the purpose of deleting or adding standard (WC XX XX XX) reference type (no variable data required) endorsements. In the event that even only one reference type endorsement is deleted or added to a policy, all endorsement numbers including their bureau version and carrier version identifiers must be reported using separate change endorsement records with the changed date(s) in the record that changed.			
	ENDORSEMENT NUMBER	(AN)	191–198	8
	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	199	1
	CARRIER VERSION IDENTIFIER	(AN)	200–210	11
34	REVISED PRODUCER NAME Report the revised producer name.	(AN)	211–240	30
35	REVISED INTERSTATE/INTRASTATE RISK ID NUMBER OR REVISED INDEPENDENT DCO RISK ID NUMBER/FILE NUMBER/ACCOUNT NUMBER Report the revised Interstate/Intrastate Risk ID Number or Revised Independent DCO Risk ID Number/File Number/Account Number.	(N)	241–249	9
	NOT APPLICABLE: DE, NCCI, NJ, NY, PA			

IX. POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
36	REVISED INTERSTATE/INTRASTATE RISK ID NUMBER OR REVISED INDEPENDENT RATING BUREAU RISK ID NUMBER/FILE NUMBER/ACCOUNT NUMBER CODE	(N)	250	1
	Code			
	1			
	2			
	Description			
	Revised Interstate/Intrastate Risk ID Number			
	Revised Independent Rating Bureau Risk ID Number/File Number/Account Number			
37	RESERVED FOR FUTURE USE		251–252	2
38	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253–254	2
39	INSURED NAME Report the first 34 Positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255–288	34
40	POLICY CHANGE EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
41	RESERVED FOR FUTURE USE		295–300	6

IX. POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "88". This record type code will accommodate changes to the name of insured of a policy associated with policy Information Page Change Endorsement WC 89 06 00, MN: WC 22 06 00. In the event that even only one name record is changed, deleted or added to a policy, all names must be resubmitted as a net replacement with the changed date(s) in the record(s) that changed. More than one set of Transaction Code 03 with the same Transaction Issue Date for the same policy must not be included on the same submission. For example, one file contains: Set 1 = TC03, Record 88 - Pol 1, revised name link identifier 001(revised continuation sequence number 001), 002 (001), 003 (001), 003(002), transaction issue date 1/1/03 Set 2 = TC03, Record 88 - Pol 1, revised name link identifier 001 (revised continuation sequence number 001), 003(001), 003(002), transaction issue date 1/1/03 These transactions are net replacements and will always have a 001 primary name link identifier. The transactions appear as duplicates and will reject. NOT APPLICABLE: CA OPTIONAL: MI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 89 06 01. MN: WC 22 06 02	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED TYPE OF NAME RECORD CODE Report the 1-digit code that represents the type of name record corresponding to the revised name being reported.	(N)	71	1

Code	Description
1	Personal name type (a separate personal name record of a Name Link Code) format is last name, first name, middle name or initial. The commas are the delimiters.
2	Commercial name type (a separate commercial name record of a Name Link Code).
3	String name type (a name record consisting of a string of names corresponding to one Name Link Code). Format is free-form. NA - MN

NOTE: String name type records are to be used by those carriers unable to provide separate formatted personal/commercial name records.

See name coding examples on page 4:3-5.

NOTE: IAIABC POC —The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.

IX. POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes																																
9	REVISED NAME LINK IDENTIFIER Report the 3-digit identifier representing one name or group of names. The primary name(s) must always be reported as "001". Assigned Name Link Identifiers cannot be reassigned or used again. When reporting more than 998 separate names, report positions 295-296—Revised Name Link Counter Identifier in conjunction with this field. All name records for a given Name Link Identifier (and Counter Identifier if reporting more than 998 separate names) must be grouped together. Each group of name records to be linked must be assigned a Name Link Identifier beginning with "001". Each name record within the same group must be assigned the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names). Always assign Name Link Identifier 001 to all name records for the principal names of insured as given on the Information Page. NOTE: See name coding and name/address/exposure link coding examples on page 4:3-5.	(N)	72-74	3																																
10	REVISED INSURED NAME Report the revised name corresponding to the name type code reported in Position 71. Report personal names in the following sequence with each name separated by a comma: surname, first name, and middle name or initial. NOTE: IAIABC POC —The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.	(AN)	75-164	90																																
11	REVISED FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Report the identification number corresponding to the revised name being reported. Do not report any imbedded blanks or marks of punctuation. NOT APPLICABLE: NJ, NY	(N)	165-173	9																																
12	REVISED CONTINUATION SEQUENCE NUMBER Report the 3-digit number corresponding to the continuation status of the revised insured name being reported. Report "001" representing the first record for a Name Link Identifier. Report "002"—"999" representing all continuation records for same Name Link Identifier. If each name contains a separate Name Link Identifier, this field will be reported as 001 for all name records. NOTE: See name coding and name/address/exposure link coding examples on page 4:3-5.	(N)	174-176	3																																
13	REVISED LEGAL NATURE OF ENTITY CODE Report the 2-digit code corresponding to the legal nature of the revised name on this record for Type of Name 1 and 2.	(N)	177-178	2																																
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Individual</td></tr> <tr><td>02</td><td>Partner</td></tr> <tr><td>03</td><td>Corporation</td></tr> <tr><td>04</td><td>Association, Labor Union, Religious Organization</td></tr> <tr><td>05</td><td>Limited Partner</td></tr> <tr><td>06</td><td>Joint Venture</td></tr> <tr><td>07</td><td>(Not Applicable)</td></tr> <tr><td>08</td><td>(Not Applicable)</td></tr> <tr><td>09</td><td>(Not Applicable)</td></tr> <tr><td>10</td><td>Trust or Estate</td></tr> <tr><td>11</td><td>Executor or Trustee</td></tr> <tr><td>12</td><td>Trade Name (T/A, D/B/A, etc.)</td></tr> <tr><td>13</td><td>Limited Liability Company (LLC)</td></tr> <tr><td>14</td><td>Governmental Entity</td></tr> <tr><td>99</td><td>Other (Report text description in Positions 179-198)</td></tr> </tbody> </table>	Code	Description	01	Individual	02	Partner	03	Corporation	04	Association, Labor Union, Religious Organization	05	Limited Partner	06	Joint Venture	07	(Not Applicable)	08	(Not Applicable)	09	(Not Applicable)	10	Trust or Estate	11	Executor or Trustee	12	Trade Name (T/A, D/B/A, etc.)	13	Limited Liability Company (LLC)	14	Governmental Entity	99	Other (Report text description in Positions 179-198)			
Code	Description																																			
01	Individual																																			
02	Partner																																			
03	Corporation																																			
04	Association, Labor Union, Religious Organization																																			
05	Limited Partner																																			
06	Joint Venture																																			
07	(Not Applicable)																																			
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13	Limited Liability Company (LLC)																																			
14	Governmental Entity																																			
99	Other (Report text description in Positions 179-198)																																			

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

IX. POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
14	REVISED TEXT FOR "OTHER" LEGAL NATURE OF ENTITY (AN) Report the text describing the legal nature of entity if you reported Code 99 (Other) in Positions 177–178 of this revised name record. OPTIONAL: MI, NCCI NOT APPLICABLE: DE, MA, MN, NC, NJ, NY, PA, WI	179–198	20	
15	REVISED STATE CODE Report the revised state code for the state unemployment number reported in Position 201–215, Revised State Unemployment Number. NOT APPLICABLE: DE, MA, MI, NC, NY, PA, WI	(N)	199–200	2
16	REVISED STATE UNEMPLOYMENT NUMBER Report the revised unemployment number for the state code reported in Position 199–200, Revised State Code, for the name reported on this record. NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Position 218–232 and/or Position 235–249). MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Position 218–232 or Position 235–249). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 201–206 and spaces in Position 207–215. If not available, report zeros. Do not submit this information for any other state. NJ: Report the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field (or Position 218–232 or Position 235–249). Do not submit this information for any other state. NOT APPLICABLE: DE, MA, MI, NC, NY, PA, WI	(AN)	201–215	15
17	REVISED STATE CODE Report the revised state code for the state unemployment number reported in Position 218–232, Revised State Unemployment Number. NOT APPLICABLE: DE, MA, MI, NC, NY, PA, WI	(N)	216–217	2
18	REVISED STATE UNEMPLOYMENT NUMBER Report the revised unemployment number for the state code reported in Position 216–217, Revised State Code, for the name reported on this record. NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Position 201–215 and/or Position 235–249). MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Position 201–215 or Position 235–249). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 218–224 and spaces in Position 225–232. If not available, report zeros. Do not submit this information for any other state. NJ: Report the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field (or Position 201–215 or Position 235–249). Do not submit this information for any other state. NOT APPLICABLE: DE, MA, MI, NC, NY, PA, WI	(AN)	218–232	15

IX. POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes								
19	REVISED STATE CODE Report the revised state code for the state unemployment number reported in Position 235–249, Revised State Unemployment Number. NOT APPLICABLE: DE, MA, MI, NC, NY, PA, WI	(N)	233–234	2								
20	REVISED STATE UNEMPLOYMENT NUMBER Report the revised unemployment number for the state code reported in positions 233-234, Revised State Code, for the name reported on this record. NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Position 201–215 and/or Position 218–232). MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Position 201–215 or Position 218–232). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 235–240 and spaces in Position 241–249. If not available, report zeros. Do not submit this information for any other state. NJ: Report the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field (or Position 201–215 or Position 218–232). Do not submit this information for any other state. NOT APPLICABLE: DE, MA, MI, NC, NY, PA, WI	(AN)	235–249	15								
21	REVISED STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE (NCCI ONLY) Report "01" for the record with the first three State Unemployment Numbers reported. Report "02"–"99" for each additional Name Record submitted to report all applicable State Unemployment Numbers and their state codes for that name. For record sequence 02–99, Positions 1 through 162 must be the same on all records for that name. NOTE: Report the sequence number that corresponds to the additional records count.	(N)	250–251	2								
22	RESERVED FOR FUTURE USE		252–253	2								
23	REVISED PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE (NCCI ONLY) <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td>Not a Professional Employer Organization Policy</td> </tr> <tr> <td>P</td> <td>Professional Employer Organization Company Name</td> </tr> <tr> <td>C</td> <td>Client Company Name</td> </tr> </tbody> </table> NOTE: 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. NOT APPLICABLE: CA, MI, NJ NY, NC	Code	Description	Blank	Not a Professional Employer Organization Policy	P	Professional Employer Organization Company Name	C	Client Company Name	(A)	254	1
Code	Description											
Blank	Not a Professional Employer Organization Policy											
P	Professional Employer Organization Company Name											
C	Client Company Name											

IX. POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
24	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
25	POLICY CHANGE EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
26	REVISED NAME LINK COUNTER IDENTIFIER When reporting 998 or less separate names, report "00". When reporting more than 998 separate names, report the 2-digit counter corresponding to the Name Link Identifier (positions 72-74). Report "01" representing the first 998 separate names. Report "02"-"99" representing counter records for the following sets of Name Link Identifiers. Assigned Name Link Counter Identifiers cannot be reassigned or used again.	(AN)	295-296	2
27	RESERVED FOR FUTURE USE		297-300	3

RESERVED FOR FUTURE USE

IX. POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "89". This record type will accommodate changes to either the mailing address of insured, address(es) of a location of operations, carrier issuing/servicing office, or producer (issuing agency) address on the policy and associated with policy Information Page Change Endorsement WC 89 06 00, MN WC 22 06 00. In the event that even only one address of a location of operations is changed, deleted or added to a policy, all addresses of a location of operations must be resubmitted as a net replacement with the change date(s) in the record(s) that changed. In such cases multiple address records are required. More than one set of Transaction Code 03 with the same Transaction Issue Date for the same policy must not be included on the same submission. For example, one file contains: Set 1 = TC03, Record 89 - Pol 1, revised name link identifier 001 transaction issue date 1/1/03 Set 2 = TC03, Record 89 - Pol 1, revised name link identifier 001 transaction issue date 1/1/03 These transactions are net replacements and will always have a 001 primary name link identifier. The transactions appear as duplicates and will reject. NOT APPLICABLE: CA OPTIONAL: MI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 89 06 05 (Mailing Address of Insured), WC 89 06 08 (Other Location(s) of Operations), WC 89 06 17 (Carrier Issuing/Servicing Office), WC 89 06 25 (Producer [Issuing Agency] Office) MN: WC 22 06 06 (Mailing Address of Insured), WC 22 06 09 (Change in Workplace of Insured), WC 22 06 17 (Carrier Servicing Office), WC 22 06 25 (Producer [Issuing Agency] Office)	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED TYPE OF ADDRESS RECORD CODE Report the 1-digit code representing the type of address of the address being revised. Code Description 1 Mailing address of insured. A record for this address is required if changed. 2 Address of a location of operations. This code is for other workplaces not shown in the mailing address record. All locations of operation records are to be reported even if only one location is changed, deleted or added. This address is necessary to direct interested parties to the workplace locations, e.g., inspectors or auditors. Descriptions such as second building after "K-Mart" are acceptable where a street name or address does not exist. 3 Address of carrier issue/service office. A record for this address is required if changed. 4 Wrap-up description. 5 Issuing producer (agency) address. A record for this address is required if changed. 6 No specific location. This refers to work done at client sites in the state. All locations of operations records are to be reported even if one location is changed, deleted or added. If this type of address is submitted, the address structure indicator and the address are not applicable. <u>7 Reserved to comply with WCNOA</u> <u>8 Reserved to comply with WCNOA</u>	(N)	71	1

IX. POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
	REVISED TYPE OF ADDRESS CODE (Cont'd)			
	NOT APPLICABLE: Type 4 for CA, NCCI			
	OPTIONAL: Type 5 for CA, DE, MA, NC, NJ, NY, PA, WI			
	OPTIONAL: For all jurisdictions Type 6			
9	REVISED ADDRESS STRUCTURE CODE Report the 1-digit code identifying the structure of the revised address being reported.	(N)	72	1
	Code			
	Description			
	1 Reported address follows structure set forth in Positions 73–173 below. This code is required for Type of Address Record Code 1 (mailing address of insured), 3 (address of carrier issuing/servicing office) and 5 (producer [issuing agency] address). These three address types must be reported in the Structured Format shown in positions 73-132. NOTE: IAIABC POC—This code is required for Type of Address 2 (address of a location of operations) when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.			
	2 Reported address is free-form between Positions 73–173. This code is to be used only after requesting and receiving approval from the appropriate Rating Organization. This code is optional for Type of Address 2 only (address of a location of operations) and is required for Type of Address 4 (Wrap-up project description). NOTE: This code is not applicable for Type of Address 2 in MN and IAIABC POC states. Contact your IAIABC POC vendor for applicable states.			
10	REVISED ADDRESS Report the revised address as follows:	(AN)	73-173	101
	1. Street Report the street number and name, post office box, or other description. NOTE: When reporting to NCCI, a valid street address or P.O. box number must be reported for the mailing address of insured (Address Type 1) and for the producer (issuing agency) address (Address Type 5). NOTE: IAIABC POC — The IAIABC Street Address portion of the Insured Address (WCPOLS Address Type 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type 1 - Mailing address of insured and WCPOLS Address Type 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.		73–132	(60)
	2. City Report the city name.		133–162	(30)
	3. State Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is “Y”.		163–164	(2)
	4. Zip Code		165–173	(9)

IX. POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
11	REVISED NAME/ADDRESS/EXPOSURE LINK	(N)	174-183	10
	REVISED NAME LINK IDENTIFIER	(N)	174-176	(3)
	Report the 3-digit Name Link Identifier in Positions 49-51 of the name record corresponding to this particular address record.			
	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 (Type of Address Record Code 2) records for the same address associated with the different names must be reported.			
	THIS FIELD IS REQUIRED for Type of Address Record Code 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location).			
	Report "999" for Type of Address Record Codes 3, 4 and 5.			
	REVISED STATE CODE LINK	(N)	177-178	(2)
	Report the 2-digit code for the state covered by this record.			
	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.			
	THIS FIELD IS REQUIRED for Type of Address Code 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location).			
	Report "99" for Type of Address Record Codes 3, 4 and 5.			
	REVISED EXPOSURE RECORD LINK CODE	(N)	179-183	(5)
	Report the 5-digit code identifying this location record.			
	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.			
	THIS FIELD IS OPTIONAL for Type of Address Record Code 1 (Insured's Mailing Address Record); however, in such cases where the carrier does not include this field, the Insured's Mailing Address must also be included as Type of Address Record Code 2 (Other Locations Address) record for required linkage.			
	THIS FIELD IS REQUIRED for Type of Address Record Code 2 (Locations) and 6 (No Specific Location).			
	NOTE: 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 name/address/exposure link record.			
	Report "99999" for Type of Address Record Codes 3, 4 and 5.			

IX. POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
	NOTE: See name coding and name/address/exposure link coding examples on page 4:3-5.			
	OPTIONAL: Revised Exposure Record Link for MI and NCCI			
12	REVISED NUMBER OF EMPLOYEES (IAIABC POC ONLY) Report the revised number of employees for the location address (or insured mailing address) on this record and for the corresponding name that this address links to (via the Name Link Identifier and State Code Link fields of this address record). NOTE: Contact your IAIABC POC vendor for applicable states.	(N)	184–189	6
13	REVISED STANDARD INDUSTRY CODE (IAIABC POC ONLY) Report the revised Standard Industry Code (<u>Standard Industry Code [SIC] or the North American Industry Classification System [NAICS]</u>) that represents representing the nature of the employer's business which is contained as listed in the SIC Manual <u>of the NAICS Manual</u> published by the Federal Office of Management and Budget. The <u>SIC-Industry Code</u> must be reported for the location address (or insured mailing address) on this record and for the corresponding name that this address links to (via the Name Link Identifier and State Code Link fields of this address record). <u>If reporting the revised SIC, carriers must add "SC" suffix to code.</u> NOTE: Contact your IAIABC POC vendor for applicable states <u>and applicable industry codes.</u>	(AN)	190–195	6
14	RESERVED FOR FUTURE USE		196–208	13
15	REVISED PHONE NUMBER OF INSURED (NCCI ONLY) When the Revised Type of Address (Position 71) is "1", report the phone number of the revised primary Name Link Identifier, if available.	(N)	209–218	10
16	REVISED GEOGRAPHIC AREA Report the revised Geographic Area (province, state, etc.) when foreign address should be reported. Leave blank if revised address is within the United States and positions 163-164 are complete. NOT APPLICABLE: NCCI, NJ	(A)	219–234	16
17	REVISED COUNTRY CODE Report the revised 2-character Country code when Foreign Address is being reported. Leave blank if revised address is within the United States and positions 163-164 are complete. NOT APPLICABLE: NCCI, NJ	(A)	235–236	2
18	RESERVED FOR FUTURE USE		237–254	18
19	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255–288	34
20	POLICY CHANGE EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
21	REVISED NAME LINK COUNTER IDENTIFIER Report the 2-digit Name Link Counter Identifier in Positions 270-271 of the Name Record corresponding to this particular address record. NOT APPLICABLE: CA, MI NY, NC	(AN)	295-296	2
22	RESERVED FOR FUTURE USE		297–300	4

RESERVED FOR FUTURE USE

IX. NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT—RENEWAL POLICIES THREE YEAR RATING PERIOD RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “29”.	(N)	44–45	2
3	RECORD TYPE CODE Report “AA”.	(AN)	46–47	2
	NOT APPLICABLE: NJ policies effective 1/1/05 and after.			
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 29 05 05.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8 a.	EFFECTIVE DATE YYMMDD	(N)	71–76	6
b.	NJ TAX MULTIPLIER FACTOR Assumed decimal point between Positions 78 and 79.	(N)	77–81	5
c.	WEIGHTED AVERAGE TAX MULTIPLIER FACTOR Assumed decimal point between Positions 83 and 84.	(N)	82–86	5
9 a.	EFFECTIVE DATE YYMMDD	(N)	87–92	6
b.	EXCESS LOSS FACTOR Assumed decimal point before Position 93.	(N)	93–95	3
c.	WEIGHTED AVERAGE ELPF Assumed decimal point before Position 96.	(N)	96–98	3
10	ORIGINAL POLICY NUMBER IDENTIFIER Report original policy number identifier to which the retro premium endorsement is attached.	(AN)	99–116	18
11	RESERVED FOR FUTURE USE		117–254	138
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
14	RESERVED FOR FUTURE USE		295–300	6

IX. NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AB".	(AN)	46-47	2
	NOT APPLICABLE: NJ policies effective 1/1/05 and after.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 05 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	CLASSIFICATION CODE EXCLUDED FROM RETRO	(N)	71-74	4
9	(Same as positions 71-74 above.)	(N)	75-78	4
10	(Same as positions 71-74 above.)	(N)	79-82	4
11	(Same as positions 71-74 above.)	(N)	83-86	4
12	(Same as positions 71-74 above.)	(N)	87-90	4
13	(Same as positions 71-74 above.)	(N)	91-94	4
14	(Same as positions 71-74 above.)	(N)	95-98	4
15	(Same as positions 71-74 above.)	(N)	99-102	4
16	(Same as positions 71-74 above.)	(N)	103-106	4
17	(Same as positions 71-74 above.)	(N)	107-110	4
18	RESERVED FOR FUTURE USE		111-254	144
19	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

IX. NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE ELEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AC".	(AN)	46-47	2
	NOT APPLICABLE: NJ policies effective 1/1/05 and after.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 05 07.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	CLASSIFICATION CODE EXCLUDED FROM RETRO	(N)	71-74	4
9	(Same as positions 71-74 above.)	(N)	75-78	4
10	(Same as positions 71-74 above.)	(N)	79-82	4
11	(Same as positions 71-74 above.)	(N)	83-86	4
12	(Same as positions 71-74 above.)	(N)	87-90	4
13	(Same as positions 71-74 above.)	(N)	91-94	4
14	(Same as positions 71-74 above.)	(N)	95-98	4
15	(Same as positions 71-74 above.)	(N)	99-102	4
16	(Same as positions 71-74 above.)	(N)	103-106	4
17	(Same as positions 71-74 above.)	(N)	107-110	4
18	RESERVED FOR FUTURE USE		111-254	144
19	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

IX. NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT SHORT FORM RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AD".	(AN)	46-47	2
	NOT APPLICABLE: NJ policies effective 1/1/05 and after.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 05 08.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	POLICY NUMBER IDENTIFIER Report the 18-character number identifier of the other policy that includes the basic retrospective premium endorsement.	(AN)	71-88	18
9	RESERVED FOR FUTURE USE		89-254	166
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

**IX. NEW JERSEY VOLUNTARY COMPENSATION FEDERAL EMPLOYERS' LIABILITY ACT
COVERAGE ENDORSEMENT RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AE".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 01 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	EMPLOYEES SUBJECT TO THIS ENDORSEMENT	(AN)	71-190	120
9	WORKERS' COMPENSATION LAW	(AN)	191-200	10
10	DESCRIPTION OF WORK	(AN)	201-240	40
11	RESERVED FOR FUTURE USE		241-254	14
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

IX. NEW JERSEY PLAN RATING PROGRAM ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes										
1	LINK DATA		1-43	43										
2	STATE CODE Report "29".	(N)	44-45	2										
3	RECORD TYPE CODE Report "AF".	(AN)	46-47	2										
	NOT APPLICABLE: NJ policies effective 1/1/96 and after.													
4	RESERVED FOR FUTURE USE		48-50	3										
5	ENDORSEMENT NUMBER Report WC 29 04 08.	(AN)	51-58	8										
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1										
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11										
8	HAZARD GROUP CODE Report the 1-digit code corresponding to the roman numeral in Table H (2:1 of the Manual).	(N)	71	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Hazard Group I</td> </tr> <tr> <td>2</td> <td>Hazard Group II</td> </tr> <tr> <td>3</td> <td>Hazard Group III</td> </tr> <tr> <td>4</td> <td>Hazard Group IV</td> </tr> </tbody> </table>	Code	Description	1	Hazard Group I	2	Hazard Group II	3	Hazard Group III	4	Hazard Group IV			
Code	Description													
1	Hazard Group I													
2	Hazard Group II													
3	Hazard Group III													
4	Hazard Group IV													
9	LOSS CONVERSION FACTOR Report the 5-digit factor.	(N)	72-76	5										
	Assumed decimal point between Positions 73 and 74.													
	Report "01000" if this factor is not applicable.													
10	NEW JERSEY TAX MULTIPLIER FACTOR Report the 5-digit factor.	(N)	77-81	5										
	Assumed decimal point between Positions 78 and 79.													
	Report "01000" if this factor is not applicable.													
11	POLICY NUMBER IDENTIFIER Report the 18-character number identifier used to uniquely identify any other policy to which the above endorsement applies. Do not report any embedded blanks or punctuation marks.	(AN)	82-99	18										

IX. NEW JERSEY PLAN RATING PROGRAM ENDORSEMENT RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
12	(Same as positions 82-99 above.)	(AN)	100-117	18
13	(Same as positions 82-99 above.)	(AN)	118-135	18
14	(Same as positions 82-99 above.)	(AN)	136-153	18
15	(Same as positions 82-99 above.)	(AN)	154-171	18
16	(Same as positions 82-99 above.)	(AN)	172-189	18
17	(Same as positions 82-99 above.)	(AN)	190-207	18
18	(Same as positions 82-99 above.)	(AN)	208-225	18
19	PREMIUM DEVELOPMENT FACTOR (FIRST ADJUSTMENT) Report the 3-digit factor.	(N)	226-228	3
	Assumed decimal point between Positions 226 and 227.			
	Report zeroes if not applicable.			
20	PREMIUM DEVELOPMENT FACTOR (SECOND ADJUSTMENT) Report the 3-digit factor.	(N)	229-231	3
	Assumed decimal point between Positions 229 and 230.			
	Report zeroes if not applicable.			
21	PREMIUM DEVELOPMENT FACTOR (THIRD ADJUSTMENT) Report the 3-digit factor.	(N)	232-234	3
	Assumed decimal point between Positions 232 and 233.			
	Report zeroes if not applicable.			
22	RESERVED FOR FUTURE USE		235-254	20
23	INSURED NAME Report the first 34 positions of the primary name of the insured.	(AN)	255-288	34
	This field is required when this record is submitted using Transaction Code 03.			
24	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
25	RESERVED FOR FUTURE USE		295-300	6

IX. NEW JERSEY EMPLOYEE LEASING ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AG".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 03 03 (Labor Contractor) or WC290304 (Client Exclusion).	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME For WC 29 03 03, report the name of the client. For WC 29 03 04, report the name of the labor contractor.	(AN)	71-160	90
9	ADDRESS For WC 29 03 03, report the address of the client. For WC 29 03 04, report the address of the labor contractor.	(AN)	161-220	60
10	RESERVED FOR FUTURE USE		221-254	34
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

IX. NEW JERSEY LARGE RISK—LARGE DEDUCTIBLE ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "29".	(N)	44–45	2
3	RECORD TYPE CODE Report "AH".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 29 06 01, WC 29 06 05 .	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	DEDUCTIBLE AMOUNT SCHEDULE When reporting endorsement WC 29 06 01, report Report the deductible amount for the following coverage descriptions:	(N)	71–100	30
	Bodily Injury by Accident—each accident amount		71–80	(10)
	Bodily Injury by Disease—each employee amount		81–90	(10)
	All Covered Bodily Injury—aggregate amount		91–100	(10)
9	RESERVED FOR FUTURE USE DEDUCTIBLE AMOUNT SCHEDULE- PER PERSON BASIS When reporting endorsement WC 29 06 05, report the deductible amount for the following coverage descriptions:	(N)	101–160	60
	Bodily Injury by Accident—each person amount		101–110	10
	Bodily Injury by Accident—each occurrence amount		111–120	10
	Bodily Injury by Disease—each person amount		121–130	10
	Bodily Injury by Disease—each occurrence amount		131–140	10
	All Covered Bodily Injury—occurrence aggregate amount		141–150	10
	All Covered Bodily Injury—policy aggregate amount		151–160	10
10	RESERVED FOR FUTURE USE		101–254	154 94
10 11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11 12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
12 13	RESERVED FOR FUTURE USE		295–300	6

IX. NEW JERSEY CERTIFIED MANAGED CARE PROGRAM ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "A1".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 04 09.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF CERTIFIED MANAGED CARE PROGRAM	(AN)	71-130	60
9	PROGRAM EFFECTIVE DATE Report the date that the managed care program is initiated. Format: YYMMDD.	(N)	131-136	6
10	PREMIUM REDUCTION PERCENTAGE Report the 4-digit percentage. Assumed decimal point between Positions 138 and 139.	(N)	137-140	4
11	RESERVED FOR FUTURE USE		141-254	114
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

IX. THIS RECORD IS RESERVED FOR FUTURE USE

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "07" for Delaware. Report "37" for Pennsylvania.	(N)	44-45	2
3	RECORD TYPE CODE Report "BA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

IX. THIS RECORD IS RESERVED FOR FUTURE USE

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "07".	(N)	44-45	2
3	RECORD TYPE CODE Report "BB".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

IX. AMENDATORY ENDORSEMENT—FARMING OPERATIONS—DELAWARE RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "07".	(N)	44–45	2
3	RECORD TYPE CODE Report "BC".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 07 03 03.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	NAME OF WIFE	(AN)	71–130	60
9	NAMES OF MINOR CHILDREN	(AN)	131–250	120
10	RESERVED FOR FUTURE USE		251–254	4
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. DEDUCTIBLE ENDORSEMENT—DELAWARE RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "07".	(N)	44–45	2
3	RECORD TYPE CODE Report "BD".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 07 04 01.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	DEDUCTIBLE AMOUNT Report dollar amount of the deductible for each occurrence. Report in whole dollars only.	(N)	71–76	6
9	PREMIUM REDUCTION PERCENTAGE FACTOR Report applicable corresponding percentage factor of deductible amount. There is an assumed decimal point between Positions 78 and 79.	(N)	77–81	5
10	RESERVED FOR FUTURE USE		82–254	173
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. EXCLUSION OF EMPLOYEES ENDORSEMENT—PENNSYLVANIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "37".	(N)	44–45	2
3	RECORD TYPE CODE Report "BE".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 37 03 03.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	STATUTORY EMPLOYER NAME	(AN)	71–120	50
9	DESCRIPTION OF OPERATIONS	(AN)	121–190	70
10	RESERVED FOR FUTURE USE		191–254	64
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. PRINCIPAL AS ADDITIONAL INSURED—PENNSYLVANIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "37".	(N)	44–45	2
3	RECORD TYPE CODE Report "BF".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 37 03 04.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	NAME OF PRINCIPAL	(AN)	71–120	50
9	DESCRIPTION OF OPERATIONS	(AN)	121–190	70
10	RESERVED FOR FUTURE USE		191–254	64
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. REAL ESTATE MANAGEMENT ENDORSEMENT—PENNSYLVANIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “37”.	(N)	44–45	2
3	RECORD TYPE CODE Report “BG”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 37 03 06.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	MANAGING AGENT NAME	(AN)	71–120	50
9	DESCRIPTION OF PREMISES	(AN)	121–190	70
10	RESERVED FOR FUTURE USE		191–254	64
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. STATUTORY EMPLOYER ENDORSEMENT—PENNSYLVANIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “37”.	(N)	44–45	2
3	RECORD TYPE CODE Report “BH”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 37 03 09.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	LIST OF SUBCONTRACTORS’ NAMES	(AN)	71–170	100
9	RESERVED FOR FUTURE USE		171–254	84
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
12	RESERVED FOR FUTURE USE		295–300	6

IX. EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT—PENNSYLVANIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “37”.	(N)	44–45	2
3	RECORD TYPE CODE Report “BI”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 37 03 10.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	TYPE OF CORPORATION CODE Report the one-letter .code designating the type of corporation in which the officer(s) named below has ownership or serves voluntarily.	(AN)	71	1
	Code Description			
	S Subchapter S			
	C Subchapter C			
	V Voluntary in Non-profit Corporation			
9	OFFICER NAME Name of Executive Officer who is to be excluded.	(AN)	72–111	40
10	SOCIAL SECURITY NUMBER	(N)	112–120	9
11	OFFICE HELD	(AN)	121–129	9
12	PERCENTAGE OWNERSHIP INTEREST There is an assumed decimal point between Positions 132 and 133.	(N)	130–134	5
13	(Same as positions 72-111 above.)	(AN)	135–174	40
14	(Same as positions 112-120 above.)	(N)	175–183	9
15	(Same as positions 121-129 above.)	(AN)	184–192	9
16	(Same as positions 130-134 above.)	(N)	193–197	5
17	RESERVED FOR FUTURE USE		198–254	57
18	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
19	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
20	RESERVED FOR FUTURE USE		295–300	6

IX. EMPLOYER ASSESSMENT ENDORSEMENT—PENNSYLVANIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “37”.	(N)	44–45	2
3	RECORD TYPE CODE Report “BJ”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 37 06 04.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	EMPLOYER ASSESSMENT FACTOR There is an assumed decimal point between positions 71 and 72.	(N)	71–75	5
9	EMPLOYER ASSESSMENT AMOUNT There is an assumed decimal point between positions 83 and 84.	(N)	76–85	10
10	RESERVED FOR FUTURE USE		86–254	169
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

RESERVED FOR FUTURE USE

IX. EXECUTIVE OFFICER ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "31".	(N)	44–45	2
3	RECORD TYPE CODE Report "CA".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 01, WC 31 03 04, WC 31 03 05, WC 31 03 06, WC 31 03 12, or WC 31 06 03.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	OFFICER NAME	(AN)	71–110	40
9	TITLE	(AN)	111–140	30
10	OFFICER NAME	(AN)	141–180	40
11	TITLE	(AN)	181–210	30
12	RESERVED FOR FUTURE USE		211–254	44
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
15	RESERVED FOR FUTURE USE		295–300	6

IX. DESIGNATED WORKPLACE CANCELLATION ENDORSEMENT AND NOTICE OF PARTIAL CANCELLATION—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CB”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 02.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	EXCLUDED ADDRESS	(AN)	71–110	40
9	CANCELLATION EFFECTIVE DATE Report the date that the cancellation becomes effective on the policy. Format: YYMMDD.	(N)	111–116	6
10	EMPLOYER NAME	(AN)	117–156	40
11	NATURE OF BUSINESS	(AN)	157–176	20
12	POST OFFICE ADDRESS	(AN)	177–216	40
13	POLICY EFFECTIVE DATE Report the date for the policy effective date. Format: YYMMDD.	(N)	217–222	6
14	POLICY EXPIRATION DATE Report the date for the policy expiration date. Format: YYMMDD.	(N)	223–228	6
15	NOTICE SENT TO CHAIRPERSON DATE Report the date that the date notice was sent to the chairperson. Format: YYMMDD.	(N)	229–234	6
16	REASON FOR PARTIAL CANCELLATION	(AN)	235–264	30
17	NAME OF CARRIER IF INSURED ELSEWHERE	(AN)	265–288	24
18	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
19	RESERVED FOR FUTURE USE		295–300	6

IX. MEDICAL BENEFITS REIMBURSEMENT ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "31".	(N)	44–45	2
3	RECORD TYPE CODE Report "CC".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 10.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	ADDRESS	(AN)	71–110	40
9	ADDRESS	(AN)	111–150	40
10	ADDRESS	(AN)	151–190	40
11	ADDRESS	(AN)	191–230	40
12	RESERVED FOR FUTURE USE		231–254	24
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
15	RESERVED FOR FUTURE USE		295–300	6

IX. EXCESS MEDICAL COVERAGE ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CD”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 03.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	EXCESS AMOUNT	(N)	71–80	10
9	CLASSIFICATION CODE	(N)	81–84	4
10	ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT	(N)	85–94	10
11	EXCESS MEDICAL RATE PER \$100 OF REMUNERATION Assumed decimal point between Positions 97 and 98.	(N)	95–99	5
12	ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT	(N)	100–109	10
13	(Same as positions 81-84 above.)	(N)	110–113	4
14	(Same as positions 85-94 above.)	(N)	114–123	10
15	(Same as positions 95-99 above.)	(N)	124–128	5
16	(Same as positions 100-109 above.)	(N)	129–138	10
17	(Same as positions 81-84 above.)	(N)	139–142	4
18	(Same as positions 85-94 above.)	(N)	143–152	10
19	(Same as positions 95-99 above.)	(N)	153–157	5
20	(Same as positions 100-109 above.)	(N)	158–167	10
21	(Same as positions 81-84 above.)	(N)	168–171	4
22	(Same as positions 85-94 above.)	(N)	172–181	10
23	(Same as positions 95-99 above.)	(N)	182–186	5
24	(Same as positions 100-109 above.)	(N)	187–196	10
25	(Same as positions 81-84 above.)	(N)	197–200	4
26	(Same as positions 85-94 above.)	(N)	201–210	10

IX. EXCESS MEDICAL COVERAGE ENDORSEMENT—NEW YORK RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
27	(Same as positions 95-99 above.)	(N)	211–215	5
28	(Same as positions 100-109 above.)	(N)	216–225	10
29	(Same as positions 81-84 above.)	(N)	226–229	4
30	(Same as positions 85-94 above.)	(N)	230–239	10
31	(Same as positions 95-99 above.)	(N)	240–244	5
32	(Same as positions 100-109 above.)	(N)	245–254	10
33	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
34	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
35	RESERVED FOR FUTURE USE		295–300	6

IX. BENEFITS DEDUCTIBLE ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CE”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 15.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	DEDUCTIBLE AMOUNT	(N)	71–75	5
9	RESERVED FOR FUTURE USE		76–254	179
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
12	RESERVED FOR FUTURE USE		295–300	6

**IX. VOLUNTEER FIREFIGHTERS/AMBULANCE PREMIUM DISCOUNT ENDORSEMENT—
NEW YORK RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CF”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 06 06 or WC 31 06 08.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	DISCOUNT AMOUNT AND PERCENTAGE LAYER	(N)	71–98	28
1.	First Premium Discount Layer Report amount in thousands of dollars.		71–74	4
2.	First Premium Discount Percentage Assumed decimal point between Positions 76 and 77.		75–77	3
3.	Next Premium Discount Layer Report amount in thousands of dollars.		78–81	4
4.	Next Premium Discount Percentage Assumed decimal point between Positions 83 and 84.		82–84	3
5.	Next Premium Discount Layer Report amount in thousands of dollars.		85–88	4
6.	Next Premium Discount Percentage Assumed decimal point between Positions 90 and 91.		89–91	3
7.	Balance Premium. Discount Layer Report amount in thousands of dollars		92–95	4
8.	Balance Premium Discount Percentage Assumed decimal point between Positions 97 and 98.		96–98	3
9.	AVERAGE PERCENTAGE DISCOUNT (WHERE APPLICABLE) Assumed decimal point between Positions 100 and 101.	(N)	99–101	3
10	OTHER POLICY NUMBER IDENTIFIERS Report all policy number identifiers combined under the Discount Rule.	(AN)	102–119	18
11	(Same as positions 102-119 above.)	(AN)	120–137	18
12	(Same as positions 102-119 above.)	(AN)	138–155	18
13	(Same as positions 102-119 above.)	(AN)	156–173	18
14	RESERVED FOR FUTURE USE		174–254	81

**IX. VOLUNTEER FIREFIGHTERS/AMBULANCE PREMIUM DISCOUNT ENDORSEMENT—
NEW YORK RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
15	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
17	RESERVED FOR FUTURE USE		295–300	6

**IX. EXCLUSION FOR DESIGNATED OFFICERS AND EMPLOYEES OF FIRE/AMBULANCE DISTRICTS
ENDORSEMENT—NEW YORK RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CG”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 06 02 or WC 31 06 11.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	OFFICER, EMPLOYEE OR CLASS THEREOF	(AN)	71–110	40
9	(Same as positions 71-110 above.)	(AN)	111–150	40
10	(Same as positions 71-110 above.)	(AN)	151–190	40
11	(Same as positions 71-110 above.)	(AN)	191–230	40
12	RESERVED FOR FUTURE USE		231–254	24
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
15	RESERVED FOR FUTURE USE		295–300	6

**IX. FIRE/AMBULANCE DISTRICT LIABILITY EXCLUSION (FOR COUNTY OR TOWN POLICIES)
ENDORSEMENT—NEW YORK RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CH”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 06 04 or WC 31 06 09.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	EXCEPTIONS If there are no Exceptions, report “No Exceptions.”	(AN)	71–110	40
9	(Same as positions 71-110 above.)	(AN)	111–150	40
10	(Same as positions 71-110 above.)	(AN)	151–190	40
11	(Same as positions 71-110 above.)	(AN)	191–230	40
12	RESERVED FOR FUTURE USE		231–254	24
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
15	RESERVED FOR FUTURE USE		295–300	6

**IX. VOLUNTEER FIREFIGHTERS/AMBULANCE WORKERS' BENEFIT LAW GROUP INSURANCE
ENDORSEMENT—NEW YORK RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "31".	(N)	44-45	2
3	RECORD TYPE CODE Report "C1".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 31 06 05 or WC 31 06 10.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	TOWN INCLUDED UNDER GROUP POLICY	(AN)	71-110	40
9	(Same as positions 71-110 above.)	(AN)	111-150	40
10	(Same as positions 71-110 above.)	(AN)	151-190	40
11	(Same as positions 71-110 above.)	(AN)	191-230	40
12	RESERVED FOR FUTURE USE		231-254	24
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

**IX. CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT FACTOR
ENDORSEMENT—NEW YORK RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CJ”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 04 01.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	CONSTRUCTION CLASSIFICATION PREMIUM CREDIT PERCENTAGE There is an assumed decimal point between Positions 72 and 73.	(N)	71–73	3
9	RESERVED FOR FUTURE USE		74–254	181
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
12	RESERVED FOR FUTURE USE		295–300	6

IX. LABOR CONTRACTOR ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CK”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 17, WC 31 03 18, WC 31 03 20 or WC 31 03 22.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	LABOR CONTRACTOR/CLIENT For WC 31 03 17 or WC 31 03 22, report the labor contractor. For WC 31 03 18 or WC 31 03 20, report the client.	(AN)	71–160	90
9	ADDRESS For WC 31 03 17, report address of labor contractor. For WC 31 03 18, report address of client.	(AN)	161–220	60
10	RESERVED FOR FUTURE USE		221–254	34
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
13	RESERVED FOR FUTURE USE		295–300	6

IX. SOLE PROPRIETORS & PARTNERS ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CL”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 03 13 for Partners covered. Report WC 31 03 16 for Partners excluded.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	NAME OF SOLE PROPRIETOR OR OF A PARTNER	(AN)	71–105	35
9	NAME OF ADDITIONAL PARTNER	(AN)	106–140	35
10	(Same as positions 106-140 above.)	(AN)	141–175	35
11	(Same as positions 106-140 above.)	(AN)	176–210	35
12	(Same as positions 106-140 above.)	(AN)	211–245	35
13	RESERVED FOR FUTURE USE		246–254	9
14	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
15	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
16	RESERVED FOR FUTURE USE		295–300	6

IX. PREFERRED PROVIDER ORGANIZATION ENDORSEMENT—NEW YORK RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”.	(N)	44–45	2
3	RECORD TYPE CODE Report “CM”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 04 03 for Premium reduction. Report WC 31 06 16.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	INSURED ADDRESS	(AN)	71–105	35
9	NAME OF PPO	(AN)	106–140	35
10	INSURED ADDRESS	(AN)	141–175	35
11	NAME OF PPO	(AN)	176–210	35
12	PARTICIPATION IN PROGRAM EFFECTIVE DATE Report the date, formatted YYMMDD.	(N)	211–216	6
13	UNION EMPLOYEES INDICATOR If Yes, enter Y; if No, enter N.	(A)	217	1
14	UNION EMPLOYEES IN THE PROGRAM INDICATOR If Yes, enter Y; if No, enter N.	(A)	218	1
15	TOTAL ESTIMATED AMOUNT OF EMPLOYEES COVERED BY PPO	(N)	219–224	6
16	PREMIUM REDUCTION PERCENTAGE For WC 31 04 03: Report the 4-digit percentage. Assumed decimal point between positions 226 and 227.	(N)	225–228	4
17	PREMIUM AMOUNT Enter the total premium amount in whole dollars.	(N)	229–238	10
18	RESERVED FOR FUTURE USE		239–254	16
19	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
21	RESERVED FOR FUTURE USE		295–300	6

**IX. FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE
ENDORSEMENT—NEW YORK RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report “31”	(N)	44–45	2
3	REPORT TYPE CODE Report “CN”.	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 31 06 17	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	REPATRIATION PREMIUM AMOUNT Enter the total repatriation premium amount in whole dollars.	(N)	71–80	10
9	EMPLOYEE NAME Report the first 34 positions of the name of employee.	(AN)	81–114	34
10	STATE OR COUNTRY OF OPERATIONS	(A)	115–144	30
11	DESIGNATED WORKERS COMPENSATION LAW Report the 2-letter postal abbreviation of the appropriate state	(A)	145–146	2
12	(Same as positions 81-114 above)	(A/N)	147–180	34
13	(Same as positions 115-144 above)	(A)	181–210	30
14	(Same as positions 145-146 above)	(A)	211–212	2
15	EXCLUDED COUNTRY Report the Country that is excluded from coverage	(A)	213–242	30
16	(Same as positions 213-242 above)	(A)	243–272	30
17	RESERVED FOR FUTURE USE	(A)	273–288	16
18	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	(N)	289–294	6
19	RESERVED FOR FUTURE USE		295–300	6

RESERVED FOR FUTURE USE

**IX. LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT—
CALIFORNIA RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 04 01 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	CLASSIFICATION CODE	(N)	71-74	4
9	CLASSIFICATION CODE WORDING SUFFIX	(AN)	75-76	2
10	CLASSIFICATION CODE WORDING Provide as much of classification code wording as fits in this field if unable to supply wording suffix in positions 75-76 above.	(AN)	77-177	101
11	ESTIMATED ANNUAL REMUNERATION (EXPOSURE) AMOUNT (OPTIONAL) Report whole dollars only.	(N)	178-189	12
12	RESERVED FOR FUTURE USE		190-254	65
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

IX. PARTNERSHIP COVERAGE/EXCLUSION ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DB".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 04 03 02.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	NAME OF GENERAL PARTNER EXCLUDED	(AN)	71–130	60
9	(Same as positions 71-130 above.)	(AN)	131–190	60
10	(Same as positions 71-130 above.)	(AN)	191–250	60
11	RESERVED FOR FUTURE USE		251–254	4
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
13	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
14	RESERVED FOR FUTURE USE		295–300	6

IX. OFFICERS AND DIRECTORS COVERAGE/EXCLUSION ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DC".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 04 03 03.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	NAME AND TITLE OF OFFICER OR DIRECTOR EXCLUDED	(AN)	71–130	60
9	(Same as positions 71-130 above.)	(AN)	131–190	60
10	(Same as positions 71-130 above.)	(AN)	191–250	60
11	RESERVED FOR FUTURE USE		251–254	4
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
13	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
14	RESERVED FOR FUTURE USE		295–300	6

**IX. VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE ENDORSEMENT—
CALIFORNIA RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DD".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 04 03 05.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF EMPLOYEE, NAME OF GROUP OR DESCRIPTION OF OPERATIONS	(AN)	71-130	60
9	(Same as positions 71-130 above.)	(AN)	131-190	60
10	(Same as positions 71-130 above.)	(AN)	191-250	60
11	RESERVED FOR FUTURE USE		251-254	4
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

IX. WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DE".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 04 03 06.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	NAME OF PERSON OR ORGANIZATION OR JOB DESCRIPTION FOR WHOM CARRIER WAIVES RIGHT OF RECOVERY	(AN)	71–130	60
9	SAME AS POSITIONS 71-130 ABOVE.	(AN)	131–190	60
10	PERCENTAGE OF PREMIUM Assumed decimal point between Positions 192 and 193.	(N)	191–194	4
11	RESERVED FOR FUTURE USE		195–252	58
12	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253–254	2
13	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
14	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
15	RESERVED FOR FUTURE USE		295–300	6

IX. ANNIVERSARY RATING DATE ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DF".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 04 04 01.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	ANNIVERSARY RATING DATE Format: YYMMDD	(N)	71–76	6
9	RESERVED FOR FUTURE USE		77–254	178
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
12	RESERVED FOR FUTURE USE		295–300	6

IX. MULTI-PURPOSE TEXT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DG".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and in any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71–72	2
9	RESERVED FOR FUTURE USE		73–74	2
10	ENDORSEMENT LINE Enter line of names and addresses. Insert text as data appears on printed endorsement.	(AN)	75–154	80
11	(Same as positions 75-154 above.)	(AN)	155–234	80
12	RESERVED FOR FUTURE USE		235–252	18
13	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253–254	2
14	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
15	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
16	RESERVED FOR FUTURE USE		295–300	6

IX. MULTI-PURPOSE DOLLAR AMOUNT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DH".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	DOLLAR AMOUNT Assumed decimal between Positions 80 and 81.	(N)	71–82	12
9	RESERVED FOR FUTURE USE		83–254	172
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
12	RESERVED FOR FUTURE USE		295–300	6

IX. MULTI-PURPOSE PERCENTAGE—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DI".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	PERCENTAGE Report percentage, assumed decimal between Positions 73 and 74.	(N)	71–75	5
9	RESERVED FOR FUTURE USE		76–254	179
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
11	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289–294	6
12	RESERVED FOR FUTURE USE		295–300	6

IX. EMPLOYEE LEASING ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DJ".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 04 03 07, WC 04 03 08, WC 04 03 11, or WC 04 03 12.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71–72	2
9	NAME OF LABOR CONTRACTOR Report the name of the Labor Contractor.	(AN)	73–112	40
10	ADDRESS OF LABOR CONTRACTOR Report the address of the Labor Contractor.	(AN)	113–157	45
11	CLIENT NAME Report the first 34 positions of the primary name of the insured.	(AN)	158–207	50
12	CLIENT ADDRESS Report the address of the Client.	(AN)	208–252	45
13	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253–254	2
14	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
15	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
16	RESERVED FOR FUTURE USE		295–300	6

IX. EMPLOYEE LEASING ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "04".	(N)	44–45	2
3	RECORD TYPE CODE Report "DK".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 04 03 14 or WC 04 03 15.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71–72	2
9	NAME OF CLIENT Report the name of the Client.	(AN)	73–162	90
10	ADDRESS OF CLIENT Report the address of the Client.	(AN)	163–252	90
11	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253–254	2
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255–288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289–294	6
14	RESERVED FOR FUTURE USE		295–300	6

IX. EMPLOYEE LEASING ENDORSEMENT—CALIFORNIA RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DL".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 04 03 16.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71-72	2
9	NAME OF LABOR CONTRACTOR Report the name of the Labor Contractor.	(AN)	73-162	90
10	ADDRESS OF LABOR CONTRACTOR Report the address of the Labor Contractor.	(AN)	163-252	90
11	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

IX. WISCONSIN LIMITED OTHER STATES ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "48".	(N)	44-45	2
3	RECORD TYPE CODE Report "EA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 48 03 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE Report the 2-letter postal abbreviation for each state to be listed.	(A)	71-168	98
9	RESERVED FOR FUTURE USE		169-254	86
10	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

IX. WISCONSIN CHANGE OF INSURANCE CARRIER ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "48".	(N)	44-45	2
3	RECORD TYPE CODE Report "EB".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 48 06 05.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ORIGINAL CARRIER NAME Report the name of the carrier that was used at policy issuance.	(A)	71-100	30
9	NEW CARRIER NAME	(A)	101-130	30
10	RESERVED FOR FUTURE USE		131-254	124
11	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

IX. MASSACHUSETTS EMPLOYEE LEASING ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1–43	43
2	STATE CODE Report "20".	(N)	44–45	2
3	RECORD TYPE CODE Report "FA".	(AN)	46–47	2
4	RESERVED FOR FUTURE USE		48–50	3
5	ENDORSEMENT NUMBER Report WC 20 03 04.	(AN)	51–58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60–70	11
8	CLIENT NAME For WC 20 03 04, report the name of the client.	(AN)	71–150	80
9	CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) For WC 20 03 04, report the FEIN of the client.	(N)	151–159	9
10	CLIENT ADDRESS For WC 20 03 04, report the address of the client.	(AN)	160–260	101
	1. Street Report the street number and name, post office box, or other description.		160–219	60
	2. City Report the city name.		220–249	30
	3. State Report the U.S. Postal Service abbreviation for the state.		250–251	2
	4. Postal or Zip Code		252–260	9
11	INSURED NAME Report the first 34 positions of the primary name of the employee leasing company/PEO. 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
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	295–300	6

IX. MASSACHUSETTS QUALIFIED LOSS MANAGEMENT PROGRAM ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "20".	(N)	44-45	2
3	RECORD TYPE CODE Report "FB".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 20 04 02.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF QUALIFIED LOSS MANAGEMENT PROGRAM 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 Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider.	(N)	161-166	6
10	ELIGIBILITY DATE Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider. Format: YYMMDD	(N)	167-172	6
11	CREDIT FACTOR Report the credit percent shown on the notification from WCRIBMA to the Data Provider. Report in decimal format. There is an assumed decimal before position 173.	(N)	173-176	4
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	177-210	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	211-216	6
14	RESERVED FOR FUTURE USE		217-300	84

RESERVED FOR FUTURE USE

IX. NONCOMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD

Field No.	Field Title/Description	Class	Position	Bytes																
1	LINK DATA		1-43	43																
2	STATE CODE Report the 2-digit state code for the state covered by this record. NOT APPLICABLE: NCCI	(N)	44-45	2																
3	RECORD TYPE CODE Report "Z1" NOT APPLICABLE: CA, MI, MN, NJ, NY, PA, WI	(AN)	46-47	2																
4	NONCOMPLIANCE/COMPLIANCE NOTIFICATION TYPE CODE Report the 1-digit code that identifies the type of transaction being reported: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Notification of Noncompliance Reason(s)</td> </tr> <tr> <td>2</td> <td>Notification of Compliance Reason(s)</td> </tr> <tr> <td>3</td> <td>Notification of Corrected "Current Outstanding Premium Due Amount" N/A: MA</td> </tr> </tbody> </table> Cannot 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	(N)	48	1								
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																			
5	PRIMARY NONCOMPLIANCE REASON CODE (#1) Report the 2-digit code that identifies the primary reason for noncompliance. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Nonpayment of Amount Billed at Final Audit</td> </tr> <tr> <td>02</td> <td>Nonpayment – Dispute Resolved; Debt not Paid</td> </tr> <tr> <td>03</td> <td>Nonpayment – Default on Payment Plan (i.e. deposit, installment, or endorsement premium)</td> </tr> <tr> <td>04</td> <td>Noncompliance – Audit</td> </tr> <tr> <td>05</td> <td>Noncompliance – Loss Control or Inspections</td> </tr> <tr> <td>98</td> <td>Nonpayment – Other (e.g. nonpayment of claim deductible)</td> </tr> <tr> <td>99</td> <td>Noncompliance – Other</td> </tr> </tbody> </table> Report "00" when code "2" or "3" is reported in Noncompliance/Compliance Type Code (position 48) NOTE: NC will accept only one reason code for each Noncompliance record.	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)	49-50	2
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																			
6	ADDITIONAL NONCOMPLIANCE REASON CODE (#2) Report additional Noncompliance Reason Code (positions 49-50) if one exists. NOT APPLICABLE: NC	(N)	51-52	2																
7	ADDITIONAL NONCOMPLIANCE REASON CODE (#3) Report additional Noncompliance Reason Code (positions 49-50) if one exists. NOT APPLICABLE: NC	(N)	53-54	2																
8	ADDITIONAL NONCOMPLIANCE REASON CODE (#4) Report additional Noncompliance Reason Code (positions 49-50) if one exists. NOT APPLICABLE: NC	(N)	55-56	2																
9	RESERVED FOR FUTURE USE		57-64	8																

IX. NONCOMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
10	PRIMARY COMPLIANCE REASON CODE (#1) Report the 2-digit code that identifies the primary reason for compliance	(N)	65-66	2
	Code			
	Description			
	01			
	02			
	03			
	04			
	05			
	06			
	07			
	97			
	98			
	99			
	Report "00" when code "1" or "3" is reported in Noncompliance/Compliance Notification Type Code (position 48)			
	NOTE: NC will accept only one reason code for each Noncompliance record.			
11	ADDITIONAL COMPLIANCE REASON CODE (#2) Report additional Compliance Reason Code (positions 65-66) if one exists.	(N)	67-68	2
	NOT APPLICABLE: NC			
12	ADDITIONAL COMPLIANCE REASON CODE (#3) Report additional Compliance Reason Code (positions 65-66) if one exists.	(N)	69-70	2
	NOT APPLICABLE: NC			
13	ADDITIONAL COMPLIANCE REASON CODE (#4) Report additional Compliance Reason Code (positions 65-66) if one exists.	(N)	71-72	2
	NOT APPLICABLE: NC			
14	RESERVED FOR FUTURE USE		73-80	8
15	CURRENT OUTSTANDING PREMIUM DUE AMOUNT Report the Premium Amount Due in dollars only. Must report if Noncompliance Reason Code = "01", "02", "03", "98".	(N)	81-90	10
16	RESERVED FOR FUTURE USE		91-258	168
17	NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER This field to be used to determine the proper sequence of multiple Z1 Type Records with the same Transaction Issue Date for the same policy. The first record will always begin with "01".	(N)	259-260	2
18	RESERVED FOR FUTURE USE		261-282	22
19	NONCOMPLIANCE EFFECTIVE DATE Report the 6-digit date that the Noncompliance becomes effective. Format: YYMMDD NOT APPLICABLE: NCCI	(N)	283-288	6

IX. NONCOMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
20	COMPLIANCE EFFECTIVE DATE Report the 6-digit date that the Compliance becomes effective. Format: YYMMDD Must report if Noncompliance/Compliance NotificationType Code (position 48) is 2	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

**IX. MICHIGAN WORKERS COMPENSATION PLACEMENT FACILITY
LIMITS OF LIABILITY ENDORSEMENT RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "21".	(N)	44-45	2
3	RECORD TYPE CODE Report "GA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 21 03 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ACCIDENT LIABILITY AMOUNT Report the Bodily Injury by Accident – each accident amount.	(A)	71-80	10
9	DISEASE LIABILITY AMOUNT Report the Bodily Injury by Disease – aggregate amount.	(N)	81-90	10
10	RESERVED FOR FUTURE USE		91-254	164
11	INSURED NAME Report the first 34 positions of the primary name of the employer. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

**IX. MINNESOTA WORKERS COMPENSATION INSURANCE ASSOCIATION, INC.
INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "22".	(N)	44-45	2
3	RECORD TYPE CODE Report "HA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 22 03 02.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	INDEPENDENT CONTRACTOR NAME Report the name of the Independent Contractor being covered.	(AN)	71-160	90
9	CLASSIFICATION CODE Report the appropriate 4-digit classification code.	(N)	161-164	4
10	CLASSIFICATION WORDING Provide as much of classification code wording as fits in this field.	(AN)	165-211	47
11	ESTIMATED EXPOSURE AMOUNT 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 Statistical Plans for classification code exceptions. Payroll Exposure Amount: Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount. 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.	(N)	212-221	10
12	RATE/CHARGED RATE Report the charge per unit of exposure for each classification. Assumed decimal point between positions 225 and 226.	(N)	222-228	7
13	MINIMUM PREMIUM AMOUNT Report the lowest amount of premium required for coverage being provided. Report whole dollars only.	(N)	229-238	10

**IX. MINNESOTA WORKERS COMPENSATION INSURANCE ASSOCIATION, INC. (CON'T)
INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
14	ESTIMATED ANNUAL PREMIUM AMOUNT Report the premium amount corresponding to the classification. 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 non-exposure classifications the premium is defined by the classification/statistical code. For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate. Report whole dollars only.	(N)	239-248	10
15	RESERVED FOR FUTURE USE		249-254	6
16	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
17	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
18	RESERVED FOR FUTURE USE		295-300	6

IX. MINNESOTA THIRD DEGREE OF KINDRED FAMILY MEMBER EXCLUSION ENDORSEMENT

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "HB".	(AN)	46-47	2
	NOTE: Multiples of this record are required whenever there is more than one Family Member being excluded under the policy.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 22 03 03.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF PERSON TO BE EXCLUDED	(AN)	71-130	60
9	RELATIONSHIP TO EXECUTIVE OFFICER OR LLC MANAGER	(AN)	131-160	30
10	NAME OF EXECUTIVE OFFICER OR LLC MANAGER	(AN)	161-220	60
11	RESERVED FOR FUTURE USE		221-254	34
12	INSURED NAME Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement to the policy becomes effective. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

IX. MINNESOTA EMPLOYEE LEASING ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-43	43
2	STATE CODE Report "22".	(N)	44-45	2
3	RECORD TYPE CODE Report "HC".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 22 03 04.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	CLIENT NAME Report the name of the client.	(AN)	71-120	50
9	LEASING ADDRESS TYPE CODE Report the 1 digit code that identifies the address type being reported:	(N)	121	1
	Code			
	Description			
	1			
	Client Mailing Address. One and only one client mailing address code is 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	(AN)	122-222	101
	1.Street Report the street number and name, post office box, or other description.		122-181	60
	2.City Report the city name.		182-211	30
	3.State Report the U.S. Postal Service abbreviation for the state.		212-213	2
	4. Postal or Zip Code		214-222	9
11	RESERVED FOR FUTURE USE		223-224	2
12	CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Report the FEIN of the client.	(N)	225-233	9
13	CLIENT'S UNEMPLOYMENT INSURANCE (UI) NUMBER Report the Minnesota State Employer Unemployment Insurance Identification Number in this field. If the Employer is exempt from this Minnesota State requirement, report "EXEMPT". If not available, report zeros.	(AN)	234-248	15
			Account	

IX. MINNESOTA EMPLOYEE LEASING ENDORSEMENT RECORD

Field No.	Field Title/Description	Class	Position	Bytes
14	RESERVED FOR FUTURE USE		249-254	6
15	INSURED NAME Report the first 34 positions of the primary name of the employee leasing company/PEO. This field should never have the name of the client. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
17	RESERVED FOR FUTURE USE		295-300	6

RESERVED FOR FUTURE USE

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

SECTION 7

SUBMISSION CONTROL RECORD

SUBMISSION CONTROL RECORD

The information on the SUBMISSION CONTROL RECORD will be reported as follows:

Field No.	Field Title/Description	Class	Position	Bytes
1	BLANK	(AN)	1–45	45
2	RECORD TYPE CODE 99 For the Submission Control Record this field contains the constant "99". ONE CONTROL RECORD IS REQUIRED PER TAPE, CARTRIDGE, OR FILE.	(AN)	46–47	2
3	RECORD TOTALS Report the 10-digit field. This field will show the total number of records on the tape, cartridge or file, including the Electronic Transmittal Record if used (Record Type) and the Header Records (Record Type Code 01), but excluding the Submission Control Record (Record Type Code 99).	(N)	48–57	10
4	HEADER RECORD TOTALS Report the 8-digit field. This field will show ONLY the total number of Header Records (Record Type Code 01) on the tape, cartridge or file.	(N)	58–65	8
5	TRANSACTION DATES Enter the processing period dates covered by this submission. Subsequent submissions must not overlap dates. Report the earliest Transaction Date on this submission, formatted CCYYMMDD, in Positions 66–73. Report the latest Transaction Date on this submission, formatted CCYYMMDD, in Positions 74–81. NOTE: Required only if Transmittal Record (Record Type) is used.	(N)	66–81	16
6	BLANK	(AN)	82–300	219

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

SECTION 8

APPENDICES

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

APPENDIX I

RESERVED FOR FUTURE USE

RESERVED FOR FUTURE USE

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

APPENDIX II

STATISTICAL CLASSIFICATION CODES

Refer to the applicable jurisdiction's Workers Compensation Statistical Plan Manual or Classification Code Manual for a full list of statistical codes subject to experience rating and not subject to experience rating.

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

APPENDIX III

EXPOSURE ACT/EXPOSURE COVERAGE CODES

EXPOSURE COVERAGE CODES

For

- ___ Policies Effective Prior to 01/01/95,
- ___ Policies Effective 01/01/95–12/31/95 not reported in the ASWG format, and
- ___ Reporting to those jurisdictions which have not adopted the ASWG format (for unit reports), OR have adopted the ASWG format on an optional basis, use the following Exposure Coverage Codes

	Full Coverage	Ex-Medical Coverage
Standard Coverage*	11	12
Coverage by endorsement under the USL&H Act on Non-F-Classes	21	22
Coverage under the Federal Coal Mine Health and Safety Act only	31	32
Coverage under the Federal Coal Mine Health and Safety Act and the State Act	41	42

* The term "Standard Coverage" as used above refers to the coverage contemplated by the manual class to which the exposure is assigned.

State Exceptions

- Louisiana** Endorsed Maritime Coverage, use Code 52
- Michigan** Only Codes 11, 21, 31 and 41 will be applicable
- Missouri** Disease Under Coverage B only, use Code 65
- New Jersey** Only Codes 11 and 21 will be applicable
- New York** Only Codes 11, 21, 12 and 22 will be applicable
- Virginia** Excess Benefits, use Code 62

EXPOSURE ACT/EXPOSURE COVERAGE CODES

For

- ___ Policies Effective 01/01/96 and later, and
- ___ Policies Effective 01/01/95–12/31/95 reported in the ASWG format, use the following Exposure Coverage Codes

Code	Description
00	For Use with Statistical Codes
01	State Act or Federal Act Excluding USL&H
02	USL&H "F" or USL&H Coverage on Non-F-Classes
03	Federal Coal Mine Health and Safety Act Only (NCCI Only)
04	Federal Coal Mine Health and Safety Act and the State Act (NCCI Only)
05	Oil and Other Minerals Over Water (NCCI Only)
06	Excluding Medical (NCCI and MN)
07	Excess Benefits Coverage (NCCI Only)
08	Reserved for Future Use
09	Endorsement Maritime Coverage (NCCI Only)
10	Voluntary Compensation Coverage (DE and PA Only)

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

APPENDIX IV

RESERVED FOR FUTURE USE

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

APPENDIX V

RESERVED FOR FUTURE USE

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

APPENDIX VI

DATA COLLECTION ORGANIZATION DIFFERENCES IN WCPOLS SPECIFICATIONS

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

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
LINK DATA										
Carrier Code										
Policy Number Identifier										
Unit/Certificate Number Identifier		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Policy Effective Date										
Transaction Issue Date										
Transaction Code	N/A 17 ±		N/A 17 ±	N/A 17 ±		N/A 16 ±	N/A 16, 17 ±	N/A 17 ±	N/A 14, PA 17 ±	N/A 17 ±
HEADER RECORD—01										
Record Type Code										
Experience Rating Code	N/A						N/A		N/A	
Interstate Risk ID Number	N/A		N/A			N/A	N/A		N/A	
Policy Expiration Date										
Policy Type ID Code—Type of Coverage	N/A N/A	±	±	±	±	±	N/A	±	±	±
Employee Leasing Policy Type Code	±	±	N/A	±		±	N/A	±	N/A	
Policy Term Code	N/A-8 ±									
Prior Policy Number Identifier										
Prior Unit/Certificate No-Number Identifier		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Legal Nature of Insured Code										
Policy Type ID Code—Plan Indicator	N/A		N/A 5, 6 ±	N/A 5, 6 ±	N/A 5, 6 ±	N/A*	N/A 5, 6 ±	N/A 2, 5, 6 ±	N/A 5, 6 ±	N/A 5, 6 ±
Field Wrap-Up Code	N/A									
Policy Minimum Premium Amount	OPT									
Policy Min. Prem-Premium State Code	OPT									
Pol-Policy Est. Std-Standard Prem-Premium Total	OPT									
Policy Deposit Premium Amount	OPT		N/A			OPT				
Audit Frequency Code	OPT		N/A			OPT	N/A	N/A	N/A	
Billing Frequency Code	OPT		N/A			OPT	N/A	N/A	N/A	
Retrospective Rating Code	N/A	N/A-5 ±	OPT N/A-5 ±	N/A-5 ±	N/A-5 ±		N/A-5 ±	N/A-5 ±	N/A-5 ±	N/A-5 ±
Emp-Employer Liab-Liability Limit Amounts			OPT			OPT				
Producer Name										
Assigned Risk Binder Number – First 7 Positions	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Original Carrier Code										
Original Policy Number Identifier										
Original Policy Effective Date										
Text for Other Legal Nature				N/A		OPT				
Assign. Date (IAIABC POC Only)	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Assigned Risk Binder Number – Last 11 Positions	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Policy Changes Effective Date										
Policy Changes Expiration Date										

† Applicable only to IAIABC POC states in this jurisdiction

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
NAME RECORD—02										
Record Type Code										
Type of Name Code				N/A 3±						
Name Link Identifier										
Professional Employer Organization or Client Company Code			N/A		N/A		N/A	N/A		
Insured Name										
Type of Name Record Code				N/A 3						
Federal ID Number							N/A			
Continuation Sequence Number										
Legal Nature of Entity Code		N/A	OPT	N/A	N/A	OPT	N/A	N/A	N/A	N/A
State Code	N/A	N/A	N/A		N/A			N/A	N/A	N/A
State Unemployment Number	N/A	N/A	N/A		N/A			N/A	N/A	N/A
State Unemployment Number Record Sequence Number	N/A	N/A	N/A	NA	N/A		NA	N/A	N/A	N/A
Text for Other Legal Nature		N/A	N/A	N/A	N/A	OPT	N/A	N/A	N/A	N/A
Name Link Counter Identifier	N/A		N/A		N/A				N/A	
Policy Changes Effective Date										
Policy Changes Expiration Date										
ADDRESS RECORD—03										
Record Type Code										
Type of Address Code	N/A 4 OPT 5,6±	OPT 6 ±	OPT 6 ±	OPT 6 ±	OPT 5,6±	N/A 4 OPT 6 ±	OPT 5,6±	OPT 5,6±	OPT 5,6±	OPT 5,6±
Foreign Address Indicator						N/A	N/A			
Address Structure Code										
Address										
Name Address Exposure Link	N/A Expo		OPT Expo			OPT Expo				
Phone Number of Insured	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Number of Employees. (IAIABC POC Only)	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Employer SIC/NAICS-Industry Code (IAIABC POC Only)	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Geographic Area						N/A	N/A			
Country Code						N/A	N/A			
Name Link Counter Identifier			N/A		N/A				N/A	
Policy Changes Effective Date										
Policy Changes Expiration Date										
STATE PREMIUM RECORD—04										
State Code										
Record Type Code										
State Add/Delete Code										
Independent, Bureau Risk ID No-Number/File No-Number	OPT				OPT	OPT	OPT*	OPT	OPT	OPT
Carrier Code	N/A		N/A	N/A	N/A		N/A	N/A	N/A	

† Applicable only to IAIABC POC states in this jurisdiction.

* Required on all Plan risk policies for New Jersey

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Experience Mod Factor/Merit Rating Factor	±								±	
Experience Modification Status Code	OPT									
Experience Modification Type Code	N/A		N/A		N/A	OPT	N/A	N/A	N/A	
Other Individual Risk Factor	OPT						N/A	N/A	N/A (PA)	N/A
Insurer Prem Premium Development Factor	OPT						N/A		N/A	N/A
Type of Prem Premium Deviation Code	OPT					OPT	N/A		N/A	N/A
Est. State Standard Premium Amount Total	OPT									
Expense Constant Amount	OPT									
Loss Constant Amount	OPT		N/A	N/A	N/A		N/A	N/A	N/A (DE)	N/A
Premium Discount Amount	OPT									
<u>Reason for Pro-Rating the Expense Constant</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<u>Reason for Pro-Rating the Minimum Premium</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<u>Reason State is Added to the Policy</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Anniversary Rating Date	±		OPT	±		OPT				
Premium Adjustment Period Code	OPT		N/A			N/A	N/A	N/A		
Pol Policy Type ID Code—Non- Std Standard Indic Indicator	N/A	±	N/A	±			N/A	±	±	OPT
Assigned Risk Binder Number	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Policy Changes Effective Date										
Policy Changes Expiration Date										
EXPOSURE RECORD—05										
State Code										
Record Type Code										
Classification Code										
Class Classification Wording Suffix		N/A	N/A	N/A	N/A	N/A	±	±	N/A	N/A
Exposure Act/Exposure Coverage Code										
Manual/Charged Rate	OPT						±			
Exposure Period Eff Effective Date	OPT					OPT				
Estimated Exposure Amount	OPT									
Estimated Premium Amount	OPT									
Exposure Period Code	OPT		OPT	N/A		OPT				OPT
Classification Wording		N/A	N/A	N/A	N/A	N/A				N/A
Name/Address/Exposure Link			OPT			OPT				
Name Link Counter Identifier	N/A		N/A		N/A				N/A	N/A
New Jersey Number of Pieces of Apparatus	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
New Jersey Number of Volunteers	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
New Jersey Pol Policy Surcharge Factor	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
New Jersey Plan Prem Premium Adj Adjustment Factor	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Policy Changes Effective Date										
Policy Changes Expiration Date										
OTHER STATES COV REC—06						OPT				
Record Type Code						OPT				
Inclusion/Exclusion Code						OPT				
State Code						OPT				

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Policy Changes Effective Date						OPT				
Policy Changes Expiration Date						OPT				
ENDORSEMENT IDENTIFICATION REC - 07										
State Code										
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										OPT
Policy Changes Effective Date										
Policy Changes Expiration Date										
CANC/REIN REC—08										
State Code					N/A					
Record Type Code										
Cancellation/Reinstatement ID Code			N/A 4 ±		N/A 4,9 ±	N/A 4 ±	N/A 4 ±			N/A 4,9 ±
Cancellation Type Code	OPT									OPT
Reason for Cancellation Code	OPT				N/A 11 ±	±	N/A 14-24 ±			
Reinstatement Type Code	OPT									OPT
Insured Name						OPT				
Insured Address						OPT				
Nature of Insured	N/A	N/A	N/A	N/A	N/A	OPT		N/A	N/A	N/A
Canc. Cancellation Mailed to Insured Date	N/A	N/A	N/A		N/A					
Cancellation/Reinstatement Transaction Sequence Number										
Corresponding Cancellation Eff. Effective Date	OPT			OPT	OPT	OPT	N/A	OPT	OPT	
Cancellation/Reinstatement Eff. Effective Date										
ARD END REC—09										
State Code	OPT		OPT			OPT				
Record Type Code										
Endorsement Number				±						
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Anniversary Rating Date										
Insured Name						OPT				
Endorsement Effective Date										
MOD CHANGE END REC—10										
State Code	N/A		OPT	N/A						
Record Type Code	N/A			N/A						
Endorsement Number	N/A			N/A						
Bureau Version ID (Edition ID)	N/A			N/A						
Carrier Version Identifier	N/A			N/A						
Modification Effective Date	N/A			N/A						
Experience Modification Factor	N/A			N/A						
Experience Modification Status Code	N/A			N/A						
Insured Name	N/A			N/A		OPT				

**DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS**

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Endorsement Effective Date	N/A			N/A						
RATE CHANGE END REC—11	N/A			N/A		OPT				
State Code	N/A			N/A						
Record Type Code	N/A			N/A						
Endorsement Number	N/A		±	N/A	±		±		±	
Bureau Version ID (Edition ID)	N/A			N/A						
Carrier Version Identifier	N/A			N/A						
Revised Rates Effective On Policy Date	N/A			N/A						
State Coverage % Change Factor	N/A			N/A						
USL & HW Act Coverage % Change Factor	N/A			N/A						
State % Change Increase/Decrease Code	N/A			N/A						
USL & HW % Change Increase/Decrease Code	N/A			N/A						
New USL & HW Act Coverage % Factor	N/A			N/A						
Classification Code	N/A			N/A						
Exposure Act/Exposure Coverage Code	N/A			N/A						
Manual/Charged Rate	N/A			N/A						
Insured Name	N/A			N/A						
Endorsement Effective Date	N/A			N/A						
PENDING RATE CHG END REC—12	N/A		OPT	N/A		OPT				
State Code	N/A			N/A						
Record Type Code	N/A			N/A						
Endorsement Number	N/A			N/A						
Bureau Version ID (Edition ID)	N/A			N/A						
Carrier Version ID	N/A			N/A						
Insured Name	N/A			N/A						
Endorsement Effective Date	N/A			N/A						
POLICY PERIOD END REC—13										
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Effective Date										
Expiration Date										
Insured Name						OPT				
Endorsement Effective Date										
RETRO END RECS—15	OPT		OPT			OPT				
State Code										
Record Type Code							±		±	
Endorsement Number										
Bureau Version ID (edition ID)										
Carrier Version Identifier										
Retro Premium Option Code										
Loss Limitation Amount										
Loss Conversion Factor										
Hazard Group Code	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A

**DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS**

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Tax Multiplier Factor	±	±	±	±	±			±	±	±
Retro Development Factor										
Minimum Retro Premium Factor										
Maximum Retro Premium Factor										
Basic Premium Factor										
Estimated Standard Premium Amount										
Excess Loss Factors	N/A-3 ±	N/A 3+	N/A-3 ±	N/A 3+	N/A 3+	N/A-3 ±		N/A 3+	N/A 3+	N/A 3+
Retro Rating Plan Effective Date										
Other Policy Number Identifier	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Addendum (Form Number)	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Endorsement Sequence Number	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Insured Name										
Endorsement Effective Date										
OTHER POLS SUBJ TO RETRO OR DISC REC—16	N/A			N/A						
Record Type Code	N/A			N/A						
Endorsement Type Code	N/A			N/A			N/A-3,4 ±			
Endorsement Number	N/A			N/A						
Bureau Version ID (Edition ID)	N/A			N/A						
Carrier Version Identifier	N/A			N/A						
Policy Number Identifier	N/A			N/A						
Insured Name	N/A			N/A						
Endorsement Effective Date	N/A			N/A						
DEFENSE BASE ACT COV END—17	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Work Description										
Endorsement Sequence Number										
Insured Name										
Endorsement Effective Date										
FELA COV END REC—18	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Employer Liability Limit Amounts										
Schedule: State Code										
Insured Name										
Endorsement Effective Date										
L&HW END REC—19	N/A		OPT			OPT				
Record Type Code	N/A									
Endorsement Number	N/A									
Bureau Version ID (Edition ID)	N/A									
Carrier Version Identifier	N/A									
State Code	N/A									
Longshore & Harbor Workers'	N/A									

Coverage % Factor										
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**DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS**

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/ DE	WI
Insured Name	N/A									
Endorsement Effective Date	N/A									
OUTER CONT SHELF END REC—20	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Work Description										
Endorsement Sequence Number										
Insured Name										
Endorsement Effective Date										
MARITIME COV END REC—21	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Employer Liability Limit Amounts										
Transportation wages Maintenance & Cure Premium Amount										
Work Description										
Endorsement Sequence Number										
Insured Name										
Endorsement Effective Date										
RESERVED FOR FUTURE USE—22										
VOL COMP MARITIME END—23	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Vessel Name										
Workers' Compensation Law										
Work Description										
Endorsement Sequence Number										
Insured Name										
Endorsement Effective Date										
ALTERNATE EMPLR END—24	OPT		OPT			N/A				
Record Type Code						N/A				
Endorsement Number						N/A				
Bureau Version ID (Edition ID)						N/A				
Carrier Version Identifier						N/A				
Alternate Employer Name						N/A				
Alternate Employer Address						N/A				
State of Special Temp Employment						N/A				
Contract or Project Name						N/A				
Endorsement Sequence Number						N/A				
Insured Name						N/A				
Endorsement Effective Date						N/A				
DSGNTD WORKPLACE END—25	N/A		OPT			OPT			N/A (PA)	
Record Type Code	N/A								N/A (PA)	
Endorsement Number	N/A								N/A (PA)	
Bureau Version ID (Edition ID)	N/A								N/A (PA)	
Carrier Version Identifier	N/A								N/A	

									(PA)	
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**DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS**

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Address Not Covered	N/A								N/A (PA)	
Endorsement Sequence Number	N/A								N/A (PA)	
Insured Name	N/A								N/A (PA)	
Endorsement Effective Date	N/A								N/A (PA)	
RESERVED FOR FUTURE USE—26										
FED COAL MINE ACT END—27	N/A		OPT	N/A		OPT	N/A	N/A		
Record Type Code	N/A			N/A			N/A	N/A		
Endorsement Number	N/A			N/A			N/A	N/A		
Bureau Version ID (Edition ID)	N/A			N/A			N/A	N/A		
Carrier Version Identifier	N/A			N/A			N/A	N/A		
State Code	N/A			N/A			N/A	N/A		
Insured Name	N/A			N/A			N/A	N/A		
Endorsement Effective Date	N/A			N/A			N/A	N/A		
NONAPPROP FUND ACT—28	OPT		OPT			OPT	N/A	N/A		
Record Type Code							N/A	N/A		
Endorsement Number							N/A	N/A		
Bureau Version ID (Edition ID)							N/A	N/A		
Carrier Version Identifier	N/A						N/A	N/A		
Description & Location of Work	N/A						N/A	N/A		
Endorsement Sequence Number	N/A						N/A	N/A		
Insured Name	N/A						N/A	N/A		
Endorsement Effective Date	N/A						N/A	N/A		
VOL COMP & EL COV END—29	N/A		OPT			OPT	N/A			
Record Type Code	N/A						N/A			
Endorsement Number	N/A						N/A			
Bureau Version ID (Edition ID)	N/A						N/A			
Carrier Version Identifier	N/A						N/A			
Identify Employees	N/A						N/A			
State of Employment	N/A						N/A			
Designated Workers Compensation Law	N/A						N/A			
Endorsement Sequence Number	N/A						N/A			
Insured Name	N/A						N/A			
Endorsement Effective Date	N/A						N/A			
PREMIUM DISCOUNT END—30	OPT		OPT	N/A		OPT	N/A			
Record Type Code				N/A			N/A			
Endorsement Number				N/A			N/A			
Bureau Version ID (Edition ID)				N/A			N/A			
Carrier Version Identifier				N/A			N/A			
State Code				N/A			N/A			
Discount Amount & Percentage Layer				N/A			N/A			
Average Percentage Discount (Where Applicable)				N/A			N/A			
Insured Name				N/A			N/A			
Endorsement Effective Date				N/A			N/A			
RETRO AVIATION EXCL—31	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
List of Applicable Class Code										
Insured Name										
Endorsement Effective Date										

**DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS**

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
RETRO PREM CHGS REC 32	OPT		OPT			OPT				
State Code										
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Excess Loss Premium Factor Charges										
Retro Development Premium Amount							N/A			
Retro Development Factor Change										
Tax Multiplier Factor Change										
Insured Name										
Endorsement Effective Date										
RETRO PREM NON-RTBLE—33	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version DI (Edition ID)										
Carrier Version Identifier										
List of Class Codes that Affect Endorsement										
Insured Name										
Endorsement Effective Date										
RETRO SHORT FORM END—34	OPT		OPT			OPT				
Record Type Code										
Endorsement Number										
Bureau Version ID (Edition ID)										
Carrier Version Identifier										
Policy Number Identifier that Carriers the Retro Premium Endorsement										
Insured Name										
Endorsement Effective Date										
INCL SOLE PROPRIETOR—35	N/A	N/A	N/A	N/A	N/A	OPT	N/A		N/A	N/A
State Code	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Endorsement Number	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Bureau Version ID (Edition ID)	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Carrier Version Identifier	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Name of Sole Proprietor to be Included	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Name of Partner to be Included	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Insured Name	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
Endorsement Effective Date	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
WAIVER TO RECOVER END—36	OPT		OPT			OPT	N/A			
Record Type Code							N/A			
Endorsement Number							N/A			
Bureau Version ID (Edition ID)							N/A			
Carrier Version Identifier							N/A			
Name of Person							N/A			
Name of Organization							N/A			
Insured Name							N/A			
Endorsement Effective Date							N/A			

**DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS**

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
SOLE PROP OTHERS—37	N/A		N/A			OPT	N/A	N/A	N/A (PA)	
Record Type Code	N/A		N/A				N/A	N/A	N/A (PA)	
Endorsement Number	N/A		N/A				N/A	N/A	N/A (PA)	
Bureau Version ID (Edition ID)	N/A		N/A				N/A	N/A	N/A (PA)	
Carrier Version Identifier	N/A		N/A				N/A	N/A	N/A (PA)	
Descriptor Code	N/A		N/A				N/A	N/A	N/A (PA)	
Name of Person to be Included	N/A		N/A				N/A	N/A	N/A (PA)	
State Code	N/A		N/A				N/A	N/A	N/A (PA)	
Insured Name	N/A		N/A				N/A	N/A	N/A (PA)	
Endorsement Effective Date	N/A		N/A				N/A	N/A	N/A (PA)	
PRTNR OFFICERS OTHERS—38	N/A		OPT	<u>N/A</u>		OPT	N/A	N/A	N/A (PA)	
Record Type Code	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Endorsement Number	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Bureau Version ID (Edition ID)	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Carrier Version Identifier	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Descriptor Code	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Name of Person to be Excluded	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Insured Name	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
Endorsement Effective Date	N/A			<u>N/A</u>			N/A	N/A	N/A (PA)	
AIRCRAFT PREM END—39	OPT		OPT			OPT	N/A			
Record Type Code							N/A			
Endorsement Number							N/A			
Bureau Version ID (Edition ID)							N/A			
Carrier Version Identifier							N/A			
State Code							N/A			
Type of Aircraft							N/A			
Passenger Seat Charge Amount							N/A			
Maximum Charge Amount							N/A			
Estimated Premium Amount							N/A			
Insured Name							N/A			
Endorsement Effective Date							N/A			
EMPL LIAB COV END—40	OPT		N/A			OPT	N/A			
Record Type Code			N/A				N/A			
Endorsement Number			N/A				N/A			
Bureau Version ID (Edition ID)			N/A				N/A			
Carrier Version Identifier			N/A				N/A			

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
State Code			N/A				N/A			
Insured Name			N/A				N/A			
Endorsement Effective Date			N/A				N/A			
DMSTIC & AGRICUL EXCL—41	N/A		OPT	N/A		OPT	N/A	N/A		N/A
Record Type Code	N/A			N/A			N/A	N/A		N/A
Endorsement Number	N/A			N/A			N/A	N/A		N/A
Bureau Version ID (Edition ID)	N/A			N/A			N/A	N/A		N/A
Carrier Version Identifier	N/A			N/A			N/A	N/A		N/A
Farm or Agricultural Workers Name	N/A			N/A			N/A	N/A		N/A
Domestic or Household Workers Name	N/A			N/A			N/A	N/A		N/A
Insured Name	N/A			N/A			N/A	N/A		N/A
Endorsement Effective Date	N/A			N/A			N/A	N/A		N/A
CONTINGENT EXPER RTG MOD FCTR END—42	OPT		N/A				N/A	N/A	N/A	
State Code			N/A				N/A	N/A	N/A	
Record Type Code			N/A				N/A	N/A	N/A	
Endorsement Number			N/A				N/A	N/A	N/A	
Bureau Version ID (Edition ID)			N/A				N/A	N/A	N/A	
Carrier Version Identifier			N/A				N/A	N/A	N/A	
Contingent Mod Effective Date			N/A				N/A	N/A	N/A	
Contingent Experience Modification Factor			N/A				N/A	N/A	N/A	
Insured Name			N/A				N/A	N/A	N/A	
Endorsement Effective Date			N/A				N/A	N/A	N/A	
DEDUCTIBLE END REC—43	N/A		OPT				N/A	N/A	N/A (DE)	N/A
State Code	N/A						N/A	N/A	N/A (DE)	N/A
Record Type Code	N/A						N/A	N/A	N/A (DE)	N/A
Endorsement Number	N/A						N/A	N/A	N/A (DE) ±	N/A
Bureau Version ID (Edition ID)	N/A						N/A	N/A	N/A (DE)	N/A
Carrier Version Identifier	N/A						N/A	N/A	N/A (DE)	N/A
Deductible Type Code	N/A						N/A	N/A	N/A (DE)	N/A
Deductible Percent	N/A						N/A	N/A	N/A	N/A
Deductible Amount per Claim/Accident	N/A						N/A	N/A	N/A (DE)	N/A
Deductible Amount.—Aggregate	N/A						N/A	N/A	N/A	N/A
Prem-Premium Reduction Percentage	N/A						OPT	N/A	N/A	N/A
Insured Name	N/A						OPT	N/A	N/A	N/A
Endorsement Effective Date	N/A						N/A	N/A	N/A (DE)	N/A
PIP DATA ELEMENTS END—87	N/A		OPT							
Record Type Code	N/A									
Endorsement Number	N/A			±			N/A WC890416 WC-89-06 18 ±			

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Bureau Version ID (Edition ID)	N/A									
Carrier Version Identifier	N/A									
Revised Carrier Code	N/A					±				
Revised Policy Number Identifier	N/A									
Revised Policy Effective Date	N/A									
Revised Policy Expiration Date	N/A									
Revised Legal Nature of Insured Code	N/A									
Revised . Text for Other Legal. Nat.	N/A			N/A		OPT				
Item 3.A./3.C. Code	N/A					OPT				
Item 3.C. Incl./Excl. Code	N/A					OPT				
Rev- Revised State Codes for Item 3.A./3.C.	N/A					OPT				
Rev- Revised EL Limit Amounts	N/A					OPT				
Rev- Revised Interim Adj- Adjustment Prem- Premium Code	N/A		N/A			OPT	N/A	N/A		
Revised 3D & Endorsement Numbers	N/A									
Revised Producer Name	N/A									
Rev- Revised Inter/Intra ID	N/A					N/A	N/A	N/A	N/A	
Endorsement . Sequence Number	N/A									
Insured Name	N/A					OPT				
Policy Change Effective Date	N/A									
PIP NAME CHANGES END—88	N/A		OPT							
Record Type Code	N/A									
Endorsement Number	N/A			±						
Bureau Version ID (Edition ID)	N/A									
Carrier Version Identifier	N/A									
Revised Type of Name Record Code	N/A			N/A-3 ±						
Revised Name Link Identifier	N/A									
Revised Insured Name	N/A									
Rev- Revised Federal Employer ID No- Number	N/A						N/A	N/A		
Revised Continuation Sequence Number	N/A									
Rev- Revised Legal- Nature- of Entity Code	N/A	N/A	OPT	N/A	N/A	OPT	N/A	N/A	N/A	N/A
Rev- Revised Text for "Other" Legal- Nature- of Entity Description	N/A	N/A	OPT	N/A	N/A	OPT	N/A	N/A	N/A	N/A
Rev- Revised State Code	N/A	N/A	N/A		N/A			N/A	N/A	N/A
Rev- Revised State Unemployment No- Number	N/A	N/A	N/A		N/A			N/A	N/A	N/A
Rev- Revised State Unemployment No- Number Record Sequence	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Revised Professional Employer Organization or Client Company Code	N/A		N/A		N/A		N/A	N/A		
Insured Name	N/A					OPT				
<u>Policy Changes Effective Date</u>										
Revised Name Link Counter Identifier	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PIP ADDRESS CHNGS END—89	N/A		OPT							
Record Type Code	N/A									
Endorsement Number	N/A			±						
Bureau Version ID (Edition ID)	N/A									
Carrier Version Identifier	N/A									

DCO DIFFERENCES
IN WCPOLS SPECIFICATIONS

	CA	MA	MI	MN	NC	NCCI	NJ	NY	PA/DE	WI
Rev-Revised Type of Address Record Code	N/A OPT † 5-6 ±	OPT 5-6 ±	OPT 6 ±	OPT 6 ±	OPT 5-6 ±	OPT 4-6 ±	OPT 5-6 ±	OPT 5-6 ±	OPT 5-6 ±	OPT 5-6 ±
Revised Address Structure Code	N/A									
Revised Address	N/A									
Revised Name/Address/Exposure Link	N/A		OPT Expo ±			OPT Expo ±				
Revised Number of Employees	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Revised Standard Industry Code	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Rev-Revised Phone No-Number of Insured	N/A	N/A	N/A	N/A	N/A	†	N/A	N/A	N/A	N/A
Rev-Revised Geographic Area	N/A					N/A	N/A			
Rev-Revised Country Code	N/A					N/A	N/A			
Insured Name	N/A					OPT				
Policy Change Effective Date	N/A									
Revised Name Link Counter Identifier	N/A		N/A		N/A				N/A	
NON COMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD-Z1	N/A		N/A	N/A			N/A	N/A	N/A – (PA)	N/A
State Code	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A
Record Type Code	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A
Non Compliance/Compliance Notification Type Code	N/A	N/A 3 ±	N/A	N/A			N/A	N/A	N/A (PA)	N/A
Primary Non Compliance Reason Code (#1)	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A
Additional Non Compliance Reason Code (#2)	N/A		N/A	N/A	N/A		N/A	N/A	N/A (PA)	N/A
Additional Non Compliance Reason Code (#3)	N/A		N/A	N/A	N/A		N/A	N/A	N/A (PA)	N/A
Additional Non Compliance Reason Code (#4)	N/A		N/A	N/A	N/A		N/A	N/A	N/A (PA)	N/A
Primary Compliance Reason Code (#1)	N/A	N/A 97 ±	N/A	N/A	N/A 97 ±	N/A 01-05, 98 ±	N/A	N/A	N/A (PA)	N/A
Additional Compliance Reason Code (#2)	N/A	N/A 97 ±	N/A	N/A	N/A	N/A 01-05, 98 ±	N/A	N/A	N/A (PA)	N/A
Additional Compliance Reason Code (#3)	N/A	N/A 97 ±	N/A	N/A	N/A	N/A 01-05, 98 ±	N/A	N/A	N/A (PA)	N/A
Additional Compliance Reason Code (#4)	N/A	N/A 97 ±	N/A	N/A	N/A	N/A 01-05, 98 ±	N/A	N/A	N/A (PA)	N/A
Current Outstanding Premium Amount Due	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A
Non Compliance/Compliance Transaction Sequence Number	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A
Non Compliance Effective Date	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A
Compliance Effective Date	N/A		N/A	N/A			N/A	N/A	N/A (PA)	N/A

† Applicable only to IAIABC POC states in this jurisdiction.