

**WORKERS COMPENSATION NOTICE OF ASSIGNMENT  
REPORTING SPECIFICATIONS (WCNOA)**

**SECTION 1**

**RECORD TYPE DESCRIPTIONS**

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

**WCNOA IS NOT APPLICABLE TO CA, NJ, NCCI OR NY**

**RECORD TYPE CODE 01—HEADER RECORD**

Provides for the inclusion of assignment level information. One Header record is required for each unique assignment.

**RECORD TYPE CODE 02—NAME RECORD**

Provides for the legal name(s) of the assignee. Each legal name requires a separate Name record, identified by a unique type of name code.

**RECORD TYPE CODE 03—ADDRESS RECORD**

Provides for the inclusion of the mailing address, the principal location address and the payroll address of the assignee, and address(es) of location(s) of the assignee's operations. Each type of address requires a separate Address 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 assignments 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 Exposure records as necessary may be used to report multiple classification codes or manual/charged rates.

**RECORD TYPE CODE 07—GENERAL INFORMATION RECORD**

Provides general information about the assignee. One General Information record is required for each unique assignment.

**RECORD TYPE CODE 08—GENERAL/SUPPLEMENTAL INFORMATION RECORD**

Provides supplemental information about the applicant. One General/Supplemental Information record is required for each unique assignment.

**RECORD TYPE CODE 09—SUPPLEMENTAL/ELECTION INFORMATION RECORD**

Provides information about the Applicant Corporate Officer, Sole Proprietor, Partner, or Member of a Limited Liability Company, or Election of a Person to be insured. One record will be included for each officer, etc. As many records as necessary may be used for each unique assignment to report multiple officers, etc.

**RECORD TYPE CODE 10—INSURANCE RECORD**

Indicates previous coverage information. One Insurance record is required for each unique assignment.

**RECORD TYPE CODE 11—PRIOR POLICY INSURANCE RECORD**

Provides information about previous insurance covering the applicant. One Previous Insurance record will be included for each policy providing prior coverage to the applicant. As many records as necessary may be used for each unique assignment to report all previous insurance.

**RECORD TYPE CODE 12—PREMIUM CALCULATION RECORD**

Provides for the recording of premium totals to be reported on the policy. One Premium Calculation Record is required for each unique assignment.

**RECORD TYPE CODE 13—APPLICANTS STATEMENT RECORD**

Provides applicants statement information about the applicant. One Applicants Statement record is required for each unique assignment.

**RECORD TYPE CODE 14—AGENT IDENTIFICATION RECORD**

Provides identification information about the agent and agency submitting the application. One Agent Identification record is required for each unique assignment.

**RECORD TYPE CODE 15—AGENT SECTION RECORD**

Provides additional information about the agent and agency submitting the application. One Agent Section record is required for each unique assignment.

**RECORD TYPE CODE 16—REMARKS RECORD**

Provides text for various purposes requiring variable description, explanation, etc. A unique Remark Type Code identifies the purpose of the text. Multiple Remark Type Codes may be used for each unique assignment. As many records as necessary may be used for each unique Remark Type Code to contain the text.

**RECORD TYPE CODE 17—ATTACHMENTS IDENTIFICATION RECORD**

Provides indication that supplemental documents are attached to the assignment.



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**SECTION 2**

**LINK DATA COMMON TO ALL RECORDS**

**LINK DATA COMMON TO ALL RECORDS**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>CARRIER CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions, of the carrier to which the DCO has assigned the application	(N)	1–5	5
2	<b>NOTICE OF ASSIGNMENT IDENTIFIER</b> Report the alphanumeric characters used for uniquely identifying the notice of assignment.	(AN)	6–23	18
3	<b>REVISION INDICATOR</b> Report “Y” (Yes) or “N” (No) in this transaction is a revision. “Y” The transaction is a revision. “N” The transaction is not a revision; it is the original Assignment.	(A)	24	1
4	<b>RESERVED FOR FUTURE USE</b>		25–30	6
5	<b>ASSIGNMENT EFFECTIVE DATE</b> Report the effective date of the notice of assignment, formatted CCYYMMDD.	(N)	31–38	8
6	<b>ASSIGNMENT ISSUE DATE</b> Report the date the application was assigned and the NOA letter crafted, formatted YYYYMMDD.	(N)	39–46	8

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**SECTION 3**

**RECORD LAYOUT: ASSIGNMENT**

**WCNOA IS NOT APPLICABLE TO CA, NCCI, NJ, NY, or PA**

I. HEADER RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	LINK DATA		1-46	46
2	RESERVED FOR FUTURE USE		47-48	2
3	RECORD TYPE CODE Report "01".	(AN)	49-50	2
4	EXPERIENCE RATING CODE Report the 1-digit code describing the assignment: <b>Code Description</b> 1 Interstate rated only 2 Inter and intrastate rated 3 Intrastate rated only 4 Reserved for Future Use 5 Not rated	(N)	51	1
	NOT APPLICABLE: DE, MN			
5	INTERSTATE RISK ID NUMBER Report the 9-digit number assigned by NCCI.  NOT APPLICABLE: DE, MN	(N)	52-60	9
6	ASSIGNMENT EXPIRATION DATE Report the expiration date of the assignment, formatted YYYYMMDD  NOT APPLICABLE: MN, WI	(N)	61-68	8
7	RESERVED FOR FUTURE USE		69-70	2
8	EMPLOYEE LEASING POLICY TYPE CODE (MA ONLY) Report the 1-digit code that identifies the type of Employee Leasing policy:	(N)	71	1
1	<del>Non-Employee Leasing Policy—Employers covered under this policy are not part of an Employee Leasing arrangement.</del>			
2	<del>Reserved to comply with WCPOLS</del>			
3	<del>Employee Leasing Policy (Multiple Coordinated Policy)—Employee Leasing Company only—Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company — 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.</del>			
4	<del>Employee Leasing Policy (Multiple Coordinated Policy)—Client Company only—Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company — 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.</del>			
5	<del>Reserved to comply with WCPOLS</del>			
6	<del>Reserved to comply with WCPOLS</del>			
7	<del>Reserved to comply with WCPOLS</del>			

I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
9	<b>LEGAL NATURE OF INSURED CODE</b> Report the 2-digit code:	(N)	72-73	2
	<b>Code</b> <b>Description</b>			
	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 167-186)			
10	<b>POLICY MINIMUM PREMIUM AMOUNT</b> Report the minimum premium amount that would be charged for the policy if the issued policy ultimately qualifies for minimum premium, based on classification minimum premium amounts. Report dollars only.	(N)	74-83	10
11	<b>POLICY ESTIMATED STANDARD PREMIUM TOTAL</b> Report the sum of the estimated state standard premium amounts reported on all state premium records (Record Type Code 04) submitted for the transaction code. Report dollars only.	(N)	84-93	10
12	<b>ASSIGNMENT DEPOSIT PREMIUM TOTAL</b> Report the deposit premium amount collected for the assignment. This is the sum of Deposit Check/Electronic Fund Transfer Amounts (reported on the General Information Record Positions 206-217, 238-249 and 270-281). Report dollars only.  NOT APPLICABLE: MI	(N)	94-103	10
13	<b>AUDIT FREQUENCY CODE</b> Report the 1-digit code identifying the audit frequency for the issued policy:	(N)	104	1
	<b>Code</b> <b>Description</b>			
	1      Annual			
	2      Semiannual			
	3      Quarterly			
	4      Monthly			
	5      Other			
	 NOT APPLICABLE: DE, MA, MI, MN			



I. HEADER RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
14	<b>BILLING FREQUENCY CODE</b> Report the 1-digit code identifying the billing frequency for the issued policy:	(N)	105	1
	<b>Code</b> <b>Description</b>			
	1      Annual			
	2      Semiannual			
	3      Quarterly			
	4      Monthly			
	5      Other			
	6      Balance due in 90 days (WI ONLY)			
	NOT APPLICABLE: DE, MA, MI			
	NOT APPLICABLE: Codes 2 and 5 for MN			
15	<b>RETROSPECTIVE RATING CODE</b> Report the 1-digit code corresponding to the policy:	(N)	106	1
	<b>Code</b> <b>Description</b>			
	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      Reserved to comply with WCPOLS			
	NOT APPLICABLE: DE, MN			
	OPTIONAL: MI			
16	<b>EMPLOYER LIABILITY LIMIT AMOUNTS</b> Report the employer liability limit amounts, as follows:	(N)	107–136	30
	Bodily Injury by Accident—each accident amount		107–116	10
	Bodily Injury by Disease—policy limit amount		117–126	10
	Bodily Injury by Disease—each employee amount		127–136	10
	OPTIONAL: MI, WI			
17	<b>RESERVED FOR FUTURE USE</b>		137-166	30
18	<b>TEXT FOR “OTHER” LEGAL NATURE OF INSURED</b> Report the text describing the legal nature of insured if you reported Type 99 (Other) in Legal Nature of Insured (Positions 72–73) of Header Record.	(AN)	167–186	20
	OPTIONAL: MI			
19	<b>RESERVED FOR FUTURE USE</b>		187–350	164

II. NAME RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1–46	46
2	<b>RESERVED FOR FUTURE USE</b>		47–48	2
3	<b>RECORD TYPE CODE</b> Report "02".	(AN)	49–50	2
4	<b>TYPE OF NAME CODE</b> Report the 1-digit code representing the type of name record: <b>Code</b> <b>Description</b>	(N)	51	1
	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. (NOT APPLICABLE: MN)			
	<b>NOTE:</b> String name type records are to be used by those carriers unable to provide separate formatted personal/commercial name records.  See name coding and name/address/exposure link coding examples in this section. .			
5	<b>NAME LINK IDENTIFIER</b> Report the 3-digit identifier representing one name or a group of names. The primary name(s) on the assignment must always be reported as 001.  Each name should have a separate Name Link Identifier 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.  <b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section. .	(N)	52–54	3
6	<b>INSURED NAME</b> Report the name corresponding to the Type of Name Code reported in Position 51.  Report personal names in the following sequence with each name separated by a comma: surname, first name, and middle name or initial.	(AN)	55–144	90
7	<b>APPLICANT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b> Report the identification number corresponding to the name being reported. Do not report any embedded blanks or marks of punctuation.  OPTIONAL: WI	(N)	145–153	9
8	<b>APPLICANT SOCIAL SECURITY NUMBER</b> Report the Social Security Number corresponding to the name being reported.  NOT APPLICABLE: MI, NC  OPTIONAL: WI	(N)	154–162	9

II. NAME RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
9	<p><b>CONTINUATION SEQUENCE NUMBER</b> Report the 3-digit number corresponding to the continuation status. Report 001 representing the first record for a Name Link Identifier (Positions 52-54). Report 002–999 representing all continuation records for same Name Link Identifier (Positions 52-54). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all name records.</p> <p><b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section. .</p>	(N)	163–165	3
10	<p><b>STATE CODE (MN ONLY)</b> Report the state code for the state unemployment number reported in Positions 168-182, State Unemployment Number.</p>	(N)	166–167	2
11	<p><b>STATE UNEMPLOYMENT NUMBER</b> Report the unemployment number for the state code reported in Positions 166-167, State Code, for the name reported on this record.</p> <p>MN: Report the Minnesota <b>State Employer Unemployment Insurance Account Identification Number</b> in this field. If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 168-173 and spaces in Position 174-182. If not available, report zeros. Do not submit this information for any other state.</p> <p>NOT APPLICABLE: DE, MA, MI, NC, WI</p>	(AN)	168–182	15
12	<b>RESERVED FOR FUTURE USE</b>		183–350	168

**NAME CODING EXAMPLES**

Policy Example:      INSURED      ABC Corporation  
                           NAME:        Fourth Star Corporation  
   Fifth Star Corporation  
   John Johnson & Sally Jones  
   John Johnson  
                           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	002	Fourth Star Corporation	001	39-2345678
2	003	Fifth Star Corporation	001	39-3456789
1	004	Johnson, John	001	39-4567890
1	004	Jones, Sally	002	
1	005	Johnson, John	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, Fourth Star Corp, Fifth Star Corporation	001	39-1234567
3	002	John Johnson & Sally Jones	001	39-4567890
3	003	John Johnson	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	Fourth Star Corporation	002	39-2345678
3	001	Fifth Star Corporation	003	39-3456789
3	002	John Johnson & Sally Jones	001	39-4567890
3	003	John Johnson	001	

**NAME/ADDRESS/EXPOSURE LINK CODING EXAMPLES**

Name Link Identifier	Name Records	Location Address	Business Legal Nature of Insured	FEIN
001	ABC Corporation Fourth Star	123 Main Street	Corp	39-1234567
002	Corporation	123 Main Street	Corp	39-2345678
003	Fifth Star Corporation	123 Main Street	Corp	39-3456789
004	Johnson, John & Jones, Sally	123 Main Street	Partner	39-4567890
005	Johnson, John	123 Main Street 789 North Avenue	Individual	39-5678901

**NAME/ADDRESS/EXPOSURE LINK**

Name Link Identifier	State Code Link	Exposure Record Link	Mailing Address Record
001	14		123 Main Street

**OTHER LOCATION RECORDS**  
(Listing of addresses is for example clarity only)

001*	14	00001	123 Main Street
002	14	00001	123 Main Street
003	14	00001	123 Main Street
004**	14	00001	123 Main Street
005	14	00002	789 North Avenue
001	12	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	14	00001	8810	100,000	1.00	1,000
002	14	00001	8810	100,000	1.00	1,000
003	14	00001	8810	100,000	1.00	1,000
005	14	00002	8810	100,000	1.00	1,000
001	12	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.

\*\*Note that there is no exposure amount for this address record (004 14 00001). The exposure amounts for this Name Link Identifier (004) at this address may either be combined with Link Identifier (001, 002 or 003) also operating from this address, or it has not yet developed any exposure amount at this address. If unable to report separate exposure amounts by Name Link Identifier or by Address Record Link, link all exposures with appropriate Name Link Identifier or default to 001.

**III. ADDRESS RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1–46	46
2	<b>RESERVED FOR FUTURE USE</b>		47–48	2
3	<b>RECORD TYPE CODE</b> Report “03”.	(AN)	49–50	2
4	<b>TYPE OF ADDRESS CODE</b> Report the 1-digit code representing the type of address:	(N)	51	1

**Code Description**

- 1 Mailing address of insured. One and only one mailing address code is required.
- 2 Location of operations address. 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 Reserved to comply with WCPOLS.
- 4 Wrap-up project description.
- 5 Producer Address. This record must be reported to provide the address of the producer responsible for placing the application.
- 6 No specific address—Refers to work done at client sites in the state. If this Type of Address is submitted, the Address Structure Code (Position 53) and the Address (Positions 54–154) are not applicable.
- 7 Principal Location. This address, if different from the Mailing address, must be reported to provide the address of the principal location of the applicant.
- 8 Payroll Address. This address, if different from the Mailing address, must be reported to provide the payroll address of the applicant.

OPTIONAL: Type 5 for MI, NC, WI

OPTIONAL FOR ALL JURISDICTIONS: Type 6

III. ADDRESS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
5	<b>FOREIGN ADDRESS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable	(A)	52	1

**Code Description**

- |   |  |
|---|--|
| Y | Type of Address Code is reported as 1 and the address is outside the U.S.A. (e.g., Canada, Japan). |
| N | Type of Address Code is reported as "1" and the address is inside the USA.                         |

If the address is outside the U.S.A., report address data as follows:

- Report Street (Positions 54-113) and City (Positions 114-143).
- Do not report State (Positions 144-145).
- Report the foreign postal code, if applicable, in Postal or Zip Code (Positions 146-154). England and Canada, for example, use a six-character postal code consisting of alpha characters and numbers. If the foreign country does not have a postal code, leave blank.
- Report Geographic Area (Positions 175-200) if applicable. For example, Canada's provinces are Geographic Areas.
- Report the 2-character ISO 3166 standard Country Code (Positions 201-202).

6	<b>ADDRESS STRUCTURE CODE</b> Report the 1-digit code identifying the structure of the reported address:	(N)	53	1
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**Code Description**

- |   |  |
|---|--|
| 1 | Reported address follows structure set forth in Positions 54-154 below. This code is required for Type of Address Code 1 (mailing address of insured, 7 (principal location) and 8 (payroll address). These three address types must be reported in the Structured Format shown in Positions 54-154.   |
| 2 | Reported address is free-form between Positions 54-154. This code is to be used only after requesting and receiving approval from the appropriate rating organization.<br><br>This code is optional for Type of Address Code 2 only (location of operations address) and is required for Type of Address Code 4 (wrap-up project description). |

**NOTE:** This code is not applicable for Type of Address Code 2 in MN.

III. ADDRESS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
7	<b>ADDRESS</b> (Shortening addresses that exceed field size is acceptable.) Report the address as follows:	(AN)	54-154	101
1.	<b>Street</b> Report the street number and name, post office box, or other description.  <b>NOTE:</b> A valid street address or P.O. box number <b>must</b> be reported for the mailing address of insured (Type of Address Code 1) and for the issuing agency (producer) address (Type of Address Code 5).		54-113	60
2.	<b>City</b> Report the city name.		114-143	30
3.	<b>State</b> Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is "Y".		144-145	2
4.	<b>Postal or Zip Code</b>		146-154	9
8	<b>NAME/ADDRESS/EXPOSURE LINK</b>	(N)	155-164	10
	<b>NAME LINK IDENTIFIER</b> Report the 3-digit Name Link Identifier in Positions 52-54 of the name record corresponding to this particular address record.  There must be at least one address record for each Name Link Identifier on the assignment. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier, then only one address record must be reported with that Name Link Identifier.  In the event of multiple names residing at one address, multiple (Type of Address 2) records for the same address associated with the different names must be reported.  THIS FIELD IS REQUIRED for Type of Address Codes 1 (Insured Mailing Address), 2 (Locations), 6 (No Specific Location), 7 (Principal Location) and 8 (Payroll Address).  Report "999" for Type of Address Codes 4, 5 and 8.		155-157	3
	<b>STATE CODE LINK</b> Report the 2-digit code for the state covered by this record.  This field, when used along with the Name Link Identifier field of this record in Position 155-157, 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 4, 5 and 8.		158-159	(2)



III. ADDRESS RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
	<b>EXPOSURE RECORD LINK IDENTIFIER</b> Report a 5-digit code identifying this address record.	(N)	160-164	5
	This field, when used along with the Name Link Identifier field in Position 155-157 and State Code Link field in Position 158-159 of this record, will provide a 3-part link to the Name/Address/Exposure Link field in Positions 98-107 of the exposure records related to this address record.			
	THIS FIELD IS OPTIONAL for Type of Address Codes 1 (Insured's Mailing Address Record); however, in such cases where insurer does not include this field, the Insured's Mailing Address must also be included as an Address Type Code 2 (Other Locations Address Record) for required linkage.			
	THIS FIELD IS REQUIRED for Type of Address Codes 2 (Locations) and 6 (No Specific Location).			
	<b>NOTE:</b> 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 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 4, 5 and 8.			
	<b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section.			
9	<b>RESERVED FOR FUTURE USE</b>		165-174	10
10	<b>GEOGRAPHIC AREA</b> Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is "Y". Leave blank if Foreign Address Indicator is "N".	(A)	175-200	26
11	<b>COUNTRY CODE</b> Report the 2-digit ISO 3166 Standard Country code when Foreign Address Indicator is "Y". Leave blank if Foreign Address Indicator is "N".	(A)	201-202	2
12	<b>RESERVED FOR FUTURE USE</b>		203-350	148

IV. STATE PREMIUM RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>STATE CODE</b> Report the 2-digit code for the state covered by this record.	(N)	47-48	2
3	<b>RECORD TYPE CODE</b> Report "04".	(AN)	49-50	2
<p>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.</p>				
4	<b>INDEPENDENT DCO RISK ID NUMBER/FILE NUMBER/ACCOUNT NUMBER</b> Report the risk identification number assigned by the appropriate DCO other than NCCI.	(AN)	51-65	15

OPTIONAL: DE, MA, NC

Examples by jurisdiction:

State	Bytes	Characteristic Class	Example	Infield Report As	Position
DE	7	Numeric	2570826	2570826	51-57 Blanks in 58-65
			3165	3165	51-54 Blanks in 55-65
				or 0003165	51-57 Blanks in 58-65
MI	9	Alphanumeric	1234567AB	1234567AB	51-59 Blanks in 60-65
			146A	0000146A	51-58 Blanks in 59-65
MA	7	Numeric	176	0000176	51-57
MN	7	Numeric	123456	0123456	51-57
					Blanks in 58-65
<b>NOTE:</b> MN leading zeros must be expressed on WCNOA.					
NC	7	Numeric	3116920	3116920	51-57 Blanks in 58-65
<b>NOTE:</b> NC Risk ID does not contain leading zeros.					



IV. STATE PREMIUM RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
8	<b>ESTIMATED STATE STANDARD PREMIUM TOTAL</b> Report the numeric dollar amount.  Report the total state standard premium amount. Refer to individual state Bureau Manual for definition of standard premium.	(N)	75–84	10
9	<b>EXPENSE CONSTANT AMOUNT</b> 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.	(N)	85–94	10
10	<b>LOSS CONSTANT AMOUNT (MA ONLY)</b> 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.	(N)	95–104	10
11	<b>PREMIUM DISCOUNT AMOUNT</b> 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.  NOT APPLICABLE: MA, MI, MN, WI	(N)	105–114	10
12	<b>ANNIVERSARY RATING DATE</b> Report the anniversary rating date applicable to the assignment for this state in YYYYMMDD format. If this field is not equal to the assignment effective date or zeros, then a split has occurred and at least two State Premium Records <b>must exist</b> . 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: MA and WI will not give split exposures.  <b>NOTE:</b> MN only—This field is used to report the Experience Modification effective date.  OPTIONAL: MI	(N)	115–122	8
13	<b>RESERVED FOR FUTURE USE</b>		123–350	228

V. EXPOSURE RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1–46	46
2	<b>STATE CODE</b> Report the 2-digit state code to which the exposure and/or premium reported on this record has been assigned.	(N)	47–48	2
3	<b>RECORD TYPE CODE</b> Report "05".	(AN)	49–50	2
4	<b>CLASSIFICATION CODE</b> Report the 4-digit classification code corresponding to the exposure and/or premium reported on this record.  <b>NOTE:</b> There are miscellaneous premium 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
5	<b>EXPOSURE ACT/EXPOSURE COVERAGE CODE</b> Report the 2-digit code describing the coverage for the classification. Refer to Appendix III of the WCPOLS manual for codes.	(N)	55–56	2
6	<b>MANUAL/CHARGED RATE</b> 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 62 and 63.  If the rate is "to be determined" or the classification reported is for a flat miscellaneous premium charge, report zeros.  Manual/Charged Rate for surcharge rates that require a percentage should be reported here.	(N)	57–66	10
7	<b>EXPOSURE PERIOD EFFECTIVE DATE</b> Report the exposure's effective date, formatted YYYYMMDD, when exposures are reported on a split period basis. If not applicable, report zeros.  When exposures are reported on a split period basis, an exposure record will be required for each period for each class.  NOT APPLICABLE: DE, MN	(N)	67–74	8
8	<b>ESTIMATED EXPOSURE AMOUNT</b> Report the classification estimated exposure amount in Positions 75–86.  For classifications having payroll as an exposure base, report the payroll amount in whole dollars in Positions 75–86.  Report <b>non-payroll exposure amount only</b> to the nearest two decimal places for which there is an assumed decimal point between Positions 84 and 85.  If the exposure amount is on an "if any" basis, or if the reported classification code is one for a miscellaneous premium charge not requiring exposure, report zeros.  For policies reported on a split period basis, report the exposure amount for the assignment period represented by the Exposure Period Effective Date (Positions 67-74).	(N)	75–86	12

V. EXPOSURE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes										
9	<b>ESTIMATED PREMIUM AMOUNT</b> 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 policies reported on a split period basis, report the premium amount for the assignment period represented by the Exposure Period Effective Date (Positions 67-74).	(N)	87-96	10										
10	<b>EXPOSURE PERIOD CODE</b> Report the 1-digit code describing the period covered by the reported Estimated Exposure Amount in Positions 75-86 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>Reserved to conform to WCPOLS</td> </tr> <tr> <td>3</td> <td>Less than annual or split period</td> </tr> <tr> <td>4</td> <td>Reserved to conform to WCPOLS</td> </tr> </tbody> </table> NOT APPLICABLE: DE, MN  OPTIONAL: MI, WI	Code	Description	1	Annual	2	Reserved to conform to WCPOLS	3	Less than annual or split period	4	Reserved to conform to WCPOLS	(N)	97	1
Code	Description													
1	Annual													
2	Reserved to conform to WCPOLS													
3	Less than annual or split period													
4	Reserved to conform to WCPOLS													
11	<b>NAME/ADDRESS/EXPOSURE LINK</b> This 3-part, 10-digit field is used to link the classification exposure data and/or premium data reported on this record to Positions 155-164 of a specific mailing address or other location address record.  <b>NAME LINK IDENTIFIER</b> Report the 3-digit Name Link Identifier in Positions 155-157 of the address record corresponding to this particular exposure record.  There must be at least one exposure record for each location of operations on the assignment. If unable to report separate exposure by Name Link Identifier or by Address Record Link, link exposures with appropriate Name Link Identifier 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)	98-107	10										
	<b>NAME LINK IDENTIFIER</b> Report the 3-digit Name Link Identifier in Positions 155-157 of the address record corresponding to this particular exposure record.		98-100	3										

V. EXPOSURE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
	<p><b>STATE CODE LINK</b> Report the 2-digit State Code Link in Positions 158–159 of the address record covered by this record.</p> <p>This field, when used along with the Name Link Identifier field in Position 98-100 of this record, will provide a link to the location related to this exposure record.</p>		101–102	2
	<p><b>EXPOSURE RECORD LINK IDENTIFIER</b> Report the 5-digit Exposure Record Link Identifier of the address record corresponding to this record.</p> <p>This field, when used along with the Name Link Identifier field in Position 98-100 and State Code Link field in Position 101-102 of this record, will provide a 3-part link to the Name/Address/Exposure Link field in Positions 155–164 of the location record(s) related to this exposure record.</p> <p><b>NOTE:</b> See name coding and name/address/exposure link coding examples in this section. .</p>		103–107	5
12	<b>RESERVED FOR FUTURE USE</b>		108–350	243

**VI. RECORD 6 – RESERVED FOR FUTURE USE**



**VII. GENERAL INFORMATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "07".	(AN)	49-50	2
4	<b>COVERAGE DESIRED DATE OR REQUESTED EFFECTIVE DATE</b> Date the applicant requests that coverage begin, formatted YYYYMMDD.  NOT APPLICABLE: MI	(N)	51-58	8
5	<b>COMBINABLE ID NUMBER</b> Report the Intrastate or Interstate Risk ID Number assigned by DCO or NCCI.  NOT APPLICABLE: DE, MI, MN, NC	(N)	59-67	9
6	<b>APPLICATION RECEIVED DATE</b> Date the DCO received the application, formatted YYYYMMDD.  NOT APPLICABLE: NC	(N)	68-75	8
7	<b>APPLICANT TELEPHONE NUMBER</b> The general telephone number of the business, formatted 3-digit area code followed by 7-digit phone number.  OPTIONAL: WI	(N)	76-85	10
8	<b>APPLICANT FAX NUMBER</b> The general fax number of the business, formatted 3-digit area code followed by 7-digit phone number.  OPTIONAL: WI  NOT APPLICABLE: DE, MI, MN	(N)	86-95	10
9	<b>APPLICANT E-MAIL ADDRESS</b> The E-mail address of the applicant.  OPTIONAL: WI	(A/N)	96-125	30
10	<b>CONTACT PERSON</b> The Name of the business representative to be contacted regarding the Application.  NOT APPLICABLE: DE, MI, MN	(A)	126-185	60
11	<b>CONTACT PERSON TELEPHONE NUMBER</b> The direct telephone number of the Contact Person if different from the Applicant Telephone Number, formatted 3-digit area code followed by 7-digit phone number.  NOT APPLICABLE: DE, MI, MN  OPTIONAL: WI	(N)	186-195	10
12	<b>APPLICANT NUMBER OF YEARS IN BUSINESS</b> Report the date the Applicant began their current business, formatted YYYYMMDD.  OPTIONAL: NC, WI	(N)	196-203	8

**VII. GENERAL INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes																		
13	<b>STATE CODE OF STATE DEVELOPING THE HIGHEST PAYROLL</b> Report the U.S. Postal Service abbreviation for the State of Assignment developing the highest payroll.  NOT APPLICABLE: DE, MA, MN, WI	(A)	204-205	2																		
14	<b>REMARKS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>A remark containing additional information exists.</td> </tr> <tr> <td>N</td> <td>A remark containing additional information does not exist.</td> </tr> </tbody> </table> If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "001" – to contain the text of the remarks. Attach a separate Type "16" record for each remark.	Code	Description	Y	A remark containing additional information exists.	N	A remark containing additional information does not exist.	(A)	206	1												
Code	Description																					
Y	A remark containing additional information exists.																					
N	A remark containing additional information does not exist.																					
15	<b>PAYMENT TYPE CODE</b> Report the 1-digit code identifying the type of payment.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Certified Check</td> </tr> <tr> <td>2</td> <td>Bank Draft</td> </tr> <tr> <td>3</td> <td>Money Order</td> </tr> <tr> <td>4</td> <td>Agency Check</td> </tr> <tr> <td>5</td> <td>Cashier Check</td> </tr> <tr> <td>6</td> <td>Finance Check</td> </tr> <tr> <td>7</td> <td>Insureds Check</td> </tr> <tr> <td>8</td> <td>Electronic Funds Transfer</td> </tr> </tbody> </table> NOT APPLICABLE: NC	Code	Description	1	Certified Check	2	Bank Draft	3	Money Order	4	Agency Check	5	Cashier Check	6	Finance Check	7	Insureds Check	8	Electronic Funds Transfer	(N)	207	1
Code	Description																					
1	Certified Check																					
2	Bank Draft																					
3	Money Order																					
4	Agency Check																					
5	Cashier Check																					
6	Finance Check																					
7	Insureds Check																					
8	Electronic Funds Transfer																					
16	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT</b> Dollar amount of the deposit check or electronic fund transfer accompanying the application. There is an assumed decimal point between Positions 217 and 218.	(N)	208-219	12																		
17	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE</b> Date the payment was drawn, formatted YYYYMMDD.  NOT APPLICABLE: DE, MN, NC, WI	(N)	220-227	8																		
18	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER</b> Report the unique identifier of the payment form.  NOT APPLICABLE: DE, MN, NC, WI	(AN)	228-239	12																		
19	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT</b> Dollar amount of an additional deposit check or electronic fund transfer accompanying the application. There is an assumed decimal point between Positions 249 and 250.	(N)	240-251	12																		
20	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE</b> Date an additional payment was drawn, formatted YYYYMMDD.  NOT APPLICABLE: DE, MN, NC, WI	(N)	252-259	8																		

**VII. GENERAL INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
21	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER</b> Report the unique identifier of an additional payment form if there is more than one.  NOT APPLICABLE: DE, MN, NC, WI	(AN)	260-271	12
22	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER AMOUNT</b> Dollar amount of an additional deposit check or electronic fund transfer accompanying the application. There is an assumed decimal point between Positions 281 and 282.	(N)	272-283	12
23	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER DATE</b> Date an additional payment was drawn, formatted YYYYMMDD.  NOT APPLICABLE: DE, MN, NC, WI	(N)	284-291	8
24	<b>DEPOSIT CHECK/ELECTRONIC FUND TRANSFER NUMBER</b> Report the unique identifier of an additional payment form if there is more than one.  NOT APPLICABLE: DE, MN, NC, WI	(AN)	292-303	12
25	<b>APPLICATION ID NUMBER</b> Report the ID number assigned to the application by the DCO.  NOT APPLICABLE: DE, MI, MN, NC, WI	(N)	304-310	7
26	<b>USER ID</b> Report the name of the Bureau Representative who processed the Notice of Assignment.  OPTIONAL: WI  NOT APPLICABLE: DE, MI, MN, NC	(AN)	311-315	5
27	<b>LETTER ID (MA ONLY)</b> Report the letter ID number assigned by the DCO to the Notice of Assignment.	(N)	316-321	6
28	<b>RESERVED FOR FUTURE USE</b>		322-350	29

**VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes								
1	<b>LINK DATA</b>		1-46	46								
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2								
3	<b>RECORD TYPE CODE</b> Report "08".	(AN)	49-50	2								
4	<b>SELF-INSURED TERMINATION DATE</b> If self-insured within the last twelve months, report the termination date, formatted YYYYMMDD. If not applicable, report zeroes.  Former self-insureds are subject to the premium Determination Endorsement - Former Self Insurers -1.  An audit must be completed before coverage can be bound. Refer to the Procedures Manual for details.  NOT APPLICABLE: DE, MN, NC, WI	(N)	51-58	8								
5	<b>ADMIRALTY - COVERAGE I OR COVERAGE II INCREASED LIMITS 25,000/25,000 - VOLUNTARY COMPENSATION CODE (MA ONLY)</b> Report the 1-digit code to indicate Admiralty - Coverage I/Coverage II Increased Limits - Voluntary Compensation selection.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not Applicable</td> </tr> <tr> <td>2</td> <td>USL&amp;H</td> </tr> <tr> <td>3</td> <td>MA</td> </tr> </tbody> </table>	Code	Description	1	Not Applicable	2	USL&H	3	MA	(N)	59	1
Code	Description											
1	Not Applicable											
2	USL&H											
3	MA											
6	<b>RESERVED FOR FUTURE USE</b>		60-99	40								
7	<b>BANKRUPTCY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The Applicant is in bankruptcy.</td> </tr> <tr> <td>N</td> <td>The Applicant is not in bankruptcy.</td> </tr> </tbody> </table> If "Y", attach a scanned copy of the approved bankruptcy filing.  NOT APPLICABLE: DE, MN, NC	Code	Description	Y	The Applicant is in bankruptcy.	N	The Applicant is not in bankruptcy.	(A)	100	1		
Code	Description											
Y	The Applicant is in bankruptcy.											
N	The Applicant is not in bankruptcy.											
8	<b>LEASE EMPLOYEES TO OTHER COMPANIES INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The Applicant leases employees to other companies.</td> </tr> <tr> <td>N</td> <td>The Applicant does not lease employees to other companies.</td> </tr> </tbody> </table> NOT APPLICABLE: DE, MA, WI	Code	Description	Y	The Applicant leases employees to other companies.	N	The Applicant does not lease employees to other companies.	(A)	101	1		
Code	Description											
Y	The Applicant leases employees to other companies.											
N	The Applicant does not lease employees to other companies.											
9	<b>LEASE EMPLOYEES FROM OTHER COMPANIES INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The Applicant leases employees from other companies.</td> </tr> <tr> <td>N</td> <td>The Applicant does not lease employees from other companies.</td> </tr> </tbody> </table> NOT APPLICABLE: DE, MA, WI	Code	Description	Y	The Applicant leases employees from other companies.	N	The Applicant does not lease employees from other companies.	(A)	102	1		
Code	Description											
Y	The Applicant leases employees from other companies.											
N	The Applicant does not lease employees from other companies.											

**VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
10	<b>LEASE WORKERS FROM A LABOR CONTRACTOR INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	103	1
	<b>Code Description</b> Y The Applicant leases workers from a Labor Contractor. N The Applicant does not lease workers from a Labor Contractor.			
	If "Y", attach a scanned copy of the Employee Leasing Supplemental Application, Side B.			
11	<b>LEASE WORKERS TO CLIENT COMPANY INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	104	1
	<b>Code Description</b> Y The Applicant leases workers to a client company. N The Applicant does not lease workers to a client company.			
	If "Y", attach a scanned copy of the Employee Leasing Supplemental Application, Side A.			
12	<b>SEEKING TO COVER THE LEASED WORKERS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	105	1
	<b>Code Description</b> Y The Applicant is seeking to cover the leased workers. N The Applicant is not seeking to cover the leased workers.			
	NOT APPLICABLE: DE, MI, MN, WI			
13	<b>TEMPORARY HELP AGENCY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	106	1
	<b>Code Description</b> Y The Applicant is a Temporary help agency. N The Applicant is not a Temporary help agency.			
	NOT APPLICABLE: DE, NC, WI			
14	<b>UNPAID PREMIUM DUE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	107	1
	<b>Code Description</b> Y There is unpaid compensation premium due from you or any commonly managed enterprises. N There is no unpaid compensation premium due from you or any commonly managed enterprises.			
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "002" – containing the entity name, balance and policy number(s).			
	NOT APPLICABLE: MN, NC, WI			

**VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
15	<b>UNPAID PREMIUM IN DISPUTE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	108	1
	<b>Code Description</b>			
	Y There is unpaid premium in dispute by you or any commonly managed enterprises.			
	N There is no unpaid premium in dispute by you or any commonly managed enterprises.			
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "003" – containing an explanation for Bureau consideration, or if an arrangement for payment has been made, submit a copy of the signed agreement.			
	NOT APPLICABLE: DE, MI, MN, NC, WI			
16	<b>AIRCRAFT/WATERCRAFT INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	109	1
	<b>Code Description</b>			
	Y The Applicant owns, operates or leases Aircraft/Watercraft.			
	N The Applicant does not own, operate or lease Aircraft/Watercraft.			
17	<b>BARGES, VESSELS, DOCKS, BRIDGES OVER WATER INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	110	1
	<b>Code Description</b>			
	Y Work is performed on barges, vessels, docks, bridges over water.			
	N Work is not performed on barges, vessels, docks, bridges over water.			
18	<b>USE INDEPENDENT CONTRACTORS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	111	1
	<b>Code Description</b>			
	Y The Applicant uses independent contractors.			
	N The Applicant does not use independent contractors.			
	NOT APPLICABLE: MI, NC, WI			
19	<b>WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	112	1
	<b>Code Description</b>			
	Y Work is sublet without Certificates of Insurance.			
	N Work is not sublet without Certificates of Insurance.			
	NOT APPLICABLE: DE, MI, MN, NC			

VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
20	<b>FORMAL SAFETY PROGRAM INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	113	1
	<b>Code</b> <b>Description</b>			
	Y              Formal Safety Program is in operation.			
	N              Formal Safety Program is not in operation.			
	Report a "Y" in this field if a formal safety program is in operation.			
21	<b>EMPLOY DRIVERS INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	114	1
	<b>Code</b> <b>Description</b>			
	Y              The employer employs drivers.			
	N              The employer does not employ drivers.			
22	RESERVED FOR FUTURE USE		115	1
23	<b>TRAVEL OUT OF STATE INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	116	1
	<b>Code</b> <b>Description</b>			
	Y              Employees travel out of State.			
	N              Employees do not travel out of State.			

VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
24	<b>ATHLETIC TEAMS SPONSORED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	117	1
	<b>Code</b> <b>Description</b>			
	Y            The Applicant sponsors athletic teams.			
	N            The Applicant does not sponsor athletic teams.			
25	RESERVED FOR FUTURE USE		118-119	2
26	RESERVED FOR FUTURE USE			
26	<b>PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	120	1
	<b>Code</b> <b>Description</b>			
	Y            Prior coverage has been declined/cancelled/non-renewed (last 3 years).			
	N            Prior coverage has not been declined/cancelled/non-renewed (last 3 years).			
	NOT APPLICABLE: MA, MI, MN, NC, WI			
27	<b>EMPLOYEE HEALTH PLANS PROVIDED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	121	1
	<b>Code</b> <b>Description</b>			
	Y            The Applicant provides employee health plans.			
	N            The Applicant does not provide employee health plans.			



**VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
28	<b>LABOR INTERCHANGE INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	122	1
	<b>Code</b> <b>Description</b>			
	Y            There is a labor interchange with another Business/Subsidiary.			
	N            There is no labor interchange with any other Business/Subsidiary.			
29	<b>EMPLOYEES WORK AT HOME INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	123	1
	<b>Code</b> <b>Description</b>			
	Y            One or more employees predominantly works at home.			
	N            No employees predominantly work at home.			
30	<b>TRUCKING CLASSIFICATIONS APPLY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	124	1
	<b>Code</b> <b>Description</b>			
	Y            Trucking classifications apply.			
	N            Trucking classifications do not apply.			
	If Yes, attach a scanned copy of a complete Truckers Supplemental application.			
	NOT APPLICABLE: MA, MI, MN, WI			
31	<b>DESCRIPTION OF BUSINESS AND OPERATIONS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	125	1
	<b>Code</b> <b>Description</b>			
	Y            A description of the business and operations is included.			
	N            A description of the business and operations is not included.			
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "004" – to contain the description of the business and operations. Attach additional Type "16" record if needed to continue the description.			
32	<b>APPLICANT RELATED TO ENTITY INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	126	1
	<b>Code</b> <b>Description</b>			
	Y            The Applicant is related through common management or ownership to any entity not listed here, whether coverage is required or not.			
	N            The Applicant is not related through common management or ownership to any entity not listed here, whether coverage is required or not.			
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "005" – to contain a detailed explanation. Attach additional Type "16" record if needed to continue the explanation.			
	NOT APPLICABLE: MA, MN, NC, WI			

VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
33	<b>SUB-CONTRACTORS USED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	127	1
	<b>Code Description</b>			
	Y Applicant uses Sub-contractors.			
	N Applicant does not use Sub-contractors.			
	NOT APPLICABLE: MI, NC, WI			
34	<b>OFFERS OF VOLUNTARY COVERAGE INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	128	1
	<b>Code Description</b>			
	Y The Applicant has received offers of voluntary coverage, including multi-line or retrospective rating plan.			
	N The Applicant has not received any offers of voluntary coverage, including multi-line or retrospective rating plan.			
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "006" – to contain full details including plan terms. Attach additional Type "16" record if needed to continue the details.			
35	<b>CERTIFICATE OF INSURANCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	129	1
	<b>Code Description</b>			
	Y Certificate of Insurance is needed.			
	N Certificate of Insurance is not needed.			
	NOT APPLICABLE: DE, MA, MN, NC			
36	<b>OTHER STATES COVERAGE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	130	1
	<b>Code Description</b>			
	Y Other States Coverage is needed.			
	N Other States Coverage is not needed.			
	NOT APPLICABLE: MA, MN, NC			
37	<b>U S L &amp; H INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	131	1
	<b>Code Description</b>			
	Y U S L & H is needed.			
	N U S L & H is not needed.			
	NOT APPLICABLE: MN			

VIII. GENERAL/SUPPLEMENTAL INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes						
38	<b>PREMIUM FINANCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	132	1						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Premium is financed.</td> </tr> <tr> <td>N</td> <td>Premium is not financed.</td> </tr> </tbody> </table>	Code	Description	Y	Premium is financed.	N	Premium is not financed.			
Code	Description									
Y	Premium is financed.									
N	Premium is not financed.									
	MA: If "Y", attach a scanned copy of the premium finance agreement.									
	NOT APPLICABLE: NC									
39	<b>OUTSTANDING AUDIT OR INSPECTION ON A PRIOR WORKERS' COMPENSATION POLICY INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	133	1						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The applicant has an outstanding audit or inspection on a prior workers' compensation policy.</td> </tr> <tr> <td>N</td> <td>The applicant does not have any outstanding audits or inspections on any prior workers' compensation policies.</td> </tr> </tbody> </table>	Code	Description	Y	The applicant has an outstanding audit or inspection on a prior workers' compensation policy.	N	The applicant does not have any outstanding audits or inspections on any prior workers' compensation policies.			
Code	Description									
Y	The applicant has an outstanding audit or inspection on a prior workers' compensation policy.									
N	The applicant does not have any outstanding audits or inspections on any prior workers' compensation policies.									
	If a "Y", attach a Remarks Record – Record Type Code "16" with Remark Type Code = "007" – to contain carrier name, policy number and details. Attach additional Type "16" Record if needed to continue the details.									
40	<b>WAIVER OF OUR RIGHTS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	134	1						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The Waiver of Our Rights Endorsement is needed.</td> </tr> <tr> <td>N</td> <td>The Waiver of Our Rights Endorsement is not needed.</td> </tr> </tbody> </table>	Code	Description	Y	The Waiver of Our Rights Endorsement is needed.	N	The Waiver of Our Rights Endorsement is not needed.			
Code	Description									
Y	The Waiver of Our Rights Endorsement is needed.									
N	The Waiver of Our Rights Endorsement is not needed.									
	NOT APPLICABLE: MN, NC									
41	<b>FORMER SELF INSURERS CHARGE INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	135	1						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>A Former Self Insurers charge is applicable.</td> </tr> <tr> <td>N</td> <td>A Former Self Insurers charge is not applicable.</td> </tr> </tbody> </table>	Code	Description	Y	A Former Self Insurers charge is applicable.	N	A Former Self Insurers charge is not applicable.			
Code	Description									
Y	A Former Self Insurers charge is applicable.									
N	A Former Self Insurers charge is not applicable.									
42	<b>SUPPLEMENTAL APPLICATIONS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	136	1						
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>There are Supplemental Applications.</td> </tr> <tr> <td>N</td> <td>There are no Supplemental Applications.</td> </tr> </tbody> </table>	Code	Description	Y	There are Supplemental Applications.	N	There are no Supplemental Applications.			
Code	Description									
Y	There are Supplemental Applications.									
N	There are no Supplemental Applications.									
	NOT APPLICABLE: MA, MI, MN									
43	<b>RESERVED FOR FUTURE USE</b>		137-350	214						

**IX. SUPPLEMENTAL/ELECTIONS INFORMATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "09".	(AN)	49-50	2
	Multiples of this record may be used. A Record Type Code 09 will be included for each applicant corporate officer, sole proprietor, partner or member of a limited liability company.			
4	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY NAME</b> Report the name of the Applicant Corporate officer, Sole Proprietor, partner or Member of a Limited Liability Company.	(AN)	51-110	60
5	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY TITLE</b> Report the title of the person named in Positions 51-110.	(AN)	111-140	30
	NOT APPLICABLE: NC, WI			
6	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY DUTIES</b> Report the duties of the person named in Positions 51-110.	(AN)	141-170	30
	NOT APPLICABLE: NC, WI			
7	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY PERCENTAGE OF OWNERSHIP</b> Report the percentage of ownership of the person named in Positions 51-110. There is an assumed decimal point between Positions 171 and 172. Example: report 33% as 03333.	(N)	171-175	5
	NOT APPLICABLE: DE, NC, WI			
8	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY SOCIAL SECURITY NUMBER</b> Report the Social Security Number of the person named in Positions 51-110.	(N)	176-184	9
	NOT APPLICABLE: DE, MA, NC, WI			
9	<b>APPLICANT CORPORATE OFFICER, SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY SALARY</b> Report the salary or estimated renumeration or draw, in dollars, of the person named in Positions 51-110.	(N)	185-196	12
	NOT APPLICABLE: NC, WI			
10	<b>SUBJECT TO MINS &amp; MAXS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	197	1
	<b>Code</b>	<b>Description</b>		
	Y	The election is subject to minimums and maximums.		
	N	The election is not subject to minimums and maximums.		
	NOT APPLICABLE: MA, NC			

**IX. SUPPLEMENTAL/ELECTIONS INFORMATION RECORD (CONT')**

Field No.	Field Title/Description	Class	Position	Bytes
11	<b>CLASSIFICATION CODE</b> For individuals to be included, report class code based on the duties  NOT APPLICABLE: DE, MI, MN, NC	(N)	198–201	4
12	<b>ELECT OR REJECT COVERAGE CODE</b> A general use code indicating whether the individual is included or excluded:  <b>Code</b> <b>Description</b> 1            Include (Elect) 2            Exclude (Reject)  NOT APPLICABLE: MA, MN, NC	(AN)	202	1
13	<b>CORPORATE OFFICER ELECTION TO BE EXEMPT CODE (MA ONLY)</b>  <b>Code</b> <b>Description</b> 1            Not Applicable 2            The corporate officer owning at least 25% of the issued and outstanding stock in the corporation elects to be exempted from coverage. 3            The corporate officer does not elect to be exempted.  NOTE: If "2", attach a scanned copy of the approved DIA Form 153, Affidavit of Exemption for Certain Corporate Officers.	(N)	203	1
14	<b>SOLE PROPRIETOR, PARTNER, OR MEMBER OF A LIMITED LIABILITY COMPANY ELECTION FOR COVERAGE CODE (MA ONLY)</b>  <b>Code</b> <b>Description</b> 1            Not Applicable 2            The sole proprietor, partner or member of a limited liability company elects to be covered as an employee, based on the established fixed payroll amount. 3            The sole proprietor, partner or member of a limited liability company does not elect to be covered as an employee.  NOTE: If "2", attach a scanned copy of the letter from the sole proprietor, partner, or member of a limited liability company electing coverage.	(N)	204	1
15	<b>RESERVED FOR FUTURE USE</b>		205–350	146

**X. INSURANCE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "10".	(AN)	49-50	2
4	<b>NO PREVIOUS COVERAGE IN THIS STATE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	51	1
	<b>Code</b> <b>Description</b>			
	Y            There has been previous coverage in this state.			
	N            There has not been previous coverage in this state.			
	OPTIONAL: WI			
	NOT APPLICABLE: , NC			
5	<b>NO PREVIOUS INSURANCE CODE</b> Report the 1-digit code to clarify why the applicant was not previously insured:	(AN)	52	1
	<b>Code</b> <b>Description</b>			
	1            New Business			
	2            Previously Uninsured			
	3            Previously Self-Insured			
	4            Previously A Member In A Self-Insurance Group			
	5            Insufficient Number Of Employees			
	NOT APPLICABLE: MN, NC			
	OPTIONAL: WI			
6	<b>PREVIOUS COVERAGE IN ANY OTHER STATE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	53	1
	<b>Code</b> <b>Description</b>			
	Y            There has been previous coverage in any other state			
	N            There has not been previous coverage in any other state.			
	NOT APPLICABLE: DE, MN, NC, WI			
7	<b>PREVIOUS ASSIGNED RISK COVERAGE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	54	1
	<b>Code</b> <b>Description</b>			
	Y            There has been previous assigned risk coverage in this state.			
	N            There has not been previous assigned risk coverage in this state.			
	NOT APPLICABLE: DE, NC, WI			

**X. INSURANCE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
8	<b>NAME OR OWNERSHIP CHANGE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	55	1
	<b>Code Description</b>			
	Y There has been a name change, consolidation, merger or ownership change within the last five years.			
	N There has not been a name change, consolidation, merger or ownership change within the last five years.			
	If "Y", Contact Pool about an ERM-14. MA: If "Y", attach an ERM-14 Ownership Form.			
9	<b>NAME OR OWNERSHIP CHANGE PREVIOUS NAME</b> If Position 53 is "Y", report name prior to name change, consolidation, merger or ownership change.	(A)	56–115	60
10	<b>NAME OR OWNERSHIP CHANGE DATE OF CHANGE</b> If Position 53 is "Y", report date of name change, consolidation, merger or ownership change, formatted YYYYMMDD.	(N)	116–123	8
11	<b>SALE, TRANSFER OR CONVEYANCE OF OWNERSHIP INTEREST INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	124	1
	<b>Code Description</b>			
	Y There has been a sale, transfer or conveyance of ownership interest within the last five years.			
	N There has not been a sale, transfer or conveyance of ownership interest within the last five years.			
	If "Y", attach an ERM-14 Ownership Form.			
12	<b>ASSET PURCHASE OR TAKE OVER INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	125	1
	<b>Code Description</b>			
	Y The Applicant has purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.			
	N The Applicant has not purchased or otherwise acquired the physical assets of another entity whose operations they took over within the last five years.			
	If "Y", attach an ERM-14 Ownership Form.			
13	<b>BUSINESS PURCHASED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	126	1
	<b>Code Description</b>			
	Y The applicant business has been purchased.			
	N The applicant business has not been purchased.			
	NOT APPLICABLE: MA, DE			

**X. INSURANCE RECORD (CON'T)**

Field No.	Field Title/Description	Class	Position	Bytes
14	<b>OWNERSHIP INTEREST IN ANY OTHER BUSINESS INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	127	1
	<b>Code Description</b>			
	Y Owners or officers have had ownership interest in another entity, either currently or previously existing.			
	N Owners or officers have never had ownership interest in another entity, either currently or previously existing.			
	OPTIONAL: WI			
	NOT APPLICABLE: DE, MN, NC			
15	<b>RESERVED FOR FUTURE USE</b>		128–350	223



**XI. PRIOR POLICY INSURANCE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes						
1	<b>LINK DATA</b>		1–46	46						
2	<b>RESERVED FOR FUTURE USE</b>		47–48	2						
3	<b>RECORD TYPE CODE</b> Report "11".	(AN)	49–50	2						
	<b>NOTE:</b> PRIOR POLICY DATA ELEMENTS - populate fields with the most current prior policy elements first using three occurrences as needed.									
4	<b>PRIOR POLICY STATE</b> Report the U.S. Postal Service abbreviation for the state providing previous coverage.  NOT APPLICABLE: WI	(A)	51–52	2						
5	<b>PRIOR POLICY INSURANCE COMPANY CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions of the insurance company providing previous coverage.  OPTIONAL: WI	(N)	53–57	5						
6	<b>PRIOR POLICY PERIOD FROM DATE</b> Report the effective date of the policy providing previous coverage, formatted YYYYMMDD.  OPTIONAL: WI	(N)	58–65	8						
7	<b>PRIOR POLICY PERIOD TO DATE</b> Report the expiration date of the policy providing previous coverage, formatted YYYYMMDD. If the policy has been canceled, report the cancellation date.  OPTIONAL: WI	(N)	66–73	8						
8	<b>PRIOR POLICY NUMBER</b> Report the policy number of the policy providing previous coverage.  OPTIONAL: WI	(AN)	74–91	18						
9	<b>PRIOR POLICY ANNUAL PREMIUM</b> Report the annual premium in dollars of the policy providing previous coverage.  NOT APPLICABLE: WI	(N)	92–101	10						
10	<b>PRIOR POLICY IN FORCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Workers Compensation Insurance coverage is currently in force.</td> </tr> <tr> <td>N</td> <td>Workers Compensation Insurance coverage is not currently in force.</td> </tr> </tbody> </table> NOT APPLICABLE: NC, WI	Code	Description	Y	Workers Compensation Insurance coverage is currently in force.	N	Workers Compensation Insurance coverage is not currently in force.	(A)	102	1
Code	Description									
Y	Workers Compensation Insurance coverage is currently in force.									
N	Workers Compensation Insurance coverage is not currently in force.									
11	<b>PRIOR POLICY STATE</b> Report the U.S. Postal Service abbreviation for the state providing previous coverage.  NOT APPLICABLE: WI	(A)	103–104	2						

**XI. PRIOR POLICY INSURANCE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes						
12	<b>PRIOR POLICY INSURANCE COMPANY CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions of the insurance company providing previous coverage.  OPTIONAL: WI	(N)	105-109	5						
13	<b>PRIOR POLICY PERIOD FROM DATE</b> Report the effective date of the policy providing previous coverage, formatted YYYYMMDD.  OPTIONAL: WI	(N)	110-117	8						
14	<b>PRIOR POLICY PERIOD TO DATE</b> Report the expiration date of the policy providing previous coverage, formatted YYYYMMDD. If the policy has been canceled, report the cancellation date.  OPTIONAL: WI	(N)	118-125	8						
15	<b>PRIOR POLICY NUMBER</b> Report the policy number of the policy providing previous coverage.  OPTIONAL: WI	(AN)	126-143	18						
16	<b>PRIOR POLICY ANNUAL PREMIUM</b> Report the annual premium in dollars of the policy providing previous coverage.  NOT APPLICABLE: WI	(N)	144-153	10						
17	<b>PRIOR POLICY IN FORCE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Workers Compensation Insurance coverage is currently in force.</td> </tr> <tr> <td>N</td> <td>Workers Compensation Insurance coverage is not currently in force.</td> </tr> </tbody> </table> NOT APPLICABLE: WI	Code	Description	Y	Workers Compensation Insurance coverage is currently in force.	N	Workers Compensation Insurance coverage is not currently in force.	(A)	154	1
Code	Description									
Y	Workers Compensation Insurance coverage is currently in force.									
N	Workers Compensation Insurance coverage is not currently in force.									
18	<b>PRIOR POLICY STATE</b> Report the U.S. Postal Service abbreviation for the state providing previous coverage.  NOT APPLICABLE: WI	(A)	155-156	2						
19	<b>PRIOR POLICY INSURANCE COMPANY CODE</b> Report the 5-digit code assigned by NCCI or other jurisdictions of the insurance company providing previous coverage.  OPTIONAL: WI	(N)	157-161	5						
20	<b>PRIOR POLICY PERIOD FROM DATE</b> Report the effective date of the policy providing previous coverage, formatted YYYYMMDD.  OPTIONAL: WI	(N)	162-169	8						
21	<b>PRIOR POLICY PERIOD TO DATE</b> Report the expiration date of the policy providing previous coverage, formatted YYYYMMDD. If the policy has been canceled, report the cancellation date.  OPTIONAL: WI	(N)	170-177	8						

**XI. PRIOR POLICY INSURANCE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes						
22	<b>PRIOR POLICY NUMBER</b> Report the policy number of the policy providing previous coverage.  OPTIONAL: WI	(AN)	178–195	18						
23	<b>PRIOR POLICY ANNUAL PREMIUM</b> Report the annual premium in dollars of the policy providing previous coverage.  NOT APPLICABLE: WI	(N)	196–205	10						
24	<b>PRIOR POLICY IN FORCE INDICATOR</b> Report “Y” (Yes) or “N” (No) in this field as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Workers Compensation Insurance coverage is currently in force.</td> </tr> <tr> <td>N</td> <td>Workers Compensation Insurance coverage is not currently in force.</td> </tr> </tbody> </table> NOT APPLICABLE: WI	Code	Description	Y	Workers Compensation Insurance coverage is currently in force.	N	Workers Compensation Insurance coverage is not currently in force.	(A)	206	1
Code	Description									
Y	Workers Compensation Insurance coverage is currently in force.									
N	Workers Compensation Insurance coverage is not currently in force.									
25	<b>RESERVED FOR FUTURE USE</b>		207–350	144						

**XII. PREMIUM CALCULATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "12".	(AN)	49-50	2
4	<b>RESERVED FOR FUTURE USE</b>		51-52	2
5	<b>MANUAL PREMIUM TOTAL</b> Report the sum of premium for all class codes listed on the policy in whole dollars.	(N)	53-62	10
6	<b>INCREASE LIMITS PREMIUM</b> Report the premium charge in whole dollars associated with the increased limits of liability.  NOT APPLICABLE: NC	(N)	63-72	10
7	<b>RESERVED FOR FUTURE USE</b>		73-74	2
8	<b>SUBJECT PREMIUM TOTAL</b> Report the sum of Manual Premium Total (Position 53-62) plus Increase Limits Premium (Position 63-72) in whole dollars.  NOT APPLICABLE: MN, NC	(N)	75-84	10
9	<b>RESERVED FOR FUTURE USE</b>		85-95	11
10	<b>DIA ASSESSMENT RATE (MA ONLY)</b> Report the DIA Assessment rate. There is an assumed decimal between Positions 96 and 97.	(N)	96-99	4
11	<b>DIA ASSESSMENT CHARGE (MA ONLY)</b> Report the DIA Assessment charge in whole dollars.	(N)	100-109	10
12	<b>TOTAL ESTIMATED ANNUAL PREMIUM AMOUNT</b> Report the sum of the Standard Premium Total plus credits or debits derived from any applicable Deductible, ARAP, Premium Discount, Former Self-Insurers Charge, QLMP, Expense Constant and/or Terrorism Charge in whole dollars.	(N)	110-119	10
13	<b>TOTAL ESTIMATED ANNUAL PREMIUM AND DIA ASSESSMENT AMOUNT (MA ONLY)</b> Report the sum of Total Estimated Annual Premium plus the DIA Assessment charge in whole dollars.	(N)	120-129	10
14	<b>DEPOSIT PREMIUM PERCENTAGE</b> There is an assumed decimal between Position 130 and 131  NOT APPLICABLE: MA	(N)	130-134	5

**XII. PREMIUM CALCULATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes												
15	<b>INSTALLMENT BASIS/OPTION CODE</b> Report the 1-digit code for the type of Installment Basis:	(N)	135	1												
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual-100%</td> </tr> <tr> <td>2</td> <td>Semi-Annual-75%</td> </tr> <tr> <td>3</td> <td>Quarterly-50%</td> </tr> <tr> <td>4</td> <td>Monthly-25%</td> </tr> <tr> <td>5</td> <td>Balance due in 90 days-50% (WI ONLY)</td> </tr> </tbody> </table>	Code	Description	1	Annual-100%	2	Semi-Annual-75%	3	Quarterly-50%	4	Monthly-25%	5	Balance due in 90 days-50% (WI ONLY)			
Code	Description															
1	Annual-100%															
2	Semi-Annual-75%															
3	Quarterly-50%															
4	Monthly-25%															
5	Balance due in 90 days-50% (WI ONLY)															
	NOT APPLICABLE: NC															
	NOT APPLICABLE: Code 2 for MN, WI															
16	<b>PAYROLL AMOUNTS LOWER INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	136	1												
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Payroll amounts are lower than most recent policy or audit.</td> </tr> <tr> <td>N</td> <td>Payroll amounts are not lower than most recent policy or audit.</td> </tr> </tbody> </table>	Code	Description	Y	Payroll amounts are lower than most recent policy or audit.	N	Payroll amounts are not lower than most recent policy or audit.									
Code	Description															
Y	Payroll amounts are lower than most recent policy or audit.															
N	Payroll amounts are not lower than most recent policy or audit.															
	NOT APPLICABLE: DE, MA, NC, WI															
17	<b>PREMIUM DUE TOTAL</b> Report the sum of Total Estimated Annual Premium Amount (Position 110-119) minus Assignment Deposit Premium Total (Header Record – Record Type Code 01, Positions 94-103).	(N)	137–148	12												
	NOT APPLICABLE: MI, MA															
18	<b>DEDUCTIBLE PER CLAIM CODE (MA ONLY)</b> Report the 1-digit code for the claim deductible amount:	(N)	149	1												
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>500</td> </tr> <tr> <td>2</td> <td>1,000</td> </tr> <tr> <td>3</td> <td>2,000</td> </tr> <tr> <td>4</td> <td>2,500</td> </tr> <tr> <td>5</td> <td>5,000</td> </tr> </tbody> </table>	Code	Description	1	500	2	1,000	3	2,000	4	2,500	5	5,000			
Code	Description															
1	500															
2	1,000															
3	2,000															
4	2,500															
5	5,000															
19	<b>RESERVED FOR FUTURE USE</b>		150–350	201												

**XIII. APPLICANTS STATEMENT RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1–46	46
2	<b>RESERVED FOR FUTURE USE</b>		47–48	2
3	<b>RECORD TYPE CODE</b> Report "13".	(AN)	49–50	2
4	<b>SUB RECORD TYPE CODE – DECLINATION NUMBER</b>	(N)	51	1
	NOTE: Use 1 for first declination and increment for any subsequent declination records.			
5	<b>APPLICANT DECLINATION STATEMENT NAME OF INSURANCE CO</b> Report the name of the insurance company declining to insure the applicant. NOT APPLICABLE: MI, NC, WI	(AN)	52–111	60
6	<b>APPLICANT DECLINATION STATEMENT FULL NAME OF UNDERWRITER</b> Report the name of the insurance company's representative declining to insure the applicant. NOT APPLICABLE: MI, NC, WI	(AN)	112–171	60
7	<b>APPLICANT DECLINATION STATEMENT SOLICITATION DATE</b> Report the date the applicant was declined insurance, formatted YYYYMMDD. NOT APPLICABLE: MI, NC, WI	(N)	172–179	8
8	<b>APPLICANT DECLINATION STATEMENT TELEPHONE NUMBER OF REPRESENTATIVE DECLINING</b> Report the telephone number of the insurance company's representative declining to insure the applicant. NOT APPLICABLE: MI, MN, NC, WI	(N)	180–189	10
9	<b>APPLICANT STATEMENT EMPLOYER SIGNATURE INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	190	1
	<b>Code</b> <b>Description</b>			
	Y              The Applicant Statement has been signed.			
	N              The Applicant Statement has not been signed.			
	NOTE: This field should be space filled for sub record type code – declination numbers greater than 1.			
10	<b>PRINTED SIGNATURE NAME OF PERSON SIGNING APPLICATION</b> If Applicant Statement Employer Signature Indicator is "Y", report the name of the person signing the application. NOT APPLICABLE: MN	(AN)	191–250	60
	NOTE: This field should be space filled for sub record type code – declination numbers greater than 1.			
11	<b>TITLE OF PERSON SIGNING THE APPLICATION</b> If Applicant Statement Employer Signature Indicator is "Y", report the title of the person signing the application. NOT APPLICABLE: MN, WI	(AN)	251–310	60
	NOTE: This field should be space filled for sub record type code – declination numbers greater than 1.			

**XIII. APPLICANTS STATEMENT RECORD**

Field No.	Field Title/Description	Class	Position	Bytes						
12	<b>APPLICANT STATEMENT EMPLOYER SIGNATURE DATE</b>  If Applicant Statement Employer Signature Indicator is "Y", report the date the person signed the application, formatted YYYYMMDD.  NOTE: This field should be space filled for sub record type code – declination numbers greater than 1.	(N)	311–318	8						
13	<b>COMPLIANCE INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this filed as applicable.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The Applicant agrees to the compliance terms and conditions as stated on the application.</td> </tr> <tr> <td>N</td> <td>The Applicant does not agree to the compliance terms and conditions as stated on the application.</td> </tr> </tbody> </table> NOTE: This field should be space filled for sub record type code – declination numbers greater than 1.	Code	Description	Y	The Applicant agrees to the compliance terms and conditions as stated on the application.	N	The Applicant does not agree to the compliance terms and conditions as stated on the application.	(A)	319	1
Code	Description									
Y	The Applicant agrees to the compliance terms and conditions as stated on the application.									
N	The Applicant does not agree to the compliance terms and conditions as stated on the application.									
14	<b>RESERVED FOR FUTURE USE</b>		320–350	31						

**XIV. AGENT IDENTIFICATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "14".	(AN)	49-50	2
4	<b>AGENT NAME</b> Name of the agent signing the application.  OPTIONAL: WI	(AN)	51-80	30
5	<b>NAME OF AGENCY</b> Report the name of the agency responsible for placing the application.  OPTIONAL: WI	(AN)	81-110	30
6	<b>RESERVED FOR FUTURE USE</b>		111-350	240



**XV. AGENT SECTION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "15".	(AN)	49-50	2
4	<b>AGENT'S TELEPHONE NUMBER</b> The general telephone number of the agent or agency, formatted 3-digit area code followed by 7-digit phone number.  OPTIONAL: WI	(N)	51-60	10
5	<b>AGENT'S FAX NUMBER</b> The general fax number of the agent or agency, formatted 3-digit area code followed by 7-digit phone number.  NOT APPLICABLE: MI, MN  OPTIONAL: WI	(N)	61-70	10
6	<b>AGENT'S E-MAIL ADDRESS</b> The E-mail address of the agent.  OPTIONAL: WI	(AN)	71-100	30
7	<b>AGENCY FEIN</b> Report the Federal Identification Number corresponding to the agency being reported.  OPTIONAL: WI	(AN)	101-109	9
8	<b>AGENT'S SOCIAL SECURITY NUMBER</b> Report the identification number corresponding to the agent signing the application.  NOT APPLICABLE: MA  OPTIONAL: WI	(AN)	110-118	9
9	<b>AGENT'S SERVICE FEE INDICATOR (MN ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code      Description</b> Y            The Agent is charging a service fee. N            The Agent is not charging a service fee.	(A)	119	1
10	<b>AGENT'S SIGNATURE DATE</b> Report the date the agent signed the application, formatted YYYYMMDD.  NOT APPLICABLE: NC	(N)	120-127	8
11	<b>RESIDENT/NON-RESIDENT LICENSE CODE</b> Report the 1-digit code identifying whether the agents license is resident or non-resident:  <b>Code      Description</b> 1            Resident 2            Non-Resident  NOT APPLICABLE: DE, MI, MN, NC	(N)	128	1

**XV. AGENT SECTION RECORD (CONT'D)**

<b>Field No.</b>	<b>Field Title/Description</b>	<b>Class</b>	<b>Position</b>	<b>Bytes</b>
12	<b>LICENSE NUMBER</b> Report the agent's license number.  NOT APPLICABLE: MI, MN, NC	(AN)	129-138	10
13	<b>LICENSE NUMBER STATE CODE</b> Report the state code for the State that issued the agent's license number.  NOT APPLICABLE: DE, MI, MN, NC	(N)	139-140	2
14	<b>RESERVED FOR FUTURE USE</b>		141-350	210

**XVI. REMARKS RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>RESERVED FOR FUTURE USE</b>		47-48	2
3	<b>RECORD TYPE CODE</b> Report "16".	(AN)	49-50	2
4	<b>REMARK TYPE CODE</b> Report the remark type code from the following list:	(N)	51-53	3
	<b>Code Description</b>			
	001 Contains Remarks text when the Remarks Indicator (General Information Record – Record Type 07, Position 206) is "Y".			
	002 Contains entity name, balance and policy number(s) when the Unpaid Premium Due Indicator (General/Supplemental Information Record – Record Type 08, Position 107) is "Y".			
	003 Contains an explanation for Bureau consideration when the In Dispute Indicator (General/Supplemental Information Record – Record Type 08, Position 108) is "Y".			
	004 Contains the description of the business and operations when the Description of Business and Operations Indicator (General/Supplemental Information Record – Record Type 08, Position 125) is "Y".			
	005 Contains a detailed explanation when the Applicant Related to Entity Indicator (General/Supplemental Information Record – Record Type 08, Position 126) is "Y".			
	006 Contains full details of an offer of voluntary coverage when the Offers of Voluntary Coverage Indicator (General/Supplemental Information Record – Record Type 08, Position 128) is "Y".			
	007 Contains full details of an outstanding audit or inspection on a prior workers' compensation policy when the Outstanding Audit or Inspection on a Prior Workers' Compensation Policy Indicator (General/Supplemental Information Record - Record Type 08, Position 133) is "Y".			
	998 Contains DCO Statement/Instruction.			
	999 Contains free-form Text.			
5	<b>REMARK TYPE SEQUENCE NUMBER</b> Report "001" for the first Text Record of a Remark Type Code. Report the next sequential number for each additional Remarks Record for the Remark Type Code.	(N)	54-56	3
6	<b>REMARK TEXT</b> Report the text of the Remark	(AN)	57-306	250
7	<b>RESERVED FOR FUTURE USE</b>		307-350	44

**XVII. ATTACHMENTS IDENTIFICATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>LINK DATA</b>		1-46	46
2	<b>STATE CODE</b> Report the U.S. Postal Service abbreviation for which the indicated attachment(s) apply.  NOT APPLICABLE: WI	(A)	47-48	2
3	<b>RECORD TYPE CODE</b> Report "17".	(AN)	49-50	2
4	<b>PREMIUM FINANCE AGREEMENT ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y A copy of the premium finance agreement is attached. N A copy of the premium finance agreement is not attached.  NOT APPLICABLE: MN, NC	(A)	51	1
5	<b>LABOR CONTRACTOR SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y An Employee Leasing Supplemental Application, Side A is attached. N An Employee Leasing Supplemental Application, Side A is not attached.	(A)	52	1
6	<b>CLIENT SUPPLEMENTAL EMPLOYEE LEASING APPLICATION ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y An Employee Leasing Supplemental Application, Side B is attached. N An Employee Leasing Supplemental Application, Side B is not attached.	(A)	53	1
7	<b>TRUCKERS SUPPLEMENTAL APPLICATION ATTACHED INDICATOR (DE ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y A Truckers Supplemental Application is attached. N A Truckers Supplemental Application is not attached.	(A)	54	1
8	<b>WISCONSIN SUPPLEMENTARY NON ELECTION FORM ATTACHED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.  <b>Code Description</b> Y A Wisconsin Supplementary Non Election Form is attached. N A Wisconsin Supplementary Non Election Form is not attached.	(A)	55	1

**XVII. ATTACHMENTS IDENTIFICATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
9	<b>WISCONSIN SUPPLEMENTARY ELECTION OF COVERAGE FORM ATTACHED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	56	1
	<b>Code Description</b>			
	Y A Wisconsin Supplementary Election of Coverage Form is attached.			
	N A Wisconsin Supplementary Election of Coverage Form is not attached.			
10	<b>WISCONSIN SUPPLEMENTARY LIMITED OTHER STATES COVERAGE REQUEST ATTACHED INDICATOR (WI ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	57	1
	<b>Code Description</b>			
	Y A Wisconsin Supplementary Limited Other States Coverage Request is attached.			
	N A Wisconsin Supplementary Limited Other States Coverage Request is not attached.			
11	<b>EXPERIENCE MOD RATING/MERIT RATING ADJUSTMENT WORKSHEET ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	58	1
	<b>Code Description</b>			
	Y An Experience Mod Rating Worksheet is attached.			
	N An Experience Mod Rating Worksheet is not attached.			
	NOT APPLICABLE: MN			
12	RESERVED FOR FUTURE USE	(A)	59-60	2

**XVII. ATTACHMENTS IDENTIFICATION RECORD(CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
13	<b>BANKRUPTCY FILING ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	61	1
	<b>Code</b> <b>Description</b>			
	Y            A Bankruptcy Filing is attached.			
	N            A Bankruptcy Filing is not attached.			
	NOT APPLICABLE: DE, MI, MN, NC			
14	<b>OUTSTANDING BALANCE DISPUTE / PREMIUM AGREEMENT CORRESPONDENCE ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	62	1
	<b>Code</b> <b>Description</b>			
	Y            Outstanding Balance Dispute/Premium Agreement Correspondence is attached.			
	N            Outstanding Balance Dispute/Premium Agreement Correspondence is not attached.			
15	<b>ERM-14 OWNERSHIP FORM ATTACHED INDICATOR</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	63	1
	<b>Code</b> <b>Description</b>			
	Y            An ERM-14 Ownership Form is attached.			
	N            An ERM-14 Ownership Form is not attached.			
	NOT APPLICABLE: MI, MN, NC			
16	<b>COPY OF NONRENEWAL OR CANCELLATION ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	64	1
	<b>Code</b> <b>Description</b>			
	Y            A copy of the nonrenewal or cancellation is attached.			
	N            A copy of the nonrenewal or cancellation is not attached.			
17	<b>COPY OF APPROVED DIA FORM 153, AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS, ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	65	1
	<b>Code</b> <b>Description</b>			
	Y            A copy of the approved DIA Form 153 is attached.			
	N            A copy of the approved DIA Form 153 is not attached.			

**XVII. ATTACHMENTS IDENTIFICATION RECORD(CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
18	<b>COPY OF LETTER FROM SOLE PROPRIETOR OR PARTNERS ELECTING COVERAGE ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	66	1
	<b>Code Description</b>			
	Y A copy of the sole proprietor or partner's letter electing coverage is attached.			
	N A copy of the sole proprietor or partner's letter electing coverage is not attached.			
19	<b>COPY OF FORM 941S OR DET FORM 1S ATTACHED INDICATOR (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	67	1
	<b>Code Description</b>			
	Y A copy of Form 941s or DET Form 1s is attached.			
	N A copy of Form 941s or DET Form 1s is not attached.			
20	<b>COPY OF MASSACHUSETTS TEMPORARY EMPLOYMENT AFFIDAVIT (MA ONLY)</b> Report "Y" (Yes) or "N" (No) in this field as applicable.	(A)	68	1
	<b>Code Description</b>			
	Y A copy of Massachusetts Temporary Employment Affidavit is attached.			
	N A copy of Massachusetts Temporary Employment Affidavit is not attached.			
21	<b>RESERVED FOR FUTURE USE</b>		69-350	282

**DCO DIFFERENCES  
IN WCNOA SPECIFICATIONS**

	MA	MI	MN	NC	DE	WI
<b>LINK DATA</b>						
Carrier Code						
Notice of Assignment Identifier						
Revision Indicator						
Assignment Effective Date						
Assignment Issue Date						
<b>HEADER RECORD – 01</b>						
Record Type Code						
Experience Rating Code			N/A		N/A	
Interstate Risk ID Number			N/A		N/A	
Assignment Expiration Date			N/A			N/A
Employee Leasing Policy Type Code		N/A	N/A	N/A	N/A	N/A
Legal Nature of Insured Code						
Policy Minimum Premium Amount						
Policy Estimated Standard Premium Total						
Assignment Deposit Premium Total		N/A				
Audit Frequency Code	N/A	N/A	N/A		N/A	
Billing Frequency Code	N/A	N/A	+	+	N/A	+
Retrospective Rating Code		OPT	N/A		N/A	
Employers Liability Limit Amounts		OPT				OPT
Text of Other Legal Nature of Insured		OPT				
<b>NAME RECORD - 02</b>						
Record Type Code						
Type of Name Code			+			
Name Link Identifier						
Insured Name						
Applicant Federal Employer ID No. (FEIN)						OPT



	MA	MI	MN	NC	DE	WI
Applicant Social Security Number		N/A		N/A		OPT
Continuation Sequence Number						
State Code	N/A	N/A		N/A	N/A	N/A
State Unemployment Number	N/A	N/A		N/A	N/A	N/A
<b>ADDRESS RECORD - 03</b>						
Record Type Code						
Type of Address Code	+	+	+	+	+	+
Foreign Address Indicator						
Address Structure Code			+			
Address						
Name/Address/Exposure Link						
Geographic Area						
Country Code						
<b>STATE PREMIUM RECORD - 04</b>						
State Code						
Record Type Code						
Independent DCO Risk ID No/File No	OPT			OPT	OPT	
Experience Modification Factor/Merit Rating Factor						
Experience Modification Status Code			N/A			
Other Individual Risk Rating Factor	N/A		N/A		N/A	N/A
Estimated State Standard Premium Total						
Expense Constant Amount						
Loss Constant Amount		N/A	N/A	N/A	N/A	N/A
Premium Discount Amount	N/A	N/A	N/A			N/A
Anniversary Rating Date	+	OPT				
<b>EXPOSURE RECORD - 05</b>						
State Code						
Record Type Code						
Classification Code						
Exposure Act/Exposure Coverage Code						
Manual Charged Rate						

	MA	MI	MN	NC	DE	WI
Exposure Period Effective Date			N/A		N/A	
Estimated Exposure Amount						
Estimated Premium Amount						
Exposure Period Code		OPT	N/A		N/A	OPT
Name/Address/Exposure Link						
<b>GENERAL INFORMATION RECORD – 07</b>						
Record Type Code						
Coverage Desired Date/Requested Effective Date		N/A				
Combinable ID Number		N/A	N/A	N/A	N/A	
Application Received Date				N/A		
Applicant Telephone Number						OPT
Applicant Fax Number		N/A	N/A		N/A	OPT
Applicant Email Address						OPT
Contact Person		N/A	N/A		N/A	
Contact Person Telephone Number		N/A	N/A		N/A	OPT
Applicant Number of Years in Business	N/A	N/A	N/A	OPT	N/A	OPT
State Code of State Developing Highest Payroll	N/A		N/A		N/A	N/A
Remarks Indicator						
Payment Type Code				N/A		
Deposit Check/Elec. Fund Transfer Amt.						
Deposit Check/Elec. Fund Transfer Date			N/A	N/A	N/A	N/A
Deposit Check/Elec. Fund Transfer No.			N/A	N/A	N/A	N/A
Application ID Number		N/A	N/A	N/A	N/A	OPT
User ID		N/A	N/A	N/A	N/A	OPT
Letter ID		N/A	N/A	N/A	N/A	N/A
<b>GENERAL/SUPPLEMENTAL INFORMATION RECORD – 08</b>						
Record Type Code						

	<b>MA</b>	<b>MI</b>	<b>MN</b>	<b>NC</b>	<b>DE</b>	<b>WI</b>
Self – Insured Termination Date			N/A	N/A	N/A	N/A
Admiralty Cov. I or Cov. II Increased Limits 25000/25000 – Vol. Comp		N/A	N/A	N/A	N/A	N/A
Bankruptcy Indicator			N/A	N/A	N/A	
Lease Employees to Other Co. Indicator	N/A				N/A	N/A
Lease Employees From Other Co. Ind.	N/A				N/A	N/A
Lease Workers From a Labor Contractor		N/A	N/A	N/A	N/A	N/A
Lease Workers To Client Co. Indicator		N/A	N/A	N/A	N/A	N/A
Seeking To Cover the Leased Workers Indicator		N/A	N/A		N/A	N/A
Temporary Help Agency Indicator				N/A	N/A	N/A
Unpaid Premium Due Indicator			N/A	N/A		N/A
Unpaid Premium In Dispute Indicator		N/A	N/A	N/A	N/A	N/A
Aircraft/Watercraft Indicator	N/A	N/A	N/A	N/A	N/A	
Barges/Vessels/Docks/Bridges Over Water Indicator	N/A	N/A	N/A	N/A	N/A	
Use Independent Contractors Indicator		N/A		N/A		N/A
Work Sublet Without Certificates of Insurance Indicator		N/A	N/A	N/A	N/A	
Formal Safety Program Indicator	N/A	N/A	N/A	N/A	N/A	
Employ Drivers Indicator	N/A	N/A	N/A	N/A	N/A	
Travel Out of State Indicator	N/A	N/A	N/A	N/A	N/A	
Athletic Teams Sponsored Indicator	N/A	N/A	N/A	N/A	N/A	
Prior Coverage Declined/Cancelled/ Non- Renewed Indicator	N/A	N/A	N/A	N/A		N/A
Employee Health Plans Provided	N/A	N/A	N/A	N/A	N/A	

	MA	MI	MN	NC	DE	WI
Labor Interchange Indicator	N/A	N/A	N/A	N/A	N/A	
Employees Work at Home Indicator	N/A	N/A	N/A	N/A	N/A	
Trucking Classifications Apply Indicator	N/A	N/A	N/A			N/A
Description of Business/Operations Ind.						
Applicant related to Entity Indicator	N/A		N/A	N/A		N/A
Sub-Contractors User Indicator		N/A		N/A		N/A
Offers of Voluntary Coverage Indicator		N/A	N/A	N/A	N/A	N/A
Certificate of Insurance Indicator	N/A		N/A	N/A	N/A	
Other States Coverage Indicator	N/A		N/A	N/A		
U S L & H Indicator			N/A			
Premium Finance Indicator				N/A		
Outstanding Auditor Inspection on Prior WC Policy Indicator		N/A	N/A	N/A	N/A	N/A
Waiver of Our Rights Indicator			N/A	N/A		
Former Self Insurers Charge Indicator		N/A	N/A	N/A	N/A	N/A
Supplemental Applications Indicator	N/A	N/A	N/A			
<b>SUPPLEMENTAL/ELECTIONS INFORMATION RECORD – 09</b>						
Record Type Code						
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Name						
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Title				N/A		N/A
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Duties				N/A		N/A
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. % of Ownership				N/A	N/A	N/A
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Social Security Number	N/A			N/A	N/A	N/A
Applicant Corp Officer/Sole Prop/ Partner/Member of LLC CO. Salary				N/A		N/A
Subject to Mins & Maxs Indicator	N/A			N/A		

	MA	MI	MN	NC	/DE	WI
Classification Code		N/A	N/A	N/A	N/A	
Elect or Reject Coverage	N/A		N/A	N/A		
Corp Officer Election to be Exempt		N/A	N/A	N/A	N/A	N/A
Sole Prop or Partner Election for Coverage		N/A	N/A	N/A	N/A	N/A
<b>INSURANCE RECORD – 10</b>						
Record Type Code						
No Previous Coverage In This State						OPT
No Previous Insurance Code			N/A	N/A		OPT
Previous Coverage in Any Other State Indicator			N/A	N/A	N/A	N/A
Previous Assigned Risk Coverage				N/A	N/A	N/A
Insurance – Name/Ownership Change						
Insurance – Name/Ownership Change Previous Name						
Insurance – Name/Ownership Change Date of Change						
Sale/Transfer/Conveyance of Ownership		N/A	N/A	N/A	N/A	N/A
Asset Purchase or Take Over Indicator		N/A	N/A	N/A	N/A	N/A
Business Purchase Indicator	N/A				N/A	
Ownership Interest in Any Other Business Indicator			N/A	N/A	N/A	OPT
<b>PRIOR POLICY INSURANCE RECORD - 11</b>						
Record Type Code						
Prior Policy State						N/A
Prior Policy Insurance Company						OPT
Prior Policy Period From Date						OPT
Prior Policy Period To Date						OPT
Prior Policy Number						OPT
Prior Policy Annual Premium						N/A
Prior Policy in Force Indicator				N/A		N/A

	MA	MI	MN	NC	/DE	WI
<b>PREMIUM CALCULATION RECORD – 12</b>						
Record Type Code						
Manual Premium Total						
Increased Limits Premium				N/A		
Subject Premium Total			N/A	N/A		
DIA Assessment Rate		N/A	N/A	N/A	N/A	N/A
DIA Assessment Charge		N/A	N/A	N/A	N/A	N/A
Total Estimated Annual Premium Amt.						
Total estimated Annual Premium And DIA Assessment Amount		N/A	N/A	N/A	N/A	N/A
Deposit Premium Percentage	N/A					
Installment Basis/Option Code			+	N/A		+
Payroll Amounts Lower Indicator	N/A			N/A	N/A	N/A
Premium Due	N/A	N/A				
Deductible Per Claim		N/A	N/A	N/A	N/A	N/A
<b>APPLICANTS STATEMENT RECORD – 13</b>						
Record Type Code						
Applicant Declination Statement Name of Insurance Co		N/A		N/A		N/A
Applicant Declination Statement Full Name of Underwriter		N/A		N/A		N/A
Applicant Declination Statement Solicitation Date		N/A		N/A		N/A
Applicant Declination Statement Phone No. of Rep. Declining		N/A	N/A	N/A		N/A
Applicant Statement Employer Signature						
Printed Signature of Person Signing Application			N/A			
Title of Person Signing the Application			N/A			N/A
Applicant Statement Employer Signature Date						
Compliance Indicator		N/A	N/A	N/A	N/A	N/A

	MA	MI	MN	NC	DE	WI
<b>AGENT IDENTIFICATION RECORD - 14</b>						
Record Type Code						
Agent Name						OPT
Name of Agency						OPT
<b>AGENT SECTION RECORD – 15</b>						
Record Type Code						
Agent's Telephone Number						OPT
Agent's Fax Number		N/A	N/A			OPT
Agent's Email Address						OPT
Agency FEIN						OPT
Agent's Social Security Number	N/A					OPT
Agent's Service Fee Indicator	N/A	N/A		N/A	N/A	N/A
Agent's Signature Date				N/A		
Resident/Non-Resident License Code		N/A	N/A	N/A	N/A	
License Number		N/A	N/A	N/A		
License Number State Code		N/A	N/A	N/A	N/A	
<b>REMARKS RECORD – 16</b>						
Record Type Code						
Remarks Type Code						
Remark Type Sequence Number						
Remark Text						
<b>ATTACHMENTS IDENTIFICATION RECORD - 17</b>						
State Code						N/A
Record Type Code						
Premium Finance Agreement Attached			N/A	N/A		
Labor Contractor Supplemental Employee Leasing Application Attached		N/A	N/A	N/A	N/A	N/A
Client Supplemental Employee Leasing Application Attached		N/A	N/A	N/A	N/A	N/A
Truckers Supplemental Application Attached	N/A	N/A	N/A	N/A		N/A
Wisconsin Supplementary Non Election Form Attached	N/A	N/A	N/A	N/A	N/A	

	<b>MA</b>	<b>MI</b>	<b>MN</b>	<b>NC</b>	<b>DE</b>	<b>WI</b>
Wisconsin Supplementary Election of Coverage Form Attached	N/A	N/A	N/A	N/A	N/A	
Wisconsin Supplementary Limit Other States Coverage Request Attached	N/A	N/A	N/A	N/A	N/A	
Experience Mod Rating/Merit Rating Adjustment Worksheet Attached			N/A			
Bankruptcy Filing Attached		N/A	N/A	N/A	N/A	
Outstanding Balance Dispute/Premium Agreement Correspondence Attached		N/A	N/A	N/A	N/A	N/A
ERM - 14 Ownership Form Attached		N/A	N/A	N/A		
Copy of Nonrenewal or Cancellation Attached		N/A	N/A	N/A	N/A	N/A
Copy of Approved DIA Form 153, Affidavit of Exemption for Certain Corporate Officers, Attached		N/A	N/A	N/A	N/A	N/A
Copy of Letter from Sole Prop. Or Partners electing Coverage Attached		N/A	N/A	NA	NA	N/A
Copy of Form 941S or DET form 1S		N/A	N/A	N/A	N/A	N/A
Copy of MA Temporary Employment Affidavit		N/A	N/A	N/A	N/A	N/A



**RESERVED FOR FUTURE USE**

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

**SECTION 4**

**APPENDICES**

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

**APPENDIX I**

**EXPOSURE ACT/EXPOSURE COVERAGE CODES**

**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**

**Michigan**            Only Codes 11, 21, 31 and 41 will be applicable

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**EXPOSURE ACT/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	Reserved to conform to WCPOLS
04	Reserved to conform to WCPOLS
05	Reserved to conform to WCPOLS
06	Excluding Medical (MN)
07	Reserved to conform to WCPOLS
08	Reserved for Future Use
09	Reserved to conform to WCPOLS
10	Voluntary Compensation Coverage (DE and PA Only)