

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION CONTROL LISTINGS  
(WCCNTL) ELECTRONIC SPECIFICATIONS  
FOR DISTRIBUTION OF WORKERS COMPENSATION  
UNIT REPORT CONTROL LISTINGS**

**WORKERS COMPENSATION CONTROL LISTINGS (WCCNTL) ELECTRONIC SPECIFICATIONS  
FOR DISTRIBUTION OF UNIT REPORT**

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**WCCNTL CONTACT PAGE**

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

Compensation Rating and Inspection Bureau of  
New Jersey  
Manager, MIS  
60 Park Place  
Newark, NJ 07102  
Telephone: 973-622-6014, ext. 268  
Fax: 973-622-1548

North Carolina Rate Bureau  
Industry Support Team  
5401 Six Forks Road  
Raleigh, NC 27609-4435  
Telephone: 919-783-9790, ext. 1050  
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau  
Jim Frost, Systems and Programming  
United Plaza Building – Suite 1500  
30 South 17<sup>th</sup> Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371

Pennsylvania Compensation Rating Bureau  
Jim Frost, Systems and Programming  
United Plaza Building – Suite 1500  
30 South 17<sup>th</sup> Street  
Philadelphia, PA 19103-4007  
Telephone: 215-568-2371

Insurance Services Office, Inc.  
Cliff Hall  
545 Washington Blvd  
Jersey City, NJ 07310-1686  
Telephone: 201-469-2228  
Fax: 201-469-2141  
E-mail: chall@iso.com

Wisconsin Compensation Rating Bureau  
Unit Stat Specialist  
P.O. Box 3080  
Milwaukee, WI 53226  
Telephone: 262-796-4570  
E-mail: kay.higgins@wcrb.org

Minnesota Workers Compensation Insurers  
Association, Inc.  
Pam R. Flaten  
Data Collection & Reporting Manager  
7701 France Avenue South, Suite 450  
Minneapolis, MN 55435  
Telephone: 952-897-6417  
Fax: 952-897-6495  
E-mail: pam.flaten@mwcia.org

Workers' Compensation Rating Bureau  
of California  
Customer Service  
525 Market Street, Suite 800  
San Francisco, CA 94105  
Telephone: 888-229-2472

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

Workers Compensation Rating and Inspection  
Bureau of Massachusetts  
Chief Information Officer  
101 Arch Street, 5th Floor  
Boston, MA 02110  
Telephone: 617-439-9030

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

**WORKERS COMPENSATION REPORTING SPECIFICATIONS (WCCNTL)**

**SECTION 1**

**RESERVED FOR FUTURE USE**

**WORKERS COMPENSATION REPORTING SPECIFICATIONS (WCCNTL)**

**SECTION 2**

**RECORD LAYOUTS**

Field No.	Field Title/Description	Class	Position	Bytes
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**I. DATA RECORD**

1	<b>CARRIER CODE</b>	(N)	1-5	5
2	<b>CARRIER GROUP CODE</b>	(N)	6-10	5
	NOT APPLICABLE: DE, PA			
3	<b>POLICY NUMBER IDENTIFIER</b> Alphanumeric characters used to uniquely identify the policy. No embedded blanks or marks of punctuation will be used.	(AN)	11-28	18
4	<b>RESERVED FOR FUTURE USE</b>		29	1
5	<b>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</b>	(AN)	30-35	6
6	<b>REPORT NUMBER CODE</b>	(AN)	36	1

Code	Description
1	First Report
2	Second Report
3	Third Report
4	Fourth Report
5	Fifth Report
6	Sixth Report
7	Seventh Report
8	Eighth Report
9	Ninth Report
A	Tenth Report

7	<b>POLICY EFFECTIVE DATE</b> Formatted: YYMMDD.	(N)	37-42	6
8	<b>POLICY EXPIRATION OR CANCELLATION DATE</b> Formatted: YYMMDD.	(N)	43-48	6
9	<b>BUREAU RISK ID NUMBER</b> NCCI 9-digit Risk ID, or Independent Bureau Risk Identification Number.	(AN)	49-57	9
10	<b>EXPERIENCE RATING STATUS CODE</b>	(N)	58	1

Code	Description
1	Not Experience Rated
2	Experience Rated

NOT APPLICABLE: NCCI

11	<b>BUREAU FOLDER CODE (CA ONLY)</b>	(A)	59	1
	<b>Code</b> <b>Description</b>			
	F        Bureau Folder			
	Blank    No Bureau Folder			

Field No.	Field Title/Description	Class	Position	Bytes
12	<b>EXTENDED TERM POLICY INDICATOR (NCCI ONLY)</b> <b>Indicator Description</b> Y Yes, policy is longer than one year and sixteen days, but less than three years. N No, policy is not an extended term policy.	(A)	60	1
13	<b>TYPE OF PLAN ID CODE</b> Report the 1-digit code:  <b>Code Description</b> 1 Voluntary Policy 2 Normal Assigned Risk Policy 3 Reserved for Future Use 4 Reserved for Future Use 5 Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only) 6 Reserved for Future Use 7 Assigned Risk Policy originally assigned by another DCO (NC only)  NOT APPLICABLE: CA, NCCI, NY	(N)	61	1
14	<b>NAME OF INSURED</b> All or portion of insured's name accommodated by field.	(AN)	62-141	80
15	<b>RESERVED FOR FUTURE USE</b>		142-143	2
16	<b>STATE CODE</b> Report the 2-digit code for the state covered by this record.	(N)	144-145	2
17	<b>RESERVED FOR FUTURE USE</b>		146-153	2
18	<b>INSURER ISSUING/SERVICING OFFICE NUMBER (NCCI ONLY)</b> The 3-digit Insurer Issuing/Service Office Number is assigned by NCCI to identify each carrier issuing/servicing office address for each carrier code. The addresses associated with these numbers will be mailed via hard copy (Insurer Issuing Office List) to the insurer on a quarterly basis.	(N)	154-156	3
19	<b>RESERVED FOR FUTURE USE</b>		157-175	19
20	<b>NUMBER OF MONTHS OVERDUE (NCCI ONLY)</b> Number of months unit report is overdue based on due date (i.e. 20 months after Policy Effective Date )	(N)	176-177	2
21	<b>RESERVED FOR FUTURE USE</b>		178-296	119

Field No.	Field Title/Description	Class	Position	Bytes						
22	<b>FINE AMOUNT</b> Report in whole dollars.  NOT APPLICABLE: CA, NCCI, NJ	(N)	297-303	7						
23	<b>NUMBER OF TIMES INSURER NOTIFIED</b> Number of times insurer has been notified.  NOT APPLICABLE: CA, NCCI, NJ	(N)	304-305	2						
24	<b>CANCEL CODE</b>  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not Canceled</td> </tr> <tr> <td>2</td> <td>Interim Cancellation</td> </tr> </tbody> </table> NOT APPLICABLE: NCCI	Code	Description	1	Not Canceled	2	Interim Cancellation	(N)	306	1
Code	Description									
1	Not Canceled									
2	Interim Cancellation									
25	<b>REVISED POLICY NUMBER IDENTIFIER (INSURER USE ONLY)</b> Enter revised policy number if policy number in Positions 11-28 has been changed.  NOT APPLICABLE: NCCI	(AN)	307-324	18						
26	<b>REVISED CARRIER CODE (INSURER USE ONLY)</b> Enter revised NCCI carrier code if NCCI carrier code in Positions 1-5 has been changed.  NOT APPLICABLE: NCCI	(N)	325-329	5						
27	<b>REVISED POLICY EFFECTIVE DATE (INSURER USE ONLY)</b> Enter revised policy effective date, if policy effective date in Positions 37-42 has been changed. Format: YYMMDD.  NOT APPLICABLE: NCCI	(N)	330-335	6						
28	<b>REVISED POLICY EXPIRATION OR CANCELLATION DATE (INSURER USE ONLY)</b> Enter revised policy expiration or cancellation date if policy expiration or cancellation date in Position 43-48 has been changed. Format: YYMMDD  NOT APPLICABLE: NCCI	(N)	336-341	6						



Field No.	Field Title/Description	Class	Position	Bytes
29	<b>DISCREPANCY CODE (SEE NOTE 1) (INSURER USE ONLY)</b>	(N)	342-343	2
	<b>Code Description</b>			
	00 No change			
	01 Policy canceled flat			
	02 No record of policy			
	03 Policy key change			
	04 Policy not on jurisdiction control file			
	05 Expiration date change			
	NOT APPLICABLE: NCCI			
30	<b>RESERVED FOR FUTURE USE</b>		344-349	6
31	<b>TYPE OF LISTING CODE</b>	(N)	350	1
	<b>Code Description</b>			
	1 Pre-Delinquent Unit Report Policy List/Expected Unit Report List			
	2 Delinquent Unit Report Policy List/Overdue Unit Report List			
	3 Fine List N/A: NCCI, NJ, NY, WI			
	4 Policy Interstate/Intrastate Risk Identification List (NCCI only)			

**NOTE 1:** THIS IS AN ADVISORY NOTICE **ONLY**. THIS IS **NOT** IN LIEU OF THE CANCELLATION OR ENDORSEMENT.  
 (NOT APPLICABLE: NCCI)

**NOTE 2:** INSURER MAY RETURN THIS RECORD ON A SEPARATE TAPE FILE TO THE APPROPRIATE JURISDICTION WITH THE APPROPRIATE DATA ENTERED IN POSITIONS 307-343. REFER TO APPROPRIATE JURISDICTION.  
 (NOT APPLICABLE: NCCI)

Field No.	Field Title/Description	Class	Position	Bytes
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**II. SUBMISSION CONTROL RECORD**

1	<b>TRAILER FORMAT</b> The Trailer Format is filler information and must be filled with all "9s".	(N)	1-49	49
2	<b>RECORD TYPE CODE</b> The Record Type Code indicates that this record is the Submission Control Record and this field contains the constant "99". ONE CONTROL RECORD IS REQUIRED PER SUBMISSION.	(N)	50-51	2
3	<b>RECORD TOTALS</b> The Record Totals is used to report the total number of records on the file. Including the transmittal record and excluding the submission control record.	(N)	52-61	10
4	<b>BLANK</b>		62-350	289