

WCIO WORKERS COMPENSATION

DATA SPECIFICATIONS MANUAL

WORKERS COMPENSATION POLICY

REPORTING SPECIFICATIONS (WCPOLS)

FOR REPORTING

POLICY INFORMATION PAGE, CANCELLATION, REINSTATEMENT AND

ENDORSEMENT DATA

**WORKERS COMPENSATION POLICY REPORTING SPECIFICATIONS (WCPOLS) FOR REPORTING
POLICY INFORMATION PAGE, CANCELLATION, REINSTATEMENT
AND ENDORSEMENT DATA**

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TOPIC/FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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TOPIC/FIELD NAME	SECTION	SUBJECT HEADING	POSITION
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California Record – Voluntary Compensation and Employers' Liability Coverage Endorsement	6	DD
California Record – Waiver of Our Right to Recover From Others Endorsement	6	DE
Carrier Issue/Service Office Change	6	89
Carrier Number Change	6	87
Certified Managed Care Program Endorsement – New Jersey Record	6	29
Change in Workplace of Insured	6	89
Construction Classification Premium Adjustment Factor Endorsement – New York Record	6	CJ
Contingent Experience Rating Modification Factor Endorsement Record	6	42
D		
Deductible Endorsement – Delaware Record	6	BD
Deductible Endorsement Record	6	43
Defense Base Act Coverage Endorsement Record	6	17
Delaware Record – Amendatory Endorsement – Farming Operations	6	BC
Delaware Record – Deductible Endorsement	6	BD
Designated Workplace Cancellation Endorsement and Notice of Partial Cancellation – New York Record	6	CB
Designated Workplace Exclusion Endorsement Record	6	25
Domestic and Agricultural Workers Exclusion Endorsement Record	6	41
E		
Employee Leasing Endorsement – California Record (Policy Issued in Name of Labor Contractor)	6	DK
Employee Leasing Endorsement – California Record (Policy Issued in Name of Client)	6	DL
Employee Leasing Endorsement – Massachusetts Record	6	FA
Employee Leasing Endorsement – New Jersey Record	6	AG
Employer Assessment Endorsement – Pennsylvania Record	6	BJ
Employers Liability Coverage Endorsement Record	6	40
Endorsement Agreement Limiting and Restricting This Insurance (California Approved Form 10) – California Record	6	DM
Endorsement Agreement Limiting and Restricting This Insurance (California Approved Form 11) – California Record	6	DN
Endorsement Agreement Limiting and Restricting This Insurance (California Approved Form 10 or 11 Alternate Coverage Information) – California Record	6	DO
Excess Medical Coverage Endorsement – New York Record	6	CD
Exclusion for Designated Officers and Employees of Fire/Ambulance Districts Endorsement – New York Record	6	CG
Exclusion of Employees Endorsement – Pennsylvania Record	6	BE
Exclusion of Executive Officers Endorsement – Pennsylvania Record	6	BI
Executive Officer Endorsement – New York Record	6	CA

TOPIC/FIELD NAME	SECTION	RECORD TYPE CODE
Experience Rating Modification Factor Change Endorsement Record	6	10
<u>F</u>		
Federal Coal Mine Health and Safety Act Coverage Endorsement Record	6	27
Federal Employers' Liability Act Coverage Endorsement Record	6	18
Fire/Ambulance District Liability Exclusion (For County or Town Policies) Endorsement – New York Record	6	CH
Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record	6	CN
<u>G</u>		
Group Insurance Coverage Information – California Record	6	DP
<u>I</u>		
Independent Contractors Coverage – Minnesota Endorsement Record	6	HA
Insured's Legal Status Change	6	87
Insured's Mailing Address Change	6	88
Insured's Name Change	6	88
Interim Adjustment of Premium Amount	6	87
Interstate/Intrastate Risk ID Number Change	6	87
Issuing Agency (Producer) Office	6	89
Item 3.A. States Change	6	87
Item 3.B. Employer Liability Limit Amounts Change	6	87
Item 3.C. State Change	6	87
Item 3.D. Endorsement Numbers Change	6	87
<u>L</u>		
Labor Contractor Endorsement – New York Record	6	CK
Large Deductible Endorsement – New Jersey Large Risk Record	6	AH
Legal Nature of Insured Change	6	87
Limited Other States Endorsement – Wisconsin Record	6	EA
<u>M</u>		
Mailing Address of Insured Change	6	89
Maritime Coverage Endorsement Record	6	21
Massachusetts Record – Massachusetts Employee Leasing Endorsement Record	6	FA
Massachusetts Record – Qualified Loss Management Program Endorsement Record	6	FB
Medical Benefits Reimbursement Endorsement – New York Record	6	CC
Michigan Record – Michigan Workers Compensation Placement Facility Limits of Liability Endorsement	6	GA
Minnesota Alternate Employer Endorsement (Excluding Employers Liability Coverage)	6	24
Minnesota Independent Contractors Coverage Endorsement	6	HA
Minnesota Third Degree of Kindred Family Member Exclusion Endorsement	6	HB
Minnesota Employee Leasing Endorsement	6	HC
Multi-Purpose Text – California Record	6	DG
<u>N</u>		
Name Change – WC 89 06 01	6	88
New Jersey Certified Managed Care Program Endorsement Record	6	AI
New Jersey Employee Leasing Endorsement Record	6	AG
New Jersey Large Risk – Large Deductible Endorsement Record	6	AH
WC 29 06 05 – New Jersey Large Risk – Large Deductible Per Person Basis Endorsement Record	6	AH
New Jersey Retrospective Premium Endorsement – Renewal Policies Three Year Rating Period Record	6	AA
New Jersey Retrospective Premium Endorsement Aviation Exclusion Record	6	AB
New Jersey Retrospective Premium Endorsement Non-Ratable Catastrophe Element Record	6	AC
New Jersey Retrospective Premium Endorsement Short Form Record	6	AD
New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	6	AE
New York Record – Benefits Deductible Endorsement	6	CE
New York Record – Construction Classification Premium Adjustment Factor Endorsement	6	CJ

TOPIC/FIELD NAME	SECTION	RECORD TYPE CODE
New York Record – Designated Workplace Cancellation Endorsement and Notice of Partial Cancellation	6	CB
New York Record – Excess Medical Coverage Endorsement	6	CD
New York Record – Exclusion for Designated Officers and Employees of Fire/Ambulance Districts Endorsement	6	CG
New York Record – Executive Officer Endorsement	6	CA
New York Record – Fire/Ambulance District Liability Exclusion (For County or Town Policies) Endorsement	6	CH
New York Record – Foreign Voluntary Compensation and Employers Liability Coverage Endorsement	6	CN
New York Record – Labor Contractor Endorsement	6	CK
New York Record – Medical Benefits Reimbursement Endorsement	6	CC
New York Record – Preferred Provider Organization Endorsement	6	CM
New York Record – Sole Proprietors & Partners Endorsement	6	CL
New York Record – Volunteer Firefighters/Ambulance Premium Discount Endorsement	6	CF
New York Record – Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement	6	CI
Non-appropriated Fund Instrumentalities Act Coverage Endorsement Record	6	28
Non Compliance of Policy Terms and Conditions Record	6	Z1
Q		
Officers and Directors, Coverage/Exclusion Endorsement – California Record	6	DC
Other Location(s) of Operations	6	89
Other Policies Subject to Retrospective Rating or Premium Discount Record	6	16
Outer Continental Shelf Lands Act Coverage Endorsement Record	6	20
P		
Partners, Officers and Others Exclusion Endorsement Record	6	38
Partnership Coverage/Exclusion Endorsement – California Record	6	DB
Pending Rate Change Endorsement Record	6	12
Pennsylvania Record – Employer Assessment Endorsement	6	BJ
Pennsylvania Record – Exclusion of Employees Endorsement	6	BE
Pennsylvania Record – Exclusion of Executive Officers Endorsement	6	BI
Pennsylvania Record – Principal as Additional Insured	6	BF
Pennsylvania Record – Real Estate Management Endorsement	6	BG
Pennsylvania Record – Statutory Employer Endorsement	6	BH
Plan Rating Program Endorsement – New Jersey Record	6	AF
Policy Effective Date Change	6	87
Policy Expiration Date Change	6	87
Policy Information Page Address Change Endorsement Record	6	89
Policy Information Page Class And/Or Rate Change And Other Endorsement Record	6	86
Policy Information Page Data Element(s) Change Endorsement Record	6	87
Policy Information Page Name Change Endorsement Record	6	88
Policy Number Identifier Change	6	87
Policy Period Endorsement Record	6	13
Premium Discount Endorsement Record	6	30
Preferred Provider Organization Endorsement – New York Record	6	CM
Principal as Additional Insured – Pennsylvania Record	6	BF
Producer's Name Change	6	87
Q		
Qualified Loss Management Program – Massachusetts Record	6	FB
R		
Rate Change Endorsement Record	6	11
Real Estate Management Endorsement – Pennsylvania Record	6	BG
Retrospective Premium Endorsement Aviation Exclusion – New Jersey Record	6	AB
Retrospective Premium Endorsement Aviation Exclusion Record	6	31
Retrospective Premium Endorsement Changes Record	6	32
Retrospective Premium Endorsement Non-Ratable Catastrophe Element – New Jersey Record	6	AC
Retrospective Premium Endorsement Non-Ratable Catastrophe Element or Surcharge Record	6	33
Retrospective Premium Endorsement Rating Option V (1 Year, 3 Years or Long-Term Construction Project) Record	6	15
Retrospective Premium Endorsement – Renewal Policies Three Year Rating Period –	6	AA

TOPIC/FIELD NAME	SECTION	RECORD TYPE CODE
New Jersey Record		
Retrospective Premium Endorsement Short Form – New Jersey Record	6	AD
Retrospective Premium Endorsement Short-Form Record	6	34
Retrospective Premium Endorsement Flexibility Options	6	15
<u>S</u>		
Sole Proprietors & Partners Endorsement – New York Record	6	CL
Sole Proprietors, Partners, Officers and Others Coverage Endorsement Record	6	37
Statutory Employer Endorsement – Pennsylvania Record	6	BH
<u>U</u>		
United States Longshore and Harbor Workers' Compensation Act Coverage Endorsement Record	6	19
United States Longshore and Harbor Workers' Compensation Act Coverage Endorsement – California Record	6	DA
<u>V</u>		
Voluntary Compensation and Employers' Liability Coverage Endorsement – California Record	6	DD
Voluntary Compensation and Employers Liability Coverage Endorsement Record	6	29
Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement – New Jersey Record	6	AE
Voluntary Compensation Maritime Coverage Endorsement Record	6	23
Volunteer Firefighters/Ambulance Premium Discount Endorsement – New York Record	6	CF
Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement – New York Record	6	CI
<u>W</u>		
Waiver of Our Right to Recover From Others Endorsement – California Record	6	DE
Waiver of Our Right to Recover From Others Endorsement Record	6	36
WC 00 01 01 – Defense Base Act Coverage	6	17
WC 00 01 02 – Federal Coal Mine Health & Safety Act Coverage	6	27
WC 00 01 04 – Federal Employers' Liability Act Coverage	6	18
WC 00 01 06 – United States Longshore & Harbor Workers' Compensation Act Coverage	6	19
WC 00 01 08 – Non-appropriated Fund Instrumentalities Act Coverage	6	28
WC 00 01 09 – Outer Continental Shelf Lands Act Coverage	6	20
WC 00 02 01 – Maritime Coverage	6	21
WC 00 02 03 – Voluntary Compensation Maritime Coverage	6	23
WC 00 03 01 – Alternate Employer	6	24
WC 00 03 02 – Designated Workplaces Exclusion	6	25
WC 00 03 03 – Employers Liability Coverage	6	40
WC 00 03 08 – Partners, Officers, and Others Exclusion	6	38
WC 00 03 10 – Sole Proprietors, Partners, Officers, and Others Coverage	6	37
WC 00 03 11 – Voluntary Compensation & Employers Liability Coverage	6	29
WC 00 03 13 – Waiver of Our Right to Recover From Others	6	36
WC 00 03 15 – Domestic & Agricultural Workers Exclusion	6	41
WC 00 04 01 – Aircraft Premium	6	39
WC 00 04 02 – Anniversary Rating Date	6	09
WC 00 04 04 – Pending Rate Change	6	12
WC 00 04 05 – Policy Period	6	13
WC 00 04 06 – Premium Discount	6	30
WC 00 04 07 – Rate Change	6	11
WC 00 04 08 – Rate Change	6	11
WC 00 04 12 – Contingent Experience Rating Modification Factor	6	42
WC 00 05 03 – Retrospective Premium Rating Option V One Year Plan	6	15
WC 00 05 04 – Retrospective Premium Rating Option V Three Year Plan	6	15
WC 00 05 05 – Retrospective Premium Rating Option V Long-Term Construction Project	6	15
WC 00 05 08 – Retrospective Premium Aviation Exclusion	6	31
WC 00 05 09 – Retrospective Premium Changes	6	32
WC 00 05 10 – Retrospective Premium Non-Ratable Catastrophe Element/Surcharge	6	33
WC 00 05 11 – Retrospective Premium Short-Form	6	34
WC 00 05 12 – Retrospective Premium One Year Plan Multiple Lines	6	15
WC 00 05 13 – Retrospective Premium Three Year Plan Multiple Lines	6	15
WC 00 05 14 – Retrospective Premium Long Term Construction Project Multiple Lines	6	15
WC 00 05 15 – Retrospective Premium Endorsement Flexibility Options	6	15

TOPIC/FIELD NAME	SECTION	RECORD TYPE CODE
WC 00 06 03 – Benefits Deductible Endorsement	6	43
WC 04 01 01 – Longshore and Harbor Workers' Compensation Act Coverage Endorsement – California Record	6	DA
WC 04 03 02 – Partnership Coverage/Exclusion Endorsement – California Record	6	DB
WC 04 03 03 – Officers and Directors Coverage/Exclusion Endorsement – California Record	6	DC
WC 04 03 05 – Voluntary Compensation and Employers' Liability Coverage Endorsement – California Record	6	DD
WC 04 03 06 – Waiver of Our Right to Recover From Others Endorsement – California Record	6	DE
WC 04 04 01 – Anniversary Rating Date (CA)	6	09
WC 04 03 14 – Employee Leasing Endorsement – California Record	6	DK
WC 04 03 15 – Employee Leasing Endorsement – California Record	6	DK
WC 04 03 16 – Employee Leasing Endorsement – California Record	6	DL
WC 07 03 03 – Amendatory Endorsement – Farming Operations – Delaware Record	6	BC
WC 07 04 01 – Deductible Endorsement – Delaware Record	6	BD
WC 20 03 04 – Massachusetts Employee Leasing Endorsement Record	6	FA
WC 20 03 05 – Massachusetts Employee Leasing Endorsement Record	6	FA
WC 20 04 02 – Massachusetts Qualified Loss Management Program	6	FB
WC 21 03 06 – Michigan Workers Compensation Placement Facility Limits of Liability Endorsement Record	6	GA
WC 22 03 02 – Minnesota Independent Contractors Coverage Endorsement	6	HA
WC 22 03 03 – Minnesota Third Degree of Kindred Family Member Exclusion Endorsement	6	HB
WC 22 03 04 – Minnesota Employee Leasing Endorsement	6	HC
WC 22 03 06 – Minnesota Alternate Employer Liability Endorsement (Excluding Employers Liability Coverage)	6	24
WC 22 04 02 – Anniversary Rating Date (MN)	6	09
WC 29 01 01 – New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	6	AE
WC 29 03 03 – New Jersey Employee Leasing Endorsement Record	6	AG
WC 29 04 09 – New Jersey Certified Managed Care Program Endorsement Record	6	AI
WC 29 05 03 – New Jersey Retrospective Premium Endorsement – Rating Option V (1 Year) Record	6	15
WC 29 05 04 – New Jersey Retrospective Premium Endorsement – Rating Option V (3 Year) Record	6	15
WC 29 05 05 – New Jersey Retrospective Premium Endorsement – Renewal Policies Three Year Rating Period Record	6	AA
WC 29 05 06 – New Jersey Retrospective Premium Endorsement Aviation Exclusion Record	6	AB
WC 29 05 07 – New Jersey Retrospective Premium Endorsement Non-Ratable Catastrophe Element	6	AC
WC 29 05 08 – New Jersey Retrospective Premium Endorsement Short Form Record	6	AD
WC 29 05 12 – New Jersey Retrospective Premium Endorsement – Long Term Construction Project Record	6	15
WC 29 05 13 – New Jersey Retrospective Premium Endorsement –Large Risk Alternative Option (1 Year) Record	6	15
WC 29 05 14 – New Jersey Retrospective Premium Endorsement – Large Risk Alternative Option (3 Year) Record	6	15
WC 29 05 15 – New Jersey Retrospective Premium Endorsement – Large Risk Alternative Option Long Term Construction Project Record	6	15
WC 29 06 01 – New Jersey Large Risk – Large Deductible Endorsement Record	6	AH
WC 29 06 05 – New Jersey Large Risk-Large Deductible Per Person Basis Endorsement Record	6	AH
WC 31 03 01 – Executive Officer Endorsement – New York Record	6	CA
WC 31 03 02 – Designated Workplace Cancellation Endorsement and Notice of Partial Cancellation – New York Record	6	CB
WC 31 03 03 – Excess Medical Coverage Endorsement – New York Record	6	CD
WC 31 03 04 – Executive Officer Endorsement – New York Record	6	CA
WC 31 03 05 – Executive Officer Endorsement – New York Record	6	CA
WC 31 03 06 – Executive Officer Endorsement – New York Record	6	CA
WC 31 03 10 – Medical Benefits Reimbursement Endorsement – New York Record	6	CC
WC 31 03 12 – Executive Officer Endorsement – New York Record	6	CA
WC 31 03 13 – Inclusion of Sole Proprietor or Partners Endorsement – New York Record	6	CL
WC 31 03 15 – Benefits Deductible Endorsement – New York Record	6	CE
WC 31 03 16 – Sole Proprietors & Partners Endorsement – New York Record (for	6	CL

TOPIC/FIELD NAME	SECTION	RECORD TYPE CODE
Partners Excluded)		
WC 31 03 17 – Labor Contractor Endorsement – New York Record	6	CK
WC 31 03 18 – Labor Contractor Endorsement – New York Record	6	CK
WC 31 03 20 – Labor Contractor Endorsement – New York Record	6	CK
WC 31 03 22 – Labor Contractor Endorsement – New York Record	6	CK
WC 31 04 01 – Construction Classification Premium Adjustment Factor Endorsement – New York Record	6	CJ
WC 31 04 03 – Preferred Provider Organization Endorsement – New York Record (for Premium Reduction)	6	CM
WC 31 06 02 – Exclusion for Designated Officers and Employees of Fire/Ambulance Districts Endorsement – New York Record	6	CG
WC 31 06 03 – Executive Officer Endorsement – New York Record	6	CA
WC 31 06 04 – Fire/Ambulance District Liability Exclusion (For County or Town Policies) Endorsement – New York Record	6	CH
WC 31 06 05 – Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement – New York Record	6	CI
WC 31 06 06 – Volunteer Firefighters/Ambulance Premium Discount Endorsement – New York Record	6	CF
WC 31 06 08 – Volunteer Firefighters/Ambulance Premium Discount Endorsement – New York Record	6	CF
WC 31 06 09 – Fire/Ambulance District Liability Exclusion (For County or Town Policies) Endorsement – New York Record	6	CH
WC 31 06 10 – Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement – New York Record	6	CI
WC 31 06 11 – Exclusion for Designated Officers and Employees of Fire/Ambulance Districts Endorsement – New York Record	6	CG
WC 31 06 16 – Preferred Provider Organization Endorsement – New York Record	6	CM
WC 31 06 17 – Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record	6	CN
WC 37 03 06 – Real Estate Management Endorsement – Pennsylvania Record	6	BG
WC 37 03 09 – Statutory Employer Endorsement – Pennsylvania Record	6	BH
WC 37 03 10 – Exclusion of Executive Officers Endorsement – Pennsylvania Record	6	BI
WC 37 04 03 – Deductible Endorsement (PA)	6	43
WC 37 06 04 – Employer Assessment Endorsement – Pennsylvania Record	6	BJ
WC 48 03 01 – Wisconsin Limited Other States Endorsement – Wisconsin Record	6	EA
WC 48 03 14 – Wisconsin Employee Leasing Co Endorsement	6	EC
WC 48 03 15 – Wisconsin Employee Leasing Co Endorsement- Multiple Coordinated Policy (MCP)	6	EC
WC 48 03 16 – Wisconsin Employee Leasing Co Client Termination Endorsement- Master Policy	6	ED
WC 48 03 17 – Wisconsin Employee Leasing Co Client Exclusion Endorsement	6	EC
WC 48 06 05 – Wisconsin Change of Insurance Carrier Name Change Endorsement – Wisconsin Record	6	EB
WC 89 04 06 – Experience Rating Modification Factor Change	6	10
WC 89 04 16 – Interim Adjustment of Premium Amount	6	87
WC 89 06 01 – Name Change	6	88
WC 89 06 02 – Policy Number Identifier Change	6	87
WC 89 06 03 – Policy Effective Date Change	6	87
WC 89 06 04 – Policy Expiration Date Change	6	87
WC 89 06 05 – Mailing Address of Insured	6	89
WC 89 06 07 – Producer's Name Change	6	87
WC 89 06 08 – Other Location(s) of Operations Change	6	89
WC 89 06 10 – Legal Nature of Insured Change	6	87
WC 89 06 11 – Item 3.A. State Code Change	6	87
WC 89 06 12 – Item 3.B. Employer Liability Amounts Change	6	87
WC 89 06 13 – Item 3.C. State Code Change	6	87
WC 89 06 14 – Item 3.D. Endorsement Numbers Change	6	87
WC 89 06 17 – Carrier Issue/Servicing Office Change	6	89
WC 89 06 18 – Interstate/Intrastate Risk ID Number Change	6	87
WC 89 06 19 – Carrier Number Change	6	87
WC 89 06 25 – Issuing Agency (Producer) Office	6	89
WC XX XX XX – Other Policies Subject to Retro Rating or Premium Discount	6	16
Wisconsin Record – Limited Other States Endorsement	6	EA
Wisconsin Record – Wisconsin Change of Insurance Carrier Name Endorsement	6	EB

WCPOLS CONTACT PAGE

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

Compensation Advisory Organization of Michigan
Supervisor, Data Services
17197 N. Laurel Park Drive, Suite 311
Livonia, MI 48152
Telephone: 734-462-9600, ext. 214

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

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
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau
Verna Blazys, Systems and Programming
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371
E-mail: vblazys@pcrb.com

Pennsylvania Compensation Rating Bureau
Verna Blazys, Systems and Programming
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371
E-mail: vblazys@pcrb.com

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
Elizabeth Rohde, Industry Support Consultant
P.O. Box 3080
Milwaukee, WI 53226
Telephone: 262-796-4551
E-mail: betty.rohde@wcrb.org

Minnesota Workers Compensation Insurers
Association, Inc.
Pamela R. Flaten
Data Collection and 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 Insurance 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 or
Manager of Data Operations
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030

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

SECTION 1

RECORD TYPE DESCRIPTIONS

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

Record specifications and Record Type Codes will be added to these specifications as they are developed by the jurisdictions.

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

RECORD TYPE CODE 01 – HEADER RECORD

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

RECORD TYPE CODE 02 – NAME RECORD

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

RECORD TYPE CODE 03 – ADDRESS RECORD

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

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

RECORD TYPE CODE 04 – STATE PREMIUM RECORD

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

RECORD TYPE CODE 05 – EXPOSURE RECORD

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

RECORD TYPE CODE 06 – OTHER STATES COVERAGE RECORD

Provides for reporting other states coverage.

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 07 – ENDORSEMENT IDENTIFICATION RECORD

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

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

RECORD TYPE CODE 08 – CANCELLATION/REINSTATEMENT RECORD

Provides for reporting cancellation or reinstatement information.

RECORD TYPE CODE 09 – ANNIVERSARY RATING DATE ENDORSEMENT RECORD

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

CA: WC 04 04 01

MN: WC 22 04 02

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 10 – EXPERIENCE RATING MODIFICATION CHANGE ENDORSEMENT RECORD

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

NOT APPLICABLE: MI, MN

RECORD TYPE CODE 11 – RATE CHANGE ENDORSEMENT RECORD

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

May also be used in conjunction with a classification code and/or manual/charged rate change when associated with Endorsement WC 89 04 15. For submissions received 10-01-2010 and after, endorsement WC 89 04 15 will not be associated with this Record Type Code. Use Record Type Code 86 to report this information.

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

NOT APPLICABLE: MI, MN

OPTIONAL: CA, NCCI

NOT APPLICABLE: WC 00 04 07 in NC

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

NOT APPLICABLE: WC 89 04 15 in DE, PA

RECORD TYPE CODE 12 – THIS RECORD IS RESERVED FOR FUTURE USE

RECORD TYPE CODE 13 – POLICY PERIOD ENDORSEMENT RECORD

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

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

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

Provides for reporting retrospective premium option code, loss limitation amount, excess loss factors, loss conversion factor, premium factors (minimum, maximum, basic) and tax multiplier factor. This record type shall be used for Endorsements WC 00 05 03, WC 00 05 04, WC 00 05 05, WC 00 05 12, WC 00 05 13, WC 00 05 14, WC 00 05 15.

CA: WC 00 05 12, WC 00 05 13 and WC 00 05 14 not applicable.

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

OPTIONAL: CA, MA, MI, NCCI

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

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

NOT APPLICABLE: CA, MN

OPTIONAL: MA, MI, NCCI

RECORD TYPE CODE 17 – DEFENSE BASE ACT COVERAGE ENDORSEMENT RECORD

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

OPTIONAL: CA, MA, MI, NCCI

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

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

OPTIONAL: CA, MI, NCCI

RECORD TYPE CODE 19 – UNITED STATES LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT RECORD

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

NOT APPLICABLE: CA

OPTIONAL: MA, MI, NCCI

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

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

OPTIONAL: CA, MA, MI, NCCI

RECORD TYPE CODE 21 – MARITIME COVERAGE ENDORSEMENT RECORD

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

OPTIONAL: CA, MA, MI, NCCI

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

RECORD TYPE CODE 23 – VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT RECORD

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

OPTIONAL: CA, MA, MI, NCCI

RECORD TYPE CODE 24 – ALTERNATE EMPLOYER ENDORSEMENT RECORD

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

MN: WC 00 03 01 or WC 22 03 06

NOT APPLICABLE: NCCI

OPTIONAL: MI

RECORD TYPE CODE 25 – DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT RECORD
Provides for the exclusion of designated workplaces where allowed by the workers compensation law.
This record type shall be used for Endorsement WC 00 03 02.

NOT APPLICABLE: CA, PA

OPTIONAL: MI, NCCI

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

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

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

NOT APPLICABLE: CA, MN, NJ, NY

OPTIONAL: MA, MI, NCCI

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

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

NOT APPLICABLE: NJ, NY

OPTIONAL: CA, MA, MI, NCCI

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

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

NOT APPLICABLE: CA, NJ

OPTIONAL: MA, MI, NCCI

RECORD TYPE CODE 30 – PREMIUM DISCOUNT ENDORSEMENT RECORD

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

NOT APPLICABLE: NJ

OPTIONAL: CA, MA, MI, NCCI

RECORD TYPE CODE 31 – RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION
RECORD

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

OPTIONAL: CA, MA, MI, NCCI

RECORD TYPE CODE 32 – RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD

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

OPTIONAL: CA, MA, MI, NCCI

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

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

OPTIONAL: CA, MA, MI, NCCI

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

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

OPTIONAL: CA, MA, MI, NCCI

RECORD TYPE CODE 35 – THIS RECORD IS RESERVED FOR FUTURE USE

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

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

NOT APPLICABLE: NJ

OPTIONAL: CA, MI, NCCI

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

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

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

OPTIONAL: NCCI

**RECORD TYPE CODE 38 – PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT
RECORD**

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

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

OPTIONAL: MI, NCCI

RECORD TYPE CODE 39 – AIRCRAFT PREMIUM ENDORSEMENT RECORD

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

NOT APPLICABLE: NJ

OPTIONAL: CA, MA, MI, NCCI

RECORD TYPE CODE 40 – EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD

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

NOT APPLICABLE: MI, NJ

OPTIONAL: CA, NCCI

**RECORD TYPE CODE 41 – DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION
ENDORSEMENT RECORD**

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

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

OPTIONAL: MA, MI, NCCI

**RECORD TYPE CODE 42 – CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR
ENDORSEMENT RECORD**

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

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

OPTIONAL: CA

RECORD TYPE CODE 43 – DEDUCTIBLE ENDORSEMENT RECORD

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

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

OPTIONAL: MI

RECORD TYPE CODE 84 – STATE PREMIUM CHANGE RECORD

Provides for the reporting of changes to data elements in the State Premium Record that cannot be changed using other endorsement records.

NOT APPLICABLE: MA, MI, MN, NC

**RECORD TYPE CODE 85 – POLICY INFORMATION PAGE SUPPLEMENTAL DATA
ELEMENT(S) CHANGE ENDORSEMENT RECORD**

Provides for the reporting changes to data elements in the Header Record that cannot be changed using other endorsements.

NOT APPLICABLE: MI, MN, NC

**RECORD TYPE CODE 86 – POLICY INFORMATION PAGE CLASS AND/OR RATE CHANGE AND
OTHER ENDORSEMENT RECORD**

Provides for reporting changes to classification code information including exposures, manual/charged rates and premiums. This record type shall be used for endorsement WC 89 04 15.

NOT APPLICABLE: MI, MN

OPTIONAL: NCCI

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

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

MN: WC 22 06 03, WC22 06 04, WC 22 06 05, WC 22 06 08, WC 22 06 10, WC 22 06 11, WC 22 06 12, WC22 06 13, WC 22 06 14, WC 22 06 18, WC 22 06 19.

NOT APPLICABLE: MI

**RECORD TYPE CODE 88 – POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT
RECORD**

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

NOT APPLICABLE: MI, [MN](#)

**RECORD TYPE CODE 89 – POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT
RECORD**

Provides for reporting changes to addresses. This record type shall be used for Endorsement WC 89 06 05, WC 89 06 08, WC 89 06 17, or WC 89 06 25.

MN: WC 22 06 06, WC 22 06 09, WC 22 06 17.

NOT APPLICABLE: MI

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

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

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

**RECORD TYPE CODE AB – NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION
EXCLUSION RECORD**

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

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

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

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

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

**RECORD TYPE CODE AD – NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT SHORT
FORM RECORD**

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

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

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

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

RECORD TYPE CODE AF – THIS RECORD IS RESERVED FOR FUTURE USE**RECORD TYPE CODE AG – NEW JERSEY EMPLOYEE LEASING ENDORSEMENT RECORD**

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

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

Provides risks with an estimated annual standard premium amount of at least \$200,000 or the option of selecting a large deductible in lieu of opting for the standard self-insurance or retrospective rating mechanisms. This record type shall be used for New Jersey Endorsement WC 29 06 01 and WC 29 06 05.

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

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

RECORD TYPE CODE BA – THIS RECORD IS RESERVED FOR FUTURE USE**RECORD TYPE CODE BB – DISCONTINUED FOR USE EFFECTIVE 1/1/99, THIS RECORD IS RESERVED FOR FUTURE USE****RECORD TYPE CODE BC – AMENDATORY ENDORSEMENT—FARMING OPERATIONS—DELAWARE RECORD**

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

RECORD TYPE CODE BD – DEDUCTIBLE ENDORSEMENT—DELAWARE RECORD

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

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

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

RECORD TYPE CODE BF – PRINCIPAL AS ADDITIONAL INSURED—PENNSYLVANIA RECORD

Provides coverage for the insured's principal for injuries to the insured's employees. This record type shall be used for Pennsylvania Endorsement WC 37 03 04.

RECORD TYPE CODE BG – REAL ESTATE MANAGEMENT ENDORSEMENT—PENNSYLVANIA RECORD

Provides coverage for employees of a building owner when such owner has entered into a contract with a managing agent. This record type shall be used for Pennsylvania Endorsement WC 37 03 06.

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

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

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

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

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

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

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

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

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

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

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

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

RECORD TYPE CODE CJ – CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT FACTOR
ENDORSEMENT—NEW YORK RECORD

Provides for reporting New York Endorsement WC 31 04 01.

RECORD TYPE CODE CK – LABOR CONTRACTOR ENDORSEMENT—NEW YORK RECORD

Provides for reporting New York Endorsements WC 31 03 17, WC 31 03 18, WC 31 03 20, WC 31 03 22.

RECORD TYPE CODE CL – SOLE PROPRIETORS & PARTNERS ENDORSEMENT—NEW YORK
RECORD

Provides for reporting New York Endorsements WC 31 03 13, WC 31 03 16.

RECORD TYPE CODE CM – PREFERRED PROVIDER ORGANIZATION ENDORSEMENT—NEW
YORK RECORD

Provides for reporting New York Endorsements WC 31 04 03, WC 31 06 16.

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

Provides for reporting New York Endorsement WC 31 06 17.

RECORD TYPE CODE DA – UNITED STATES LONGSHORE AND HARBOR WORKERS'
COMPENSATION ACT COVERAGE ENDORSEMENT—CALIFORNIA
RECORD

Provides for reporting USL&HW coverage data for California Endorsement WC 04 01 01.

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

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

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

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

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

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

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

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

RECORD TYPE CODE DG – MULTIPURPOSE TEXT—CALIFORNIA RECORD

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

RECORD TYPE CODE DK – EMPLOYEE LEASING ENDORSEMENT (Policy Issued in Name of Labor
Contractor)—CALIFORNIA RECORD

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

RECORD TYPE CODE DL – EMPLOYEE LEASING ENDORSEMENT (Policy Issued in Name of
Client)—CALIFORNIA RECORD

Provides for reporting California Endorsements WC 04 03 16.

RECORD TYPE CODE DM – ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS
INSURANCE (CALIFORNIA APPROVED FORM 10) —CALIFORNIA
RECORD

Provides for reporting California Approved Form 10 Endorsements.

RECORD TYPE CODE DN – ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (CALIFORNIA APPROVED FORM 11) —CALIFORNIA RECORD

Provides for reporting California Approved Form 11 Endorsements.

RECORD TYPE CODE DO – ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (CALIFORNIA APPROVED FORM 10 OR 11 ALTERNATE COVERAGE INFORMATION) —CALIFORNIA RECORD

Provides for reporting California Approved Form 10 or 11 Endorsement Alternate Coverage Information.

RECORD TYPE CODE DP – GROUP INSURANCE COVERAGE INFORMATION—CALIFORNIA RECORD

Provides for reporting of Group Insurance Information.

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

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

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

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

RECORD TYPE CODE EC – WISCONSIN EMPLOYEE LEASING ENDORSEMENT—WISCONSIN RECORD

Provides for reporting WC 48 03 14, WC 48 03 15 or WC 48 03 17.

RECORD TYPE CODE ED – WISCONSIN EMPLOYEE LEASING CO CLIENT TERMINATION ENDORSEMENT—WISCONSIN RECORD

Provides for reporting Wisconsin Endorsement WC 48 03 16.

RECORD TYPE CODE EF – **ASSUMPTION OF LIABILITY ENDORSEMENT—WISCONSIN RECORD**

Provides for reporting Wisconsin Endorsement WC 48 06 07.

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

Provides for reporting Massachusetts Endorsements WC 20 03 04.

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

Provides for reporting Massachusetts Endorsement WC 20 04 02.

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

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

RECORD TYPE CODE HA – MINNESOTA INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT

Provides coverage of independent contractors as scheduled on Minnesota endorsement WC 22 03 02.

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

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

RECORD TYPE CODE HC – MINNESOTA EMPLOYEE LEASING ENDORSEMENT

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

RECORD TYPE CODE Z1 – NON COMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD

Provides for reporting In Compliance and Not In Compliance detail.

RECORD TYPE CODE ZZ – THIS RECORD IS RESERVED FOR INTERNAL USE

RECORD TYPE CODE 99 – SUBMISSION CONTROL RECORD

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

WORKERS COMPENSATION POLICY
REPORTING SPECIFICATIONS (WCPOLS)
SECTION 2
RESERVED FOR FUTURE USE

WORKERS COMPENSATION POLICY
REPORTING SPECIFICATIONS (WCPOLS)
SECTION 3
LINK DATA COMMON TO ALL RECORDS

Field No.	Field Title/Description	Class	Position	Bytes
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LINK DATA COMMON TO ALL RECORDS

1	<p>CARRIER CODE Report the 5-digit code assigned by NCCI or other jurisdictions. Multistate policies including states requiring reporting to independent jurisdictions:</p> <ol style="list-style-type: none"> 1.) Reporting to NCCI and WI: Report the carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage for the risk. 2.) Reporting to all other independent jurisdictions: (NOT APPLICABLE: WI) Report the carrier code corresponding to the insurer providing coverage in the state under the jurisdiction or rating organization to which data is being reported. All other multistate policies reported to NCCI only. 3.) Report the carrier code assigned by NCCI corresponding to the company name printed on the policy Information page and providing the predominant coverage (i.e., covering the majority of states on the policy for the risk. 	(N)	1-5	5
2	<p>POLICY NUMBER IDENTIFIER Report the alphanumeric characters used for uniquely identifying the policy. Do not report any imbedded blanks or marks of punctuation.</p> <p>NOTE: For Transaction Code 16 (Coverage Notice), if a policy number identifier is not available, provide a unique number that can be used to identify this notice. This policy number identifier becomes very important when cancelling this notice and when submitting the policy.</p> <p>MA: Report only the actual policy number identifier. Do not report a "binder" or temporary policy number identifier.</p>	(AN)	6-23	18
3	<p>RESERVED FOR FUTURE USE</p>		24	1
4	<p>UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number identifier as part of the policy number, report the numeric characters of the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.</p>	(N)	25-30	6

Field No.	Field Title/Description	Class	Position	Bytes
5	<p>POLICY EFFECTIVE DATE Report the effective date of the policy or coverage notice, formatted YYMMDD.</p> <p>For the second and third year of a three-year variable rate policy, report the effective date of the appropriate annual period being reported.</p> <p>(Note that the second and third year of a three-year variable rate policy must be reported using Transaction Code 04.)</p>	(N)	31-36	6
6	<p>TRANSACTION ISSUE DATE Report the issue date of the transaction being submitted, in Julian date format (YYDDD).</p> <p>This date is the accounting date on which the data represented by this transaction code was processed by the insurer's policy issuance system.</p> <p>This date, for a particular transaction, is not necessarily the date of creation of the file for the jurisdiction. Example: If an insurer processes transactions on a daily basis and saves these daily transactions to a file from which a submission is created once a week, this date would reflect the daily processing date, not the date of the submission creation. Thus, a given file submitted to the jurisdiction may contain transactions with different transaction issue dates.</p> <p>More than one "06," "08," "10," "14," or "15" transaction or any combination of these transactions with the same Transaction Issue Date for the same policy must not be included on the same submission.</p>	(N)	37-41	5
7	<p>TRANSACTION CODE Report the 2-digit code identifying the type of transaction being submitted.</p> <p>Code Description 01. New Policy This Transaction Code is used to report to the jurisdiction that the insured has been issued a policy for the first time.</p> <p>It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction.</p> <p>Transaction Code 01 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.</p>	(N)	42-43	2

Field No.	Field Title/Description	Class	Position	Bytes
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NOTE: Prior Policy Number Identifier (positions 77-94 on the Header Record) is not to be reported when reporting policy data with Transaction Code 01 - New Policy.

02. Renewal Policy

This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.

It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in Section 6, then this Section 6 record must also be submitted on this transaction.

Transaction Code 02 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

03. This Transaction Code is used to report endorsements (other than annual rerate) having record layouts in Section 6 of these specifications and issued subsequent to the policy.

[NOTE: Multiple 03 transactions for the same policy, same transaction issue date and for the same record type are not permissible for some endorsement record types. Refer to the individual record descriptions for additional information.](#)

04. Annual Rerate Endorsement

This Transaction Code is used to report two types of coverage:

1—To report the second or third year of a three-year variable rate policy.

2—To report the remaining portion of policies with a coverage period greater than annual.

There are no unique record types for annual rerate endorsements. They are to be reported using all record types applicable to new or renewal business and are identified by Transaction Code 04.

Transaction Code 04 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.

Transaction Code 04 cannot be used to add or delete a state.

Field No.	Field Title/Description	Class	Position	Bytes
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NOTE: State Premium Record 04 and Exposure Record 05 reported on Transaction Code 04 are bound by the period effective and expiration date. All other record types reported are effective from the period effective date through the policy expiration date. Any subsequent change effective and expiration dates will not be applied. Midterm changes must be reported via the appropriate change Transaction Code (08, 10, 14 or 15).
N/A: CA, DE, MI, NCCI, NJ, PA

05. Cancellation/Reinstatement
This Transaction Code is used to report a cancellation or reinstatement of a policy or coverage notice previously reported. Only Record Type Code 08 is valid for this transaction code.

The cancellation record must include the carrier code, policy number identifier and policy effective date of the policy term being cancelled or reinstated in the appropriate link data fields (Positions 1–43).

06. Policy Replacement Due to Key Field Change
This Transaction Code is used to report a replacement policy for a previously issued policy that has had key data fields changed.

This type of transaction must contain the new carrier code (if changed), the new policy number identifier (if changed) and the new policy effective date (if changed) in the appropriate link data fields (Positions 1–43) on all record types, and must contain the original carrier code, original policy number identifier and original policy effective date of the policy term being replaced in Positions 221–249 of the Header Record.

Only one Transaction Code 06 may be submitted per policy on the same issue date.

Some jurisdictions may require a cancellation record (Record Type Code 08) with a Transaction Code 05 and the values of 9, 0 and 00 in Positions 48–51 **for the previously issued policy this transaction replaces.**

MA: The policy effective date on Transaction Code 06 must be the same date as the effective date of cancellation of the policy that the Transaction Code 06 replaces.

07. Reserved for Future Use

Field No.	Field Title/Description	Class	Position	Bytes
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08. Policy Replacement due to Rating Change
This Transaction Code is used to report a change to the policy that impacts premium amounts and for which an additional premium amount bill or return premium amount is sent to the insured.
All records that are submitted for Transaction Code 08 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code.

Policy Change Effective Date and Policy Change Expiration Date for Transaction Code 08 are only required on the record(s) that has the change.

Only one set of Transaction Code 08 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.

If there are multiple transactions corresponding to Transaction Code 08 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

NOTE: When submitting a Transaction Code 08 for a multi-year policy without change effective and expiration dates, the following rules apply:

- a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
- b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, DE, MI, NCCI, NJ, PA

If an insurer submitting Transaction Code 08 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

Endorsements must be submitted electronically to WI effective 01-01-10.

09. Reserved for Future Use

Field No.	Field Title/Description	Class	Position	Bytes
10.	<p>Policy Replacement due to Non-Rating Change This Transaction Code is used to report a change to the policy that does not impact premium amounts.</p> <p>All records that are submitted for Transaction Code 10 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 10.</p> <p>Policy Change Effective Date and Policy Changes Expiration Date for Transaction Code 10 are only required on the record(s) that has the change.</p> <p>Only one set of Transaction Code 10 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.</p> <p>If there are multiple transactions corresponding to Transaction Code 10 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.</p> <p>NOTE: When submitting a Transaction Code 10 for a multi-year policy without change effective and expiration dates, the following rules apply:</p> <p>a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.</p> <p>b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.</p> <p>N/A: CA, DE, MI, NCCI, NJ, PA</p> <p><i>If an insurer submitting Transaction Code 10 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.</i></p> <p><i>Endorsements must be submitted electronically to WI effective 01-01-10.</i></p>			
11.	Reserved for Future Use			
12.	Reserved for Future Use			

Field No.	Field Title/Description	Class	Position	Bytes
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13. Reserved for Future Use

14. Policy Replacement due to Miscellaneous Change/Non-Key Field Change
This Transaction Code is used at the insurer's option for policy changes (excluding key data field changes) in place of Transaction Codes 08 and 10.

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

Policy Change Effective Date and Policy Changes Expiration Date for Transaction Code 14 are only required on the record(s) that has the change.

Only one set of Transaction Code 14 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date. If there are multiple transactions corresponding to Transaction Code 14 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

NOTE: When submitting a Transaction Code 14 for a multi-year policy without change effective and expiration dates, the following rules apply:

- a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.
- b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, MI, NCCI, NJ

Field No.	Field Title/Description	Class	Position	Bytes
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If an insurer submitting Transaction Code 14 is not able to supply previously submitted records, printed endorsements may be required. Insurers should discuss this with each DCO.

Endorsements must be submitted electronically to WI effective 01-01-10.

NOT APPLICABLE: DE, PA

15. Policy Replacement due to Add/Delete State Change
This Transaction Code is used to add or delete a state and has a very specific purpose.
1. Reporting to DCOs:
 - a.) Reporting to the DCO of the state being added with this transaction: Notifies the DCO that the state is being added to the policy and therefore this is the first submission of this policy to the state.
 - b.) Reporting to the DCO of the state being deleted with this transaction: Cannot be reported using this transaction. Submit a cancellation using Transaction Code 05 with Record Type Code 08 (only).
 - c.) Reporting to a DCO other than that of the state being added or deleted with this transaction: Notifies the DCO that another state is being added to or deleted from the policy. No other changes, other than those directly associated with adding or deleting the state (i.e., premium) are to be made with this transaction. If unable to exclude other changes from this transaction, then the transaction must be reported using one of Transaction Codes 08-14

NOTE: When submitting a Transaction Code 15 for a multi-year policy without change effective and expiration dates, the following rules apply:

- a) If policy effective date is reported in Link Data and policy expiration date is reported in Header Record (01), information in State Premium and Exposure Records (04 and 05) will be applied to the first period only. Information on all other records is assumed to apply to the full policy period.

Field No.	Field Title/Description	Class	Position	Bytes
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b) If policy effective date reported in Link Data reflects the effective date of a policy period as reported on an Annual Rerate Transaction Code 04 and the expiration date reported in the Header Record is the period expiration date, the premium and exposure information is for the reported period. Information on the Header and all other records is effective as of the period effective date and continues until the policy expiration date.

N/A: CA, DE, MI, NCCI, NJ, PA

2. Reporting to NCCI:

Notifies NCCI of the state(s) being added and/or deleted to/from Item 3.A. Because NCCI is responsible for many states, NCCI can accept changes for states other than those being added and/or deleted.

The Policy Change Effective Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) will indicate the date the state is to be added or deleted.

If the state is to be deleted on the inception date of the policy, the deleted state will have only one accompanying Exposure Record (Record Type Code 05). The Exposure Record must contain zeros in the following fields: Classification Codes, Exposure Act/Exposure Coverage Code, Manual/Charged Rate, Exposure Period Effective Date, Estimated Exposure Amount, Estimated Premium Amount, Exposure Period Code, Amount of Pieces of Apparatus, Amount of Volunteers, and Policy Surcharge Factor.

NCCI Only: The Policy Changes Expiration Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) of the state in question will be reported as follows:

- a.) State Added—Report the Policy Expiration Date
- b.) State Deleted—Report the Policy Changes Effective Date.

Only one set of Transaction Code 15 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.

If there are multiple transactions corresponding to Transaction Code 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.

Field No.	Field Title/Description	Class	Position	Bytes
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16. Coverage Notice/Binder
This Transaction Code is used to report coverage when the insurer does not have all the information available that is required for a complete establishing document. The policy itself must be submitted to the DCO on a subsequent submission, unless the Coverage Notice has been cancelled.

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

Minimum requirements for filing include:

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

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

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

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

MA NOTE: On Transaction Code 16, Massachusetts Issue notice, the minimum requirements also include Header Record (record 01) position 108 Type of Plan ID Code, positions 58-63 Policy Expiration Date, position 75 Employee Leasing Policy Type Code, and a State Premium Record (Record Type Code 04) with 20 in positions 44-45. If issue notice is for a PEO client then the Transaction Code 16 must contain the Employee Leasing Endorsement Record FA and may contain the name of the client on the appropriately identified Name Record.

Field No.	Field Title/Description	Class	Position	Bytes
	<p>Report as many elements that are known at the time of the issuance of this transaction.</p> <p>A Transaction Code 01 (New Policy) or 02 (Renewal) must be submitted on a subsequent submission unless the Coverage Notice is cancelled.</p> <p>If cancelling a previously submitted Coverage Notice (a policy was not issued), use Transaction Code 05 with Record Type Code 08 (Cancellation/Reinstatement Record) and a Cancellation/ Reinstatement Code of "4" (Cancellation of Coverage Notice). N/A: WI</p> <p>NOT APPLICABLE: NCCI, NJ, NY, NC</p>			
17.	<p>Noncompliance of Policy Terms and Conditions This Transaction Code is used to report noncompliance issues as a result of undisputed premium due, and/or noncompliance with the policy terms and conditions on a policy or coverage notice previously reported</p> <p>This Transaction Code is also used to report compliance on a previously reported noncompliance transaction.</p> <p>Only Record Type Z1 is valid for this transaction code. The Noncompliance/Compliance record must include the carrier code, policy number identifier, and effective date of the policy for which it applies in the appropriate link data fields (Positions 1-43).</p> <p>NOTE: All carriers must notify the Plan Administrator of any undisputed premium obligation and or any noncompliance issues on prior or current assigned risk workers compensation insurance policies.</p> <p>This transaction is optional for voluntary market policies.</p> <p>NOT APPLICABLE: CA, MI, NJ, NY, PA, WI</p>			
18.	<p>Renewal Certificate/Renewal Agreement (CA only) This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.</p> <p>Renewal Certificates and Renewal Agreements shall be used only for the purpose of renewing the policy and showing the proper experience modification for the renewal period. Renewal Certificates and Renewal Agreements cannot be used to make any other changes to the policy.</p>			

TRANSACTION CODE NOTES/INSTRUCTIONS

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

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

Rules for Replacement:

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

MN: This complete replacement of the policy applies to the following MN endorsements:
 - WC 22 06 07 (Experience Modification)
 - WC 22 06 15 (Class, Rate, Other Change)
 - WC 22 06 16 (Interim Adjustment of Premium)
- A complete replacement of a policy should include all revised policy (Record Type Codes 01–07) and endorsement (Record Type Codes 09–ZZ) data resulting from the change, as well as all policy and endorsement data previously reported that is not impacted by the change.
- Cancellation and Reinstatement (Record Type Code 08) data are not to be considered a part of the basic policy and should not be included as part of a total replacement for Transaction Codes 06, 08, 10, 14, and 15. Cancellation or reinstatement status is retained when a policy is replaced with Transactions 08, 10, 14 and 15.
- Changes to the policy for which there is a specific endorsement layout in Section 6 must be reported by one of two methods:
 - 1) As a separate Transaction Code 03 endorsement record or,
 - 2) As a Transaction Code 06, 08, 10 or 14 complete replacement policy including all the applicable endorsement records.
- If there are multiple transactions corresponding to Transaction Codes 08, 10, 14, and 15 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.
- If a rating change and nonrating change occur simultaneously (Transaction Codes 08 and 10), use the transaction code corresponding to the rating change (08).
- If the insurer is aware of an experience modification factor, manual/charged rate, or other data that is to be effective on a date subsequent to the policy effective date, when preparing a Transaction Code 01, 02, 04, or 06, the records containing these data may be submitted as part of Transaction Code 01, 02, 04, or 06 with the appropriate policy change effective date.
- As an option, the insurer may submit a complete replacement of the policy using one of the Transaction Codes 08, 10, or 14 on the same issue date as Type 01, 02, 04, or 06.

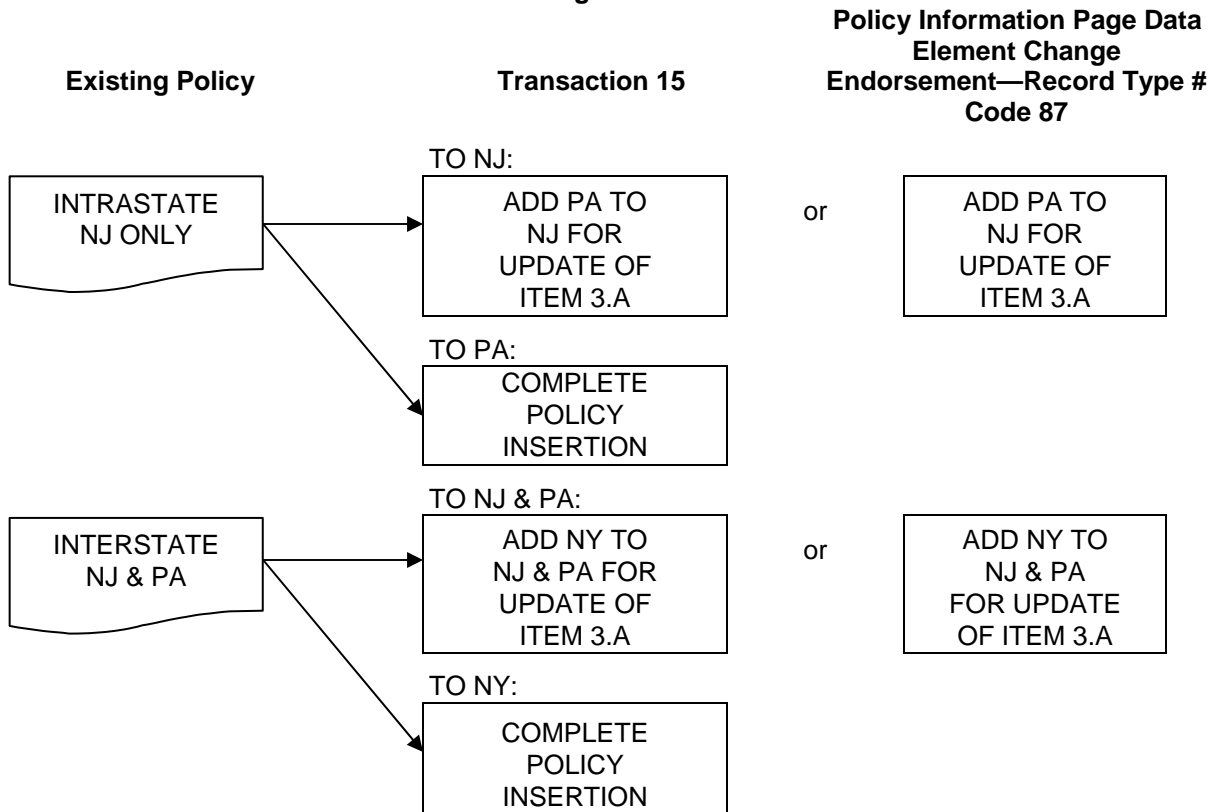
Rules for Deletions:

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

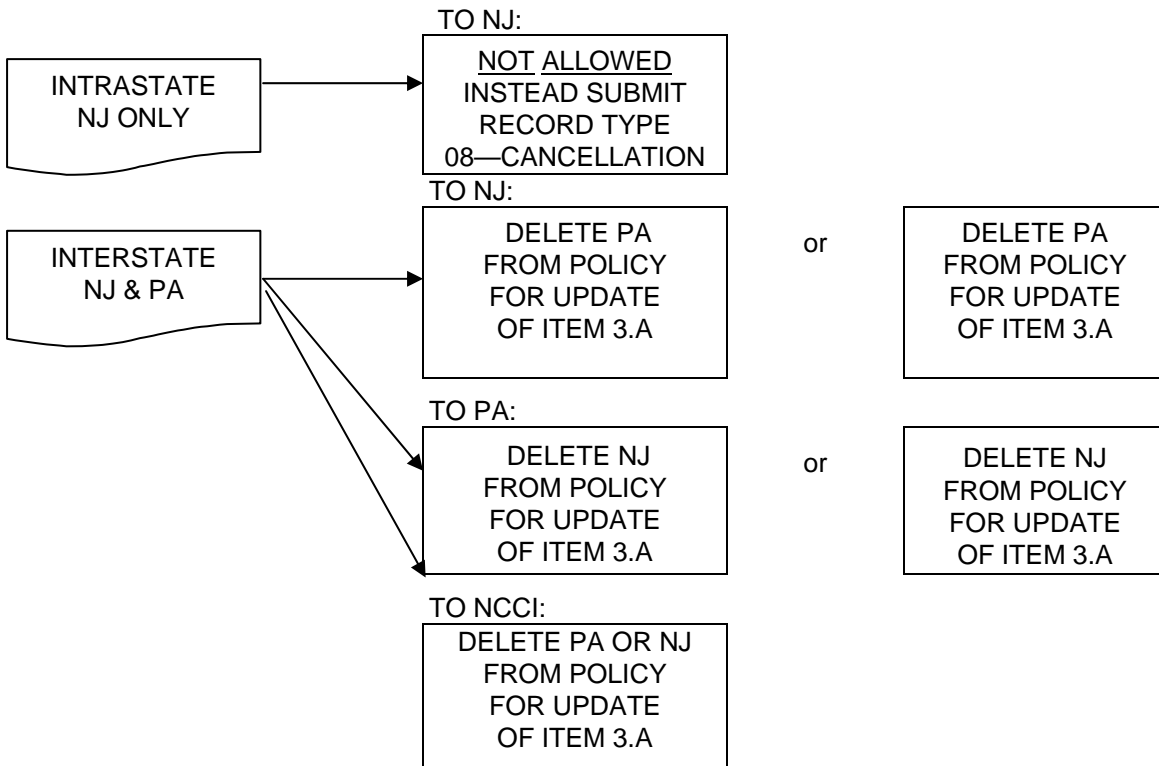
Policy Change Effective Date will be reported only on the record(s) being eliminated and will be equal to the policy effective date (or date previously added).

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

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



"Deleting a State"



WORKERS COMPENSATION POLICY
REPORTING SPECIFICATIONS (WCPOLS)

SECTION 4

RECORD LAYOUTS AND REPORTING INSTRUCTIONS: BASIC POLICY

Field No.	Field Title/Description	Class	Position	Bytes
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I. HEADER RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2

3	RECORD TYPE CODE Report "01".	(AN)	46-47	2
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4	EXPERIENCE RATING CODE Report the 1-digit code describing the policy:	(N)	48	1
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Code	Description
1	Interstate rated only
2	Inter- and intrastate rated N/A: MA, NC
3	Intrastate rated only
4	Reserved for Future Use
5	Not Rated

NOT APPLICABLE: CA, DE, NJ, PA

5	INTERSTATE RISK ID NUMBER Report the 9-digit number assigned by NCCI.	(N)	49-57	9
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NOT APPLICABLE: CA, DE, MI, NCCI, NJ, PA

6	POLICY EXPIRATION DATE Report the expiration date of policy or coverage notice, formatted YYMMDD.	(N)	58-63	6
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For the second and third year of a three-year variable rate policy, or a California annual rating endorsement, report the expiration date of the appropriate annual period being reported. (Note that the second and third year of a three-year variable rate policy must be reported using Transaction Code 04.)

7	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (tpe/tpa/mga) Data Provider (on behalf of the Insurance Carrier).	(N)	64-72	9
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NOT APPLICABLE: DE, MI, NCCI, NJ, NY, NC, PA, WI

Field No.	Field Title/Description	Class	Position	Bytes
8	<p>TYPE OF COVERAGE ID CODE Report the 2-digit code that indicates the Type of Coverage:</p> <p>Code Description 01 Standard Workers Compensation Policy 02 Alternative Workers Compensation Coverage (NCCI only) 03 Reserved for Use in WCSTAT 04 Reserved for Future Use 05 Large Risk Rated Option N/A: CA, MI, MN, NCCI, NC, WI 09 Reserved for Use in WCSTAT 10 Reserved for Future Use</p> <p>NOT APPLICABLE: NJ</p>	(N)	73-74	2
9	<p>EMPLOYEE LEASING POLICY TYPE CODE Report the 1-digit code that identifies the type of Employee Leasing policy:</p> <p>Code Description 1 Non-Employee Leasing Policy—Employers covered under this policy are not part of an Employee Leasing arrangement. 2 Employee Leasing Policy - For Leased Workers of Multiple Client Companies —The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company can also be are covered under this policy. N/A: CA, MA, MN, NY, WI 3 Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company — The Employee Leasing Company is the first 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. N/A: MI (Assigned Risk) 4 Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company — The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy. N/A: DE, MA, MI (Assigned Risk), MN, PA 5 Employee Leasing Policy For Leased Workers of a Single Client Company—The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of a single Client Company only. NCCI (Effective 1/1/2007) N/A: DE, MI (Assigned Risk), NC, PA</p>	(N)	75	1

Field No.	Field Title/Description	Class	Position	Bytes
6	Client Company Policy For Non-Leased Workers of Client Company—The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy. NCCI (Effective 1/1/2007:-NCCI) N/A: DE, MA, NC, PA			
7	Client Company Policy For Leased And Non-Leased Workers of Client Company—The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company. NCCI (Effective 1/1/2007:-NCCI) N/A: DE, MA, MI (Assigned Risk), MN, NC, PA			
8	Employee Leasing Policy—For Leased Workers of Multiple Client Companies—The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company cannot be <u>are not</u> covered under this policy. (WI-only) N/A: CA, DE, MA, MI, MN, NY, NC, PA			

NOT APPLICABLE: NJ

MA NOTE: Employee Leasing Policy Type Code 3 and MA endorsement WC200305 – Exclusion of Coverage for Leased Employees must appear together on the employee listing company policy for the non-leased workers. Employee Leasing Policy Type Code 5 and MA endorsement WC200304 – Massachusetts Employee Leasing Endorsement must appear together on the policy for the workers leased to a client.

WI NOTE: For policies using code 4, ~~6,~~ or 7, the first name should be reported (Client Company Name) client of (PEO Company Name). For policies using code 5, the Primary Name should be reported (PEO Company Name) L/C/F (Client Company Name).

WI NOTE: For policies using code 8, Endorsement WC 48 03 14 must be attached.

10	POLICY TERM CODE Report the 1-digit code:	(N)	76	1
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Code	Description
1	Standard one-year
2	Three-year fixed rate
3	Continuous policy (CA only)
4	Short-term (less than one year)
5	Three-year variable (first year)
6	Three-year variable (second year)

Field No.	Field Title/Description	Class	Position	Bytes
7	Three-year variable (third year)			
8	Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC 00 04 05 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).			
	NOTE: Code 6 can not be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.			
	Code 7 can not be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.			
	Code 8 is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 above with 8 applying only to the shortened period. (NOT APPLICABLE N/A: MI, MN, NCCI)			
11	PRIOR POLICY NUMBER IDENTIFIER Report the alphanumeric characters identifying the prior policy number identifier. Do not report any embedded blanks or marks of punctuation.	(AN)	77-94	18
	NOTE: This field is not to be reported when reporting policy data with Transaction Code 01 - New Policy.			
12	PRIOR UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) For policies that use a unit or certificate number identifier as part of the policy number, report the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.	(N)	95-100	6
13	RESERVED FOR FUTURE USE		101-105	5
14	LEGAL NATURE OF INSURED CODE Report the 2-digit code:	(N)	106-107	2
	Code Description			
	01 Individual			
	02 Partnership			
	03 Corporation			
	04 Association, Labor Union, Religious Organization			
	05 Limited Partnership			
	06 Joint Venture			
	07 Common Ownership N/A: MI, WI			
	08 Multiple Status N/A: CA, MI, WI			
	09 Joint Employers N/A: MI, WI			
	10 Limited Liability Company (LLC)			
	11 Trust or Estate			
	12 Executor or Trustee N/A: CA, MI, WI			
	13 Limited Liability Partnership			

Field No.	Field Title/Description	Class	Position	Bytes
14	Governmental Entity			
99	Other (Report text description in Positions 250–269)			
	NOTE: Applicability of codes is subject to the individual DCO and/or IAIABC POC state rules.			
15	TYPE OF PLAN ID CODE Report the 1-digit code:	(N)	108	1
	Code Description			
	1 Voluntary Policy			
	2 Normal Assigned Risk Policy N/A: NY			
	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			
16	WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE Report the 1-digit code:	(N)	109	1
	Code Description			
	1 Wrap-Up Policy N/A: CA			
	2 Non-Wrap-Up/OCIP Policy			
	3 OCIP Job Policy (CA only)			
	4 OCIP Master Policy (CA only)			
	NOTE: In the case of a wrap-up policy (code is “1”), the project description must be provided on an Address Record (Record Type Code 03) with the Address Type Code as “4” (Wrap-Up Project Description). This note is not applicable to NCCI.			
	<u>OPTIONAL: CA</u>			
17	BUSINESS SEGMENT IDENTIFIER Any series of identifying codes maintained and reported by the data provider.	(N)	110-116	7
	NOT APPLICABLE: DE, MI, NCCI, NJ, NY, NC, PA, WI			
18	POLICY MINIMUM PREMIUM AMOUNT Report the minimum premium amount that would be charged for the policy if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts. Report dollars only.	(N)	117-126	10
	OPTIONAL: CA			

Field No.	Field Title/Description	Class	Position	Bytes														
19	<p>POLICY MINIMUM PREMIUM STATE CODE Report the 2-digit code of the state on which the policy minimum premium amount is based.</p> <p>OPTIONAL: CA</p>	(N)	127-128	2														
20	<p>POLICY ESTIMATED STANDARD PREMIUM TOTAL Report the sum of the estimated state standard premium reported on all state premium records (Record Type Code 04) submitted for the transaction. Report dollars only.</p> <p>OPTIONAL: CA</p>	(N)	129-138	10														
21	<p>POLICY DEPOSIT PREMIUM AMOUNT Report the deposit premium amount to be collected for the policy. Report dollars only.</p> <p>NOT APPLICABLE: MI</p> <p>OPTIONAL: CA, NCCI</p>	(N)	139-148	10														
22	<p>AUDIT FREQUENCY CODE Report the 1-digit code identifying the audit frequency for the policy:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Semiannual</td> </tr> <tr> <td>3</td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, MI, NJ, NY, PA</p> <p>OPTIONAL: CA, MA, NCCI</p>	Code	Description	1	Annual	2	Semiannual	3	Quarterly	4	Monthly	5	Other	(N)	149	1		
Code	Description																	
1	Annual																	
2	Semiannual																	
3	Quarterly																	
4	Monthly																	
5	Other																	
23	<p>BILLING FREQUENCY CODE Report the 1-digit code identifying the billing frequency for the policy:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Semiannual N/A: WI (Assigned Risk only)</td> </tr> <tr> <td>3</td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>5</td> <td>Other N/A: WI (Assigned Risk only)</td> </tr> <tr> <td>6</td> <td>Reserved for Use in WCNOA</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, MI, NJ, NY, PA</p> <p>OPTIONAL: CA, MA, NCCI</p>	Code	Description	1	Annual	2	Semiannual N/A: WI (Assigned Risk only)	3	Quarterly	4	Monthly	5	Other N/A: WI (Assigned Risk only)	6	Reserved for Use in WCNOA	(N)	150	1
Code	Description																	
1	Annual																	
2	Semiannual N/A: WI (Assigned Risk only)																	
3	Quarterly																	
4	Monthly																	
5	Other N/A: WI (Assigned Risk only)																	
6	Reserved for Use in WCNOA																	

Field No.	Field Title/Description	Class	Position	Bytes												
24	RETROSPECTIVE RATING CODE Report the 1-digit code corresponding to the policy:	(N)	151	1												
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Retrospective Rated - Endorsements submitted via an electronic record N/A: MA, NCCI</td> </tr> <tr> <td>2</td> <td>Retrospective Rated - Endorsements submitted via hard copy N/A: MA, NCCI, WI</td> </tr> <tr> <td>3</td> <td>Not Retrospective Rated</td> </tr> <tr> <td>4</td> <td>Retrospective Rated - Endorsements submitted via an electronic record and hard copy N/A: -MA, NCCI, WI</td> </tr> <tr> <td>5</td> <td>Retrospective Rated N/A: DE, MI, MN, NC, NJ, NY, PA, WI</td> </tr> </tbody> </table>	Code	Description	1	Retrospective Rated - Endorsements submitted via an electronic record N/A: MA, NCCI	2	Retrospective Rated - Endorsements submitted via hard copy N/A: MA, NCCI, WI	3	Not Retrospective Rated	4	Retrospective Rated - Endorsements submitted via an electronic record and hard copy N/A: -MA, NCCI, WI	5	Retrospective Rated N/A: DE, MI, MN, NC , NJ, NY, PA, WI			
Code	Description															
1	Retrospective Rated - Endorsements submitted via an electronic record N/A: MA, NCCI															
2	Retrospective Rated - Endorsements submitted via hard copy N/A: MA, NCCI, WI															
3	Not Retrospective Rated															
4	Retrospective Rated - Endorsements submitted via an electronic record and hard copy N/A: -MA, NCCI, WI															
5	Retrospective Rated N/A: DE, MI, MN, NC , NJ, NY, PA, WI															
	NOT APPLICABLE: CA															
	OPTIONAL: MI															
25-27	EMPLOYER LIABILITY LIMIT AMOUNTS This data element is comprised of the following data elements: Employer Liability Limit Amount - Bodily Injury By Accident—Each Accident Amount, Employer Liability Limit Amount - Bodily Injury By Disease—Policy Limit Amount, and Employer Liability Limit Amount - Bodily Injury By Disease—Each Employee Amount. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	152-181	30												
25	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT—EACH ACCIDENT AMOUNT OPTIONAL: CA, MI, NCCI	(N)	152-161	10												
26	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE—POLICY LIMIT AMOUNT OPTIONAL: CA, MI, NCCI	(N)	162-171	10												
27	EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE—EACH EMPLOYEE AMOUNT OPTIONAL: CA, MI, NCCI	(N)	172-181	10												
28	NAME OF PRODUCER Report the name of the producer responsible for placing the business with the insurer. Direct writers: Where there is a producer or agent (e.g., Assigned Risk policies), this information must be provided; if none, leave blank.	(AN)	182-211	30												

Field No.	Field Title/Description	Class	Position	Bytes								
29	<p>ASSIGNED RISK BINDER NUMBER – FIRST SEVEN POSITIONS (NCCI ONLY) Report the first 7 digits of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy).</p> <p>This field is required when Type of Plan ID Code (Position 108) is 2 (Normal Assigned Risk Policy).</p> <p>NOTE: If reported incorrectly, report the revised Assigned Risk Binder Number (First 7 Positions) in this field using Transaction Code 06 (Policy Replacement Due to Key Field Change), 10 (Policy Replacement due to Non-Rating Change) or 14 (Policy Replacement Due to Miscellaneous Change/Non-Key Field Change).</p> <p>Leave blank if not applicable.</p>	(AN)	212-218	7								
30	<p>GROUP COVERAGE STATUS CODE (CA ONLY) Report the 1-digit code identifying if the policy was written as part of group coverage:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Non-Group Coverage</td> </tr> <tr> <td>1</td> <td>Group Member Coverage</td> </tr> <tr> <td>2</td> <td>Group Master Coverage</td> </tr> </tbody> </table>	Code	Description	0	Non-Group Coverage	1	Group Member Coverage	2	Group Master Coverage	(N)	219	1
Code	Description											
0	Non-Group Coverage											
1	Group Member Coverage											
2	Group Master Coverage											
31	RESERVED FOR FUTURE USE		220	1								
32	<p>ORIGINAL CARRIER CODE Report the carrier code assigned to a previously issued policy for this insured for the same term.</p> <p>This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).</p> <p>Report zeros if not applicable.</p>	(N)	221-225	5								
33	<p>ORIGINAL POLICY NUMBER IDENTIFIER Report the policy number identifier assigned to a previously issued policy for this insured for the same term. Do not report any embedded blanks or marks of punctuation.</p> <p>This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).</p> <p>Report blanks if not applicable.</p> <p>NOTE: This field is also used when submitting a New Business or Renewal Transaction that replaces a Coverage Notice (Transaction Code 16). If the policy number identifier on the Coverage Notice and the New Business or Renewal Transaction are different, report the number identifier from the Coverage Notice here.</p>	(AN)	226-243	18								

Field No.	Field Title/Description	Class	Position	Bytes
34	<p>ORIGINAL POLICY EFFECTIVE DATE Report the policy effective date of a previously issued policy for this insured for the same term. Format: YYMMDD.</p> <p>This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).</p> <p>Report zeros if not applicable.</p>	(N)	244-249	6
35	<p>TEXT FOR "OTHER" LEGAL NATURE OF INSURED Report the text describing the Legal Nature of Insured if you reported code 99 (Other) in Legal Nature of Insured (Positions 106–107) of Header Record.</p> <p>NOT APPLICABLE: MN</p> <p>OPTIONAL: NCCI</p>	(AN)	250-269	20
36	<p>ASSIGNMENT DATE (IAIABC POC ONLY) Report the date of notice assigned by the administrator of involuntary market coverage. Format: YYMMDD.</p> <p>This field is required when the Type of Plan ID Code (Position 108 of the Header Record [Record Type Code 01]) is not "1".</p> <p>NOTE: Contact your IAIABC POC vendor for applicable states.</p>	(N)	270-275	6
37	<p>ASSIGNED RISK BINDER NUMBER – LAST ELEVEN POSITIONS (NCCI ONLY) Report the last 11 digits of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy).</p> <p>This field is required when Type of Plan ID Code (Position 108) is 2 (Normal Assigned Risk Policy).</p> <p>NOTE: If reported incorrectly, report the revised Assigned Risk Binder Number (Last 11 Positions) in this field using Transaction Code 06 (Policy Replacement Due to Key Field Change), 10 (Policy Replacement due to Non-Rating Change) or 14 (Policy Replacement Due to Miscellaneous Change/Non-Key Field Change). Leave blank if not applicable.</p>	(AN)	276-286	11
38	RESERVED FOR FUTURE USE		287-288	2
39	<p>POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.</p>	(N)	289-294	6
40	<p>POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.</p>	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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II. NAME RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "02".	(AN)	46-47	2
4	NAME TYPE CODE Report the 1-digit code representing the type of name:	(N)	48	1

Code Description

- 1 Personal name type (a separate personal Name Record of a Name Link Identifier) format is last name, first name, middle name or initial. The commas are the delimiters.
- 2 Commercial name type (a separate commercial Name Record of a Name Link Identifier).
- 3 String name type (a Name Record consisting of a string of names corresponding to one Name Link Identifier). Format is free-form. N/A: CA, MN

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

See name coding and name/address/exposure link coding examples in this section.

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

5	NAME LINK IDENTIFIER Report the 3-digit number identifying one name or a group of names. The primary name(s) on the policy must always be reported as 001.	(N)	49-51	3
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When reporting more than 998 separate names, report positions 270-271—Name Link Counter Identifier in conjunction with this field.

NOTE: See name coding and name/address/exposure link coding examples in this section.

Field No.	Field Title/Description	Class	Position	Bytes
6	PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	(A)	52	1
	<p>Code Description</p> <p>Blank Not a Professional Employer Organization Policy</p> <p>P Professional Employer Organization Company Name</p> <p>C Client Company Name</p> <p>NOTE: This code is intended to provide another option for reporting the names of PEO's and client companies only. This does not change or replace any existing reporting requirements.</p> <p>WI NOTE: This code is required when Employee Leasing Policy Type Code 4, 5 or 7 is used.</p> <p>NOT APPLICABLE: NJ, NY</p>			
7	NAME OF INSURED	(AN)	53-142	90
	<p>Report the name corresponding to the Name Type Code (Position 48).</p> <p>Report personal names in the following sequence with each name separated by a comma: surname, first name, and middle name or initial.</p> <p>NOTE: IAIABC POC - The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.</p> <p>WI NOTE: For policies using code 4 or 7 in Header Record Position 75, the First Name should be reported (Client Company Name) client of (PEO Company Name). For policies using code 5, the First Name should be reported (PEO Company Name) L/C/F (Client Company Name).</p>			
8	RESERVED FOR FUTURE USE		143-148	6
9	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	(N)	149-157	9
	<p>Report the identification number corresponding to the name being reported. Do not report any embedded blanks or marks of punctuation.</p> <p>NOT APPLICABLE: NJ</p>			

Field No.	Field Title/Description	Class	Position	Bytes
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10	CONTINUATION SEQUENCE NUMBER	(N)	158-160	3
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Report the 3-digit number corresponding to the continuation status.

Report 001 representing the first record for a Name Link Identifier (Positions 49–51).

Report 002–999 representing all continuation records for same Name Link Identifier (Positions 49–51). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all Name Records.

NOTE: See name coding and name/address/exposure link coding examples in this section.

11	LEGAL NATURE OF ENTITY CODE	(N)	161-162	2
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Report the legally filed entity code for each Name Record reported.

Code Description

01	Individual
02	Partnership
03	Corporation
04	Association, Labor Union, Religious Organization
05	Limited Partnership
06	Joint Venture
07	Reserved for Future Use
08	Reserved for Future Use
09	Reserved for Future Use
10	Limited Liability Company (LLC)
11	Trust or Estate
12	Reserved for Future Use
13	Limited Liability Partnership
14	Governmental Entity
99	Other (Report text description in Positions 250–269) N/A: MI

NOTE: For MI POC report the entity code that corresponds to the Federal Employer Identification Number reported in Positions 149-157.

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

OPTIONAL: MI, NCCI

Field No.	Field Title/Description	Class	Position	Bytes
12	<p>STATE CODE Report the state code for the state unemployment number reported in Positions 165–179, State Unemployment Number.</p> <p>NOTE: NCCI—When reporting more than three State Unemployment numbers, multiple Name Records must be submitted with Positions 1–162 being identical on all the records. The State Unemployment Number Record Sequence field in Positions 248–249 will be used to distinguish each Name Record.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, NY, NC, PA, WI</p>	(N)	163-164	2
13	<p>STATE UNEMPLOYMENT NUMBER Report the unemployment number for the state code reported in Positions 163–164, State Code, for the name reported on this record.</p> <p>MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Positions 182–196 or Positions 199–213). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 165–170 and spaces in Position 171–179. If not available, report zeros. Do not submit this information for any other state.</p> <p>NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Positions 182–196 and/or Positions 199–213).</p> <p>NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Positions 182–196 or Positions 199–213). The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state.</p> <p>NOTE: NCCI—When reporting more than three State Unemployment Numbers, multiple Name Records must be submitted with Positions 1–162 being identical on all the records. The State Unemployment Number Record Sequence field in Positions 248–249 will be used to distinguish each Name Record.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, NY, NC, PA, WI</p>	(AN)	165-179	15
14	<p>STATE CODE Report the state code for the state unemployment number reported in Positions 182–196, State Unemployment Number.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, NY, NC, PA, WI</p>	(N)	180-181	2

Field No.	Field Title/Description	Class	Position	Bytes
15	<p>STATE UNEMPLOYMENT NUMBER Report the unemployment number for the state code reported in Positions 180–181, State Code, for the name reported on this record.</p> <p>MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Positions 165–179 or Positions 199–213). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 182–187 and spaces in Position 188–196. If not available, report zeros. Do not submit this information for any other state.</p> <p>NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Positions 165–179 and/or Positions 199–213).</p> <p>NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Positions 165–179 or Positions 199–213). The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, NY, NC,PA, WI</p>	(AN)	182-196	15
16	<p>STATE CODE Report the state code for the state unemployment number reported in Positions 199–213, State Unemployment Number.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, NY, NC, PA, WI</p>	(N)	197-198	2
17	<p>STATE UNEMPLOYMENT NUMBER Report the unemployment number for the state code reported in Positions 197-198, State Code, for the name reported on this record.</p> <p>MN: Report the Minnesota State Employer Unemployment Insurance Account Identification Number in this field (or Positions 165–179 or Positions 182–196). If the Employer is exempt from this Minnesota state requirement, report "EXEMPT" in Position 199–204 and spaces in Position 205–213. If not available, report zeros. Do not submit this information for any other state.</p> <p>NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Positions 165–179 and/or Positions 182–196).</p> <p>NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Positions 165-179). The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, NY, NC, PA, WI</p>	(AN)	199-213	15

Field No.	Field Title/Description	Class	Position	Bytes
18	RESERVED FOR FUTURE USE		214-247	34
19	<p>STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE NUMBER (NCCI ONLY) Report "01" representing the record with the first three State Unemployment Numbers reported. Report "02"–"99" representing each additional Name Record submitted to report all applicable State Unemployment Numbers and their state codes for the name of insured. For record sequence 02–99, Positions 1 through 162 must be the same on all records for the name of insured.</p> <p>NOTE: Report the sequence number corresponding to the additional records count.</p>	(N)	248-249	2
20	<p>TEXT FOR "OTHER" LEGAL NATURE OF ENTITY Report the text describing the Legal Nature of Entity if you reported code 99 (Other) in Positions 161–162 of this Name Record.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, NC, PA, WI</p> <p>OPTIONAL: NCCI</p>	(AN)	250-269	20
21	<p>NAME LINK COUNTER IDENTIFIER When reporting 998 or less separate names, report "00".</p> <p>When reporting more than 998 separate names, report the 2-digit counter corresponding to the Name Link Identifier (positions 49-51). Report "01" representing the first 998 separate names. Report "02"– "99" representing counter records for the following sets of Name Link Identifiers.</p> <p>NOT APPLICABLE: DE, PA</p>	(AN)	270-271	2
22	RESERVED FOR FUTURE USE		272-288	17
23	<p>POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.</p>	(N)	289-294	6
24	<p>POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.</p>	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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NAME CODING EXAMPLES

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

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

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

Example 2—Reporting by String Format

Name Record

Name Type Code	Name Link Identifier	Name of Insured	Continuation Sequence Number	FEIN
3	001	ABC Corp dba ABC Industries	001	39-1234567
3	002	Smythe Kyle and Brown Sara dba Smythe and Brown Industrial Co	001	39-3456789
3	003	Smythe Kyle	001	39-5678901

Field No. Field Title/Description Class Position Bytes

OR

Example 3—Reporting by String Format

Name Record

Name Type Code	Name Link Identifier	Name of Insured	Continuation Sequence Number	FEIN
3	001	ABC Corporation	001	39-1234567
3	001	dba ABC Industries	002	39-1234567
3	002	Smythe Kyle and Brown Sara	001	39-3456789
3	002	dba Smythe and Brown Industrial Co	002	39-3456789
3	003	Smythe Kyle	001	39-5678901

NAME/ADDRESS/EXPOSURE/LINK CODING EXAMPLES

Name Link Identifier	Name Records	Address	Legal Nature of Insured	FEIN
001	ABC Corporation dba ABC Industries	123 Main Street, Brookfield, WI 53086	Corp	39-1234567
002	Smythe Kyle and Brown Sara	123 Main Street, Brookfield, WI 53086 No Specific Location, MN 55051	Partnership	39-3456789
003	dba Smythe & Brown Industrial Co Smythe Kyle	123 Main Street Brookfield, WI 53086 789 North Avenue, Milwaukee, WI 53226	Individual	39-5678901

NAME/ADDRESS/EXPOSURE LINK

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

OTHER LOCATIONS RECORDS

(Listing for addresses is for example clarity only)

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

Field No.	Field Title/Description	Class	Position	Bytes
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III. ADDRESS RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "03".	(AN)	46-47	2
4	ADDRESS TYPE CODE Report the 1-digit code representing the type of address:	(N)	48	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 Address of insurer issuing/servicing office. This record must be reported to permit proper communication with the insurer office servicing this policy.
- 4 Wrap-up/OCIP project description. N/A: NCCI
- 5 Producer Address. This record must be reported to provide the address of the producer responsible for placing the business with the insurer. This address must be submitted when a producer/agency name (Positions 182–211) is reported in the Header Record (Record Type 01) of the transaction.
OPT: CA, NJ, NY, PA, WI
- 6 No specific location—Refers to work done at client sites in the state. If this Address Type Code is submitted, the Address Structure Code (Position 50) and the Address (Positions 51–151) are not applicable. (OPTIONAL)
- 7 Reserved for Use in WCNOA
- 8 Reserved for Use in WCNOA

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

NOT APPLICABLE: NCCI, NJ

Field No.	Field Title/Description	Class	Position	Bytes
6	<p>ADDRESS STRUCTURE CODE Report the 1-digit code identifying the structure of the reported address:</p> <p>Code Description</p> <p>1 Reported address follows structure set forth in Positions 51–151 below. This code is required for Address Type Code 1 (mailing address of insured), 3 (address of insurer issuing/servicing office) and 5 (producer [issuing agency] address). These three address types must be reported in the Structured Format shown in Positions 51–110 (address). NOTE: IAIABC POC—This code is required for Address Type Code 2 (address of a location of operations) when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.</p> <p>2 Reported address is free-form between Positions 51–151. This code may be optional for Address Type Code 2 (address of a location of operations) and may be required for Address Type Code 4 (wrap-up/OCIP project description). Contact the appropriate DCO for reporting requirements. NOTE: MN, NC, IAIABC POC - This code is not applicable for Address Type Code 2 and may only be used for Address Type Code 4. Contact your IAIABC POC vendor for applicable states.</p>	(N)	50	1
7-10	<p>ADDRESS This data element is comprised of the following data elements: Address – Street, Address – City, Address – State and Address – Zip Code.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p> <p>NOTE: Shortening addresses that exceed field size is acceptable.</p>	(AN)	51-151	101
7	<p>ADDRESS - STREET Report the street number and name, post office box, or other description</p> <p>NOTE: A valid street address or P.O. box number must be reported for the mailing address of insured (Address Type Code 1) and for the producer [issuing agency] address (Address Type Code 5).</p>	(AN)	51-110	60

Field No.	Field Title/Description	Class	Position	Bytes
	<p>NOTE: IAIABC POC — The IAIABC Street Address portion of the Address of Insured (WCPOLS Address Type Code 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type Code 1 - Mailing address of insured and WCPOLS Address Type Code 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.</p>			
	<p>NOTE: MN – When reporting a Wrap-up policy, this field is used to report the Project Name.</p>			
8	ADDRESS - CITY Report the city name	(AN)	111-140	30
9	ADDRESS - STATE Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is “Y”.	(AN)	141-142	2
10	ADDRESS – ZIP CODE	(AN)	143-151	9
11-13	NAME/ADDRESS/EXPOSURE LINK This data element is comprised of the following data elements: Name Link Identifier, State Code Link and Exposure Record Link for Location Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.		152-161	10
11	NAME LINK IDENTIFIER This 3-part field is used to link exposures to locations and then locations to names. THIS FIELD IS REQUIRED for Address Type Codes 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location). Report “999” for Address Type Codes 3, 4 and 5. NOTE: See name coding and name/address/exposure link coding examples in the Name Record of this section.	(N)	152-154	3
12	STATE CODE LINK Report the 2-digit code for the state covered by this record. THIS FIELD IS REQUIRED for Address Type Codes 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location). Report “99” for Address Type Codes 3, 4 and 5. NOTE: See name coding and name/address/exposure link coding examples in the Name Record of this section.	(N)	155-156	2

Field No.	Field Title/Description	Class	Position	Bytes
13	<p>EXPOSURE RECORD LINK FOR LOCATION CODE Report the 5-digit code identifying this address record. This field corresponds to the Exposure Record Link for Exposure Code field in the exposure record.</p> <p>THIS FIELD IS OPTIONAL for Address Type Code 1 (Mailing Address of Insured); however, in such cases where insurer does not include this field, the Mailing Address of Insured must also be included as an Address Type Code 2 (Address of a Location of Operations) for required linkage.</p> <p>THIS FIELD IS REQUIRED for Address Type Codes 2 (Location of Operations) and 6 (No Specific Location).</p> <p>NOTE: If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. When exposure pertains to more than one Name Link Identifier, corresponding Exposure Records may be included with separate Name/Address/Exposure Link fields.</p> <p>Report "99999" for Address Type Codes 3, 4 and 5.</p> <p>NOTE: See name coding and name/address/exposure link coding examples in the Name Record of this section.</p> <p>OPTIONAL: MI, NCCI</p>	(N)	157-161	5
14	RESERVED FOR FUTURE USE		162-186	25
15	<p>PHONE NUMBER OF INSURED (IAIABC POC ONLY) When the Address Type Code (Position 48) is "1", report the phone number of the primary Name Link Identifier, if available.</p> <p>NOTE: Contact your IAIABC POC vendor for applicable states.</p>	(N)	187-196	10
16	<p>NUMBER OF EMPLOYEES (IAIABC POC ONLY) Report the number of employees, at the time the policy is issued, for each address on this record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this address record).</p> <p>NOTE: Contact your IAIABC POC vendor for applicable states.</p>	(N)	197-202	6

Field No.	Field Title/Description	Class	Position	Bytes
17	<p>INDUSTRY CODE (IAIABC POC ONLY) Report the appropriate Industry Code (Standard Industry Code [SIC] or the North American Industry Classification System [NAICS], code) representing the nature of the employer's business, which is contained in the SIC Manual or NAICS Manual published by the Federal Office of Management and Budget. The Industry Code must be reported for each address on this record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this address record).</p> <p>If reporting SIC, carriers must add "SC" suffix to code.</p> <p>NOTE: Contact your IAIABC POC vendor for applicable states.</p>	(AN)	203-208	6
18	<p>GEOGRAPHIC AREA Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is "Y". Leave blank if Foreign Address Indicator is N.</p> <p>NOT APPLICABLE: NCCI, NJ</p>	(A)	209-224	16
19	RESERVED FOR FUTURE USE		225-266	42
20	<p>COUNTRY CODE Report the 2-digit ISO 3166 Standard Country code when Foreign Address Indicator is "Y". Leave blank if Foreign Address Indicator is "N".</p> <p>NOT APPLICABLE: NCCI, NJ</p>	(A)	267-268	2
21	<p>NAME LINK COUNTER IDENTIFIER Report the 2-digit Name Link Counter Identifier in positions 270-271 of the Name Record corresponding to this particular address record.</p> <p>NOT APPLICABLE: DE, PA</p>	(AN)	269-270	2
22	RESERVED FOR FUTURE USE	(AN)	271-288	18
23	<p>POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.</p>	(N)	289-294	6
24	<p>POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15.</p>	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IV. STATE PREMIUM RECORD

1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code for the state covered by this record.	(N)	44-45	2
3	RECORD TYPE CODE Report "04".	(AN)	46-47	2

Multiples of this record are required whenever exposure amounts are being reported on a split-period basis. Each record must contain the appropriate data associated with its particular period. (Not Applicable: NCCI)

When multiples of this record are reported due to an Experience Modification Effective Date, Anniversary Rating Date or both, these state premium records should be in order of the dates reported. The last record contains the expense constant, loss constant, and premium discount.

[Examples of how to apply these dates and associated data immediately follow this record layout. \(NOT APPLICABLE: MN\)](#)

NOTE: A Record Type Code 04 must be submitted for every state in Item 3.A. of the policy to the rating organization(s) where the policy must be filed.

4	STATE ADD/DELETE CODE The field shall be used only in connection with Transaction Code 15.	(A)	48	1
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Report the 1-letter code that describes the action to be taken for this state:

Code Description

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

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

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

NJ, NC, WI: Required for all assigned risk plan policies.
 Optional for Voluntary policies.

OPTIONAL: CA, DE, NCCI, NY, PA

Field No. Field Title/Description Class Position Bytes

Examples by jurisdiction:

State	Bytes	Class	Example	Report As	Position
CA	7	Numeric	1234567	1234567	58-64
			123	0000123	Blanks in
			1	0000001	65-72
NOTE: CA leading zeros must be expressed on WCPOLS.					
DE	7	Numeric	2570826	2570826	58-64
PA					Blanks in
					65-72
			3165	3165	58-61
					Blanks in
					62-72
				or	
				0003165	58-64
					Blanks in
					65-72
NJ	6	Numeric	176	000176	58-63
					Blanks in
					64-72
NOTE: NJ leading zeros must be expressed on WCPOLS.					
MI	9	Alphanumeric	1234567AB	1234567AB	58-66
					Blanks in
					67-72
			146A	0000146A	58-65
					Blanks in
					66-72
NOTE: MI leading zeros must be expressed on WCPOLS.					
MA	7		176	0000176	58-64
MN	7	Numeric	123456	0123456	Blanks in
NY					65-72
NOTE: MA, MN, NY leading zeros must be expressed on WCPOLS. MA Coverage ID Number must be reported on WCPOLS.					
NC	8	Numeric	07692100	07692100	58-65
					Blanks in
					66
NOTE: NC Coverage ID Number – leading zeros must be expressed. NC Coverage ID Number must be reported on WCPOLS.					
WI	9	Numeric	053656005	053656005	58-66
					Blanks in
					67-72
	10		5365600599	5365600599	58-67
					Blanks in
					68-72
NOTE: WI Coverage ID Number may be reported instead of the Combinable ID Number.					
	7	Numeric	0237380	0237380	58-64
					Blanks in
					65-72
NOTE: WI Coverage ID Number—leading zeros must be expressed on WCPOLS if reported.					

Field No.	Field Title/Description	Class	Position	Bytes
7	RESERVED FOR FUTURE USE		73-87	15
8	CARRIER CODE Report the 5-digit code. Report the carrier code corresponding to the particular individual carrier of a carrier group providing the coverage in this state if the carrier is different from that designated by the carrier code in Positions 1–5. If there is no difference, report zeros. NOT APPLICABLE: DE, MI, MN, NJ, NY, NC, PA	(N)	88-92	5
9	EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR Report the 4-digit experience rating plan modification factor. There is an assumed decimal point between Positions 93 and 94. If no experience modification factor is applicable, report “1000”. This field must not be left blank. EXCEPTION: CA, DE, PA—Report zeros if no experience modification factor applied. The experience modification factor to be entered is the decimal complement of percentage debits or credits—e.g., 10% credit to be entered as “0900”, or 15% debit to be entered as “1150”. NOTE: DE, PA – Report experience modification factor only in this field. Report Merit factor on corresponding Exposure Record.	(N)	93-96	4
10	EXPERIENCE MODIFICATION STATUS CODE Report the code for the status of the experience modification factor in Positions 93–96 above: Code Description 1 Final modification factor for policy period 2 Modification factor not final 3 No modification applicable NOTE: NCCI—If a merit rating factor is reported in Positions 93–96, report Code 1. NOT APPLICABLE: MA	(N)	97	1

Field No.	Field Title/Description	Class	Position	Bytes
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11	EXPERIENCE MODIFICATION PLAN TYPE CODE Report the type of experience modification factor in Positions 93–96, above:	(N)	98	1
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Code Description

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

NOT APPLICABLE: CA, DE, MA, MI, NJ, NY, NC, PA

OPTIONAL: NCCI

12	OTHER INDIVIDUAL RISK RATING FACTOR Report the 4-digit factor.	(N)	99-102	4
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There is an assumed decimal point between Positions 99 and 100. Report the factor resulting from any rating plan based on the insured's characteristics other than its loss experience and used to modify the manual premium amount on a prospective basis (e.g., schedule rating). If more than one factor is applicable, enter the composite factor.

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

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

Insurers may, at their option, report the total dollar effect of these factors on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.

NOT APPLICABLE: MA, NJ, NY, PA, WI

OPTIONAL: CA

Field No.	Field Title/Description	Class	Position	Bytes												
13	<p>INSURER PREMIUM DEVIATION FACTOR Report the 4-digit factor. There is an assumed decimal point between Positions 103 and 104.</p> <p>Report the factor used to modify the insured's premium amount based on the insurer's independently filed flat premium amount deviation. If no deviation applies, or if the insurer deviates each particular rate and prints the deviated rate on the policy Information Page, enter "1000". If the insurer deviates each particular rate and prints the deviated rate on the policy Information Page the insurer premium deviation factor may be reported if the factor applies to all classes.</p> <p>If this factor is not applicable, enter "1000". This field must not be left blank.</p> <p>The factor to be entered is the decimal complement of percentage debits and credits.</p> <p>At the DCO direction or offering of the option the insurers may, at their option, report the total dollar effect of their flat premium deviation on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field and code 4 in position 107.</p> <p>NOT APPLICABLE: DE, NJ, NY, PA, WI</p> <p>OPTIONAL: CA</p>	(N)	103-106	4												
14	<p>TYPE OF PREMIUM DEVIATION CODE Report the 1-digit code identifying the type of deviation in Positions 103–106:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No premium deviation factor applies. If this code is used, positions 103-106 must be "1000".</td> </tr> <tr> <td>1</td> <td>Premium deviation factor applicable prior to experience modification. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA</td> </tr> <tr> <td>2</td> <td>Premium deviation factor applicable after experience modification. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA</td> </tr> <tr> <td>3</td> <td>Deviation applied to individual rates. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA</td> </tr> <tr> <td>4</td> <td>Premium deviation reported as exposure record. If this code is used, positions 103–106 may be "1000".</td> </tr> </tbody> </table> <p>NOT APPLICABLE: DE, NJ, NY, PA, WI</p> <p>OPTIONAL: CA, NCCI</p>	Code	Description	0	No premium deviation factor applies. If this code is used, positions 103-106 must be "1000".	1	Premium deviation factor applicable prior to experience modification. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA	2	Premium deviation factor applicable after experience modification. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA	3	Deviation applied to individual rates. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA	4	Premium deviation reported as exposure record. If this code is used, positions 103–106 may be "1000".	(N)	107	1
Code	Description															
0	No premium deviation factor applies. If this code is used, positions 103-106 must be "1000".															
1	Premium deviation factor applicable prior to experience modification. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA															
2	Premium deviation factor applicable after experience modification. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA															
3	Deviation applied to individual rates. This code requires insurer premium deviation factor to be reported in positions 103-106. N/A: MA															
4	Premium deviation reported as exposure record. If this code is used, positions 103–106 may be "1000".															

Field No.	Field Title/Description	Class	Position	Bytes
15	<p>ESTIMATED STATE STANDARD PREMIUM TOTAL Report the numeric dollar amount.</p> <p>Report the total state standard premium. Refer to individual state Bureau Manual for definition of standard premium.</p> <p>OPTIONAL: CA</p>	(N)	108-117	10
16	<p>EXPENSE CONSTANT AMOUNT Report the numeric dollar amount.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05).</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the expense constant amount.</p> <p>OPTIONAL: CA</p>	(N)	118-127	10
17	<p>LOSS CONSTANT AMOUNT Report the numeric dollar amount.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05).</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the loss constant amount.</p> <p>NOT APPLICABLE: DE, MI, MN, NJ, NY, NC, WI</p> <p>OPTIONAL: CA</p>	(N)	128-137	10
18	<p>PREMIUM DISCOUNT AMOUNT Report the numeric dollar amount.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05).</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the premium discount amount.</p> <p>OPTIONAL: CA</p>	(N)	138-147	10

Field No.	Field Title/Description	Class	Position	Bytes
19	PRORATED EXPENSE CONSTANT <u>AMOUNT</u> REASON CODE (WI ONLY) Report the code associated with the reason the Expense Constant is not the full year amount. Code Description 0 Field does not apply. 1 Where the short-term policy is issued to replace a binder. 2 Where the short-term policy is issued solely to establish concurrency with other policies of insurance. 3 Where the short-term policy is issued to reinstate coverage with a lapse. 4 Where the amount changes due to a change in Anniversary Rating Date	(N)	148	1
20	PRORATED MINIMUM PREMIUM <u>AMOUNT</u> REASON CODE (WI ONLY) Report the code associated with the reason the Minimum Premium is not the full year amount. Code Description 0 Field does not apply. 1 Where the short-term policy is issued to replace a binder. 2 Where the short-term policy is issued solely to establish concurrency with other policies of insurance. 3 Where the short-term policy is issued to reinstate coverage with a lapse. 4 Where the amount changes due to a change in Anniversary Rating Date	(N)	149	1
21	REASON STATE WAS ADDED TO POLICY CODE (WI ONLY) Report the code associated with the reason the state was added to the policy. Code Description 0 Field does not apply. 1 State added because of prior audit. 2 State added for any other reason.	(N)	150	1
22	RESERVED FOR FUTURE USE	(N)	151-153	3

Field No.	Field Title/Description	Class	Position	Bytes
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23	EXPERIENCE MODIFICATION EFFECTIVE DATE Report the experience modification effective date.	(N)	154-159	6
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NOTE: When this date is not the policy effective date or an anniversary rating date, multiple state premium records may be required. [See examples at the end of this record layout. \(NOT APPLICABLE: MN\)](#)

~~Contact the DCO for their individual jurisdictional requirements.~~

MN NOTE: [When the Experience Modification Effective Date is not equal to the policy effective date or zeros, then a split has occurred and two State Premium Records **must exist**. The initial record must contain zeros and the final record must contain the Experience Modification Effective Date, Expense Constant Amount, Loss Constant Amount and Premium Discount amount in those fields. The premium amount reported should match the individual exposure premium amount from the exposure records with the appropriate exposure period effective date.](#)

NCCI NOTE: [Only one State Premium Record is to be reported.](#)
~~to NCCI.~~

[Contact the DCO for their individual jurisdictional requirements.](#)

NOT APPLICABLE: MI, NJ, NY

OPTIONAL: NCCI

24	ANNIVERSARY RATING DATE Report the anniversary rating date applicable to the policy for this state in YYMMDD format. If this field is not equal to the policy effective date or zeros, then a split has occurred and at least two State Premium Records must exist . The premium amount reported should match the individual exposure premium amount from the exposure records with the appropriate exposure period effective date.	(N)	160-165	6
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If multiple records are being reported due to split exposure periods, the initial record must contain zeros.

[See examples at the end of this record layout. \(NOT APPLICABLE: MN\)](#)

NCCI NOTE: [Only one State Premium Record is to be reported.](#)
~~to NCCI.~~

NOT APPLICABLE: MN

OPTIONAL: NCCI

Field No.	Field Title/Description	Class	Position	Bytes
25	ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR Report the 4-digit ARAP factor.	(N)	166-169	4
	There is an assumed decimal point between Positions 166 and 167.			
	If no ARAP factor is applicable, report "1000". This field must not be left blank.			
	MA NOTE: MA <u>I</u> this is the All Risk Adjustment Factor.			
	NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, PA, WI			
26	RESERVED FOR FUTURE USE		170-185	16
27	PREMIUM ADJUSTMENT PERIOD CODE Report the 1-digit code:	(N)	186	1
	Code Description			
	1 Annual			
	2 Semiannual			
	3 Quarterly			
	4 Monthly			
	5 Other			
	NOT APPLICABLE: DE, MA, MI, NCCI, NJ, NY, PA			
	OPTIONAL: CA, WI			
28	TYPE OF NON-STANDARD ID CODE Report the 2-digit code that indicates the Nonstandard ID Code.	(N)	187-188	2
	Code Description			
	01 Non-Standard Code does not apply			
	02 Excluding Medical - N/A: DE, MA, PA			
	03 Reserved For Future Use			
	04 Reserved For Future Use			
	05 Reserved for Use in WCSTAT			
	06 Excess Medical (NY only)			
	07 Reserved for Future Use			
	08 Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others - N/A: MN, NY, NC			
	09 Voluntary Coverage not mandatory by State Act N/A: CA, MA, MI, MN, NCCI, NJ, NY, NC, WI			
	99 Reserved for Use in WCSTAT			
	NOT APPLICABLE: CA, MA, MI, NJ			
	OPTIONAL: WI			
29	RESERVED FOR FUTURE USE		189-288	100

Field No.	Field Title/Description	Class	Position	Bytes
30	POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	289-294	6
31	POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	295-300	6

Field No. Field Title/Description

Class Position Bytes

Example of Experience Modification / Anniversary Rating Date Application

Policy Effective Date	Policy Expiration Date	Experience Modification	Experience Modification Effective date	Anniversary Rating Date
01-01-07	01-01-08	1.24		
		.98		05-01-07
		1.23	09-01-07	

State Premium Record 1

Carrier #	Policy Number	Effective Date	Transaction Code	Issue Date	State Code	Record Type Code	State Add/Delete Code	DCO Number	Carrier Code
00000	100	070101	02	08004	48	04		1234567	00000

Experience Modification Factor	Experience Modification Status Code	Experience Modification Type Code	Other Individual Risk Factor	Insurer Premium Deviation Factor	Type of Deviation	Estimated State Standard Premium	Expense Constant
1.24	2	1	1.000	1.000	3	10000	

Loss Constant	Premium Discount	Pro-Rated Expense Constant	Pro-Rated Minimum Premium	State Added Reason	Experience Modification Effective Date	Anniversary Rating Date
0	0	0	0	0	000000	000000

Assigned Risk Adjustment Program Factor	Premium Adjustment Code	Policy Type ID Code – Non Standard Type	Policy changes Effective Date	Policy Changes Expiration Date
1000	5	0	0	0

State Premium Record 2

Carrier #	Policy Number	Effective Date	Transaction Code	Issue Date	State Code	Record Type Code	State Add/Delete Code	DCO Number	Carrier Code
00000	100	070101	02	08004	48	04		1234567	00000

Experience Modification Factor	Experience Modification Status Code	Experience Modification Type Code	Other Individual Risk Factor	Insurer Premium Deviation Factor	Type of Deviation	Estimated State Standard Premium	Expense Constant
.98	2	1	1.000	1.000	3	10000	

Field No. Field Title/Description Class Position Bytes

Loss Constant	Premium Discount	Pro-Rated Expense Constant	Pro-Rated Minimum Premium	State Added Reason	Experience Modification Effective Date	Anniversary Rating Date
0	0	0	0	0	000000	070501

Assigned Risk Adjustment Program Factor	Premium Adjustment Code	Policy Type ID Code – Non Standard Type	Policy changes Effective Date	Policy Changes Expiration Date
1000	5	0	0	0

State Premium Record 3									
Carrier #	Policy Number	Effective Date	Transaction Code	Issue Date	State Code	Record Type Code	State Add/Delete Code	DCO Number	Carrier Code
00000	100	01-01-07	02	08004	48	04		1234567	00000

Experience Modification Factor	Experience Modification Status Code	Experience Modification Type Code	Other Individual Risk Factor	Insurer Premium Deviation Factor	Type of Deviation	Estimated State Standard Premium	Expense Constant
1.23	2	1	1.000	1.000	3	10000	220

Loss Constant	Premium Discount	Pro-Rated Expense Constant	Pro-Rated Minimum Premium	State Added Reason	Experience Modification Effective Date	Anniversary Rating Date
0	0	0	0	0	070901	000000

Assigned Risk Adjustment Program Factor	Premium Adjustment Code	Policy Type ID Code – Non Standard Type	Policy changes Effective Date	Policy Changes Expiration Date
1000	5	0	0	0

Field No.	Field Title/Description	Class	Position	Bytes
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V. EXPOSURE RECORD

1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit state code to which the exposure and/or premium reported on this record has been assigned.	(N)	44-45	2
3	RECORD TYPE CODE Report "05".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	CLASSIFICATION CODE Report the 4-digit classification code corresponding to the exposure amount and/or premium reported on this record.	(N)	51-54	4

NOTE: There are miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes.

6	CLASSIFICATION USE CODE (ISO ONLY) For Company Use class codes only, report one of the following codes in the fifth position to indicate if the Company Use class code applies to Unit Report, Financial Calls, or both. For other than Company Use class codes, this is optional, and a blank or zero may be reported.	(A)	55	1
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Code Description

U	Data should be used in Unit Reports only
N	Data should be used for Financial Calls only
B	Data should be used for both Unit Reports and Financial Calls

7	RESERVED FOR FUTURE USE		56-64	9
8	CLASSIFICATION WORDING SUFFIX Report the suffix that will provide a cross-reference to the Manual classification wording. 00 = Primary Wording.	(AN)	65-66	2

If classification wording suffix is reported, then classification wording (Positions 118–218) is not required.

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

Field No.	Field Title/Description	Class	Position	Bytes
9	<p>EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit code describing the coverage for the classification</p> <p>Code Description</p> <p>00 For Use With Statistical Codes 01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes 03 Federal Coal Mine Health and Safety Act Only N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA 04 Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NJ, NY, NC, PA 05 Oil and Other Minerals Over Water (NCCI only) 06 Excluding Medical N/A: CA, DE, MA, MI, MN, NJ, NY, PA, WI 07 Excess Benefits Coverage (NCCI only) 08 Reserved For Future Use 09 Endorsed Maritime Coverage (NCCI only) 10 Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NCCI, NJ, NY, NC, WI 11 Reserved for Future Use</p>	(N)	67-68	2
10	<p>MANUAL / CHARGED RATE Report the insurer rate charged for the classification and printed on the Information Page. Please contact the DCO for instructions on this field. There is an assumed decimal point between Positions 74 and 75.</p> <p>If the rate is "to be determined" or the classification reported is for a flat miscellaneous premium amount charge, report zeros.</p> <p>Manual/Charged Rate for surcharge rates that require a percentage should be reported here. For New Jersey, this must be reported in the Policy Surcharge Factor field (Positions 267–276).</p> <p>NOTE: For MA this must be the fixed and established manual Bureau rate and not the carrier deviated rate.</p> <p>OPTIONAL: CA</p>	(N)	69-78	10
11	<p>EXPOSURE PERIOD EFFECTIVE DATE Report the exposure's effective date, formatted YYMMDD, when exposure amounts are reported on a split period basis. If not applicable, report zeros.</p> <p>When exposure amounts are reported on a split period basis, an exposure record will be required for each period for each class.</p> <p>OPTIONAL: CA</p>	(N)	79-84	6
12	RESERVED FOR FUTURE USE		85-94	10

Field No.	Field Title/Description	Class	Position	Bytes
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13	ESTIMATED EXPOSURE AMOUNT	(N)	95-106	12
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For classifications having payroll as an exposure base, report the payroll amount in whole dollars in Positions 95–106.

Report **non-payroll exposure amount only** to the nearest two decimal places for which there is an assumed decimal point between Positions 104 and 105.

If the exposure amount is on an “if any” basis, or if the reported classification is one for a miscellaneous premium charge not requiring exposure, report zeros.

For three-year variable rate policies or continuous policies, report the exposure amount for the rating period.

For policies reported on a split period basis, report the exposure amount for the policy period represented by the Exposure Period Effective Date (Positions 79–84).

OPTIONAL: CA

14	ESTIMATED PREMIUM AMOUNT	(N)	107-116	10
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Report the whole dollar amount.

Report the premium amount corresponding to the classification code on this record.

If the exposure amount for the classification code is on an “if any” basis, report zeros.

For three-year variable rate policies or continuous policies, report the premium amount for the rating period.

For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (Positions 79–84).

NOTE: There are many miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes given in the appropriate Manual or Statistical Plan.

OPTIONAL: CA

Field No.	Field Title/Description	Class	Position	Bytes										
15	<p>EXPOSURE PERIOD CODE Report the 1-digit code describing the period covered by the reported exposure in Positions 95-106 on this record:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Three Year</td> </tr> <tr> <td>3</td> <td>Less than annual or split period</td> </tr> <tr> <td>4</td> <td>Greater than annual but less than three years</td> </tr> </tbody> </table> <p>NOT APPLICABLE: MN</p> <p>OPTIONAL: CA, MI, NCCI, NC, WI</p>	Code	Description	1	Annual	2	Three Year	3	Less than annual or split period	4	Greater than annual but less than three years	(N)	117	1
Code	Description													
1	Annual													
2	Three Year													
3	Less than annual or split period													
4	Greater than annual but less than three years													
16	<p>CLASSIFICATION WORDING To be reported by those insurers unable to provide a classification wording suffix (Positions 65–66). Insurers that do provide a classification wording suffix may leave this field blank.</p> <p>NOT APPLICABLE: MA, MI, MN, NCCI, NC, WI</p> <p>OPTIONAL: CA</p>	(A)	118-218	101										
17	<p>RESERVED FOR FUTURE USE</p>		219-220	2										
18-20	<p>NAME/ADDRESS/EXPOSURE LINK This data element is comprised of the following data elements: Name Link Identifier, State Code Link and Exposure Record Link for Exposure Code.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p> <p>NOTE: These fields are used to link the classification exposure amounts and/or premium amount data reported on this record to Positions 152–161 of a specific address record.</p>		221-230	10										
18	<p>NAME LINK IDENTIFIER Report the 3-digit Name Link Identifier in Positions 152–154 of the address record to which you are linking.</p> <p>In the event that one classification code applies to multiple addresses, multiple exposure records for that classification code may be reported with each exposure record having the payroll and premium corresponding to each particular address.</p> <p>NOTE: See name coding and name/address/exposure link coding examples in this section.</p>	(N)	221-223	3										

Field No.	Field Title/Description	Class	Position	Bytes
19	<p>STATE CODE LINK Report the 2-digit State Code Link in Positions 155-156 of the address record corresponding to this record.</p> <p>NOTE: See name coding and name/address/exposure link coding examples in this section.</p>	(N)	224-225	2
20	<p>EXPOSURE RECORD LINK FOR EXPOSURE CODE Report the 5-digit Exposure Record Link for Location Code in Positions 157-161 of the address record corresponding to this record.</p> <p>NOTE: See name coding and name/address/exposure link coding examples in this section.</p> <p>OPTIONAL: MI, NCCI</p>	(N)	226-230	5
21	<p>NAME LINK COUNTER IDENTIFIER Report the 2-digit Name Link Counter Identifier in Positions 269-270 of the Address Record corresponding to this particular exposure record.</p> <p>NOT APPLICABLE: DE, MI, NY, PA</p>	(AN)	231-232	2
22	RESERVED FOR FUTURE USE		233-260	28
23	<p>NUMBER OF PIECES OF APPARATUS (NJ ONLY) Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).</p>	(N)	261-263	3
24	<p>NUMBER OF VOLUNTEERS (NJ ONLY) Report the amount of volunteers associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).</p>	(N)	264-266	3
25	<p>POLICY SURCHARGE FACTOR (NJ ONLY) Report the factor with an assumed decimal point between Positions 272 and 273 (e.g., report 4.65% as 0000000465).</p> <p>Report only the Second Injury Fund surcharge factor for Class 0935, the Uninsured Employers Fund surcharge factor for Class 0936 or the Workers Compensation Insurance Plan surcharge factor for Class 0937 in this field.</p> <p>The associated surcharge amounts are to be reported in the estimated premium amount field of this record.</p>	(N)	267-276	10

Field No.	Field Title/Description	Class	Position	Bytes
26	PLAN PREMIUM ADJUSTMENT FACTOR (NJ ONLY) Report the factor resulting from application of the New Jersey Plan Premium Adjustment Program (Class 0942) or the New Jersey Construction Classification Premium Adjustment Program (Class 9046). Assumed decimal point between Positions 277 and 278.	(N)	277-279	3
27	RESERVED FOR FUTURE USE		280-288	9
28	POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	289-294	6
29	POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Codes 08, 10, 14 and 15	(N)	295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
16	(Same as positions 49-50 above.)	(N)	71-72	2
17	(Same as positions 49-50 above.)	(N)	73-74	2
18	(Same as positions 49-50 above.)	(N)	75-76	2
19	(Same as positions 49-50 above.)	(N)	77-78	2
20	(Same as positions 49-50 above.)	(N)	79-80	2
21	(Same as positions 49-50 above.)	(N)	81-82	2
22	(Same as positions 49-50 above.)	(N)	83-84	2
23	(Same as positions 49-50 above.)	(N)	85-86	2
24	(Same as positions 49-50 above.)	(N)	87-88	2
25	(Same as positions 49-50 above.)	(N)	89-90	2
26	(Same as positions 49-50 above.)	(N)	91-92	2
27	(Same as positions 49-50 above.)	(N)	93-94	2
28	(Same as positions 49-50 above.)	(N)	95-96	2
29	(Same as positions 49-50 above.)	(N)	97-98	2
30	(Same as positions 49-50 above.)	(N)	99-100	2
31	(Same as positions 49-50 above.)	(N)	101-102	2
32	(Same as positions 49-50 above.)	(N)	103-104	2
33	(Same as positions 49-50 above.)	(N)	105-106	2
34	(Same as positions 49-50 above.)	(N)	107-108	2
35	(Same as positions 49-50 above.)	(N)	109-110	2
36	(Same as positions 49-50 above.)	(N)	111-112	2
37	(Same as positions 49-50 above.)	(N)	113-114	2
38	(Same as positions 49-50 above.)	(N)	115-116	2
39	(Same as positions 49-50 above.)	(N)	117-118	2
40	(Same as positions 49-50 above.)	(N)	119-120	2
41	(Same as positions 49-50 above.)	(N)	121-122	2
42	(Same as positions 49-50 above.)	(N)	123-124	2
43	(Same as positions 49-50 above.)	(N)	125-126	2

Field No.	Field Title/Description	Class	Position	Bytes
44	(Same as positions 49-50 above.)	(N)	127-128	2
45	(Same as positions 49-50 above.)	(N)	129-130	2
46	(Same as positions 49-50 above.)	(N)	131-132	2
47	(Same as positions 49-50 above.)	(N)	133-134	2
48	(Same as positions 49-50 above.)	(N)	135-136	2
49	(Same as positions 49-50 above.)	(N)	137-138	2
50	(Same as positions 49-50 above.)	(N)	139-140	2
51	(Same as positions 49-50 above.)	(N)	141-142	2
52	(Same as positions 49-50 above.)	(N)	143-144	2
53	(Same as positions 49-50 above.)	(N)	145-146	2
54	(Same as positions 49-50 above.)	(N)	147-148	2
55	RESERVED FOR FUTURE USE		149-288	140
56	POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	289-294	6
57	POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
VII. ENDORSEMENT IDENTIFICATION RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "00" when all endorsements identified in Positions 51-270 apply to the entire policy. For endorsements that are applicable to specific states, enter the appropriate state code and corresponding endorsements on this record.	(N)	44-45	2
3	RECORD TYPE CODE Report "07". List all endorsement numbers associated with the policy. All endorsement numbers must be reported whether the endorsements are reported by hard copy or separate transaction endorsement records.	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report the eight unique standard national and/or state alphanumeric characters (WC XX XX XX) of all endorsements associated with the policy.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER OPTIONAL: NC , WI	(AN)	60-70	11
8	(Same as positions 51-58 above.)	(AN)	71-78	8
9	(Same as positions 59 above.)	(A)	79	1
10	(Same as positions 60-70 above.)	(AN)	80-90	11
11	(Same as positions 51-58 above.)	(AN)	91-98	8
12	(Same as positions 59 above.)	(A)	99	1
13	(Same as positions 60-70 above.)	(AN)	100-110	11
14	(Same as positions 51-58 above.)	(AN)	111-118	8
15	(Same as positions 59 above.)	(A)	119	1
16	(Same as positions 60-70 above.)	(AN)	120-130	11
17	(Same as positions 51-58 above.)	(AN)	131-138	8

Field No.	Field Title/Description	Class	Position	Bytes
18	(Same as positions 59 above.)	(A)	139	1
19	(Same as positions 60-70 above.)	(AN)	140-150	11
20	(Same as positions 51-58 above.)	(AN)	151-158	8
21	(Same as positions 59 above.)	(A)	159	1
22	(Same as positions 60-70 above.)	(AN)	160-170	11
23	(Same as positions 51-58 above.)	(AN)	171-178	8
24	(Same as positions 59 above.)	(A)	179	1
25	(Same as positions 60-70 above.)	(AN)	180-190	11
26	(Same as positions 51-58 above.)	(AN)	191-198	8
27	(Same as positions 59 above.)	(A)	199	1
28	(Same as positions 60-70 above.)	(AN)	200-210	11
29	(Same as positions 51-58 above.)	(AN)	211-218	8
30	(Same as positions 59 above.)	(A)	219	1
31	(Same as positions 60-70 above.)	(AN)	220-230	11
32	(Same as positions 51-58 above.)	(AN)	231-238	8
33	(Same as positions 59 above.)	(A)	239	1
34	(Same as positions 60-70 above.)	(AN)	240-250	11
35	(Same as positions 51-58 above.)	(AN)	251-258	8
36	(Same as positions 59 above.)	(A)	259	1
37	(Same as positions 60-70 above.)	(AN)	260-270	11
38	RESERVED FOR FUTURE USE		271-288	18
39	POLICY CHANGE EFFECTIVE DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	289-294	6
40	POLICY CHANGE EXPIRATION DATE Formatted YYMMDD required for Transaction Codes 08, 10, 14 and 15	(N)	295-300	6

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

SECTION 5

RECORD LAYOUTS AND REPORTING INSTRUCTIONS: CANCELLATION/REINSTATEMENT

NOTE: Cancellation/Reinstatement Records are always submitted with Transaction Code 05
Cancellation/Reinstatement Records must not have any other Record Type Codes.

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

1	LINK DATA		1-43	43
2	STATE CODE NOTE: Report the State Code when cancelling or reinstating a specific state. Report "99" when cancelling or reinstating the entire policy. NCCI: If deleting or re-adding any state on the policy, a Transaction Code 15 must be reported.	(N)	44-45	2
3	RECORD TYPE CODE Report "08".	(AN)	46-47	2
4	CANCELLATION/REINSTATEMENT ID CODE Report the 1-digit code:	(N)	48	1

Code	Description
1	Cancellation
2	Reinstatement
3	Nonrenewal
4	Cancellation of Coverage Notice - Use this code to cancel a proof of coverage notice submitted via Transaction Code 16. N/A: MI, MN, NCCI, NJ, NY, NC, WI
9	Deletion of original data submitted under the carrier code, policy number, and policy effective date reported above. Code 9 is only to be used on cancellation records submitted in conjunction with Transaction Code 06 (Policy Replacement due to Key Field Change) for the purpose of accommodating a policy "key" change (carrier code, policy number or policy effective date). N/A: MI, NCCI , NC, WI

NOTE: MA- When Reason for Cancellation Code is 04 or 19 then the Cancellation/ Reinstatement ID Code must be 3.

NOTE: WI—When reporting 3 in this field, must use Reason for Cancellation Code 04 and 17 (Positions 50–51)

NOTE: IAIABC POC and NCCI—When reporting 3 in this field, you must have a Reason for Cancellation Code. **Do not** use Reason for Cancellation Code 00 or 06, (Positions 50–51).

Field No.	Field Title/Description	Class	Position	Bytes																																										
5	CANCELLATION TYPE CODE Report the 1-digit code: This 1-byte field shows the type of cancellation for premium determination.	(N)	49	1																																										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Cancelled flat</td> </tr> <tr> <td>2</td> <td>Cancelled pro rata</td> </tr> <tr> <td>3</td> <td>Cancelled short-rate</td> </tr> </tbody> </table> <p>Report "0" when Code 2, 3 or 9 is reported in the Cancellation/Reinstatement ID Code (Position 48).</p> <p>OPTIONAL: WI</p>	Code	Description	1	Cancelled flat	2	Cancelled pro rata	3	Cancelled short-rate																																					
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1	Cancelled flat																																													
2	Cancelled pro rata																																													
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6	REASON FOR CANCELLATION CODE Report the 2-digit code identifying the reason for cancellation:	(N)	50-51	2																																										
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Field No.	Field Title/Description	Class	Position	Bytes
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21	Material Misrepresentation/Fraud—N/A: NCCI, NJ, WI			
22	Employee Leasing Agreement Terminated (WI only)			
99	Other—N/A: PA, WI			

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

OPTIONAL: CA

IAIABC POC, MA, NCCI, WI: Report "00" only when Cancellation/Reinstatement ID Code 2 is reported in Position 48.

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

MA: For codes 04 and 19 the Cancellation/ Reinstatement ID Code **must** be 3 (Position 48).

MA, MN, NY, NC, WI: Cancellation Type Code 1 not required when using Reason for Cancellation Code 07.

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

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

OPTIONAL: WI

8	NAME OF INSURED Report at least the primary name of employer.	(AN)	53-142	90
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OPTIONAL: NCCI

9	ADDRESS OF INSURED Report the mailing address of employer. Format is free-form.	(AN)	143-232	90
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OPTIONAL: NCCI

Field No.	Field Title/Description	Class	Position	Bytes
10	<p>NATURE OF INSURED Report a brief description of nature of business. Format is free-form.</p> <p>NOT APPLICABLE: CA, DE, MA, MI, MN, NY, NC, PA, WI</p> <p>OPTIONAL: NCCI</p>	(AN)	233-252	20
11	<p>CANCELLATION MAILED TO INSURED DATE Report the date this cancellation notice was mailed to employer. Format: YYMMDD.</p> <p>NOT APPLICABLE: MA, MI, NC</p> <p>OPTIONAL: CA</p>	(N)	253-258	6
12	<p>CANCELLATION/REINSTATEMENT TRANSACTION SEQUENCE NUMBER This field to be used to determine the proper sequence of multiple 08 Type Records with the same Transaction Issue Date for the same policy. The first record will always begin with "01".</p>	(N)	259-260	2
13	<p>RESERVED FOR FUTURE USE</p>		261-282	22
14	<p>CORRESPONDING CANCELLATION EFFECTIVE DATE This field to be used on reinstatements only. The date in this field should be the effective date of the corresponding cancellation. Format: YYMMDD.</p> <p>NOT APPLICABLE: NJ</p> <p>OPTIONAL: DE, MI, MN, NCCI, NY, NC, PA</p>	(N)	283-288	6
15	<p>CANCELLATION/REINSTATEMENT EFFECTIVE DATE Report the 6-digit date that the cancellation or reinstatement becomes effective. Format: YYMMDD.</p> <p>For cancellation transactions with Cancellation/Reinstatement ID Code 3 (Position 48), this field must be the same as the Policy Expiration Date of the Policy.</p> <p>For cancellation transactions with Cancellation/Reinstatement ID Code 9 (Position 48) submitted in conjunction with Transaction Code 06 (Policy Replacement due to Key Field Change), report the date corresponding to the policy effective date on the invalid policy.</p>	(N)	289-294	6
16	<p>RESERVED FOR FUTURE USE</p>		295-300	6

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

SECTION 6

RECORD LAYOUTS AND REPORTING INSTRUCTIONS: ENDORSEMENTS

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

Endorsement records submitted with Transaction Code 03 must not include any Record Type Codes other than those included in this section.

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

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

Multiple endorsement records for the same Record Type Codes may be submitted where appropriate.

Field No.	Field Title/Description	Class	Position	Bytes
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IX. ANNIVERSARY RATING DATE ENDORSEMENT RECORD

NOTE: If the policy has anniversary rating dates that vary by state, the anniversary rating date may be reported on this record (report as many records as are needed) or in the appropriate state premium record.

1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record. (Report "99" if this endorsement applies to all states reported on an interstate policy.)	(N)	44-45	2
3	RECORD TYPE CODE Report "09". OPTIONAL: CA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 02. CA: WC 04 04 01 MN: WC 22 04 02	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ANNIVERSARY RATING DATE Report the 6-digit date, formatted YYMMDD.	(N)	71-76	6
9	RESERVED FOR FUTURE USE		77-254	178
10	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. EXPERIENCE RATING MOD CHANGE ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record. (Report "99" if this endorsement applies to all states reported on an interstate policy.)	(N)	44-45	2
3	RECORD TYPE CODE Report "10". This Record Type Code will accommodate an experience modification change associated with policy Information Page Endorsement WC 89 06 00 (WC 89 04 06). Record Type Code 10 may only be reported using Transaction Code 03. Record Type Code 10 may not be reported on complete policy transactions. NOT APPLICABLE: MI, MN	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 89 04 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	MODIFICATION EFFECTIVE DATE Report the 6-digit date that corresponds to the date on which the revised experience modification factor becomes effective on the policy. Format: YYYYMMDD.	(N)	71-76	6
9	EXPERIENCE MODIFICATION FACTOR Report the 4-digit factor. There is an assumed decimal point between Positions 77 and 78.	(N)	77-80	4
10	EXPERIENCE MODIFICATION STATUS CODE Report the code for the status of the experience modification factor in Positions 77-80 above. Code Description 1 Final modification for policy period 2 Modification factor not final 3 No modification applicable NOT APPLICABLE: MA	(N)	81	1
11	RESERVED FOR FUTURE USE		82-254	173

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. RATE CHANGE ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2
3	RECORD TYPE CODE Report "11".	(AN)	46-47	2
<p>This Record Type Code will accommodate notification to the insured that the regulatory authority has approved a State or USL&HW change in rates when associated with Endorsement WC 00 04 07 or WC 00 04 08, respectively.</p> <p>This Record Type Code will also accommodate a class and/or rate change when associated with policy Information Page Endorsement WC 89 06 00 (WC 89 04 15).</p> <p>Record Type Code 11 may only be reported using Transaction Code 03. Record Type Code 11 may not be reported on complete policy transactions.</p> <p>NOTE: Effective 10/01/2010 Endorsement WC 89 04 15 is being removed from this record. Use Record Type Code 86 to report this information.</p> <p>NOT APPLICABLE: MI, MN</p> <p>OPTIONAL: CA, NCCI</p>				
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 07, WC 00 04 08, WC 89 04 15.	(AN)	51-58	8
<p>NOTE: Effective 10/01/2010 Endorsement WC 89 04 15 is being removed from this record. Use Record Type Code 86 to report this information.</p> <p>NOT APPLICABLE: WC 00 04 08 in DE, NJ, NC, PA</p> <p>NOT APPLICABLE: WC 89 04 15 in DE, PA</p>				
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED RATES EFFECTIVE ON POLICY DATE Report the 6-digit date that corresponds to the date on which the rate change became effective on the policy. Format: YYMMDD.	(N)	71-76	6

Field No.	Field Title/Description	Class	Position	Bytes								
9	<p>STATE COVERAGE PERCENTAGE CHANGE FACTOR Report the 4-digit factor related to WC 00 04 07.</p> <p>Assumed decimal point between Positions 78 and 79.</p> <p>Report zeros if rate change is being applied on a class code and rate basis.</p>	(N)	77-80	4								
10	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT COVERAGE PERCENTAGE CHANGE FACTOR Report the 4-digit factor related to WC 00 04 08. Assumed decimal point between Positions 82 and 83. Report zeros if rate change is being applied on a class code and rate basis.</p>	(N)	81-84	4								
11	<p>STATE PERCENTAGE CHANGE INCREASE/DECREASE CODE Report the 1-digit code:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Class code and rate basis</td> </tr> <tr> <td>1</td> <td>Increase</td> </tr> <tr> <td>2</td> <td>Decrease</td> </tr> </tbody> </table>	Code	Description	0	Class code and rate basis	1	Increase	2	Decrease	(N)	85	1
Code	Description											
0	Class code and rate basis											
1	Increase											
2	Decrease											
12	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE Report the 1-digit code:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Class code and rate basis</td> </tr> <tr> <td>1</td> <td>Increase</td> </tr> <tr> <td>2</td> <td>Decrease</td> </tr> </tbody> </table>	Code	Description	0	Class code and rate basis	1	Increase	2	Decrease	(N)	86	1
Code	Description											
0	Class code and rate basis											
1	Increase											
2	Decrease											
13	<p>NEW UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT COVERAGE PERCENTAGE FACTOR Report the new 4-digit United States Longshore and Harbor Workers' factor for non-F-class codes related to WC 00 04 07.</p> <p>Assumed decimal point between Positions 89 and 90.</p>	(N)	87-90	4								
14	RESERVED FOR FUTURE USE		91-95	5								
15	<p>CLASSIFICATION CODE Report the appropriate 4-digit classification code. This is required only if rate change is being applied on the basis of classification code and rate. If applied on a flat basis across all classifications, report zeros.</p>	(N)	96-99	4								
16	RESERVED FOR FUTURE USE		100-105	6								
17	<p>EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit code describing the coverage for the classification reported above.</p> <p>Required only if the rate change is applicable on a Schedule of Rate basis. If not required, report zeros.</p>	(N)	106-107	2								

Field No.	Field Title/Description	Class	Position	Bytes
18	MANUAL/CHARGED RATE Report the new rate charged by the carrier for the classification reported above. There is an assumed decimal point between Positions 113 and 114. Required only if the rate change is applicable on a Schedule of Rate basis. If not required, report zeros.	(N)	108-117	10
19	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	118-121	4
20	RESERVED FOR FUTURE USE		122-127	6
21	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	128-129	2
22	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 135 and 136.)	(N)	130-139	10
23	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	140-143	4
24	RESERVED FOR FUTURE USE		144-149	6
25	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	150-151	2
26	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 157 and 158.)	(N)	152-161	10
27	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	162-165	4
28	RESERVED FOR FUTURE USE		166-171	6
29	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	172-173	2
30	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 179 and 180.)	(N)	174-183	10
31	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	184-187	4
32	RESERVED FOR FUTURE USE		188-193	6
33	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	194-195	2
34	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 201 and 202.)	(N)	196-205	10
35	CLASSIFICATION CODE (Same as positions 96-99 above.)	(N)	206-209	4

Field No.	Field Title/Description	Class	Position	Bytes
36	RESERVED FOR FUTURE USE		210-215	6
37	EXPOSURE ACT/EXPOSURE COVERAGE CODE (Same as positions 106-107 above.)	(N)	216-217	2
38	MANUAL/CHARGED RATE (Same as positions 108-117 above. Assumed decimal point between Positions 223 and 224.)	(N)	218-227	10
39	RESERVED FOR FUTURE USE	(N)	228-254	27
40	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
41	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
42	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2
3	RECORD TYPE CODE Report "12".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

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

This field is required when this record is submitted using Transaction Code 03.

OPTIONAL: NCCI

Field No.	Field Title/Description	Class	Position	Bytes
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
17	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. THIS RECORD IS RESERVED FOR FUTURE USE

1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2
3	RECORD TYPE CODE Report "14".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
IX. RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V (ONE YEAR, THREE YEAR OR LONG-TERM CONSTRUCTION PROJECT) RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2
3	RECORD TYPE CODE Report "15". OPTIONAL: CA, MA, MI, NCCI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 03, WC 00 05 04, WC 00 05 05, WC 00 05 12, WC 00 05 13 or WC 00 05 14, WC 00 05 15. CA: WC 00 05 12, WC 00 05 13 and WC 00 05 14 NJ: WC 29 05 03, WC 29 05 04, WC 29 05 12, WC 29 05 13, WC 29 05 14 or WC 29 05 15 WC 29 05 03 and WC 29 05 04 NOT APPLICABLE for policies effective 1/1/05 and after. WC 00 05 12, WC 00 05 13 and WC 00 05 14 in CA	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	RETROSPECTIVE PREMIUM OPTION CODE Always report "5" in this 1-digit field.	(N)	71	1
9	LOSS LIMITATION AMOUNT Report the 7-digit amount. Report whole dollars only.	(N)	72-78	7
10	LOSS CONVERSION FACTOR Assumed decimal point between Positions 80 and 81. Report the 5-digit factor. Report "01000" if this factor is not applicable.	(N)	79-83	5

Field No.	Field Title/Description	Class	Position	Bytes
11	HAZARD GROUP CODE (NJ ONLY) Report the code assigned to the governing classification code for this policy.	(AN)	84	1
12	RESERVED FOR FUTURE USE		85-108	24
13-15	TAX MULTIPLIER FACTORS This data element is comprised of the following data elements: Tax Multiplier Factor- State (Other than F-Classes), Tax Multiplier Factor- Federal (F-Classes Only) and Tax Multiplier Factor- Weighted Average Tax Multiplier. Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions. NOTE: Report only <u>one</u> Tax Multiplier Factor	(AN)	109-123	15
13	TAX MULTIPLIER FACTOR - STATE (OTHER THAN F-CLASSES) Assumed decimal point between Positions 110 and 111.	(N)	109-113	5
14	TAX MULTIPLIER FACTOR - FEDERAL (F-CLASSES ONLY) Assumed decimal point between Positions 115 and 116. Report "01000" if not applicable.	(N)	114-118	5
15	TAX MULTIPLIER FACTOR - WEIGHTED AVERAGE TAX MULTIPLIER FACTOR (NJ ONLY) Report the 5-digit factor required on Endorsements WC 29 05 03, WC 29 05 04 and WC 29 05 12. Assumed decimal point between Positions 120 and 121. Report "01000" if this factor is not applicable.	(N)	119-123	5
16-18	RETROSPECTIVE DEVELOPMENT FACTORS This data element is comprised of the following data elements: Retrospective Development Factor- First Factor, Retrospective Development Factor- Second Factor and Retrospective Development Factor- Third Factor. Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(AN)	124-129	6
16	RETROSPECTIVE DEVELOPMENT FACTOR- FIRST FACTOR Assumed decimal point before Position 124. The data in this field is to be right-justified. Zero-fill unused positions. Report "00" if this factor is not applicable.	(N)	124-125	2

Field No.	Field Title/Description	Class	Position	Bytes
17	RETROSPECTIVE DEVELOPMENT FACTOR- SECOND FACTOR Assumed decimal point before Position 126. The data in this field is to be right-justified. Zero-fill unused positions. Report "00" if this factor is not applicable.	(N)	126-127	2
18	RETROSPECTIVE DEVELOPMENT FACTOR- THIRD FACTOR Assumed decimal point before Position 128. The data in this field is to be right-justified. Zero-fill unused positions. Report "00" if this factor is not applicable.	(N)	128-129	2
19	RESERVED FOR FUTURE USE		130-132	3
20	MINIMUM RETROSPECTIVE PREMIUM FACTOR Assumed decimal point between Positions 144 and 145. NJ ONLY: Report the factor for 50% in Positions 133-137 with an assumed decimal point between Positions 134 and 135. Report the factor for 100% in Positions 138-142 with an assumed decimal point between Positions 139 and 140. Report the factor for 150% in Positions 143-147 with an assumed decimal point between Positions 144 and 145.	(N)	133-147	15
21	MAXIMUM RETROSPECTIVE PREMIUM FACTOR Assumed decimal point between Positions 159 and 160. NJ ONLY: Report the factor for 50% in Positions 148-152 with an assumed decimal point between Positions 149 and 150. Report the factor for 100% in Positions 153-157 with an assumed decimal point between Positions 154 and 155. Report the factor for 150% in Positions 158-162 with an assumed decimal point between Positions 159 and 160.	(N)	148-162	15
22-24	BASIC PREMIUM FACTORS This data element is comprised of the following data elements: Basic Premium Factor – 50%, Basic Premium Factor – 100% and Basic Premium Factor – 150%. Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	163-177	15
22	BASIC PREMIUM FACTOR – 50% Assumed decimal point between Positions 164 and 165.	(N)	163-167	5

Field No.	Field Title/Description	Class	Position	Bytes
23	BASIC PREMIUM FACTOR – 100% Assumed decimal point between Positions 169 and 170.	(N)	168-172	5
24	BASIC PREMIUM FACTOR – 150% Assumed decimal point between Positions 174 and 175.	(N)	173-177	5
25-27	ESTIMATED STANDARD PREMIUM AMOUNTS This data element is comprised of the following data elements: Estimated Standard Premium Amount – 50%, Estimated Standard Premium Amount – 100% and Estimated Standard Premium Amount – 150%. Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	178-207	30
25	ESTIMATED STANDARD PREMIUM AMOUNT - 50%	(N)	178-187	10
26	ESTIMATED STANDARD PREMIUM AMOUNT - 100%	(N)	188-197	10
27	ESTIMATED STANDARD PREMIUM AMOUNT - 150%	(N)	198-207	10
28-29	EXCESS LOSS FACTORS This data element is comprised of the following data elements: Excess Loss Factor- State (Other than F-Classes) and Excess Loss Factor- Federal (F-Classes Only). Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	208-213	6
28	EXCESS LOSS FACTOR - STATE (OTHER THAN F-CLASSES) Assumed decimal point before Position 208. Report "000" if not applicable.	(N)	208-210	3
29	EXCESS LOSS FACTOR - FEDERAL (F-CLASSES ONLY) Assumed decimal point before Position 211. Report "000" if not applicable.	(N)	211-213	3
30	RESERVED FOR FUTURE USE		214-216	3
31	RETROSPECTIVE RATING PLAN EFFECTIVE DATE Report the date that the retrospective rating plan becomes (or became) effective. Format: YYMMDD.	(N)	217-222	6
32	OTHER POLICY NUMBER IDENTIFIER Report the 18-character number identifier of the other policy that includes the Retrospective Premium Endorsement.	(AN)	223-240	18
33	ADDENDUM (FORM NUMBER) (NJ ONLY) Report the form number that contains information supplementary to the schedule.	(AN)	241-252	12
34	RESERVED FOR FUTURE USE		253-254	2

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

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

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "16".	(AN)	46-47	2

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

NOT APPLICABLE: CA, MN

OPTIONAL: MA, MI, NCCI

4	ENDORSEMENT TYPE CODE Report the 1-digit code that describes the type of endorsement for which all policies below are combined:	(N)	48	1
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Code	Description
1	Retro—Option I N/A: MA
2	Retro—Option II N/A: MA
3	Retro—Option III N/A: MA, NJ
4	Retro—Option IV N/A: MA, NJ
5	Retro—Option V N/A: MA
6	Premium Discount

NOTE: Report "0" (zero) for New Jersey Endorsements WC 29 05 12, WC 29 05 13, WC 29 05 14 and WC 29 05 15. Report "5" for New Jersey Endorsements WC 29 05 03 and WC 29 05 04.

5	RESERVED FOR FUTURE USE		49-50	2
6	ENDORSEMENT NUMBER Report the 8 national alphanumeric characters (WC XX XX XX) of the Retro or Discount Endorsement that lists the other policy number(s) identifiers shown below.	(AN)	51-58	8
7	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
8	CARRIER VERSION IDENTIFIER	(AN)	60-70	11

Field No.	Field Title/Description	Class	Position	Bytes
9	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	71-88	18
10	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	89-106	18
11	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	107-124	18
12	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	125-142	18
13	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	143-160	18

Field No.	Field Title/Description	Class	Position	Bytes
14	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	161-178	18
15	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	179-196	18
16	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	197-214	18
17	<p>POLICY NUMBER IDENTIFIER Report the 18 alphanumeric characters used to uniquely identify the other policy to which the endorsement in Positions 51–58 above refers. Do not report any imbedded blanks or marks of punctuation.</p> <p>Enter other policy number identifiers subject to this Retro or Premium Discount Endorsement.</p> <p>NOTE: This is a recurring field. Repeat as needed.</p>	(AN)	215-232	18
18	<p>RESERVED FOR FUTURE USE</p>		233-254	22
19	<p>NAME OF INSURED Report the first 34 positions of the primary name of the insured.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	(AN)	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format YYYYMMDD.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. FEDERAL EMPLOYERS' LIABILITY ACT ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "18".	(AN)	46-47	2
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 04.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-9	EMPLOYER LIABILITY LIMIT AMOUNTS (FEDERAL) This data element is comprised of the following data elements: Employer Liability Limit Amount (Federal) - Bodily Injury By Accident Amount and Employer Liability Limit Amount (Federal) - Bodily Injury By Disease Amount. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	71-90	20
8	EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL) - BODILY INJURY BY ACCIDENT AMOUNT	(N)	71-80	10
9	EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL) - BODILY INJURY BY DISEASE AMOUNT	(N)	81-90	10
10	SCHEDULE: STATE CODE Report the 2-digit state code(s).	(N)	91-190	100
11	RESERVED FOR FUTURE USE		191-254	64
12	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
14	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. UNITED STATES LONGSHORE AND HARBOR WORKER'S COMPENSATION ACT COVERAGE ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "19".	(AN)	46-47	2
	NOT APPLICABLE: CA			
	OPTIONAL: MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE	(N)	71-72	2
9	UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR Assumed decimal point between Positions 75 and 76.	(N)	73-76	4
10	(Same as positions 71-72 above.)	(N)	77-78	2
11	(Same as positions 73-76 above.)	(N)	79-82	4
12	(Same as positions 71-72 above.)	(N)	83-84	2
13	(Same as positions 73-76 above.)	(N)	85-88	4
14	(Same as positions 71-72 above.)	(N)	89-90	2
15	(Same as positions 73-76 above.)	(N)	91-94	4
16	(Same as positions 71-72 above.)	(N)	95-96	2
17	(Same as positions 73-76 above.)	(N)	97-100	4
18	(Same as positions 71-72 above.)	(N)	101-102	2
19	(Same as positions 73-76 above.)	(N)	103-106	4
20	(Same as positions 71-72 above.)	(N)	107-108	2

Field No.	Field Title/Description	Class	Position	Bytes
21	(Same as positions 73-76 above.)	(N)	109-112	4
22	(Same as positions 71-72 above.)	(N)	113-114	2
23	(Same as positions 73-76 above.)	(N)	115-118	4
24	(Same as positions 71-72 above.)	(N)	119-120	2
25	(Same as positions 73-76 above.)	(N)	121-124	4
26	(Same as positions 71-72 above.)	(N)	125-126	2
27	(Same as positions 73-76 above.)	(N)	127-130	4
28	(Same as positions 71-72 above.)	(N)	131-132	2
29	(Same as positions 73-76 above.)	(N)	133-136	4
30	(Same as positions 71-72 above.)	(N)	137-138	2
31	(Same as positions 73-76 above.)	(N)	139-142	4
32	(Same as positions 71-72 above.)	(N)	143-144	2
33	(Same as positions 73-76 above.)	(N)	145-148	4
34	(Same as positions 71-72 above.)	(N)	149-150	2
35	(Same as positions 73-76 above.)	(N)	151-154	4
36	(Same as positions 71-72 above.)	(N)	155-156	2
37	(Same as positions 73-76 above.)	(N)	157-160	4
38	(Same as positions 71-72 above.)	(N)	161-162	2
39	(Same as positions 73-76 above.)	(N)	163-166	4
40	(Same as positions 71-72 above.)	(N)	167-168	2
41	(Same as positions 73-76 above.)	(N)	169-172	4
42	(Same as positions 71-72 above.)	(N)	173-174	2
43	(Same as positions 73-76 above.)	(N)	175-178	4
44	(Same as positions 71-72 above.)	(N)	179-180	2
45	(Same as positions 73-76 above.)	(N)	181-184	4
46	(Same as positions 71-72 above.)	(N)	185-186	2
47	(Same as positions 73-76 above.)	(N)	187-190	4
48	(Same as positions 71-72 above.)	(N)	191-192	2

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

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. MARITIME COVERAGE ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "21".	(AN)	46-47	2
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 02 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-9	EMPLOYER LIABILITY LIMIT AMOUNTS (MARITIME) This data element is comprised of the following data elements: Employer Liability Limit Amount (Maritime) - Bodily Injury by Accident Amount and Employer Liability Limit Amount (Maritime) - Bodily Injury by Disease Amount. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	71-90	20
8	EMPLOYER LIABILITY LIMIT AMOUNT (MARITIME)- BODILY INJURY BY ACCIDENT AMOUNT	(N)	71-80	10
9	EMPLOYER LIABILITY LIMIT AMOUNT (MARITIME)- BODILY INJURY BY DISEASE AMOUNT	(N)	81-90	10
10	TRANSPORTATION, WAGES, MAINTENANCE & CURE PREMIUM AMOUNT	(N)	91-100	10
11	WORK DESCRIPTION	(AN)	101-220	120
12	RESERVED FOR FUTURE USE		221-252	32
13	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01."	(N)	253-254	2

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

Field No.	Field Title/Description	Class	Position	Bytes
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IX. THIS RECORD IS RESERVED FOR FUTURE USE

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "22".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. ALTERNATE EMPLOYER ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "24".	(AN)	46-47	2
	NOT APPLICABLE: NCCI			
	OPTIONAL: MI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 01.	(AN)	51-58	8
	MN: WC 00 03 01 or WC 22 03 06			
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF ALTERNATE EMPLOYER	(AN)	71-130	60
9	ADDRESS OF ALTERNATE EMPLOYER	(AN)	131-182	52
10	STATE OF SPECIAL TEMPORARY EMPLOYMENT	(A)	183-184	2
11	NAME OF CONTRACT OR PROJECT Report the first 50 positions of the name of the contract or project.	(AN)	185-234	50
12	RESERVED FOR FUTURE USE		235-252	18
13	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
14	NAME OF INSURED Report the first 34 positions of the primary name of the insured. The field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
15	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
16	RESERVED FOR FUTURE USE		295-300	6

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
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IX. NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE ENDORSEMENT RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "28".	(AN)	46-47	2
	NOT APPLICABLE: NJ, NY			
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 01 08.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	DESCRIPTION AND LOCATION OF WORK	(AN)	71-195	125
9	RESERVED FOR FUTURE USE		196-252	57
10	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
11	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "29".	(AN)	46-47	2
	NOT APPLICABLE: CA, NJ			
	OPTIONAL: MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 11.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	IDENTIFY EMPLOYEES Report by name or by group.	(AN)	71-170	100
9	STATE OF EMPLOYMENT	(AN)	171-210	40
10	DESIGNATED WORKERS' COMPENSATION LAW OR DESCRIPTION	(AN)	211-250	40
11	RESERVED FOR FUTURE USE		251-252	2
12	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
13	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. PREMIUM DISCOUNT ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "30".	(AN)	46-47	2
	NOT APPLICABLE: NJ			
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 04 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE CODE Report 2-digit state code.	(N)	71-72	2
9-16	DISCOUNT AMOUNT AND PERCENTAGE LAYER This data element is comprised of the following data elements: First Premium Discount Layer, First Premium Discount Percentage, Second (Next) Premium Discount Layer, Second (Next) Premium Discount Percentage, Third (Next) Premium Discount Layer, Third (Next) Premium Discount Percentage, Balance Premium Discount Layer, and Balance Premium Discount Percentage. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	73-100	28
9	FIRST PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	73-76	4
10	FIRST PREMIUM DISCOUNT PERCENTAGE Assumed decimal point between Positions 78 and 79.	(N)	77-79	3
11	SECOND (NEXT) PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	80-83	4
12	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE Assumed decimal point between Positions 85 and 86.	(N)	84-86	3
13	THIRD (NEXT) PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	87-90	4
14	THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE Assumed decimal point between Positions 92 and 93.	(N)	91-93	4
15	BALANCE PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	94-97	4

Field No.	Field Title/Description	Class	Position	Bytes
16	BALANCE PREMIUM DISCOUNT PERCENTAGE Assumed decimal point between Positions 99 and 100.	(N)	98-100	3
17	AVERAGE PERCENTAGE DISCOUNT (WHERE APPLICABLE) Assumed decimal point between Positions 102 and 103.	(N)	101-103	3
<p>NOTE: If less than four layers apply, the premium discount layer and percentages fields of the first unused layer must be filled with nines.</p> <p>In the following iterations of the percentage fields in positions 73-103 above, the assumed decimal points are between the first and second positions from the right field boundaries.</p>				
18	(Same as positions 71-72 above.)	(N)	104-105	2
19	(Same as positions 73-100 above.)	(N)	106-133	28
20	(Same as positions 71-72 above.)	(N)	134-135	2
21	(Same as positions 73-100 above.)	(N)	136-163	28
22	(Same as positions 71-72 above.)	(N)	164-165	2
23	(Same as positions 73-100 above.)	(N)	166-193	28
24	(Same as positions 71-72 above.)	(N)	194-195	2
25	(Same as positions 73-100 above.)	(N)	196-223	28
26	(Same as positions 71-72 above.)	(N)	224-225	2
27	(Same as positions 73-100 above.)	(N)	226-253	28
28	RESERVED FOR FUTURE USE		254	1
29	NAME OF INSURED Report the first 34 positions of the primary name of the insured.	(AN)	255-288	34
<p>This field is required when this record is submitted using Transaction Code 03.</p>				
30	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
31	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "31".	(AN)	46-47	2
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 08.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	LIST THE APPLICABLE CLASSIFICATION CODE Report by name or by group.	(N)	71-74	4
9	(Same as positions 71-74 above.)	(N)	75-78	4
10	(Same as positions 71-74 above.)	(N)	79-82	4
11	(Same as positions 71-74 above.)	(N)	83-86	4
12	(Same as positions 71-74 above.)	(N)	87-90	4
13	(Same as positions 71-74 above.)	(N)	91-94	4
14	(Same as positions 71-74 above.)	(N)	95-98	4
15	(Same as positions 71-74 above.)	(N)	99-102	4
16	(Same as positions 71-74 above.)	(N)	103-106	4
17	(Same as positions 71-74 above.)	(N)	107-110	4
18	(Same as positions 71-74 above.)	(N)	111-114	4
19	(Same as positions 71-74 above.)	(N)	115-118	4
20	(Same as positions 71-74 above.)	(N)	119-122	4
21	(Same as positions 71-74 above.)	(N)	123-126	4
22	(Same as positions 71-74 above.)	(N)	127-130	4
23	RESERVED FOR FUTURE USE		131-254	124
24	NAME OF INSURED Report the first 34 positions of the primary name of the insured.	(AN)	255-288	34

This field is required when this record is submitted using Transaction Code 03.

Field No.	Field Title/Description	Class	Position	Bytes
25	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYYYMMDD.	(N)	289-294	6
26	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD				
1	LINK DATA		1-43	43
2	STATE CODE	(N)	44-45	2
3	RECORD TYPE CODE Report "32".	(AN)	46-47	2
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 09.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-10	EXCESS LOSS PREMIUM FACTOR CHANGE This data element is comprised of the following data elements: Excess Loss Premium Factor Change – State (Other Than F-Classes), Excess Loss Premium Factor Change – Federal (F-Classes Only) and Excess Loss Premium Factor Change - Effective Date. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions. NOTE: Report only one Excess Loss Premium Factor Change.	(N)	71-82	12
8	EXCESS LOSS PREMIUM FACTOR CHANGE - STATE (OTHER THAN F-CLASSES) Report the 3-digit decimal factor. Assumed decimal point before position 71. Report "000" if not applicable.	(N)	71-73	3
9	EXCESS LOSS PREMIUM FACTOR CHANGE - FEDERAL (F-CLASSES ONLY) Report the 3-digit decimal factor. Assumed decimal point before position 74. Report "000" if not applicable.	(N)	74-76	3
10	EXCESS LOSS PREMIUM FACTOR CHANGE - EFFECTIVE DATE Report the date that the Excess Loss Premium Factor changed. Format: YYMMDD	(N)	77-82	6
11	NON-RETROSPECTIVE DEVELOPMENT PREMIUM AMOUNT STATE(S) Does not apply in the following state codes. NOT APPLICABLE: NJ, NC	(AN)	83-182	100

Field No.	Field Title/Description	Class	Position	Bytes
12-15	<p>RETROSPECTIVE DEVELOPMENT FACTOR CHANGE</p> <p>This data element is comprised of the following data elements: Retrospective Development Factor Change - First Factor, Retrospective Development Factor Change - Second Factor, Retrospective Development Factor Change - Third Factor and Retrospective Development Factor Change - Effective Date.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>	(N)	183-206	24
12	<p>RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - FIRST FACTOR</p> <p>Assumed decimal point between Positions 186-187.</p>	(N)	183-188	6
13	<p>RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - SECOND FACTOR</p> <p>Assumed decimal point between Positions 192-193.</p>	(N)	189-194	6
14	<p>RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - THIRD FACTOR</p> <p>Assumed decimal point between Positions 198-199.</p>	(N)	195-200	6
15	<p>RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - EFFECTIVE DATE</p> <p>Formatted YYMMDD.</p>	(N)	201-206	6
16-18	<p>TAX MULTIPLIER FACTOR CHANGE</p> <p>This data element is comprised of the following data elements: Tax Multiplier Factor Change - State (Other Than F-Classes), Tax Multiplier Factor Change - Federal (F-Classes Only) and Tax Multiplier Factor Change - Effective Date.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p> <p>NOTE: Report only one Tax Multiplier Factor Change.</p>	(N)	207-222	16
16	<p>TAX MULTIPLIER FACTOR CHANGE – STATE (OTHER THAN F-CLASSES)</p> <p>Report the 5-digit decimal factor. Assumed decimal point before Positions 208 and 209. Report "01000" if not applicable.</p>	(N)	207-211	5
17	<p>TAX MULTIPLIER FACTOR CHANGE – FEDERAL (F-CLASSES ONLY)</p> <p>Report the 5-digit decimal factor. Assumed decimal point before Positions 213 and 214. Report "01000" if not applicable.</p>	(N)	212-216	5
18	<p>TAX MULTIPLIER FACTOR CHANGE - EFFECTIVE DATE</p> <p>Report the date that the Tax Multiplier Factor changed. Format: YYMMDD</p>	(N)	217-222	6
19	RESERVED FOR FUTURE USE		223-254	32
20	<p>NAME OF INSURED</p> <p>Report the first 34 positions of the primary name of the insured.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	(AN)	255-288	34

Field No.	Field Title/Description	Class	Position	Bytes
21	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYYYMMDD.	(N)	289-294	6
22	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE ELEMENT OR SURCHARGE RECORD

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "33".	(AN)	46-47	2
	OPTIONAL: CA, MA, MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 05 10.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	LIST CLASSIFICATION CODE THAT AFFECTS THIS ENDORSEMENT	(N)	71-74	4
9	(Same as positions 71-74 above.)	(N)	75-78	4
10	(Same as positions 71-74 above.)	(N)	79-82	4
11	(Same as positions 71-74 above.)	(N)	83-86	4
12	(Same as positions 71-74 above.)	(N)	87-90	4
13	(Same as positions 71-74 above.)	(N)	91-94	4
14	(Same as positions 71-74 above.)	(N)	95-98	4
15	(Same as positions 71-74 above.)	(N)	99-102	4
16	(Same as positions 71-74 above.)	(N)	103-106	4
17	(Same as positions 71-74 above.)	(N)	107-110	4
18	(Same as positions 71-74 above.)	(N)	111-114	4
19	(Same as positions 71-74 above.)	(N)	115-118	4
20	(Same as positions 71-74 above.)	(N)	119-122	4
21	(Same as positions 71-74 above.)	(N)	123-126	4
22	(Same as positions 71-74 above.)	(N)	127-130	4
23	(Same as positions 71-74 above.)	(N)	131-134	4
24	(Same as positions 71-74 above.)	(N)	135-138	4
25	(Same as positions 71-74 above.)	(N)	139-142	4
26	(Same as positions 71-74 above.)	(N)	143-146	4

Field No.	Field Title/Description	Class	Position	Bytes
27	(Same as positions 71-74 above.)	(N)	147-150	4
28	RESERVED FOR FUTURE USE		151-254	104
29	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
30	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYYYMMDD.	(N)	289-294	6
31	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
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IX. THIS RECORD IS RESERVED FOR FUTURE USE

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "35".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

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

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

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "37".	(AN)	46-47	2
	NOT APPLICABLE: CA, MI, NJ, NY, PA			
	OPTIONAL: NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 10.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	DESCRIPTOR CODE Report the one-letter description code for the person named below:	(A)	71	1
	Code Description			
	S Sole Proprietor			
	P Partner			
	O Officer			
	X Other			
9	NAME OF PERSON TO BE INCLUDED	(AN)	72-121	50
10	STATE CODE	(N)	122-123	2
11	DESCRIPTOR CODE (Same as position 71 above.)	(A)	124	1
12	NAME OF PERSON TO BE INCLUDED	(AN)	125-174	50
13	STATE CODE	(N)	175-176	2
14	DESCRIPTOR CODE (Same as position 71 above.)	(A)	177	1
15	NAME OF PERSON TO BE INCLUDED	(AN)	178-227	50
16	STATE CODE	(N)	228-229	2
17	RESERVED FOR FUTURE USE		230-254	25

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

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

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "38".	(AN)	46-47	2
	NOT APPLICABLE: CA, MN, NJ, NY, PA			
	OPTIONAL: MI, NCCI			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 00 03 08.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	DESCRIPTOR CODE Report the one-character description code for the person named below:	(A)	71	1
	Code	Description		
	S	Sole Proprietor		
	P	Partner		
	O	Officer		
	X	Other		
	NOTE: Code S – Sole Proprietor is N/A for Endorsement Number WC 00 03 08.			
9	NAME OF PERSON TO BE EXCLUDED	(AN)	72-131	60
10	DESCRIPTOR CODE (Same as position 71 above.)	(A)	132	1
11	NAME OF PERSON TO BE EXCLUDED	(AN)	133-192	60
12	DESCRIPTOR CODE (Same as position 71 above.)	(A)	193	1
13	NAME OF PERSON TO BE EXCLUDED	(AN)	194-253	60
14	RESERVED FOR FUTURE USE		254	1
15	NAME OF INSURED Report the first 34 positions of the primary name of the insured.	(AN)	255-288	34
	This field is required when this record is submitted using Transaction Code 03.			
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement to the policy becomes effective. Format: YYMMDD	(N)	289-294	6

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

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

Field No.	Field Title/Description	Class	Position	Bytes
19	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	145-164	20
20	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	165-168	4
21	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	169-173	5
22	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	174-178	5
23	STATE CODE (Same as positions 71-72 above.)	(N)	179-180	2
24	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	181-200	20
25	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	201-204	4
26	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	205-209	5
27	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	210-214	5
28	STATE CODE (Same as positions 71-72 above.)	(N)	215-216	2
29	TYPE OF AIRCRAFT (Same as positions 73-92 above.)	(AN)	217-236	20
30	PASSENGER SEAT CHARGE AMOUNT (Same as positions 93-96 above.)	(N)	237-240	4
31	MAXIMUM CHARGE AMOUNT (Same as positions 97-101 above.)	(N)	241-245	5
32	ESTIMATED PREMIUM AMOUNT (Same as positions 102-106 above.)	(N)	246-250	5
33	RESERVED FOR FUTURE USE		251-254	4
34	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
35	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
36	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
26	(Same as positions 71-72 above.)	(N)	107-108	2
27	(Same as positions 71-72 above.)	(N)	109-110	2
28	(Same as positions 71-72 above.)	(N)	111-112	2
29	(Same as positions 71-72 above.)	(N)	113-114	2
30	(Same as positions 71-72 above.)	(N)	115-116	2
31	(Same as positions 71-72 above.)	(N)	117-118	2
32	(Same as positions 71-72 above.)	(N)	119-120	2
33	(Same as positions 71-72 above.)	(N)	121-122	2
34	(Same as positions 71-72 above.)	(N)	123-124	2
35	(Same as positions 71-72 above.)	(N)	125-126	2
36	(Same as positions 71-72 above.)	(N)	127-128	2
37	(Same as positions 71-72 above.)	(N)	129-130	2
38	(Same as positions 71-72 above.)	(N)	131-132	2
39	(Same as positions 71-72 above.)	(N)	133-134	2
40	(Same as positions 71-72 above.)	(N)	135-136	2
41	(Same as positions 71-72 above.)	(N)	137-138	2
42	(Same as positions 71-72 above.)	(N)	139-140	2
43	(Same as positions 71-72 above.)	(N)	141-142	2
44	(Same as positions 71-72 above.)	(N)	143-144	2
45	(Same as positions 71-72 above.)	(N)	145-146	2
46	(Same as positions 71-72 above.)	(N)	147-148	2
47	(Same as positions 71-72 above.)	(N)	149-150	2
48	(Same as positions 71-72 above.)	(N)	151-152	2
49	(Same as positions 71-72 above.)	(N)	153-154	2
50	(Same as positions 71-72 above.)	(N)	155-156	2
51	(Same as positions 71-72 above.)	(N)	157-158	2
52	(Same as positions 71-72 above.)	(N)	159-160	2
53	(Same as positions 71-72 above.)	(N)	161-162	2
54	(Same as positions 71-72 above.)	(N)	163-164	2
55	(Same as positions 71-72 above.)	(N)	165-166	2
56	(Same as positions 71-72 above.)	(N)	167-168	2

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. DEDUCTIBLE ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit code of the state covered by this endorsement record. A deductible endorsement record must be submitted for each state where the deductible provisions apply.	(N)	44-45	2
3	RECORD TYPE CODE Report "43". NOT APPLICABLE: CA, DE, NJ, NY, WI OPTIONAL: MI	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report the 8-character standard national or state number of the Deductible Endorsement applicable to the deductible information below. Report WC 00 06 03 or jurisdictionally approved endorsement number. PA: WC 37 04 03 MA: WC 20 06 02, WC 20 06 03, or WC 00 06 03	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-9	DEDUCTIBLE TYPE CODES This data element is comprised of the following data elements: Losses Subject to Deductible Code and Basis of Deductible Calculation Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	71-74	4
8	LOSSES SUBJECT TO DEDUCTIBLE CODE Report the 2-digit code that identifies the type of deductible being reported. Code Description 00 No Deductible 01 Medical Losses Only 02 Indemnity Losses Only	(N)	71-72	2

Field No.	Field Title/Description	Class	Position	Bytes
03	<p>Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</p> <p>For example, a loss has indemnity of \$50,000 (2/3 of the loss) and medical of \$25,000 (1/3 of the loss). With a deductible amount of \$10,000, \$6,700 (2/3) would be applied to the indemnity portion and \$3,300 (1/3) would be applied to the medical portion. The loss on the unit would be reported as \$43,300 indemnity and \$21,700 medical in states that require net reporting.</p>			
	NOT APPLICABLE: PA			
9	<p>BASIS OF DEDUCTIBLE CALCULATION CODE Report the 2-digit code that identifies the type of deductible being reported.</p> <p>Code Description</p> <p>00 No Deductible</p> <p>01 Per Claim Deductible Amount</p> <p>02 Per Accident Deductible Amount</p> <p>03 Per Policy Deductible Aggregate Limit</p> <p>04 Percent of Claim Cost</p> <p>05 Percent of Premium</p> <p>06 Coinsurance Only Percent with Per Claim Amount Limit</p> <p>07 Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit</p> <p>08 Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit</p> <p>09 Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit</p> <p>10 Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit</p> <p>11 Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit</p> <p>12 Variable — as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined.</p> <p>13 Negotiated</p>	(N)	73-74	2
	NOT APPLICABLE: PA			
10	<p>DEDUCTIBLE PERCENTAGE Report the whole percentage of the deductible to be paid by the insured, if applicable, as defined by the deductible program.</p>	(N)	75-76	2
	NOT APPLICABLE: PA			
11	<p>DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT Report the loss amount by claim or by accident or for each occurrence to be paid by the insured, as defined by the deductible program.</p>	(N)	77-85	9

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

Field No.	Field Title/Description	Class	Position	Bytes
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IX. STATE PREMIUM CHANGE RECORD

1	<u>LINK DATA</u>		<u>1-43</u>	<u>43</u>
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2	<u>STATE CODE</u> <u>Report the code of the state covered by this endorsement record.</u>	(N)	<u>44-45</u>	<u>2</u>
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3	<u>RECORD TYPE CODE</u> <u>Report "84".</u>	(AN)	<u>46-47</u>	<u>2</u>
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This Record Type Code will accommodate changes to the policy premium information not included in Record Type Codes 09, 10, and 87.

Record Type Code 84 may only be reported using Transaction Code 03. Record Type Code 84 may not be reported on full policy replacement transactions.

NOT APPLICABLE: MA, MI, MN, NC

4	<u>RESERVED FOR FUTURE USE</u>		<u>48-50</u>	<u>3</u>
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5	<u>DATA ELEMENT CHANGE IDENTIFICATION NUMBER</u> <u>Report the type of change by reporting one of the corresponding change identification numbers from below:</u>	(AN)	<u>51-58</u>	<u>8</u>
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WC840401 Experience Modification Plan Type Code
WC840402 Other Individual Risk Rating Factor
WC840403 Insurer Premium Deviation Factor
WC840404 Type of Insurer Premium Deviation Code
WC840405 Estimated State Standard Premium Total
WC840406 Expense Constant Amount
WC840407 Loss Constant Amount
WC840408 Premium Discount Amount
WC840409 Prorated Expense Constant Amount Reason Code
WC840410 Prorated Minimum Premium Amount Reason Code
WC840411 Reason State Was Added to Policy Code
WC840412 Assigned Risk Adjustment Program (ARAP) Factor
WC840413 Type of Non-Standard ID Code

6	<u>RESERVED FOR FUTURE USE</u>		<u>59</u>	<u>1</u>
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7	<u>CARRIER VERSION IDENTIFIER</u>	(AN)	<u>60-70</u>	<u>11</u>
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8	<u>EXPERIENCE MODIFICATION PLAN TYPE CODE</u> <u>Report the type of experience modification factor.</u>	(N)	<u>71</u>	<u>1</u>
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<u>Code</u>	<u>Description</u>
<u>1</u>	<u>Bureau plan modification factor</u>
<u>2</u>	<u>Bureau plan modification factor deviated by flat Percentage</u>

Field No.	Field Title/Description	Class	Position	Bytes
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3 Independent company plan modification factor. Report this code for any modification factor resulting from an independently filed rating plan based on an insured's loss experience and used to modify the insured's manual premium on a prospective basis. This would include any factor based on a bureau's standard experience rating plan modified for independently filed ELR and D ratios.

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

OPTIONAL: NCCI

<u>9</u>	<u>OTHER INDIVIDUAL RISK RATING FACTOR</u> <u>Report the factor.</u>	<u>(N)</u>	<u>72-75</u>	<u>4</u>
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There is an assumed decimal point between Positions 72 and 73.

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

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

Insurers may, at their option, report the total dollar effect of these factors on a Record Type Code 05 under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.

NOT APPLICABLE: NJ, NY, PA, WI

OPTIONAL: CA

<u>10</u>	<u>INSURER PREMIUM DEVIATION FACTOR</u> <u>Report the factor.</u>	<u>(N)</u>	<u>76-79</u>	<u>4</u>
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There is an assumed decimal point between Positions 76 and 77.

Report the factor used to modify the insured's premium amount based on the insurer's independently filed flat premium amount deviation. If no deviation applies, or if the insurer deviates each particular rate and prints the deviated rate on the policy Information Page, enter "1000". If the insurer deviates each particular rate and prints the deviated rate on the policy Information Page the insurer premium deviation factor may be reported if the factor applies to all classes.

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

Field No.	Field Title/Description	Class	Position	Bytes
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At the DCO direction or offering of the option the insurers may, at their option, report the total dollar effect of their flat premium deviation on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.

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

OPTIONAL: CA

11	<u>TYPE OF INSURER PREMIUM DEVIATION CODE</u> <u>Report the code identifying the type of deviation associated with the Insurer Premium Deviation Factor:</u>	(N)	80	1
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Code **Description**

- 0 No premium deviation factor applies
- 1 Premium deviation factor applicable prior to experience modification. N/A: MA
- 2 Premium deviation factor applicable after experience modification. N/A: MA
- 3 Deviation applied to individual rates. N/A: MA
- 4 Premium deviation reported as exposure record.

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

OPTIONAL: CA, NCCI

12	<u>ESTIMATED STATE STANDARD PREMIUM TOTAL</u> <u>Report the numeric dollar amount.</u>	(N)	81-90	10
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Report the total state standard premium. Refer to individual state Bureau Manual for definition of standard premium.

OPTIONAL: CA

13	<u>EXPENSE CONSTANT AMOUNT</u> <u>Report the numeric dollar amount.</u>	(N)	91-100	10
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This should never be reported as a Record Type Code 05.

If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the Expense Constant Amount.

OPTIONAL: CA

Field No.	Field Title/Description	Class	Position	Bytes
<u>14</u>	<u>LOSS CONSTANT AMOUNT</u> Report the numeric dollar amount. <u>This should never be reported as a Record Type Code 05.</u> <u>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.</u> <u>NOT APPLICABLE: DE, NJ, NY, WI</u> <u>OPTIONAL: CA</u>	<u>(N)</u>	<u>101-110</u>	<u>10</u>
<u>15</u>	<u>PREMIUM DISCOUNT AMOUNT</u> Report the numeric dollar amount. <u>This should never be reported as a Record Type Code 05.</u> <u>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.</u> <u>OPTIONAL: CA</u>	<u>(N)</u>	<u>111-120</u>	<u>10</u>
<u>16</u>	<u>PRORATED EXPENSE CONSTANT AMOUNT REASON CODE (WI ONLY)</u> Report the code associated with the reason the Expense Constant Amount is not the full year amount. <u>Code</u> <u>Description</u> <u>0</u> <u>Field does not apply.</u> <u>1</u> <u>Where the short-term policy is issued to replace a binder.</u> <u>2</u> <u>Where the short-term policy is issued solely to establish concurrency with other policies of insurance.</u> <u>3</u> <u>Where the short-term policy is issued to reinstate coverage with a lapse.</u> <u>4</u> <u>Where the amount changes due to a change in Anniversary Rating Date.</u>	<u>(N)</u>	<u>121</u>	<u>1</u>
<u>17</u>	<u>PRORATED EXPENSE CONSTANT AMOUNT REASON CODE (WI ONLY)</u> Report the code associated with the reason the Expense Constant Amount is not the full year amount. <u>Code</u> <u>Description</u> <u>0</u> <u>Field does not apply.</u> <u>1</u> <u>Where the short-term policy is issued to replace a binder.</u> <u>2</u> <u>Where the short-term policy is issued solely to establish concurrency with other policies of insurance.</u> <u>3</u> <u>Where the short-term policy is issued to reinstate coverage with a lapse.</u> <u>4</u> <u>Where the amount changes due to a change in</u>	<u>(N)</u>	<u>121</u>	<u>1</u>

Field No.	Field Title/Description	Class	Position	Bytes																		
	<u>Anniversary Rating Date.</u>																					
<u>18</u>	<u>REASON STATE WAS ADDED TO POLICY CODE (WI ONLY)</u>	(N)	<u>123</u>	<u>1</u>																		
	<table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>Field does not apply.</u></td> </tr> <tr> <td><u>1</u></td> <td><u>State added because of prior audit.</u></td> </tr> <tr> <td><u>2</u></td> <td><u>State added for any other reason.</u></td> </tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	<u>0</u>	<u>Field does not apply.</u>	<u>1</u>	<u>State added because of prior audit.</u>	<u>2</u>	<u>State added for any other reason.</u>													
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<u>2</u>	<u>State added for any other reason.</u>																					
<u>19</u>	<u>PREVIOUSLY REPORTED EXPERIENCE MODIFICATION EFFECTIVE DATE</u> <u>Report the Experience Modification Effective Date previously reported on the Record Type Code 04.</u>	(N)	<u>124-129</u>	<u>6</u>																		
	<p><u>NOTE: Updates to the Experience Modification Effective Date are not to be made using this record. Use Record Type Code 10 to report the revised Experience Modification Effective Date.</u></p> <p><u>NOT APPLICABLE: DE, NJ, NY, PA</u></p> <p><u>OPTIONAL: NCCI</u></p>																					
<u>20</u>	<u>PREVIOUSLY REPORTED ANNIVERSARY RATING DATE</u> <u>Report the Anniversary Rating Date previously reported on the Record Type Code 04.</u>	(N)	<u>130-135</u>	<u>6</u>																		
	<p><u>NOTE: Updates to the Anniversary Rating Date are not to be made using this record. Use Record Type Code 09 to report the revised Anniversary Rating Date.</u></p> <p><u>OPTIONAL: NCCI</u></p>																					
<u>21</u>	<u>ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR</u> <u>Report the ARAP factor.</u>	(N)	<u>136-139</u>	<u>4</u>																		
	<p><u>There is an assumed decimal point between Positions 136 and 137.</u></p> <p><u>MA NOTE: This is the All Risk Adjustment Factor.</u></p> <p><u>NOT APPLICABLE: CA, DE, NCCI, NJ, NY, PA, WI</u></p>																					
<u>22</u>	<u>TYPE OF NON-STANDARD ID CODE</u> <u>Report the code that indicates the Non-Standard ID Code.</u>	(N)	<u>140-141</u>	<u>2</u>																		
	<table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>01</u></td> <td><u>Non-Standard Code does not apply</u></td> </tr> <tr> <td><u>02</u></td> <td><u>Excluding Medical - N/A: DE, MA, PA</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Reserved For Future Use</u></td> </tr> <tr> <td><u>04</u></td> <td><u>Reserved For Future Use</u></td> </tr> <tr> <td><u>05</u></td> <td><u>Reserved for Use in WCSTAT</u></td> </tr> <tr> <td><u>06</u></td> <td><u>Excess Medical (NY only)</u></td> </tr> <tr> <td><u>07</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>08</u></td> <td><u>Coverage excludes certain individuals listed on</u></td> </tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	<u>01</u>	<u>Non-Standard Code does not apply</u>	<u>02</u>	<u>Excluding Medical - N/A: DE, MA, PA</u>	<u>03</u>	<u>Reserved For Future Use</u>	<u>04</u>	<u>Reserved For Future Use</u>	<u>05</u>	<u>Reserved for Use in WCSTAT</u>	<u>06</u>	<u>Excess Medical (NY only)</u>	<u>07</u>	<u>Reserved for Future Use</u>	<u>08</u>	<u>Coverage excludes certain individuals listed on</u>			
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Field No.	Field Title/Description	Class	Position	Bytes
	<u>exclusion endorsement, such as officers, partners, sole proprietors or others - N/A: MN, NY, NC</u>			
<u>09</u>	<u>Voluntary Coverage not mandatory by State Act N/A: CA, MA, MI, MN, NCCI, NJ, NY, NC, WI</u>			
<u>99</u>	<u>Reserved for Use in WCSTAT</u>			
	<u>NOT APPLICABLE: CA, NJ</u>			
	<u>OPTIONAL: WI</u>			
<u>23</u>	<u>RESERVED FOR FUTURE USE</u>		<u>142-258</u>	<u>117</u>
<u>24</u>	<u>NAME OF INSURED</u> <u>Report the first 34 positions of the primary name of the insured.</u>	<u>(AN)</u>	<u>259-288</u>	<u>30</u>
	<u>This field is required when this record is submitted using Transaction Code 03.</u>			
	<u>OPTIONAL: NCCI</u>			
<u>25</u>	<u>POLICY CHANGE EFFECTIVE DATE</u> <u>Report the date that the endorsement becomes effective on the policy.</u>	<u>(N)</u>	<u>289-294</u>	<u>6</u>
<u>26</u>	<u>RESERVED FOR FUTURE USE</u>		<u>295-300</u>	<u>6</u>

Field No. Field Title/Description Class Position Bytes

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

1	<u>LINK DATA</u>		<u>1-43</u>	<u>43</u>
2	<u>RESERVED FOR FUTURE USE</u>		<u>44-45</u>	<u>2</u>
3	<u>RECORD TYPE CODE</u> <u>Report "85".</u>	(AN)	<u>46-47</u>	<u>2</u>

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

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

NOT APPLICABLE: MI, MN, NC

4	<u>RESERVED FOR FUTURE USE</u>		<u>48-50</u>	<u>3</u>
5	<u>DATA ELEMENT CHANGE IDENTIFICATION NUMBER</u> <u>Report the type of change by reporting one of the corresponding change identification numbers from below:</u>	(AN)	<u>51-58</u>	<u>8</u>

- WC850601 Experience Rating Code
- WC850602 Third Party Entity FEIN
- WC850603 Type of Coverage ID Code
- WC850604 Employee Leasing Policy Type Code
- WC850605 Policy Term Code
- WC850606 Prior Policy Number Identifier
- WC850607 Prior Unit/Certificate Number Identifier
- WC850608 Type of Plan ID Code
- WC850609 Business Segment Identifier
- WC850610 Policy Minimum Premium
- WC850611 Policy Minimum Premium State Code
- WC850612 Policy Estimated Standard Premium Total
- WC850613 Policy Deposit Premium Amount
- WC850614 Audit Frequency Code
- WC850615 Billing Frequency Code
- WC850616 Retrospective Rating Code
- WC850617 Group Coverage Status
- WC850618 Assignment Date
- WC850619 Assigned Risk Binder Number
- WC850620 Wrap-Up/OCIP Code

6	<u>RESERVED FOR FUTURE USE</u>		<u>59</u>	<u>1</u>
7	<u>CARRIER VERSION IDENTIFIER</u>	(AN)	<u>60-70</u>	<u>11</u>

Field No.	Field Title/Description	Class	Position	Bytes																
<u>8</u>	<u>EXPERIENCE RATING CODE</u> Report the code describing the policy.	(N)	<u>71</u>	<u>1</u>																
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Interstate rated only</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Inter- and intrastate rated N/A: NC</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Intrastate rated only</u></td> </tr> <tr> <td><u>4</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>5</u></td> <td><u>Not Rated</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: CA, DE, NJ, PA</u></p>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Interstate rated only</u>	<u>2</u>	<u>Inter- and intrastate rated N/A: NC</u>	<u>3</u>	<u>Intrastate rated only</u>	<u>4</u>	<u>Reserved for Future Use</u>	<u>5</u>	<u>Not Rated</u>							
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<u>9</u>	<u>THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</u> Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider (on behalf of the Insurance Carrier).	(N)	<u>72-80</u>	<u>9</u>																
	<u>NOT APPLICABLE: DE, NCCI, NJ, NY, PA, WI</u>																			
<u>10</u>	<u>TYPE OF COVERAGE ID CODE</u> Report the code that indicates the Type of Coverage:	(N)	<u>81-82</u>	<u>2</u>																
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>01</u></td> <td><u>Standard Workers Compensation Policy</u></td> </tr> <tr> <td><u>02</u></td> <td><u>Alternative Workers Compensation Coverage (NCCI only)</u></td> </tr> <tr> <td><u>03</u></td> <td><u>Reserved for Use in WCSTAT</u></td> </tr> <tr> <td><u>04</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>05</u></td> <td><u>Large Risk Rated Option</u> <u>N/A: CA, MI, MN, NCCI, NC, WI</u></td> </tr> <tr> <td><u>09</u></td> <td><u>Reserved for Use in WCSTAT</u></td> </tr> <tr> <td><u>10</u></td> <td><u>Reserved for Future Use</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: NJ</u></p>	<u>Code</u>	<u>Description</u>	<u>01</u>	<u>Standard Workers Compensation Policy</u>	<u>02</u>	<u>Alternative Workers Compensation Coverage (NCCI only)</u>	<u>03</u>	<u>Reserved for Use in WCSTAT</u>	<u>04</u>	<u>Reserved for Future Use</u>	<u>05</u>	<u>Large Risk Rated Option</u> <u>N/A: CA, MI, MN, NCCI, NC, WI</u>	<u>09</u>	<u>Reserved for Use in WCSTAT</u>	<u>10</u>	<u>Reserved for Future Use</u>			
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<u>09</u>	<u>Reserved for Use in WCSTAT</u>																			
<u>10</u>	<u>Reserved for Future Use</u>																			
<u>11</u>	<u>EMPLOYEE LEASING POLICY TYPE CODE</u> Report the code that identifies the type of Employee Leasing policy:	(N)	<u>83</u>	<u>1</u>																
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Non-Employee Leasing Policy—Employers covered under this policy are not part of an Employee Leasing arrangement.</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Employee Leasing Policy - For Leased Workers of Multiple Client Companies —The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company are covered under this policy.</u> <u>N/A: CA, MA, MN, NY, WI</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company — The Employee Leasing Company is the first 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.</u> <u>N/A: MI (Assigned Risk)</u></td> </tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Non-Employee Leasing Policy—Employers covered under this policy are not part of an Employee Leasing arrangement.</u>	<u>2</u>	<u>Employee Leasing Policy - For Leased Workers of Multiple Client Companies —The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company are covered under this policy.</u> <u>N/A: CA, MA, MN, NY, WI</u>	<u>3</u>	<u>Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company — The Employee Leasing Company is the first 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.</u> <u>N/A: MI (Assigned Risk)</u>											
<u>Code</u>	<u>Description</u>																			
<u>1</u>	<u>Non-Employee Leasing Policy—Employers covered under this policy are not part of an Employee Leasing arrangement.</u>																			
<u>2</u>	<u>Employee Leasing Policy - For Leased Workers of Multiple Client Companies —The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company are covered under this policy.</u> <u>N/A: CA, MA, MN, NY, WI</u>																			
<u>3</u>	<u>Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company — The Employee Leasing Company is the first 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.</u> <u>N/A: MI (Assigned Risk)</u>																			

Field No.	Field Title/Description	Class	Position	Bytes
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4 Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company — The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.

N/A: DE, MA, MI (Assigned Risk), MN, PA
5 Employee Leasing Policy For Leased Workers of a Single Client Company—The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of a single Client Company only.
NCCI (Effective 1/1/2007)

N/A: DE, MI (Assigned Risk), NC, PA
6 Client Company Policy For Non-Leased Workers of Client Company—The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy.
NCCI (Effective 1/1/2007)

N/A: DE, MA, NC, PA
7 Client Company Policy For Leased And Non-Leased Workers of Client Company—The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company.
NCCI (Effective 1/1/2007)

N/A: DE, MA, MI (Assigned Risk), MN, NC, PA
8 Employee Leasing Policy—For Leased Workers of Multiple Client Companies—The Employee Leasing Company is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the Employee Leasing Company are not covered under this policy.
N/A: CA, DE, MA, MI, MN, NY, NC, PA

MA NOTE: Employee Leasing Policy Type Code 3 and MA endorsement WC200305 – Exclusion of Coverage for Leased Employees must appear together on the employee listing company policy for the non-leased workers. Employee Leasing Policy Type Code 5 and MA endorsement WC200304 – Massachusetts Employee Leasing Endorsement must appear together on the policy for the workers leased to a client.

WI NOTE: For policies using code 4 or 7, the first name should be reported (Client Company Name) client of (PEO Company Name). For policies using code 5, the Primary Name should be reported (PEO Company Name) L/C/F (Client Company Name).

WI NOTE: For policies using code 8, Endorsement WC 48 03 14 must be attached.

NOT APPLICABLE: NJ

Field No.	Field Title/Description	Class	Position	Bytes																		
<u>12</u>	<u>POLICY TERM CODE</u> Report the code:	<u>(N)</u>	<u>84</u>	<u>1</u>																		
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Standard one-year</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Three-year fixed rate</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Continuous policy (CA only)</u></td> </tr> <tr> <td><u>4</u></td> <td><u>Short-term (less than one year)</u></td> </tr> <tr> <td><u>5</u></td> <td><u>Three-year variable (first year)</u></td> </tr> <tr> <td><u>6</u></td> <td><u>Three-year variable (second year)</u></td> </tr> <tr> <td><u>7</u></td> <td><u>Three-year variable (third year)</u></td> </tr> <tr> <td><u>8</u></td> <td><u>Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC 00 04 05 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).</u></td> </tr> </tbody> </table> <p><u>NOTE:</u> Code 6 cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. Code 7 cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. Code 8 is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 above with 8 applying only to the shortened period. (NOT APPLICABLE: MI, NCCI)</p>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Standard one-year</u>	<u>2</u>	<u>Three-year fixed rate</u>	<u>3</u>	<u>Continuous policy (CA only)</u>	<u>4</u>	<u>Short-term (less than one year)</u>	<u>5</u>	<u>Three-year variable (first year)</u>	<u>6</u>	<u>Three-year variable (second year)</u>	<u>7</u>	<u>Three-year variable (third year)</u>	<u>8</u>	<u>Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC 00 04 05 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).</u>			
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<u>8</u>	<u>Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC 00 04 05 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).</u>																					
<u>13</u>	<u>PRIOR POLICY NUMBER IDENTIFIER</u> Report the alphanumeric characters identifying the prior policy number identifier. Do not report any embedded blanks or marks of punctuation.	<u>(AN)</u>	<u>85-102</u>	<u>18</u>																		
<u>14</u>	<u>PRIOR UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY)</u> For policies that use a unit or certificate number identifier as part of the policy number, report the unit/certificate number identifier used to uniquely identify the policy. Do not report any embedded blanks or marks of punctuation.	<u>(N)</u>	<u>103-108</u>	<u>6</u>																		
<u>15</u>	<u>TYPE OF PLAN ID CODE</u> Report the code:	<u>(N)</u>	<u>109</u>	<u>1</u>																		
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Voluntary Policy</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Normal Assigned Risk Policy N/A: NY</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>4</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>5</u></td> <td><u>Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)</u></td> </tr> <tr> <td><u>6</u></td> <td><u>Reserved for Future Use</u></td> </tr> <tr> <td><u>7</u></td> <td><u>Assigned Risk Policy originally assigned by another DCO (NC only)</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: CA</u></p>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Voluntary Policy</u>	<u>2</u>	<u>Normal Assigned Risk Policy N/A: NY</u>	<u>3</u>	<u>Reserved for Future Use</u>	<u>4</u>	<u>Reserved for Future Use</u>	<u>5</u>	<u>Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program (MA only)</u>	<u>6</u>	<u>Reserved for Future Use</u>	<u>7</u>	<u>Assigned Risk Policy originally assigned by another DCO (NC only)</u>					
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<u>7</u>	<u>Assigned Risk Policy originally assigned by another DCO (NC only)</u>																					

Field No.	Field Title/Description	Class	Position	Bytes												
<u>16</u>	<u>BUSINESS SEGMENT IDENTIFIER</u> <u>Any series of identifying codes maintained and reported by the data provider.</u> <u>NOT APPLICABLE: DE, NCCI, NJ, NY, PA, WI</u>	(N)	<u>110-116</u>	<u>7</u>												
<u>17</u>	<u>POLICY MINIMUM PREMIUM AMOUNT</u> <u>Report the minimum premium amount that would be charged for the policy if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts.</u> <u>Report dollars only.</u> <u>OPTIONAL: CA</u>	(N)	<u>117-126</u>	<u>10</u>												
<u>18</u>	<u>POLICY MINIMUM PREMIUM STATE CODE</u> <u>Report the code of the state on which the policy minimum premium amount is based.</u> <u>OPTIONAL: CA</u>	(N)	<u>127-128</u>	<u>2</u>												
<u>19</u>	<u>POLICY ESTIMATED STANDARD PREMIUM TOTAL</u> <u>Report the sum of the estimated state standard premiums reported on all state premium records (Record Type Code 04) submitted for the transaction.</u> <u>Report dollars only.</u> <u>OPTIONAL: CA</u>	(N)	<u>129-138</u>	<u>10</u>												
<u>20</u>	<u>POLICY DEPOSIT PREMIUM AMOUNT</u> <u>Report the deposit premium amount to be collected for the policy.</u> <u>Report dollars only.</u> <u>OPTIONAL: CA, NCCI</u>	(N)	<u>139-148</u>	<u>10</u>												
<u>21</u>	<u>AUDIT FREQUENCY CODE</u> <u>Report the code identifying the audit frequency for the policy:</u> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Annual</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Semiannual</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Quarterly</u></td> </tr> <tr> <td><u>4</u></td> <td><u>Monthly</u></td> </tr> <tr> <td><u>5</u></td> <td><u>Other</u></td> </tr> </tbody> </table> <u>NOT APPLICABLE: DE, NJ, NY, PA</u> <u>OPTIONAL: CA, MA, NCCI</u>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Annual</u>	<u>2</u>	<u>Semiannual</u>	<u>3</u>	<u>Quarterly</u>	<u>4</u>	<u>Monthly</u>	<u>5</u>	<u>Other</u>	(N)	<u>149</u>	<u>1</u>
<u>Code</u>	<u>Description</u>															
<u>1</u>	<u>Annual</u>															
<u>2</u>	<u>Semiannual</u>															
<u>3</u>	<u>Quarterly</u>															
<u>4</u>	<u>Monthly</u>															
<u>5</u>	<u>Other</u>															

Field No.	Field Title/Description	Class	Position	Bytes														
<u>22</u>	<u>BILLING FREQUENCY CODE</u> <u>Report the code identifying the billing frequency for the policy:</u>	(N)	<u>150</u>	<u>1</u>														
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Annual</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Semiannual N/A: WI (Assigned Risk only)</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Quarterly</u></td> </tr> <tr> <td><u>4</u></td> <td><u>Monthly</u></td> </tr> <tr> <td><u>5</u></td> <td><u>Other N/A: WI (Assigned Risk only)</u></td> </tr> <tr> <td><u>6</u></td> <td><u>Reserved for Use in WCNOA</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: DE, NJ, NY, PA</u></p> <p><u>OPTIONAL: CA, MA, NCCI</u></p>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Annual</u>	<u>2</u>	<u>Semiannual N/A: WI (Assigned Risk only)</u>	<u>3</u>	<u>Quarterly</u>	<u>4</u>	<u>Monthly</u>	<u>5</u>	<u>Other N/A: WI (Assigned Risk only)</u>	<u>6</u>	<u>Reserved for Use in WCNOA</u>			
<u>Code</u>	<u>Description</u>																	
<u>1</u>	<u>Annual</u>																	
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<u>4</u>	<u>Monthly</u>																	
<u>5</u>	<u>Other N/A: WI (Assigned Risk only)</u>																	
<u>6</u>	<u>Reserved for Use in WCNOA</u>																	
<u>23</u>	<u>RETROSPECTIVE RATING CODE</u> <u>Report the code corresponding to the policy:</u>	(N)	<u>151</u>	<u>1</u>														
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Retrospective Rated - Endorsements submitted via an electronic record N/A: MA, NCCI</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Retrospective Rated - Endorsements submitted via hard copy N/A: MA, NCCI</u></td> </tr> <tr> <td><u>3</u></td> <td><u>Not Retrospective Rated</u></td> </tr> <tr> <td><u>4</u></td> <td><u>Retrospective Rated - Endorsements submitted via an electronic record and hard copy N/A: MA, NCCI</u></td> </tr> <tr> <td><u>5</u></td> <td><u>Retrospective Rated</u> <u>N/A: DE, MI, MN, NJ, NY, NC, PA, WI</u></td> </tr> </tbody> </table> <p><u>NOT APPLICABLE: CA</u></p>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Retrospective Rated - Endorsements submitted via an electronic record N/A: MA, NCCI</u>	<u>2</u>	<u>Retrospective Rated - Endorsements submitted via hard copy N/A: MA, NCCI</u>	<u>3</u>	<u>Not Retrospective Rated</u>	<u>4</u>	<u>Retrospective Rated - Endorsements submitted via an electronic record and hard copy N/A: MA, NCCI</u>	<u>5</u>	<u>Retrospective Rated</u> <u>N/A: DE, MI, MN, NJ, NY, NC, PA, WI</u>					
<u>Code</u>	<u>Description</u>																	
<u>1</u>	<u>Retrospective Rated - Endorsements submitted via an electronic record N/A: MA, NCCI</u>																	
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<u>5</u>	<u>Retrospective Rated</u> <u>N/A: DE, MI, MN, NJ, NY, NC, PA, WI</u>																	
<u>24</u>	<u>GROUP COVERAGE STATUS CODE (CA ONLY)</u> <u>Report the code identifying if the policy was written as part of group coverage:</u>	(N)	<u>152</u>	<u>1</u>														
	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>Non-Group Coverage</u></td> </tr> <tr> <td><u>1</u></td> <td><u>Group Member Coverage</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Group Master Coverage</u></td> </tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	<u>0</u>	<u>Non-Group Coverage</u>	<u>1</u>	<u>Group Member Coverage</u>	<u>2</u>	<u>Group Master Coverage</u>									
<u>Code</u>	<u>Description</u>																	
<u>0</u>	<u>Non-Group Coverage</u>																	
<u>1</u>	<u>Group Member Coverage</u>																	
<u>2</u>	<u>Group Master Coverage</u>																	
<u>25</u>	<u>ASSIGNMENT DATE (IAIABC POC ONLY)</u> <u>Report the date of notice assigned by the administrator of involuntary market coverage.</u>	(N)	<u>153-158</u>	<u>6</u>														
	<p><u>This field is required when the Type of Plan ID Code (Position 108 of the Record Type Code 01) is not "1".</u></p> <p><u>NOTE:</u> <u>Contact your IAIABC POC vendor for applicable states.</u></p>																	

Field No.	Field Title/Description	Class	Position	Bytes										
<u>26</u>	<p><u>ASSIGNED RISK BINDER NUMBER (NCCI ONLY)</u> <u>Report the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy).</u></p> <p><u>This field is required when Type of Plan ID Code (Position 108 of the Record Type Code) is 2 (Normal Assigned Risk Policy).</u></p> <p><u>NOTE:</u> <u>If reported incorrectly, report the revised Assigned Risk Binder Number in this field using Transaction Code 06 (Policy Replacement Due to Key Field Change), 10 (Policy Replacement Due to Non-Rating Change) or 14 (Policy Replacement Due to Miscellaneous Change/Non-Key Field Change).</u></p>	(AN)	<u>159-176</u>	<u>18</u>										
<u>27</u>	<p><u>WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE</u> <u>Report the code:</u></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>Wrap-Up Policy N/A: CA</u></td> </tr> <tr> <td><u>2</u></td> <td><u>Non-Wrap-Up/OCIP Policy</u></td> </tr> <tr> <td><u>3</u></td> <td><u>OCIP Job Policy (CA only)</u></td> </tr> <tr> <td><u>4</u></td> <td><u>OCIP Master Policy (CA only)</u></td> </tr> </tbody> </table> <p><u>NOTE:</u> <u>In the case of a wrap-up policy (code is "1"), the project description must be provided on an Address Record (Record Type Code 03) with the Address Type Code as "4" (Wrap-Up Project Description). (N/A: NCCI)</u></p>	<u>Code</u>	<u>Description</u>	<u>1</u>	<u>Wrap-Up Policy N/A: CA</u>	<u>2</u>	<u>Non-Wrap-Up/OCIP Policy</u>	<u>3</u>	<u>OCIP Job Policy (CA only)</u>	<u>4</u>	<u>OCIP Master Policy (CA only)</u>	(N)	<u>177</u>	<u>1</u>
<u>Code</u>	<u>Description</u>													
<u>1</u>	<u>Wrap-Up Policy N/A: CA</u>													
<u>2</u>	<u>Non-Wrap-Up/OCIP Policy</u>													
<u>3</u>	<u>OCIP Job Policy (CA only)</u>													
<u>4</u>	<u>OCIP Master Policy (CA only)</u>													
<u>28</u>	<u>RESERVED FOR FUTURE USE</u>		<u>178-258</u>	<u>81</u>										
<u>29</u>	<p><u>NAME OF INSURED</u> <u>Report the first 34 positions of the primary name of the insured.</u></p> <p><u>This field is required when this record is submitted using Transaction Code 03.</u></p> <p><u>OPTIONAL: NCCI</u></p>	(AN)	<u>259-288</u>	<u>30</u>										
<u>30</u>	<p><u>POLICY CHANGE EFFECTIVE DATE</u> <u>Report the date that the endorsement becomes effective on the policy</u></p>	(N)	<u>289-294</u>	<u>6</u>										
<u>31</u>	<u>RESERVED FOR FUTURE USE</u>		<u>295-300</u>	<u>6</u>										

Field No.	Field Title/Description	Class	Position	Bytes
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IX. POLICY INFORMATION PAGE CLASS AND/OR RATE CHANGE AND OTHER ENDORSEMENT RECORD

1	LINK DATA		1-43	43
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2	STATE CODE Report the 2-digit code of the state covered by this endorsement record.	(N)	44-45	2
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3	RECORD TYPE CODE Report "86".	(AN)	46-47	2
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This Record Type Code will accommodate changes to a class and/or a rate when associated with Policy Information Page Change Endorsement WC 89 06 00.

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

Record Type Code 86 may only be reported using Transaction Code 03. Record Type Code 86 may not be reported on complete policy transactions.

NOT APPLICABLE: MI, MN

OPTIONAL: NCCI

4	RESERVED FOR FUTURE USE		48-50	3
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5	ENDORSEMENT NUMBER Report WC 89 04 15.	(AN)	51-58	8
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6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
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7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
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8	EXPOSURE PERIOD EFFECTIVE DATE Report the exposure's effective date when exposure amounts are reported on a split period basis. If not applicable, report zeros.	(N)	71-76	6
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Field No.	Field Title/Description	Class	Position	Bytes
9	<p>CLASSIFICATION CODE REVISION CODE Report the 1-letter code that describes the action to be taken regarding the classification code reported in Positions 78-81.</p> <p>Code Description A Add classification code to policy C Change classification code information D Delete classification code from the policy</p> <p>NOTE: Deletes will be processed first.</p> <p>NOTE: For values C and D, use the Exposure Period Effective Date, Classification Code, Exposure Act/Exposure Coverage Code, Classification Wording Suffix (if applicable) and Name/Address/Exposure Link for matching changed data to the original. None of the data items above may be changed using value C. Use the delete and add option when changing these items.</p>	(A)	77	1
10	<p>CLASSIFICATION CODE Report the appropriate 4-digit classification code.</p>	(N)	78-81	4
11	<p>EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the code describing the coverage for the classification code reported in Positions 78-81.</p> <p>Code Description 00 For Use With Statistical Codes 01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes 03 Federal Coal Mine Health and Safety Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA 04 Federal Coal Mine Health and Safety Act and/or the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA 05 Oil and Other Minerals Over Water (NCCI only) 06 Excluding Medical N/A: CA, DE, MA, MI, MN, NJ, NY, PA, WI 07 Excess Benefits Coverage (NCCI only) 08 Reserved For Future Use 09 Endorsed Maritime Coverage (NCCI only) 10 Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI 11 Reserved for Future Use</p>	(N)	82-83	2
12	<p>MANUAL/CHARGED RATE Report the rate charged by the carrier for the classification reported in position 78-81. There is an assumed decimal point between Positions 89 and 90.</p> <p>NJ NOTE: Report a factor when reporting the percentage for statistical classification codes 0935, 0936, 0937, 0942, or 9046.</p>	(N)	84-93	10

Field No.	Field Title/Description	Class	Position	Bytes
13	<p>ESTIMATED EXPOSURE AMOUNT For classifications having payroll as an exposure base, report the payroll amount in whole dollars in Positions 94–105.</p> <p>Report non-payroll exposure amount only to the nearest two decimal places for which there is an assumed decimal point between Positions 103 and 104.</p> <p>If the exposure amount is on an “if any” basis, or if the reported classification is one for a miscellaneous premium charge not requiring exposure, report zeros.</p> <p>For three-year variable rate policies or continuous policies, report the exposure amount for the rating period.</p> <p>For policies reported on a split period basis, report the exposure amount for the policy period represented by the Revised Exposure Period Effective Date (Positions 71–76).</p>	(N)	94-105	12
14	<p>ESTIMATED PREMIUM AMOUNT Report the whole dollar amount.</p> <p>Report the premium amount corresponding to the classification code on this record.</p> <p>If the exposure amount for the classification code is on an “if any” basis, report zeros.</p> <p>For three-year variable rate policies or continuous policies, report the premium amount for the rating period.</p> <p>For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (Positions 71–76).</p> <p>NOTE: There are many miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes given in the appropriate Manual or Statistical Plan.</p>	(N)	106-115	10
15	<p>CLASSIFICATION WORDING SUFFIX Report the suffix that will provide a cross-reference to the Manual classification wording. 00 = Primary Wording—NJ, NY.</p> <p>If classification wording suffix is reported, then classification wording (Positions 118–218) is not required.</p> <p>NOT APPLICABLE: DE, MA, NCCI, NC, PA, WI</p>	(AN)	116-117	2

Field No.	Field Title/Description	Class	Position	Bytes								
16	<p>CLASSIFICATION WORDING To be reported by those insurers unable to provide a classification wording suffix (Positions 116-117). Insurers that do provide a classification wording suffix may leave this field blank.</p> <p>NOT APPLICABLE: DE, MA, NCCI, NC, PA, WI</p>	(A)	118-218	101								
17-19	<p>NAME/ADDRESS/EXPOSURE LINK This data element is comprised of the following data elements: Name Link Identifier, State Code Link and Exposure Record Link for Exposure Code.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p> <p>NOTE: These fields are used to link the classification exposure amounts and/or premium amount data reported on this record to Positions 152–161 of a specific address record.</p>		219-228	10								
17	<p>NAME LINK IDENTIFIER Report the 3-digit Name Link Identifier associated with the address record on the policy to which you are linking.</p> <p>In the event that one classification code applies to multiple addresses, multiples of this endorsement record for that classification code may be reported with each endorsement record having the payroll and premium corresponding to each particular address.</p>	(N)	219-221	3								
18	<p>STATE CODE LINK Report the 2-digit State Code Link associated with the address record corresponding to this record.</p>	(N)	222-223	2								
19	<p>EXPOSURE RECORD LINK FOR EXPOSURE CODE Report the 5-digit Exposure Record Link Code associated with the address record corresponding to this endorsement record.</p> <p>OPTIONAL: NCCI</p>	(N)	224-228	5								
20	<p><u>CLASSIFICATION USE CODE (ISO ONLY)</u> For Company Use class codes only, report one of the following codes in the fifth position to indicate if the Company Use class code applies to Unit Report, Financial Calls, or both. For other than Company Use class codes, this is optional, and a blank or zero may be reported.</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr> <td><u>U</u></td> <td><u>Data should be used in Unit Reports only</u></td> </tr> <tr> <td><u>N</u></td> <td><u>Data should be used for Financial Calls only</u></td> </tr> <tr> <td><u>B</u></td> <td><u>Data should be used for both Unit Reports and Financial Calls</u></td> </tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	<u>U</u>	<u>Data should be used in Unit Reports only</u>	<u>N</u>	<u>Data should be used for Financial Calls only</u>	<u>B</u>	<u>Data should be used for both Unit Reports and Financial Calls</u>	(A)	<u>229</u>	<u>1</u>
<u>Code</u>	<u>Description</u>											
<u>U</u>	<u>Data should be used in Unit Reports only</u>											
<u>N</u>	<u>Data should be used for Financial Calls only</u>											
<u>B</u>	<u>Data should be used for both Unit Reports and Financial Calls</u>											
21	<p><u>EXPOSURE PERIOD CODE</u> Report the 1-digit code describing the period covered by the reported exposure in Positions 94-105 on this record:</p>	(N)	<u>230</u>	<u>1</u>								

Field No.	Field Title/Description	Class	Position	Bytes
	<u>Code</u> <u>Description</u> 1 Annual 2 Three Year 3 Less than annual or split period 4 Greater than annual but less than three years OPTIONAL: CA, MI, NCCI, WI			
<u>22</u>	<u>NUMBER OF PIECES OF APPARATUS (NJ ONLY)</u> Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).	(N)	<u>231-233</u>	<u>3</u>
<u>23</u>	<u>NUMBER OF VOLUNTEERS (NJ ONLY)</u> Report the amount of volunteers associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).	(N)	<u>234-236</u>	<u>3</u>
20 <u>24</u>	RESERVED FOR FUTURE USE		229 <u>237</u> - 254	26 <u>18</u>
21 <u>25</u>	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
22 <u>26</u>	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
23 <u>27</u>	RESERVED FOR FUTURE USE		295-300	6

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

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "87".	(AN)	46-47	2

This Record Type Code will accommodate changes to certain data elements associated with certain endorsement numbers indicated in the Policy Information Page Change Endorsement WC 89 06 00, MN: WC 22 06 00. Premium changes cannot be made via this record.

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

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

NOT APPLICABLE: MI

4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report the appropriate endorsement number from below:	(AN)	51-58	8
	WC 89 06 02 (Policy Number Identifier)	WC 89 06 12	(Item 3.B. Employer Liability Limit Amounts)	
	WC 89 06 03 (Policy Effective Date)	WC 89 06 13	(Item 3.C. State Codes)	
	WC 89 06 04 (Policy Expiration Date)	WC 89 06 14	(Item 3.D. End. Numbers)	
	WC 89 06 07 (Name of Producer)	WC 89 04 16	(Interim Adj. Of Prem.) N/A: NJ	
	WC 89 06 10 (Legal Nature of Insured)	WC 89 06 18	(Interstate/Intrastate Risk ID) N/A: NJ	
	WC 89 06 11 (Item 3.A. States)	WC 89 06 19	(Carrier Code)	
	MN:			
	WC 22 06 03 (Policy Number Identifier)	WC 22 06 12	(Item 3.B. Employer Liability Limit Amounts)	
	WC 22 06 04 (Policy Effective Date)	WC 22 06 13	(Item 3.C. State Codes)	
	WC 22 06 05 (Policy Expiration Date)	WC 22 06 14	(Item 3.D. Endorsement Numbers)	
	WC 22 06 08 (Name of Producer)	WC 22 06 18	(Interstate/Intrastate Risk ID Number)	
	WC 22 06 10 (Insured's Legal Status)	WC 22 06 19	(Carrier Code)	
	WC 22 06 11 (Item 3.A. States)			
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1

Field No.	Field Title/Description	Class	Position	Bytes
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED CARRIER CODE Report the revised 5-digit code assigned by NCCI, or other jurisdiction. The policy change effective date must equal the policy effective date. Multistate policies including states requiring reporting to independent rating bureaus: 1. Reporting to NCCI: Report the revised carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage for the risk. 2. Reporting to independent rating bureaus: Report the revised carrier code corresponding to the carrier providing coverage in the state under the jurisdiction of the bureau to which data is being reported. 3. All other multistate policies reported to NCCI only: Report the revised carrier code assigned by NCCI corresponding to the company name printed on the policy Information Page and providing the predominant coverage (i.e., covering the majority of states on the policy) for the risk.	(N)	71-75	5
9	REVISED POLICY NUMBER IDENTIFIER Report the alphanumeric characters used to uniquely identify the revised policy. Do not report any imbedded blanks or marks of punctuation. The policy change effective date must equal the policy effective date.	(AN)	76-93	18
10	REVISED POLICY EFFECTIVE DATE Report the revised effective date of the policy, formatted YYMMDD. The policy change effective date must equal the revised policy effective date.	(N)	94-99	6
11	REVISED POLICY EXPIRATION DATE Report the revised expiration date of the policy, formatted YYMMDD.	(N)	100-105	6

Field No.	Field Title/Description	Class	Position	Bytes
12	<p>REVISED LEGAL NATURE OF INSURED CODE Report the 2-digit code corresponding to the revised legal nature.</p> <p>Code Description</p> <p>01 Individual 02 Partnership 03 Corporation 04 Association, Labor Union, Religious Organization 05 Limited Partnership 06 Joint Venture 07 Common Ownership N/A: MI, WI 08 Multiple Status N/A: CA, MI, WI 09 Joint Employers N/A: MI, WI 10 Limited Liability Company (LLC) 11 Trust or Estate 12 Executor or Trustee N/A: CA, MI, WI 13 Limited Liability Partnership 14 Governmental Entity 99 Other (Report text description in Positions 108–127)</p> <p>NOTE: Applicability of codes is subject to the individual DCO and/or IAIABC POC state rules.</p>	(N)	106-107	2
13	<p>REVISED TEXT FOR “OTHER” LEGAL NATURE OF INSURED Report the text describing the revised legal nature of insured if you reported code 99 (Other) in positions 106-107 of this record.</p> <p>NOT APPLICABLE: MN</p> <p>OPTIONAL: NCCI</p>	(AN)	108-127	20
14	<p>ITEM 3.A. / 3.C. CODE Report A if the state codes covered by the policy (Item 3.A.) are being revised.</p> <p>NOTE: This method cannot be submitted to those rating organizations whose state(s) are being added and/or deleted. Transaction Code 15 must be submitted to those rating organizations where state(s) are being added and/or deleted.</p> <p>Report C if the state codes in Item 3.C. of the policy are revised.</p> <p>If both Item 3.A. and Item 3.C. are being revised, then multiple change endorsement record(s) are required.</p> <p>OPTIONAL: CA, NCCI</p>	(A)	128	1

Field No.	Field Title/Description	Class	Position	Bytes
15	ITEM 3.C. INCLUSION / EXCLUSION CODE Report the 1-digit code corresponding to the state codes indicated in Positions 130-159 on this record.	(N)	129	1
	Code Description			
	1 States listed are included in policy coverage or coverage notice.			
	2 States listed are excluded from policy coverage or coverage notice.			
	3 No other states coverage afforded. This is primarily used with wrap-ups/OCIPs.			
	OPTIONAL: CA, NCCI			
16	REVISED STATE CODES FOR ITEM 3.A. OR ITEM 3.C. Report the revised 2-digit codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. More than one record may be used.	(N)	130-131	2
	See NOTE in Position 128 of this Record Type.			
	OPTIONAL: CA, NCCI			
17	(Same as positions 130-131 above.)	(N)	132-133	2
18	(Same as positions 130-131 above.)	(N)	134-135	2
19	(Same as positions 130-131 above.)	(N)	136-137	2
20	(Same as positions 130-131 above.)	(N)	138-139	2
21	(Same as positions 130-131 above.)	(N)	140-141	2
22	(Same as positions 130-131 above.)	(N)	142-143	2
23	(Same as positions 130-131 above.)	(N)	144-145	2
24	(Same as positions 130-131 above.)	(N)	146-147	2
25	(Same as positions 130-131 above.)	(N)	148-149	2
26	(Same as positions 130-131 above.)	(N)	150-151	2
27	(Same as positions 130-131 above.)	(N)	152-153	2
28	(Same as positions 130-131 above.)	(N)	154-155	2
29	(Same as positions 130-131 above.)	(N)	156-157	2
30	(Same as positions 130-131 above.)	(N)	158-159	2

Field No.	Field Title/Description	Class	Position	Bytes												
31-33	<p>REVISED EMPLOYER LIABILITY LIMIT AMOUNTS This data element is comprised of the following data elements: Revised Employer Liability Limit Amount - Bodily Injury by Accident, Revised Employer Liability Limit Amount - Bodily Injury By Disease- Policy Limit Amount and Revised Employer Liability Limit Amount - Bodily Injury By Disease- Each Employee Amount.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>		160-189	30												
31	REVISED EMPLOYER LIABILITY LIMIT AMOUNT – BODILY INJURY BY ACCIDENT – EACH ACCIDENT AMOUNT	(N)	160-169	10												
32	REVISED EMPLOYER LIABILITY LIMIT AMOUNT – BODILY INJURY BY DISEASE – POLICY LIMIT AMOUNT	(N)	170-179	10												
33	REVISED EMPLOYER LIABILITY LIMIT AMOUNT – BODILY INJURY BY DISEASE – EACH EMPLOYEE AMOUNT	(N)	180-189	10												
	OPTIONAL: CA, NCCI															
34	<p>REVISED PREMIUM ADJUSTMENT PERIOD CODE Report the 1-digit code identifying the revised premium adjustment period for the policy:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Annual</td> </tr> <tr> <td>2</td> <td>Semiannual</td> </tr> <tr> <td>3</td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td>Monthly</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> </tbody> </table> <p>NOT APPLICABLE: CA, DE, MA, NJ, NY, PA</p> <p>OPTIONAL: NCCI</p>	Code	Description	1	Annual	2	Semiannual	3	Quarterly	4	Monthly	5	Other	(N)	190	1
Code	Description															
1	Annual															
2	Semiannual															
3	Quarterly															
4	Monthly															
5	Other															
35-37	<p>REVISED ENDORSEMENT NUMBER- ITEM 3.D. AND SECTION 5 This data element is comprised of the following data elements: Endorsement Number, Bureau Version Identifier (Edition Identifier) and Carrier Version Identifier.</p> <p>Each one of these data elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>		191-210	20												
35	ENDORSEMENT NUMBER	(AN)	191-198	8												
36	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	199	1												
37	CARRIER VERSION IDENTIFIER	(AN)	200-210	11												

Field No.	Field Title/Description	Class	Position	Bytes
38	REVISED NAME OF PRODUCER Report the revised producer name.	(AN)	211-240	30
39	REVISED INTERSTATE RISK ID NUMBER OR INDEPENDENT DCO RISK ID NUMBER/FILE NUMBER/ACCOUNT NUMBER Report the revised Interstate Risk ID Number or Independent DCO Risk ID Number/File Number/Account Number. NOT APPLICABLE: DE, NCCI, NJ, PA OPTIONAL: CA	(N)	241-249	9
40	REVISED INTERSTATE RISK ID NUMBER OR INDEPENDENT RATING BUREAU RISK ID NUMBER/FILE NUMBER/ACCOUNT CODE Code Description 1 Revised Interstate Risk ID Number 2 Revised Independent Rating Bureau Risk ID Number/File Number/Account Number NOT APPLICABLE: CA	(N)	250	1
41	ENDORSEMENT NUMBER REVISION CODE Report the code that describes the action to be taken regarding the endorsements reported in position 191-210. Code Description Blank Endorsement number is one of net replacement A Add endorsement number to policy D Delete endorsement number from policy NOTE: For submissions received on or after 10/01/2010 the net replacement option will no longer be valid. NOTE: To change an endorsement number, submit two records: one deleting the endorsement number requiring the change and one adding the correct endorsement number. NOT APPLICABLE: MI, NCCI	(A)	251	1
42	RESERVED FOR FUTURE USE		252	1
43	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2

Field No.	Field Title/Description	Class	Position	Bytes
44	NAME OF INSURED Report the first 34 Positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03. OPTIONAL: NCCI	(AN)	255-288	34
45	POLICY CHANGE EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
46	RESERVED FOR FUTURE USE		295-300	6

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

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "88".	(AN)	46-47	2

This Record Type Code will accommodate changes to the name of insured of a policy associated with policy Information Page Change Endorsement WC 89 06 00.

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

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

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

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

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

NOT APPLICABLE: MI, MN

4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 89 06 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED NAME TYPE CODE Report the 1-digit code that represents the name type code corresponding to the revised name being reported.	(N)	71	1

Code Description

- 1 Personal name type (a separate personal Name Record of a Name Link 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).

Field No.	Field Title/Description	Class	Position	Bytes
3	String name type (a Name Record consisting of a string of names corresponding to one Name Link Identifier). Format is free-form.			
	NOTE: String name type records are to be used by those carriers unable to provide separate formatted personal/commercial Name Records.			
	See name coding examples in Section 4 – Name Record.			
	NOTE: IAIABC POC —The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.			
9	REVISED NAME LINK IDENTIFIER Report the 3-digit identifier representing one name or group of names. The primary name(s) must always be reported as “001”. Assigned Name Link Identifiers cannot be reassigned or used again.	(N)	72-74	3
	When reporting more than 998 separate names, report positions 295-296—Revised Name Link Counter Identifier in conjunction with this field.			
	Each group of Name Records to be linked must be assigned a Name Link Identifier beginning with “001”. Each Name Record within the same group must be assigned the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names).			
	NOTE: See name coding and name/address/exposure link coding examples in Section 4 – Name Record.			
10	REVISED NAME OF INSURED Report personal names in the following sequence with each name separated by a comma: surname, first name, and middle name or initial.	(AN)	75-164	90
	NOTE: IAIABC POC —The IAIABC Employer Name field is only 60 positions (bytes). Contact your IAIABC vendor for reporting instructions.			
11	REVISED FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Do not report any imbedded blanks or marks of punctuation.	(N)	165-173	9
	NOT APPLICABLE: NJ			

Field No.	Field Title/Description	Class	Position	Bytes																																
12	<p>REVISED CONTINUATION SEQUENCE NUMBER Report the 3-digit number corresponding to the continuation status of the revised name of insured being reported. Report "001" representing the first record for a Name Link Identifier. Report "002"–"999" representing all continuation records for same Name Link Identifier. If each name contains a separate Name Link Identifier, this field will be reported as 001 for all Name Records.</p> <p>NOTE: See name coding and name/address/exposure link coding examples in Section 4 – Name Record.</p>	(N)	174-176	3																																
13	<p>REVISED LEGAL NATURE OF ENTITY CODE Report the legally filed entity code for each Name Record reported.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Individual</td></tr> <tr><td>02</td><td>Partnership</td></tr> <tr><td>03</td><td>Corporation</td></tr> <tr><td>04</td><td>Association, Labor Union, Religious Organization</td></tr> <tr><td>05</td><td>Limited Partnership</td></tr> <tr><td>06</td><td>Joint Venture</td></tr> <tr><td>07</td><td>Reserved for Future Use</td></tr> <tr><td>08</td><td>Reserved for Future Use</td></tr> <tr><td>09</td><td>Reserved for Future Use</td></tr> <tr><td>10</td><td>Limited Liability Company (LLC)</td></tr> <tr><td>11</td><td>Trust of Estate</td></tr> <tr><td>12</td><td>Reserved for Future Use</td></tr> <tr><td>13</td><td>Limited Liability Partnership</td></tr> <tr><td>14</td><td>Governmental Entity</td></tr> <tr><td>99</td><td>Other (Report text description in Positions 179–198) N/A: MI</td></tr> </tbody> </table> <p>NOTE: For MI POC report the entity code that corresponds to the Federal Employer Identification Number reported in Positions 165-173.</p> <p>NOT APPLICABLE: CA, DE, MA, NJ, NY, NC, PA, WI</p> <p>OPTIONAL: NCCI</p>	Code	Description	01	Individual	02	Partnership	03	Corporation	04	Association, Labor Union, Religious Organization	05	Limited Partnership	06	Joint Venture	07	Reserved for Future Use	08	Reserved for Future Use	09	Reserved for Future Use	10	Limited Liability Company (LLC)	11	Trust of Estate	12	Reserved for Future Use	13	Limited Liability Partnership	14	Governmental Entity	99	Other (Report text description in Positions 179–198) N/A: MI	(N)	177-178	2
Code	Description																																			
01	Individual																																			
02	Partnership																																			
03	Corporation																																			
04	Association, Labor Union, Religious Organization																																			
05	Limited Partnership																																			
06	Joint Venture																																			
07	Reserved for Future Use																																			
08	Reserved for Future Use																																			
09	Reserved for Future Use																																			
10	Limited Liability Company (LLC)																																			
11	Trust of Estate																																			
12	Reserved for Future Use																																			
13	Limited Liability Partnership																																			
14	Governmental Entity																																			
99	Other (Report text description in Positions 179–198) N/A: MI																																			
14	<p>REVISED TEXT FOR "OTHER" LEGAL NATURE OF ENTITY Report the text describing the legal nature of entity if you reported Code 99 (Other) in Positions 177–178 of this revised Name Record.</p> <p>NOT APPLICABLE: CA, DE, MA, NJ, NY, NC, PA, WI</p> <p>OPTIONAL: NCCI</p>	(AN)	179-198	20																																

Field No.	Field Title/Description	Class	Position	Bytes
15	<p>REVISED STATE CODE Report the revised state code for the state unemployment number reported in Position 201–215, Revised State Unemployment Number.</p> <p>NOT APPLICABLE: CA, DE, MA, NY, PA, NC, WI</p>	(N)	199-200	2
16	<p>REVISED STATE UNEMPLOYMENT NUMBER Report the revised unemployment number for the state code reported in Position 199–200, Revised State Code, for the name reported on this record.</p> <p>NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAABC POC reporting in this field (and/or Position 218–232 and/or Position 235–249).</p> <p>NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Position 218–232 or Position 235–249). <u>The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros.</u> Do not submit this information for any other state.</p> <p>NOT APPLICABLE: CA, DE, MA, NY, NC, PA, WI</p>	(AN)	201-215	15
17	<p>REVISED STATE CODE Report the revised state code for the state unemployment number reported in Position 218–232, Revised State Unemployment Number.</p> <p>NOT APPLICABLE: CA, DE, MA, NY, NC, PA, WI</p>	(N)	216-217	2
18	<p>REVISED STATE UNEMPLOYMENT NUMBER Report the revised unemployment number for the state code reported in Position 216–217, Revised State Code, for the name reported on this record.</p> <p>NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAABC POC reporting in this field (and/or Position 201-215 and/or Position 235–249).</p> <p>NJ: Report the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field (or Position 201-215 or Position 235–249). <u>The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros.</u> Do not submit this information for any other state.</p> <p>NOT APPLICABLE: CA, DE, MA, NY, NC, PA, WI</p>	(AN)	218-232	15
19	<p>REVISED STATE CODE Report the revised state code for the state unemployment number reported in Position 235–249, Revised State Unemployment Number.</p> <p>NOT APPLICABLE: CA, DE, MA, NY, NC, PA, WI</p>	(N)	233-234	2

Field No.	Field Title/Description	Class	Position	Bytes								
20	<p>REVISED STATE UNEMPLOYMENT NUMBER Report the revised unemployment number for the state code reported in Position 233-234, Revised State Code, for the name reported on this record.</p> <p>NCCI: Report the applicable State Employer Unemployment Identification Number as required for IAIABC POC reporting in this field (and/or Position 201-215 and/or Position 218-232).</p> <p>NJ: Report the 12-digit NJ Taxpayer Identification Number (NJ TIN) in this field (or Position 201-215 or Position 218-232). <u>The NJ TIN must be reported on every Name Record. If the NJ TIN is not available, report zeros.</u> Do not submit this information for any other state.</p> <p>NOT APPLICABLE: CA, DE, MA, NY, NC, PA, WI</p>	(AN)	235-249	15								
21	<p>REVISED STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE (NCCI ONLY) Report "01" for the record with the first three State Unemployment Numbers reported. Report "02"–"99" for each additional Name Record submitted to report all applicable State Unemployment Numbers and their state codes for that name. For record sequence 02–99, Positions 1 through 164 must be the same on all records for that name.</p> <p>NOTE: Report the sequence number that corresponds to the additional records count.</p>	(N)	250-251	2								
22	<p>NAME REVISION CODE Report the 1-letter code that describes the action to be taken regarding the name reported in position 75-164.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td>Name is one of net replacement</td> </tr> <tr> <td>A</td> <td>Add name of insured to policy</td> </tr> <tr> <td>D</td> <td>Delete name of insured from policy</td> </tr> </tbody> </table> <p>NOTE: For submissions received on or after 10/01/2010 the net replacement option will no longer be valid.</p> <p>NOTE: To change a name that is not part of a net replacement, submit two records, one deleting the name requiring the change and one adding the correct name. Deletes will process first.</p>	Code	Description	Blank	Name is one of net replacement	A	Add name of insured to policy	D	Delete name of insured from policy	(A)	252	1
Code	Description											
Blank	Name is one of net replacement											
A	Add name of insured to policy											
D	Delete name of insured from policy											
23	RESERVED FOR FUTURE USE		253	1								

Field No.	Field Title/Description	Class	Position	Bytes
24	REVISED PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE	(A)	254	1
	<p>Code Description</p> <p>Blank Not a Professional Employer Organization Policy</p> <p>P Professional Employer Organization Company Name</p> <p>C Client Company Name</p> <p>NOTE: This code is intended to provide another option for reporting the names of PEO's and client companies only. This does not change or replace any existing reporting requirements.</p> <p>NOT APPLICABLE: NJ, NY, NC</p>			
25	NAME OF INSURED	(AN)	255-288	34
	<p>Report the first 34 positions of the primary name of the insured.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> <p>OPTIONAL: NCCI</p>			
26	POLICY CHANGE EFFECTIVE DATE	(N)	289-294	6
	Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.			
27	REVISED NAME LINK COUNTER IDENTIFIER	(AN)	295-296	2
	<p>When reporting 998 or less separate names, report "00".</p> <p>When reporting more than 998 separate names, report the 2-digit counter corresponding to the Name Link Identifier (positions 72-74).</p> <p>Report "01" representing the second set of 998 separate names. Report "02" representing the third set of 998 names; "03" for the fourth set, and so forth as needed.</p> <p>NOT APPLICABLE: DE, PA</p>			
28	RESERVED FOR FUTURE USE		297-300	4

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

1	LINK DATA		1-43	43
2	RESERVED FOR FUTURE USE		44-45	2
3	RECORD TYPE CODE Report "89".	(AN)	46-47	2

This record type will accommodate changes to addresses on the policy and associated with policy Information Page Change Endorsement WC 89 06 00, MN WC 22 06 00.

Address Type Code 2, address of a location of operations may be changed by submitting a net replacement (one record per address) of all addresses of a location of operations on a policy, or by adding and/or deleting only the address(es) affected by the change.

For submissions received on or after 10/01/2010 locations may no longer be changed by submitting a net replacement (one record for every address) of all addresses of a location of operations on a policy.

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

Record Type Code 89 may only be reported using transaction code 03. Record Type Code 89 may not be reported on complete policy transactions.

This record will replace all fields in the Address Record (Record Type Code 03) previously reported.

NOT APPLICABLE: MI

4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report: WC 89 06 05 (Mailing Address of Insured) WC 89 06 08 (Other Location(s) of Operations) WC 89 06 17 (Carrier Issuing/Serviceing Office) WC 89 06 25 (Producer [Issuing Agency] Office) MN: WC 22 06 06 (Mailing Address of Insured) WC 22 06 09 (Change in Workplace of Insured) WC 22 06 17 (Carrier Serviceing Office)	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1

Field No.	Field Title/Description	Class	Position	Bytes
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	REVISED ADDRESS TYPE CODE Report the 1-digit code representing the type of address being revised.	(N)	71	1
	Code Description			
	1 Mailing address of insured. A record for this address is required if changed.			
	2 Address of a location of operations. This code is for other workplaces not shown in the mailing address record. This address is necessary to direct interested parties to the workplace locations, e.g., inspectors or auditors. Descriptions such as "second building after K-Mart" are acceptable where a street name or address does not exist.			
	3 Address of insurer issuing/servicing office. A record for this address is required if changed.			
	4 Wrap-up/OCIP description. N/A: MN, NCCI			
	5 Issuing producer (agency) address. A record for this address is required if changed. N/A: MN OPT: CA, DE, MA, NJ, NY, NC, PA, WI			
	6 No specific location. Refers to work done at client sites in the state. If this type of address is submitted, the Revised Address Structure Code (Position 72) and the Revised Address (Positions 73-173) are not applicable. (OPTIONAL)			
	7 Reserved for Use in WCNOA			
	8 Reserved for Use in WCNOA			
9	REVISED ADDRESS STRUCTURE CODE Report the 1-digit code identifying the structure of the revised address being reported.	(N)	72	1
	Code Description			
	1 Reported address follows structure set forth in Positions 73–173 below. This code is required for Address Type Code 1 (mailing address of insured), 3 (address of carrier issuing/servicing office) and 5 (producer [issuing agency] address). These three address types must be reported in the Structured Format shown in positions 73-132. NOTE: IAIABC POC—This code is required for Address Type Code 2 (address of a location of operations) when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.			

Field No.	Field Title/Description	Class	Position	Bytes
2	<p>Reported address is free-form between Positions 73–173. This code is to be used only after requesting and receiving approval from the appropriate Rating Organization. This code is optional for Address Type Code 2 only (address of a location of operations) and is required for Address Type Code 4 (Wrap-up/OCIP project description).</p> <p>NOTE: This code is not applicable for Address Type Code 2 in MN and IAIABC POC states. Contact your IAIABC POC vendor for applicable states.</p>			
10-13	<p>REVISED ADDRESS This data element is comprised of the following data elements: Revised Address- Street, Revised Address- City, Revised Address- State and Revised Address- Zip Code.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>		73-173	101
10	<p>REVISED ADDRESS - STREET Report the street number and name, post office box, or other description.</p> <p>NOTE: When reporting to NCCI, a valid street address or P.O. box number must be reported for the mailing address of insured (Address Type Code 1) and for the producer (issuing agency) address (Address Type Code 5).</p> <p>NOTE: IAIABC POC — The IAIABC Street Address portion of the Address of Insured (WCPOLS Address Type Code 1 - Mailing address of insured) and the Employer Address (WCPOLS Address Type Code 1 - Mailing address of insured and WCPOLS Address Type Code 2 - Address of a location of operations) are two 30 position (Bytes) fields. Contact your IAIABC vendor for reporting instructions.</p>	(AN)	73-132	60
11	<p>REVISED ADDRESS - CITY Report the city name</p>	(AN)	133-162	30
12	<p>REVISED ADDRESS - STATE Report the U.S. Postal Service abbreviation for the state. Leave blank if Foreign Address Indicator is “Y”.</p>	(AN)	163-164	2
13	<p>REVISED ADDRESS - ZIP CODE</p>	(AN)	165-173	9

Field No.	Field Title/Description	Class	Position	Bytes
14-16	<p>REVISED NAME/ADDRESS/EXPOSURE LINK This data element is comprised of the following data elements: Revised Name Link Identifier, Revised State Code Link and Revised Exposure Record Link for Location Code.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>		174-183	10
14	<p>REVISED NAME LINK IDENTIFIER Report the 3-digit Name Link Identifier in Positions 49-51 of the Name Record corresponding to this particular address record.</p> <p>When reporting more than 998 separate names, report positions 295-296—Name Link Counter Identifier in conjunction with this field.</p> <p>There must be at least one Address Record for each Name Link Identifier (and Counter Identifier if reporting more than 998 separate names) on the policy. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names), then only one address record must be reported with that Name Link Identifier (and Counter Identifier).</p> <p>In the event that multiple names are residing at one address, multiple (Address Type Code 2) records for the same address associated with the different names must be reported.</p> <p>THIS FIELD IS REQUIRED for Address Type Code 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location).</p> <p>Report "999" for Address Type Codes 3, 4 and 5.</p> <p>NOTE: See name coding and name/address/exposure link coding examples shown for Record Type Code 02.</p>	(N)	174-176	3
15	<p>REVISED STATE CODE LINK Report the 2-digit code for the state covered by this record.</p> <p>This field, when used along with the Revised Name Link Identifier field of this record, will provide a link to the name related to this address record.</p> <p>THIS FIELD IS REQUIRED for Address Type Code 1 (Insured Mailing Address), 2 (Locations) and 6 (No Specific Location).</p> <p>Report "99" for Address Type Codes 3, 4 and 5.</p> <p>NOTE: See name coding and name/address/exposure link coding examples shown for Record Type Code 02.</p>	(N)	177-178	2

Field No.	Field Title/Description	Class	Position	Bytes
16	<p>REVISED EXPOSURE RECORD LINK FOR LOCATION CODE Report the 5-digit code identifying this location record.</p> <p>This field, when used along with the Revised Name Link Identifier and Revised State Code Link fields of this record, will provide a 3-part link to the Name/ Address/Exposure Link field of the exposure records related to this address record.</p> <p>THIS FIELD IS OPTIONAL for Address Type Code 1 (Insured's Mailing Address Record); however, in such cases where the carrier does not include this field, the Insured's Mailing Address must also be included as Address Type Code 2 (Other Locations Address) record for required linkage.</p> <p>THIS FIELD IS REQUIRED for Address Type Code 2 (Locations) and 6 (No Specific Location).</p> <p>NOTE: If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. If exposure is combined with a business with separate Name Link Identifier, the exposure may be included in a separate name/address/exposure link record.</p> <p>Report "99999" for Address Type Codes 3, 4 and 5.</p> <p>NOTE: See name coding and name/address/exposure link coding examples shown for Record Type Code 02.</p> <p>OPTIONAL: NCCI</p>	(N)	179-183	5
17	<p>REVISED NUMBER OF EMPLOYEES (IAIABC POC ONLY) Report the revised number of employees for the location address (or insured mailing address) on this record and for the corresponding name that this address links to (via the Name Link Identifier and State Code Link fields of this address record).</p> <p>NOTE: Contact your IAIABC POC vendor for applicable states.</p>	(N)	184-189	6

Field No.	Field Title/Description	Class	Position	Bytes
18	<p>REVISED INDUSTRY CODE (IAIABC POC ONLY) Report the revised Industry Code (Standard Industry Code [SIC] or the North American Industry Classification System [NAICS]) representing the nature of the employer's business which is contained in the SIC Manual of the NAICS Manual published by the Federal Office of Management and Budget.</p> <p>The Industry Code must be reported for the location address (or insured mailing address) on this record and for the corresponding name that this address links to (via the Name Link Identifier and State Code Link fields of this address record). If reporting the revised SIC, carriers must add "SC" suffix to code.</p> <p>NOTE: Contact your IAIABC POC vendor for applicable states and applicable industry codes.</p>	(AN)	190-195	6
19	RESERVED FOR FUTURE USE		196-208	13
20	<p>REVISED PHONE NUMBER OF INSURED (NCCI ONLY) When the Revised Address Type Code (Position 71) is "1", report the phone number of the revised primary Name Link Identifier, if available.</p>	(N)	209-218	10
21	<p>REVISED GEOGRAPHIC AREA Report the revised Geographic Area (province, state, etc.) when foreign address should be reported. Leave blank if revised address is within the United States and positions 163-164 are complete.</p> <p>NOT APPLICABLE: NCCI, NJ</p>	(A)	219-234	16
22	<p>REVISED COUNTRY CODE Report the revised 2-character Country code when Foreign Address is being reported. Leave blank if revised address is within the United States and positions 163-164 are complete.</p> <p>NOT APPLICABLE: NCCI, NJ</p>	(A)	235-236	2
23	RESERVED FOR FUTURE USE		237-253	17

Field No.	Field Title/Description	Class	Position	Bytes
24	<p>ADDRESS REVISION CODE Report the 1-letter code that describes the action to be taken regarding the address reported in position 73-173.</p> <p>Code Description Blank Address is one of a net replacement A Add address of location to policy D Delete address of location from policy</p> <p>NOTE: For submissions received 10/01/2010 the net replacement option will no longer be valid.</p> <p>NOTE: To change an address that is not part of a net replacement, submit two records, one deleting the address requiring the change and one adding the correct address. Deleted will process first.</p> <p>NOTE: This field is only required for changes to addresses with Address Type Code (position 71) values 2, 4 or 6.</p>	(A)	254	1
25	<p>NAME OF INSURED Report the first 34 positions of the primary name of the insured.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> <p>OPTIONAL: NCCI</p>	(AN)	255-288	34
26	<p>POLICY CHANGE EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.</p>	(N)	289-294	6
27	<p>REVISED NAME LINK COUNTER IDENTIFIER Report the 2-digit Name Link Counter Identifier in Positions 270-271 of the Name Record corresponding to this particular address record.</p> <p>NOT APPLICABLE: NC</p>	(AN)	295-296	2
28	<p>RESERVED FOR FUTURE USE</p>		297-300	4

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

Field No.	Field Title/Description	Class	Position	Bytes
17	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
18	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. NEW JERSEY RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE ELEMENT RECORD

1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AC".	(AN)	46-47	2
	NOT APPLICABLE: NJ policies effective 1/1/05 and after.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 05 07.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	CLASSIFICATION CODE EXCLUDED FROM RETRO	(N)	71-74	4
9	(Same as positions 71-74 above.)	(N)	75-78	4
10	(Same as positions 71-74 above.)	(N)	79-82	4
11	(Same as positions 71-74 above.)	(N)	83-86	4
12	(Same as positions 71-74 above.)	(N)	87-90	4
13	(Same as positions 71-74 above.)	(N)	91-94	4
14	(Same as positions 71-74 above.)	(N)	95-98	4
15	(Same as positions 71-74 above.)	(N)	99-102	4
16	(Same as positions 71-74 above.)	(N)	103-106	4
17	(Same as positions 71-74 above.)	(N)	107-110	4
18	RESERVED FOR FUTURE USE		111-254	144
19	NAME OF INSURED Report the first 34 positions of the primary name of the insured.	(AN)	255-288	34

This field is required when this record is submitted using Transaction Code 03.

Field No.	Field Title/Description	Class	Position	Bytes
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

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

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

Field No.	Field Title/Description	Class	Position	Bytes
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IX. THIS RECORD IS RESERVED FOR FUTURE USE

1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AF".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
IX. NEW JERSEY EMPLOYEE LEASING ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AG".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 03 03 (Labor Contractor) or WC0290304 (Client Exclusion).	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF CLIENT OR NAME OF LABOR CONTRACTOR For WC 29 03 03, report the name of the client. For WC 29 03 04, report the name of the labor contractor.	(AN)	71-160	90
9	ADDRESS OF CLIENT OR ADDRESS OF LABOR CONTRACTOR For WC 29 03 03, report the address of the client. For WC 29 03 04, report the address of the labor contractor.	(AN)	161-220	60
10	RESERVED FOR FUTURE USE		221-254	34
11	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. NEW JERSEY LARGE RISK – LARGE DEDUCTIBLE ENDORSEMENT RECORD

1	LINK DATA		1-43	43
2	STATE CODE Report "29".	(N)	44-45	2
3	RECORD TYPE CODE Report "AH".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 29 06 01, WC 29 06 05.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-10	DEDUCTIBLE AMOUNT SCHEDULES This data element is comprised of the following data elements: Deductible Amount Schedule - Bodily Injury By Accident – Each Accident Amount, Deductible Amount Schedule - Bodily Injury By Disease – Each Employee Amount and Deductible Amount Schedule - All Covered Bodily Injury – Aggregate Amount. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions. NOTE: When reporting endorsement WC 29 06 01, report the deductible amount for the following coverage descriptions:	(AN)	71-100	30
8	DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY ACCIDENT – EACH ACCIDENT AMOUNT	(N)	71-80	10
9	DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY DISEASE – EACH EMPLOYEE AMOUNT	(N)	81-90	10
10	DEDUCTIBLE AMOUNT SCHEDULE - ALL COVERED BODILY INJURY – AGGREGATE AMOUNT	(N)	91-100	10

Field No.	Field Title/Description	Class	Position	Bytes
11-14	<p>DEDUCTIBLE AMOUNT SCHEDULES – PER PERSON BASIS This data element is comprised of the following data elements: Deductible Amount Schedule – Per Person Basis - Bodily Injury By Accident – Each Person Or Each Occurrence Amount, Deductible Amount Schedule – Per Person Basis - Bodily Injury By Disease – Each Person Or Each Occurrence Amount, Deductible Amount Schedules– Per Person Basis - All Covered Bodily Injury – Occurrence Aggregate Amount and Deductible Amount Schedule – Per Person Basis - All Covered Bodily Injury – Policy Aggregate Amount.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p> <p>NOTE: When reporting endorsement WC 29 06 05, report the deductible amount for the following coverage descriptions:</p>	(N)	101-140	40
11	DEDUCTIBLE AMOUNT SCHEDULE – PER PERSON BASIS - BODILY INJURY BY ACCIDENT – EACH PERSON OR EACH OCCURRENCE AMOUNT	(N)	101-110	10
12	DEDUCTIBLE AMOUNT SCHEDULE – PER PERSON BASIS - BODILY INJURY BY DISEASE – EACH PERSON OR EACH OCCURRENCE AMOUNT	(N)	111-120	10
13	DEDUCTIBLE AMOUNT SCHEDULE – PER PERSON BASIS - ALL COVERED BODILY INJURY – OCCURRENCE AGGREGATE AMOUNT	(N)	121-130	10
14	DEDUCTIBLE AMOUNT SCHEDULE – PER PERSON BASIS - ALL COVERED BODILY INJURY – POLICY AGGREGATE AMOUNT	(N)	131-140	10
15	RESERVED FOR FUTURE USE		141-254	114
16	<p>NAME OF INSURED Report the first 34 positions of the primary name of the insured.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p>	(AN)	255-288	34
17	<p>ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.</p>	(N)	289-294	6
18	RESERVED FOR FUTURE USE		295-300	6

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

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

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

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

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

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

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

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

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

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

1	LINK DATA		1-43	43
2	STATE CODE Report "37".	(N)	44-45	2
3	RECORD TYPE CODE Report "BI".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 37 03 10.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	TYPE OF CORPORATION CODE Report the one-letter code designating the type of corporation in which the officer(s) named below has ownership or serves voluntarily.	(AN)	71	1
	Code Description			
	S Subchapter S			
	C Subchapter C			
	V Voluntary in Non-profit Corporation			
9	NAME OF OFFICER Name of Executive Officer who is to be excluded.	(AN)	72-111	40
10	SOCIAL SECURITY NUMBER	(N)	112-120	9
<u>110</u>	OFFICE HELD	(AN)	121- 129 <u>112-</u> <u>120</u>	9
<u>121</u>	PERCENTAGE OF OWNERSHIP INTEREST	(N)	130- 134 <u>121-</u> <u>125</u>	5
	There is an assumed decimal point between Positions 132 and 133.			
132	(Same as positions 72-111 above.)	(AN)	135- 174 <u>126-</u> <u>165</u>	40
<u>143</u>	(Same as positions 112-120 above.)	(AN)	175- 183 <u>166-</u> <u>174</u>	9

Field No.	Field Title/Description	Class	Position	Bytes
45 <u>14</u>	(Same as positions 121- 429 <u>125</u> above.)	(AN)	484- 492 <u>175-</u> <u>179</u>	95
46 <u>15</u>	(Same as positions 430-434 <u>72-111</u> above.)	(AN)	493- 497 <u>180-</u> <u>219</u>	540
<u>16</u>	<u>(Same as positions 112-120 above.)</u>	(AN)	<u>220-228</u>	<u>9</u>
<u>17</u>	<u>(Same as positions 121-125 above.)</u>	(N)	<u>229-233</u>	<u>5</u>
47 <u>18</u>	RESERVED FOR FUTURE USE		234 <u>198-</u> 254	57 <u>21</u>
48 <u>19</u>	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
49 <u>20</u>	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
20 <u>21</u>	RESERVED FOR FUTURE USE		295-300	6

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

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

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
25	(Same as positions 81-84 above.)	(N)	197-200	4
26	(Same as positions 85-94 above.)	(N)	201-210	10
27	(Same as positions 95-99 above.)	(N)	211-215	5
28	(Same as positions 100-109 above.)	(N)	216-225	10
29	(Same as positions 81-84 above.)	(N)	226-229	4
30	(Same as positions 85-94 above.)	(N)	230-239	10
31	(Same as positions 95-99 above.)	(N)	240-244	5
32	(Same as positions 100-109 above.)	(N)	245-254	10
33	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
34	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
35	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. VOLUNTEER FIREFIGHTERS/AMBULANCE PREMIUM DISCOUNT ENDORSEMENT – NEW YORK RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "31".	(N)	44-45	2
3	RECORD TYPE CODE Report "CF".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 31 06 06 or WC 31 06 08.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-15	DISCOUNT AMOUNT AND PERCENTAGE LAYER This data element is comprised of the following data elements: First Premium Discount Layer, First Premium Discount Percentage, Second (Next) Premium Discount Layer, Second (Next) Premium Discount Percentage, Third (Next) Premium Discount Layer, Third (Next) Premium Discount Percentage, Balance Premium Discount Layer, and Balance Premium Discount Percentage. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	71-98	28
8	FIRST PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	71-74	4
9	FIRST PREMIUM DISCOUNT PERCENTAGE Assume decimal point between Positions 76 and 77.	(N)	75-77	3
10	SECOND (NEXT) PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	78-81	4
11	SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE Assume decimal point between Positions 83 and 84.	(N)	82-84	3
12	THIRD (NEXT) PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	85-88	4
13	THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE Assume decimal point between Positions 90 and 91.	(N)	89-91	3
14	BALANCE PREMIUM DISCOUNT LAYER Report amount in thousands of dollars.	(N)	92-95	4

Field No.	Field Title/Description	Class	Position	Bytes
15	BALANCE PREMIUM DISCOUNT PERCENTAGE Assume decimal point between Positions 97 and 98.	(N)	96-98	3
16	AVERAGE PERCENTAGE DISCOUNT (WHERE APPLICABLE) Assumed decimal point between Positions 100 and 101.	(N)	99-101	3
17	OTHER POLICY NUMBER IDENTIFIER Report all policy number identifiers combined under the Discount Rule.	(AN)	102-119	18
18	(Same as positions 102-119 above.)	(AN)	120-137	18
19	(Same as positions 102-119 above.)	(AN)	138-155	18
20	(Same as positions 102-119 above.)	(AN)	156-173	18
21	RESERVED FOR FUTURE USE		174-254	81
22	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
23	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	289-294	6
24	RESERVED FOR FUTURE USE		295-300	6

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

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

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

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. PREFERRED PROVIDER ORGANIZATION ENDORSEMENT – NEW YORK RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "31".	(N)	44-45	2
3	RECORD TYPE CODE Report "CM".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 31 04 03 for Premium reduction. Report WC 31 06 16.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ADDRESS OF INSURED	(AN)	71-105	35
9	NAME OF PREFERRED PROVIDER ORGANIZATION (PPO)	(AN)	106-140	35
10	ADDRESS OF INSURED	(AN)	141-175	35
11	NAME OF PREFERRED PROVIDER ORGANIZATION (PPO)	(AN)	176-210	35
12	PARTICIPATION IN PROGRAM EFFECTIVE DATE Report the date, formatted YYMMDD.	(N)	211-216	6
13	UNION EMPLOYEES INDICATOR If Yes, enter Y; if No, enter N.	(A)	217	1
14	UNION EMPLOYEES IN THE PROGRAM INDICATOR If Yes, enter Y; if No, enter N.	(A)	218	1
15	TOTAL ESTIMATED AMOUNT OF EMPLOYEES COVERED BY PREFERRED PROVIDER ORGANIZATION (PPO)	(N)	219-224	6
16	PREMIUM REDUCTION PERCENTAGE For WC 31 04 03: Report the 4-digit percentage. Assumed decimal point between Positions 226 and 227.	(N)	225-228	4
17	PREMIUM AMOUNT TOTAL Enter the total premium amount in whole dollars	(N)	229-238	10
18	RESERVED FOR FUTURE USE		239-254	16

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

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

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

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

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

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

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DF".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DH".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
IX. THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DI".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
IX. THIS RECORD IS RESERVED FOR FUTURE USE				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DJ".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-300	253

Field No.	Field Title/Description	Class	Position	Bytes
IX. EMPLOYEE LEASING ENDORSEMENT (POLICY ISSUED IN NAME OF LABOR CONTRACTOR) – CALIFORNIA RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DK".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 04 03 14 or WC 04 03 15.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and in any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71-72	2
9	NAME OF CLIENT Report the name of the Client. If needed continue on a second record.	(AN)	73-151	79
10-13	ADDRESS OF CLIENT This data element is comprised of the following data elements: Address of Client- Street, Address of Client- City, Address of Client- State, and Address of Client- Zip Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(AN)	152-252	101
10	ADDRESS OF CLIENT - STREET Report the street number and name or post office box.	(AN)	152-211	60
11	ADDRESS OF CLIENT - CITY Report the city name.	(AN)	212-241	30
12	ADDRESS OF CLIENT - STATE Report the U.S. Postal Service abbreviation for the state.	(AN)	242-243	2
13	ADDRESS OF CLIENT – ZIP CODE	(AN)	244-252	9

Field No.	Field Title/Description	Class	Position	Bytes
14	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
15	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
17	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. EMPLOYEE LEASING ENDORSEMENT (POLICY ISSUED IN NAME OF CLIENT) – CALIFORNIA RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DL".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 04 03 16.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and in any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71-72	2
9	NAME OF LABOR CONTRACTOR Report the name of the Labor Contractor.	(AN)	73-151	79
10-13	ADDRESS OF LABOR CONTRACTOR This data element is comprised of the following data elements: Address of Labor Contractor - Street, Address of Labor Contractor - City, Address of Labor Contractor - State and Address of Labor Contractor - Zip Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(AN)	152-252	101
10	ADDRESS OF LABOR CONTRACTOR - STREET Report the street number and name or post office box.	(AN)	152-211	60
11	ADDRESS OF LABOR CONTRACTOR - CITY Report the city name.	(AN)	212-241	30
12	ADDRESS OF LABOR CONTRACTOR - STATE Report the U.S. Postal Service abbreviation for the state.	(AN)	242-243	2
13	ADDRESS OF LABOR CONTRACTOR - ZIP CODE	(AN)	244-252	9

Field No.	Field Title/Description	Class	Position	Bytes
14	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
15	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
16	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYYYMMDD	(N)	289-294	6
17	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
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IX. ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (CALIFORNIA APPROVED FORM 10) —CALIFORNIA RECORD

1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DM".	(AN)	46-47	2
	Use this form to report any California Approved Form 10 excluding those using option "H".			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and in any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71-72	2
9	TITLE 10 WORDING Report the alpha character associated wording used per California Code of Regulations Title 10 § 2264.	(A)	73	1
10	NAME OF EMPLOYEE Report the name of the employee being excluded for option A only. NOTE: If multiple employees are being excluded, report multiple records.	(AN)	74-103	30
11	NAME OF OPERATION Report the name of the operation being included for options C or G only. OR Report the name of the operation being excluded for option D, E or F only.	(AN)	104-133	30

Field No.	Field Title/Description	Class	Position	Bytes
12	<p>OPERATION TITLE Report the title of the operation being included for option C only.</p> <p>OR</p> <p>Report the title of the operation being excluded for option D only.</p> <p>OPTIONAL</p>	(AN)	134-153	20
13	<p>ADDRESS OF LOCATION Report the location of the operation being included for options C or G only.</p> <p>OR</p> <p>Report the name of the operation being excluded for option D or F only.</p>	(AN)	154-213	60
14	<p>CLASSIFICATION CODE Report the classification code of the operation being included for option G only.</p> <p>OR</p> <p>Report the classification code of the operation being excluded for option E or F.</p> <p>NOTE: If multiple classifications are being included or excluded, report multiple records.</p>	(N)	214-217	4
15	<p>CLASSIFICATION WORDING SUFFIX Report the two digit classification suffix.</p> <p>OPTIONAL</p>	(N)	218-219	2
16	<p>CLASSIFICATION WORDING Report the abbreviated classification wording of the operation being included for option G only.</p> <p>OR</p> <p>Report the abbreviated classification wording of the operation being excluded for option E or F only.</p>	(AN)	220-249	30
17	RESERVED FOR FUTURE USE		250-252	3
18	<p>ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".</p>	(N)	253-254	2

Field No.	Field Title/Description	Class	Position	Bytes
19	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
20	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
21	ENDORSEMENT EXPIRATION DATE Report the date that the endorsement expires on the policy. Format: YYMMDD	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (CALIFORNIA APPROVED FORM 11) —CALIFORNIA RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DN".	(AN)	46-47	2
	This form may be used with any California Approved Form 11.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and in any continuation record for this endorsement that will distinguish the record from similar endorsement forms.	(AN)	71-72	2
9	EXCLUDED OPERATION DESCRIPTION Report the narrative of describing the excluded operation.	(AN)	73-152	80
10	(Same as positions 73-152 above)	(AN)	153-232	80
11	RESERVED FOR FUTURE USE		233-252	20
12	ENDORSEMENT SEQUENCE NUMBER This field is to be used to determine the proper sequence of multiples of this record with the same transaction issue date. The first record will always begin with "01".	(N)	253-254	2
13	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
15	ENDORSEMENT EXPIRATION DATE Report the date that the endorsement expires on the policy. Format: YYMMDD	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (CALIFORNIA APPROVED FORM 10 OR 11 ALTERNATE COVERAGE INFORMATION) —CALIFORNIA RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DO".	(AN)	46-47	2
<p>This form may be used in conjunction with any of the California Approved Form 10 or 11 to provide the alternate coverage information for the excluded operations. The form number from the California Approved Form should be reported for this record.</p> <p>OPTIONAL</p>				
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	ENDORSEMENT SERIAL NUMBER Report a unique number in this and in any continuation record for this endorsement that will distinguish the record from similar endorsement forms. Use the same number as used on the DN Record.	(N)	71-72	2
9	NAME OF INSURED FOR THE ALTERNATE COVERAGE Report the primary named insured for the policy providing alternate coverage.	(AN)	73-132	60
10	INSURER CODE FOR THE ALTERNATE COVERAGE Report the insurer code for the policy providing alternate coverage if known. If you do not know the Alternate Insurer Code, report zeros and submit the Name of Insurer for the Alternate Coverage below.	(N)	133-137	5
11	NAME OF INSURER FOR THE ALTERNATE COVERAGE Report the insurer name for the policy providing alternate coverage.	(AN)	138-167	30
<p>NOTE: Not required if the Insurer Code for Alternate Coverage is reported.</p>				
12	POLICY NUMBER FOR THE ALTERNATE COVERAGE Report the policy number for the policy providing alternate coverage.	(AN)	168-185	18

Field No.	Field Title/Description	Class	Position	Bytes
13	UNIT/CERTIFICATE NUMBER IDENTIFIER FOR THE ALTERNATE COVERAGE Report the Unit/Certificate Number (if applicable) for the policy providing alternate coverage.	(N)	186-191	6
14	POLICY INCEPTION DATE FOR THE ALTERNATE COVERAGE Report the inception date for the policy providing alternate coverage.	(N)	192-197	6
15	POLICY EXPIRATION DATE FOR THE ALTERNATE COVERAGE Report the expiration date for the policy providing alternate coverage.	(N)	198-203	6
16	RESERVED FOR FUTURE USE		204-254	51
17	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
18	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
19	ENDORSEMENT EXPIRATION DATE Report the date that the endorsement expires on the policy. Format: YYMMDD	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. GROUP INSURANCE COVERAGE INFORMATION —CALIFORNIA RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "04".	(N)	44-45	2
3	RECORD TYPE CODE Report "DP".	(AN)	46-47	2
	Use this form to report any group insurance participation information written in accordance with California Insurance Code Section 11656.6 and California Code of Regulations, Title 10, §2508.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER	(AN)	51-58	8
	NOTE: If the group information is not reported on an endorsement form, do not report a form number.			
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF GROUP Report the name of the group as shown on the association documents.	(AN)	71-150	80
9	RESERVED FOR FUTURE USE		151-161	11
10	GROUP INSURANCE EFFECTIVE DATE Report the date that the group insurance application is effective.	(N)	162-167	6
11	GROUP INSURANCE EXPIRATION DATE Report the date that the group insurance application expires.	(N)	168-173	6
12	RESERVED FOR FUTURE USE		174-254	81
13	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. WISCONSIN LIMITED OTHER STATES ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "48".	(N)	44-45	2
3	RECORD TYPE CODE Report "EA".	(AN)	46-47	2
	NOT APPLICABLE: WI Policies Effective 5/01/2009 and subsequent.			
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 48 03 01.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	STATE Report the 2-letter postal abbreviation for each state to be listed.	(A)	71-168	98
9	RESERVED FOR FUTURE USE		169-254	86
10	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
11	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD.	(N)	289-294	6
12	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. WISCONSIN EMPLOYEE LEASING ENDORSEMENT				
1	LINK DATA		1-43	43
2	STATE CODE Report "48".	(N)	44-45	2
3	RECORD TYPE CODE Report "EC".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 48 03 14, WC 48 03 15, and WC 48 03 17.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF CLIENT OR NAME OF LABOR CONTRACTOR For endorsement number WC 48 03 14, report a client company name. For endorsement number WC 48 03 15, report the employee leasing company name. For endorsement number WC 48 03 17, report the labor contractor name.	(AN)	71-130	60
9	ADDRESS - STREET For endorsement number WC 48 03 14, report the client company street address. For endorsement number WC 48 03 15, report the employee leasing company street address. For endorsement number WC 48 03 17, report the labor contractor street address.	(AN)	131-190	60
10	ADDRESS - CITY For endorsement number WC 48 03 14, report the client company address city. For endorsement number WC 48 03 15, report the employee leasing company address city. For endorsement number WC 48 03 17, report the labor contractor address city.	(A)	191-220	30
11	ADDRESS - STATE For endorsement number WC 48 03 14, report the client company state. For endorsement number WC 48 03 15, report the employee leasing company state. For endorsement number WC 48 03 17, report the labor contractor state.	(A)	221-222	2

Field No.	Field Title/Description	Class	Position	Bytes
12	ADDRESS - ZIP CODE For endorsement number WC 48 03 14, report the client company postal or zip code. For endorsement number WC 48 03 15, report the employee leasing company postal or zip code. For endorsement number WC 48 03 17, report the labor contractor postal or zip code.	(N)	223-231	9
13	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) For endorsement number WC 48 03 14, report the client company FEIN. For endorsement number WC 48 03 15, report the employee leasing company FEIN.	(N)	232-240	9
14	CLIENT PREMIUM AMOUNT For endorsement number WC 48 03 14, report the estimated premium.	(N)	241-250	10
15	RESERVED FOR FUTURE USE		251-254	4
16	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
17	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD.	(N)	289-294	6
18	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. WISCONSIN EMPLOYEE LEASING COMPANY CLIENT TERMINATION ENDORSEMENT – MASTER POLICY				
1	LINK DATA		1-43	43
2	STATE CODE Report "48".	(N)	44-45	2
3	RECORD TYPE CODE Report "ED".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 48 03 16.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF EMPLOYEE LEASING COMPANY (ELC) Report the employee leasing company name.	(AN)	71-130	60
9	NAME OF CLIENT Report the client name.	(AN)	131-190	60
10	TERMINATION EFFECTIVE DATE Report the employee leasing arrangement termination date.	(N)	191-196	6
11	ENTITIES RECEIVING THIS FORM Report the names of all entities receiving copies of this endorsement.	(AN)	197-248	52
12	DATE SENT Report the date this endorsement was sent.	(N)	249-254	6
13	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
14	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD.	(N)	289-294	6
15	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
<u>IX. ASSUMPTION OF LIABILITY ENDORSEMENT – WISCONSIN RECORD</u>				
<u>1</u>	<u>LINK DATA</u>		<u>1-43</u>	<u>43</u>
<u>2</u>	<u>STATE CODE</u> <u>Report "48".</u>	<u>(N)</u>	<u>44-45</u>	<u>2</u>
<u>3</u>	<u>RECORD TYPE CODE</u> <u>Report "EF".</u>	<u>(AN)</u>	<u>46-47</u>	<u>2</u>
<u>4</u>	<u>RESERVED FOR FUTURE USE</u>		<u>48-50</u>	<u>3</u>
<u>5</u>	<u>ENDORSEMENT NUMBER</u> <u>Report WC 48 06 07.</u>	<u>(AN)</u>	<u>51-58</u>	<u>8</u>
<u>6</u>	<u>BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)</u> <u>Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.</u>	<u>(A)</u>	<u>59</u>	<u>1</u>
<u>7</u>	<u>CARRIER VERSION IDENTIFIER</u>	<u>(AN)</u>	<u>60-70</u>	<u>11</u>
<u>8</u>	<u>POLICY EXPIRATION DATE</u> <u>Report the expiration date of the policy or coverage notice.</u>	<u>(N)</u>	<u>71-76</u>	<u>6</u>
<u>9</u>	<u>ACCEPTING LIABILITY CARRIER CODE</u> <u>Report the code assigned by the NCCI or other jurisdiction to identify the carrier who is accepting the liability.</u>	<u>(N)</u>	<u>77-81</u>	<u>5</u>
<u>10</u>	<u>ACCEPTING LIABILITY CARRIER SIGNATORY DATE</u> <u>Report the date the carrier representative signed the agreement on behalf of the carrier who is accepting the liability.</u>	<u>(N)</u>	<u>82-87</u>	<u>6</u>
<u>11</u>	<u>NAME OF ACCEPTING LIABILITY CARRIER SIGNATORY</u> <u>Report the name of the representative who signed the agreement on behalf of the carrier who is accepting the liability.</u>	<u>(A)</u>	<u>88-117</u>	<u>30</u>
<u>12</u>	<u>ACCEPTING LIABILITY CARRIER SIGNATORY TITLE</u> <u>Report the title of the representative who signed the agreement on behalf of the carrier who is accepting the liability.</u>	<u>(A)</u>	<u>118-137</u>	<u>20</u>
<u>13</u>	<u>ORIGINAL CARRIER SIGNATORY DATE</u> <u>Report the date the carrier representative signed the agreement on behalf of the original carrier.</u>	<u>(N)</u>	<u>138-143</u>	<u>6</u>
<u>14</u>	<u>NAME OF ORIGINAL CARRIER SIGNATORY</u> <u>Report the name of the representative who signed the agreement on behalf of the original carrier.</u>	<u>(A)</u>	<u>144-173</u>	<u>30</u>
<u>15</u>	<u>ORIGINAL CARRIER SIGNATORY TITLE</u> <u>Report the title of the representative who signed the agreement on behalf of the original carrier.</u>	<u>(A)</u>	<u>174-193</u>	<u>20</u>
<u>16</u>	<u>RESERVED FOR FUTURE USE</u>		<u>194-254</u>	<u>61</u>

Field No.	Field Title/Description	Class	Position	Bytes
<u>17</u>	<u>NAME OF INSURED</u> Report the first 34 positions of the primary name of the insured. <u>This field is required when this record is submitted using Transaction Code 03.</u>	<u>(AN)</u>	<u>255-288</u>	<u>34</u>
<u>18</u>	<u>ENDORSEMENT EFFECTIVE DATE</u>	<u>(N)</u>	<u>289-294</u>	<u>6</u>
<u>19</u>	<u>RESERVED FOR FUTURE USE</u>		<u>295-300</u>	<u>6</u>

Field No.	Field Title/Description	Class	Position	Bytes
IX. MASSACHUSETTS EMPLOYEE LEASING ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "20".	(N)	44-45	2
3	RECORD TYPE CODE Report "FA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 20 03 04.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF CLIENT For WC 20 03 04, report the name of the client.	(AN)	71-150	80
9	CLIENT FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN) For WC 20 03 04, report the FEIN of the client.	(N)	151-159	9
10-13	ADDRESS OF CLIENT This data element is comprised of the following data elements: Address of Client – Street, Address of Client – City, Address of Client – State and Client Address – Zip Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(AN)	160-260	101
10	ADDRESS OF CLIENT - STREET Report the street number and name, post office box, or other description	(AN)	160-219	60
11	ADDRESS OF CLIENT - CITY Report the city name.	(AN)	220-249	30
12	ADDRESS OF CLIENT - STATE Report the U.S. Postal Service abbreviation for the state.	(AN)	250-251	2
13	ADDRESS OF CLIENT - ZIP CODE	(AN)	252-260	9

Field No.	Field Title/Description	Class	Position	Bytes
14	NAME OF INSURED Report the first 34 positions of the primary name of the employee leasing company/PEO. This field should never have the name of the client. This field is required when this record is submitted using Transaction Code 03.	(AN)	261-294	34
15	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	(N)	295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. MASSACHUSETTS QUALIFIED LOSS MANAGEMENT PROGRAM ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "20".	(N)	44-45	2
3	RECORD TYPE CODE Report "FB".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 20 04 02.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF QUALIFIED LOSS MANAGEMENT PROGRAM Report the name of the qualified loss management program as shown on the notification from WCRIBMA to the data provider.	(AN)	71-160	90
9	SUBSCRIPTION DATE Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider.	(N)	161-166	6
10	ELIGIBILITY DATE Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider. Format: YYMMDD	(N)	167-172	6
11	CREDIT FACTOR Report the credit percent shown on the notification from WCRIBMA to the Data Provider. Report in decimal format. There is an assumed decimal before position 173.	(N)	173-176	4
12	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	177-210	34
13	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD.	(N)	211-216	6
14	RESERVED FOR FUTURE USE		217-300	84

Field No.	Field Title/Description	Class	Position	Bytes
IX. MICHIGAN WORKERS COMPENSATION PLACEMENT FACILITY LIMITS OF LIABILITY ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "21".	(N)	44-45	2
3	RECORD TYPE CODE Report "GA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 21 03 06.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8-9	EMPLOYER LIABILITY AMOUNTS This data element is comprised of the following data elements: Employer Liability Amounts - Bodily Injury By Accident – Each Accident Amount and Employer Liability Amounts - Bodily Injury By Disease – Aggregate Amount. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(AN)	71-90	20
8	EMPLOYER LIABILITY AMOUNT - BODILY INJURY BY ACCIDENT – EACH ACCIDENT AMOUNT	(N)	71-80	10
9	EMPLOYER LIABILITY AMOUNT - BODILY INJURY BY DISEASE – AGGREGATE AMOUNT	(N)	81-90	10
10	RESERVED FOR FUTURE USE		91-254	164
11	NAME OF INSURED Report the first 34 positions of the primary name of the employer. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
12	ENDORSEMENT EFFECTIVE DATE Format: YYMMDD.	(N)	289-294	6
13	RESERVED FOR FUTURE USE		295-300	6

Field No.	Field Title/Description	Class	Position	Bytes
IX. MINNESOTA WORKERS COMPENSATION INSURANCE ASSOCIATION, INC. INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "22".	(N)	44-45	2
3	RECORD TYPE CODE Report "HA".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 22 03 02.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF INDEPENDENT CONTRACTOR Report the name of the Independent Contractor being covered.	(AN)	71-160	90
9	CLASSIFICATION CODE Report the appropriate 4-digit classification code.	(N)	161-164	4
10	CLASSIFICATION WORDING Report as much of classification code wording as fits in this field.	(AN)	165-211	47
11	ESTIMATED EXPOSURE AMOUNT The basis for determining premium on a per classification level. Exposure amount is normally on a payroll basis. Exceptions include per capita, seat surcharge, etc. Refer to Statistical Plans for classification code exceptions. Payroll Exposure Amount: Report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount. Non-Payroll Exposure: Report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point. For non-payroll exposure amounts, there is an assumed decimal point between Positions 220 and 221.	(N)	212-221	10
12	RATE/CHARGED RATE Report the charge per unit of exposure for each classification. Assumed decimal point between positions 225 and 226.	(N)	222-228	7

Field No.	Field Title/Description	Class	Position	Bytes
13	MINIMUM PREMIUM AMOUNT Report the lowest amount of premium required for coverage being provided. Report whole dollars only.	(N)	229-238	10
14	ESTIMATED ANNUAL PREMIUM AMOUNT Report the premium amount corresponding to the classification. The premium amount for payroll classes is the result of multiplying the exposure by the manual/charged rate divided by 100. Enter the premium amount developed by extension of payroll or other exposure amount at the authorized rate to the nearest whole dollar. For non-exposure classifications the premium is defined by the classification/statistical code. For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate. Report whole dollars only.	(N)	239-248	10
15	RESERVED FOR FUTURE USE		249-254	6
16	NAME OF INSURED Report the first 34 positions of the primary name of the insured. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
17	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
18	RESERVED FOR FUTURE USE		295-300	6

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

Field No.	Field Title/Description	Class	Position	Bytes
IX. MINNESOTA EMPLOYEE LEASING ENDORSEMENT RECORD				
1	LINK DATA		1-43	43
2	STATE CODE Report "22".	(N)	44-45	2
3	RECORD TYPE CODE Report "HC".	(AN)	46-47	2
4	RESERVED FOR FUTURE USE		48-50	3
5	ENDORSEMENT NUMBER Report WC 22 03 04.	(AN)	51-58	8
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	(A)	59	1
7	CARRIER VERSION IDENTIFIER	(AN)	60-70	11
8	NAME OF CLIENT Report the name of the client.	(AN)	71-120	50
9	LEASING ADDRESS TYPE CODE Report the 1-digit code that identifies the address type being reported:	(N)	121	1
	Code Description			
	1 Client Mailing Address. One and only one client mailing address code is required.			
	2 Workplace Address. Must report a minimum of one workplace address per endorsement. As many of these records as are needed may be reported.			
10-13	ADDRESS This data element is comprised of the following data elements: Address – Street, Address – City, Address – State and Address – Zip Code. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(AN)	122-222	101
10	ADDRESS - STREET Report the street number and name, post office box, or other description.	(AN)	122-181	60
11	ADDRESS - CITY Report the city name.	(AN)	182-211	30
12	ADDRESS - STATE Report the U.S. Postal Service abbreviation for the state.	(AN)	212-213	2
13	ADDRESS – ZIP CODE	(AN)	214-222	9

Field No.	Field Title/Description	Class	Position	Bytes
14	RESERVED FOR FUTURE USE		223-224	2
15	CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) Report the FEIN of the client.	(N)	225-223	9
16	CLIENT'S UNEMPLOYMENT INSURANCE (UI) NUMBER Report the Minnesota State Employer Unemployment Insurance Identification Number in this field. If the Employer is exempt from this Minnesota State requirement, report "EXEMPT". If not available, report zeros.	(AN)	234-248	15
17	RESERVED FOR FUTURE USE		249-254	6
18	NAME OF INSURED Report the first 34 positions of the primary name of the employee leasing company/PEO. This field should never have the name of the client. This field is required when this record is submitted using Transaction Code 03.	(AN)	255-288	34
19	ENDORSEMENT EFFECTIVE DATE Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	(N)	289-294	6
20	RESERVED FOR FUTURE USE		295-300	6

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

1	LINK DATA		1-43	43
2	STATE CODE Report the 2-digit state code for the state covered by this record.	(N)	44-45	2

NOT APPLICABLE: NCCI

3	RECORD TYPE CODE Report "Z1".	(AN)	46-47	2
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NOT APPLICABLE: CA, MI, NJ, NY, PA, WI

4	NONCOMPLIANCE/COMPLIANCE NOTIFICATION TYPE CODE Report the 1-digit code that identifies the type of transaction being reported:	(N)	48	1
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Code Description

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

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

5	PRIMARY NONCOMPLIANCE REASON CODE (#1) Report the 2-digit code that identifies the primary reason for noncompliance.	(N)	49-50	2
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Code Description

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

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

NOTE: NC will accept only one reason code for each Noncompliance record.

6	ADDITIONAL NONCOMPLIANCE REASON CODE (#2) Report additional Noncompliance Reason Code (positions 49-50) if one exists.	(N)	51-52	2
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NOT APPLICABLE: NC

Field No.	Field Title/Description	Class	Position	Bytes																						
7	ADDITIONAL NONCOMPLIANCE REASON CODE (#3) Report additional Noncompliance Reason Code (positions 49-50) if one exists. NOT APPLICABLE: NC	(N)	53-54	2																						
8	ADDITIONAL NONCOMPLIANCE REASON CODE (#4) Report additional Noncompliance Reason Code (positions 49-50) if one exists. NOT APPLICABLE: NC	(N)	55-56	2																						
9	RESERVED FOR FUTURE USE		57-64	8																						
10	PRIMARY COMPLIANCE REASON CODE (#1) Report the 2-digit code that identifies the primary reason for compliance <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Compliance of Nonpayment - Paid in Full N/A: NCCI</td> </tr> <tr> <td>02</td> <td>Compliance of Nonpayment – Payment Plan N/A: NCCI</td> </tr> <tr> <td>03</td> <td>Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI</td> </tr> <tr> <td>04</td> <td>Compliance of Nonpayment - Audit to Zero N/A: NCCI</td> </tr> <tr> <td>05</td> <td>Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI</td> </tr> <tr> <td>06</td> <td>Compliance of Audit</td> </tr> <tr> <td>07</td> <td>Compliance of Loss Control or Inspections</td> </tr> <tr> <td>97</td> <td>Compliance of Nonpayment (NCCI only)</td> </tr> <tr> <td>98</td> <td>Compliance of Nonpayment – Other N/A: NCCI</td> </tr> <tr> <td>99</td> <td>Compliance - Other</td> </tr> </tbody> </table> Report “00” when code “1” or “3” is reported in Noncompliance/Compliance Notification Type Code (Position 48) NOTE: NC will accept only one reason code for each Noncompliance record.	Code	Description	01	Compliance of Nonpayment - Paid in Full N/A: NCCI	02	Compliance of Nonpayment – Payment Plan N/A: NCCI	03	Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI	04	Compliance of Nonpayment - Audit to Zero N/A: NCCI	05	Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI	06	Compliance of Audit	07	Compliance of Loss Control or Inspections	97	Compliance of Nonpayment (NCCI only)	98	Compliance of Nonpayment – Other N/A: NCCI	99	Compliance - Other	(N)	65-66	2
Code	Description																									
01	Compliance of Nonpayment - Paid in Full N/A: NCCI																									
02	Compliance of Nonpayment – Payment Plan N/A: NCCI																									
03	Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI																									
04	Compliance of Nonpayment - Audit to Zero N/A: NCCI																									
05	Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI																									
06	Compliance of Audit																									
07	Compliance of Loss Control or Inspections																									
97	Compliance of Nonpayment (NCCI only)																									
98	Compliance of Nonpayment – Other N/A: NCCI																									
99	Compliance - Other																									
11	ADDITIONAL COMPLIANCE REASON CODE (#2) Report additional Compliance Reason Code (positions 65-66) if one exists. NOT APPLICABLE: NC	(N)	67-68	2																						
12	ADDITIONAL COMPLIANCE REASON CODE (#3) Report additional Compliance Reason Code (positions 65-66) if one exists. NOT APPLICABLE: NC	(N)	69-70	2																						

Field No.	Field Title/Description	Class	Position	Bytes
13	ADDITIONAL COMPLIANCE REASON CODE (#4) Report additional Compliance Reason Code (positions 65-66) if one exists. NOT APPLICABLE: NC	(N)	71-72	2
14	RESERVED FOR FUTURE USE		73-80	8
15	CURRENT OUTSTANDING PREMIUM DUE AMOUNT Report the Premium Amount Due in dollars only. Must report if Noncompliance Reason Code "01", "02", "03", "98".	(N)	81-90	10
16	RESERVED FOR FUTURE USE		91-258	168
17	NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER This field to be used to determine the proper sequence of multiple Z1 Type Records with the same Transaction Issue Date for the same policy. The first record will always begin with "01".	(N)	259-260	2
18	RESERVED FOR FUTURE USE		261-282	22
19	NONCOMPLIANCE EFFECTIVE DATE Report the 6-digit date that the Noncompliance becomes effective. Format: YYMMDD NOT APPLICABLE: NCCI	(N)	283-288	6
20	COMPLIANCE EFFECTIVE DATE Report the 6-digit date that the Compliance becomes effective. Format: YYMMDD Must report if Noncompliance/Compliance Notification Type Code (Position 48) is 2.	(N)	289-294	6
21	RESERVED FOR FUTURE USE		295-300	6

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

WORKERS COMPENSATION POLICY
REPORTING SPECIFICATIONS (WCPOLS)
SECTION 7
SUBMISSION CONTROL RECORD

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

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

1	BLANK	(AN)	1-45	45
2	RECORD TYPE CODE 99 For the Submission Control Record this field contains the constant "99". ONE CONTROL RECORD IS REQUIRED PER SUBMISSION.	(AN)	46-47	2
3	RECORD TOTALS Report the 10-digit field. This field will show the total number of records on the submission, including the Electronic Transmittal Record if used, but excluding the Submission Control Record (Record Type Code 99).	(N)	48-57	10
4	HEADER RECORD TOTALS Report the 8-digit field. This field will show ONLY the total number of Header Records (Record Type Code 01) on the submission.	(N)	58-65	8
5-6	TRANSACTION DATES This data element is comprised of the following data elements: Transaction From Date and Transaction To Date. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.	(N)	66-81	16
5	TRANSACTION FROM DATE Enter the processing period date covered by this submission. Subsequent submissions must not overlap dates. Report the earliest Transaction Date on this submission, formatted YYYYMMDD, in Positions 66–73. NOTE: Required only if Transmittal Record is used.	(N)	66-73	8
6	TRANSACTION TO DATE Enter the processing period date covered by this submission. Subsequent submissions must not overlap dates. Report the latest Transaction Date on this submission, formatted YYYYMMDD. NOTE: Required only if Transmittal Record is used.	(N)	74-81	8
7	BLANK	(AN)	82-300	219

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

SECTION 8

DATA COLLECTION ORGANIZATION DIFFERENCES

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

**DCO DIFFERENCES
 IN WCPOLS SPECIFICATIONS**

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
LINK DATA COMMON TO ALL RECORDS											
Carrier Code						+					+
Policy Number Identifier			+								
Unit/Certificate Number Identifier		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Policy Effective Date											
Transaction Issue Date											
Transaction Code	+	+	+	+	+	+	+	+		+	+
HEADER RECORD—01											
Record Type Code											
Experience Rating Code	N/A	N/A					N/A			N/A	
Interstate Risk ID Number	N/A	N/A		N/A		N/A	N/A			N/A	
Policy Expiration Date											
Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number (FEIN)		N/A		N/A		N/A	N/A	N/A	N/A	N/A	N/A
Type of Coverage ID Code	N/A	+	+	+	+	+	N/A	+	+	+	+
Employee Leasing Policy Type Code	+	+	+	+	+	+	N/A	+	+	+	
Policy Term Code	+	+	+	+	+	+	+	+	+	+	+
Prior Policy Number Identifier											
Prior Unit/Certificate Number Identifier		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Legal Nature of Insured Code	+										+
Type of Plan ID Code	+	+	+	+	+	+	+	+	+	+	+
Wrap-Up/OCIP Code	OPT+					+					
Business Segment Identifier		N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
Policy Minimum Premium Amount	OPT										
Policy Minimum Premium State Code	OPT										
Policy Estimated Standard Premium Total	OPT										
Policy Deposit Premium Amount	OPT			N/A		OPT					
Audit Frequency Code	OPT	N/A	OPT	N/A		OPT	N/A	N/A		N/A	
Billing Frequency Code	OPT	N/A	OPT	N/A		OPT	N/A	N/A		N/A	+
Retrospective Rating Code	N/A	+	+	OPT	+	+	+	+	+	+	+
Employer Liability Limit Amount- Bodily Injury by Accident- Each Accident Amount	OPT			OPT		OPT					
Employer Liability Limit Amount- Bodily Injury by Disease- Policy Limit Amount	OPT			OPT		OPT					

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.
 # Applicable only to IAABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Employer Liability Limit Amount- Bodily Injury by Disease- Each Employee Amount	OPT			OPT		OPT					
Name of Producer											
Assigned Risk Binder Number – First 7 Positions	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Group Coverage Status Code		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Original Carrier Code											
Original Policy Number Identifier											
Original Policy Effective Date											
Text for Other Legal Nature of Insured					N/A	OPT					
Assign. Date (IAIABC POC Only)	N/A	N/A	N/A	N/A	N/A	#	N/A	N/A	N/A	N/A	N/A
Assigned Risk Binder Number – Last 11 Positions	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Policy Change Effective Date											
Policy Change Expiration Date											
NAME RECORD—02											
Record Type Code											
Name Type Code	+				+						
Name Link Identifier											
Professional Employer Organization or Client Company Code							N/A	N/A			
Name of Insured											
Federal Employer ID Number (FEIN)							N/A				
Continuation Sequence Number											
Legal Nature of Entity Code	N/A	N/A	N/A	OPT	N/A	OPT	N/A	N/A	N/A	N/A	N/A
State Code	N/A	N/A	N/A	N/A		+		N/A	N/A	N/A	N/A
State Unemployment Number	N/A	N/A	N/A	N/A	+	+	+	N/A	N/A	N/A	N/A
State Unemployment Number Record Sequence Number	N/A	N/A	N/A	N/A	NA		NA	N/A	N/A	N/A	N/A
Text for Other Legal Nature of Entity	N/A	N/A	N/A	N/A	N/A	OPT	N/A	N/A	N/A	N/A	N/A
Name Link Counter Identifier		N/A								N/A	
Policy Change Effective Date											
Policy Change Expiration Date											
ADDRESS RECORD—03											
Record Type Code											
Address Type Code	+	+	+	+	+	+	+	+	+	+	+
Foreign Address Indicator						N/A	N/A				
Address Structure Code					+				+		
Address-Street					+						
Address-City					+						
Address-State					+						
Address-Zip Code					+						

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.
Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Name Link Identifier				OPT +		OPT +					
State Code Link				OPT +		OPT +					
Exposure Record Link for Location Code				OPT +		OPT +					
Phone Number of Insured	N/A	N/A	N/A	N/A	N/A	#	N/A	N/A	N/A	N/A	N/A
Number of Employees (IAIABC POC Only)	N/A	N/A	N/A	N/A	N/A	#	N/A	N/A	N/A	N/A	N/A
Industry Code (IAIABC POC Only)	N/A	N/A	N/A	N/A	N/A	#	N/A	N/A	N/A	N/A	N/A
Geographic Area						N/A	N/A				
Country Code						N/A	N/A				
Name Link Counter Identifier		N/A								N/A	
Policy Change Effective Date											
Policy Change Expiration Date											
STATE PREMIUM RECORD—04											
State Code											
Record Type Code						+					
State Add/Delete Code											
Independent DCO Risk ID Number/File Number/Account Number	OPT	OPT	+	+	+	OPT	OPT* +	OPT+	+	OPT	OPT* +
Carrier Code		N/A		N/A	N/A		N/A	N/A	N/A	N/A	
Experience Modification Factor/Merit Rating Factor	+	+								+	
Experience Modification Status Code			N/A			+					
Experience Modification Plan Type Code	N/A	N/A	N/A	N/A		OPT	N/A	N/A	N/A	N/A	
Other Individual Risk Rating Factor	OPT		N/A				N/A	N/A		N/A	N/A
Insurer Premium Deviation Factor	OPT	N/A					N/A	N/A		N/A	N/A
Type of Premium Deviation Code	OPT	N/A	+			OPT	N/A	N/A		N/A	N/A
Estimated State Standard Premium Total	OPT										
Expense Constant Amount	OPT										
Loss Constant Amount	OPT	N/A		N/A	N/A		N/A	N/A	N/A		N/A
Premium Discount Amount	OPT										
Prorated Expense Constant Amount Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Prorated Minimum Premium Amount Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Reason State was Added to the Policy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Experience Modification Effective Date		N/A		N/A		OPT+	N/A	N/A		N/A	
Anniversary Rating Date	+				N/A	OPT+					
Assigned Risk Adjustment Program (ARAP) Factor	N/A	N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Premium Adjustment Period Code	OPT	N/A		N/A		N/A	N/A	N/A		N/A	OPT
Type of Non-Standard ID Code	N/A	+	+	N/A	+	+	N/A	+	+	+	OPT
Policy Change Effective Date											
Policy Change Expiration Date											
EXPOSURE RECORD—05											
State Code											
Record Type Code											
Classification Code											
Classification Wording Suffix		N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Exposure Act/Exposure Coverage Code	+	+	+	+	+	+	+	+	+	+	+
Manual/Charged Rate	OPT		+				+				
Exposure Period Effective Date	OPT										
Estimated Exposure Amount	OPT										
Estimated Premium Amount	OPT										
Exposure Period Code	OPT			OPT	N/A	OPT			<u>OPT</u>		OPT
Classification Wording	OPT		N/A	N/A	N/A	N/A			N/A		N/A
Name Link Identifier				OPT		OPT					
State Code Link				OPT		OPT					
Exposure Record Link for Exposure Code				OPT		OPT					
Name Link Counter Identifier		N/A		N/A				N/A		N/A	
Number of Pieces of Apparatus	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Number of Volunteers	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Policy Surcharge Factor	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Plan Premium Adjustment Factor	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Policy Change Effective Date											
Policy Change Expiration Date											
OTHER STATES COVERAGE REC—06											
Record Type Code											
Inclusion/Exclusion Code											
State Code											
Policy Change Effective Date											
Policy Change Expiration Date											
ENDORSEMENT IDENTIFICATION REC - 07											
State Code											
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier									<u>OPT</u>		OPT
Policy Change Effective Date											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Policy Change Expiration Date											
CANCELLATION/REINSTATEMENT REC—08											
State Code						+					
Record Type Code											
Cancellation/Reinstatement ID Code				+	+	+	+	+	+		+
Cancellation Type Code											OPT
Reason for Cancellation Code	+	+	+	+	+	+	+	+	+	+	+
Reinstatement Type Code											OPT
Name of Insured						OPT					
Insured Address						OPT					
Nature of Insured	N/A	N/A	N/A	N/A	N/A	OPT		N/A	N/A	N/A	N/A
Cancellation Mailed to Insured Date	OPT		N/A	N/A					N/A		
Cancellation/Reinstatement Transaction Sequence Number											
Corresponding Cancellation Effective Date		OPT		OPT	OPT	OPT	N/A	OPT	OPT	OPT	
Cancellation/Reinstatement Effective Date											
ANNIVERSARY RATING DATE END REC—09	OPT			OPT		OPT					
State Code											
Record Type Code											
Endorsement Number	+				+						
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Anniversary Rating Date											
Name of Insured						OPT					
Endorsement Effective Date											
EXPERIENCE RATING MOD CHANGE END REC—10				N/A	N/A						
State Code											
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Modification Effective Date											
Experience Modification Factor											
Experience Modification Status Code			N/A								
Name of Insured						OPT					
Endorsement Effective Date											
RATE CHANGE END REC—11	OPT			N/A	N/A	OPT					
State Code											

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 # Applicable only to IAABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Record Type Code											
Endorsement Number		+					+		+	+	
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Revised Rates on Policy Date											
State Coverage Percentage Change Factor											
United States Longshore and Harbor Workers' Act Coverage Percentage Change Factor											
State Percentage Change Increase/Decrease Code											
United States Longshore and Harbor Workers' Percentage Change Increase/Decrease Code											
New United States Longshore and Harbor Workers' Act Coverage Percentage Factor											
Classification Code											
Exposure Act/Exposure Coverage Code											
Manual/Charged Rate											
Name of Insured											
Endorsement Effective Date											
POLICY PERIOD END REC—13											
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Effective Date											
Expiration Date											
Name of Insured						OPT					
Endorsement Effective Date											
RETRO PREMIUM END RATING OPTION V (ONE YEAR, THREE YEAR, OR LONG TERM CONSTRUCTION PROJECT) REC—15	OPT		OPT	OPT		OPT					
State Code											
Record Type Code											
Endorsement Number	+	+					+			+	
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Retro Premium Option Code											
Loss Limitation Amount											
Loss Conversion Factor											

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.
 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Hazard Group Code	N/A	N/A	N/A	N/A	N/A	OPT		N/A	N/A	N/A	N/A
Tax Multiplier Factor-State (Other than F-Classes)						+	+				
Tax Multiplier Factor-Federal (F-Classes Only)						+	+				
Tax Multiplier Factor-Weighted Average Tax Multiplier						+	+				
Retrospective Development Factor-First Factor											
Retrospective Development Factor-Second Factor											
Retrospective Development Factor-Third Factor											
Minimum Retro Premium Factor							+				
Maximum Retro Premium Factor							+				
Basic Premium Factor											
Estimated Standard Premium Amount											
Excess Loss Factor- State (Other than F-Classes)						+	+				
Excess Loss Factor- Federal (F-Classes Only)						+	+				
Retro Rating Plan Effective Date											
Other Policy Number Identifier											
Addendum (Form Number)	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Name of Insured											
Endorsement Effective Date											
OTHER POLICIES SUBJECT TO RETRO RATING OR PREMIUM DISCOUNT REC—16	N/A		OPT	OPT	N/A	OPT					
Record Type Code											
Endorsement Type Code			+				+				
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Policy Number Identifier											
Name of Insured											
Endorsement Effective Date											
DEFENSE BASE ACT COVERAGE END—17	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Work Description											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
FEDERAL EMPLOYERS' LIABILITY ACT END REC—18	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Employer Liability Limit Amount - Bodily Injury By Accident Amount											
Employer Liability Limit Amount - Bodily Injury By Disease Amount											
Schedule: State Code											
Name of Insured											
Endorsement Effective Date											
UNITED STATES LONGSHORE AND HARBOR WORKER'S COMPENSATION ACT COVERAGE END REC—19	N/A		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
State Code											
United States Longshore & Harbor Workers' Coverage Percentage Factor											
Name of Insured											
Endorsement Effective Date											
OUTER CONTINENTAL SHELF LANDS ACT COVERAGE END REC—20	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Work Description											
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
MARITIME COVERAGE END REC—21	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Employer Liability Limit Amount-Bodily Injury By Accident Amount											
Employer Liability Limit Amount-Bodily Injury By Disease Amount											
Transportation Wages, Maintenance & Cure Premium Amount											
Work Description											
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
VOLUNTARY COMPENSATION MARITIME COVERAGE END—23	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Name of Vessel(s)											
Worker's Compensation Law											
Work Description											
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
ALTERNATE EMPLOYER END—24				OPT		N/A					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Alternate Employer Name											
Alternate Employer Address											
State of Special Temporary Employment											
Name of Contract or Project											
Endorsement Sequence Number											
Name of Name of Insured											
Endorsement Effective Date											
DESIGNATED WORKPLACES EXCLUSION END—25	N/A			OPT		OPT				N/A	
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											

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Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Address Not Covered											
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
FEDERAL COAL MINE HEALTH & SAFETY ACT END—27	N/A		N/A	OPT	N/A	OPT	N/A	N/A			
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
State Code											
Name of Insured											
Endorsement Effective Date											
NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE END—28	OPT		OPT	OPT		OPT	N/A	N/A			
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Description and Location of Work											
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
VOLUNTARY COMPENSATION & EMPLOYERS LIABILITY COVERAGE END—29	N/A			OPT		OPT	N/A				
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Identify Employees											
State of Employment											
Designated Workers' Compensation Law or Description											
Endorsement Sequence Number											
Name of Insured											
Endorsement Effective Date											
PREMIUM DISCOUNT END—30	OPT		OPT	OPT		OPT	N/A				
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
State Code											
First Premium Discount Layer											
First Premium Discount Percentage											
Second (Next) Premium Discount Layer											
Second (Next) Premium Discount Percentage											
Third (Next) Premium Discount Layer											
Third (Next) Premium Discount Percentage											
Balance Premium Discount Layer											
Balance Premium Discount Percentage											
Average Percentage Discount (Where Applicable)											
Name of Insured											
Endorsement Effective Date											
RETRO PREMIUM END AVIATION EXCLUSION REC—31	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
List the Applicable Class Code											
Name of Insured											
Endorsement Effective Date											
RETRO PREMIUM END CHANGES REC—32	OPT		OPT	OPT		OPT					
State Code											
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Excess Loss Premium Factor Change-State (Other than F-Classes)											
Excess Loss Premium Factor Change-Federal (F-Classes Only)											
Excess Loss Premium Factor Change Effective Date											
Retrospective Development Premium Amount							N/A		N/A		
Retrospective Development Factor Change- First Factor											
Retrospective Development Factor Change- Second Factor											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Retrospective Development Factor Change- Third Factor											
Retrospective Development Factor Change Effective Date											
Tax Multiplier Factor Change- State (Other than F-Classes)											
Tax Multiplier Factor Change- Federal (F-Classes Only)											
Tax Multiplier Factor Change Effective Date											
Name of Insured											
Endorsement Effective Date											
RETRO PREMIUM END NON-RATABLE CATASTROPHE ELEMENT OR SURCHARGE REC—33	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
List Classification Code that Affects this Endorsement											
Name of Insured											
Endorsement Effective Date											
RETRO PREMIUM END SHORT FORM REC—34	OPT		OPT	OPT		OPT					
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Policy Number Identifier that Carries the Retro Premium Endorsement											
Name of Insured											
Endorsement Effective Date											
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS END—36	OPT			OPT			N/A				
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Name of Person											
Name of Organization											
Name of Insured											
Endorsement Effective Date											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
SOLE PROPRIETORS, PARTNERS, OFFICERS & OTHERS COVERAGE END—37	N/A			N/A		OPT	N/A	N/A		N/A	
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Descriptor Code											
Name of Person to be Included											
State Code											
Name of Insured											
Endorsement Effective Date											
PARTNERS, OFFICERS & OTHERS EXCLUSION END—38	N/A			OPT	N/A	OPT	N/A	N/A		N/A	
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Descriptor Code											
Name of Person to be Excluded											
Name of Insured											
Endorsement Effective Date											
AIRCRAFT PREMIUM END—39	OPT		OPT	OPT		OPT	N/A				
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
State Code											
Type of Aircraft											
Passenger Seat Charge Amount											
Maximum Charge Amount											
Estimated Premium Amount											
Name of Insured											
Endorsement Effective Date											
EMPLOYERS LIABILITY COVERAGE END—40	OPT		OPT	N/A		OPT	N/A				
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
State Code											
Name of Insured											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Endorsement Effective Date											
DOMESTIC & AGRICULTURAL WORKERS EXCLUSION END—41	N/A		N/A	OPT	N/A	OPT	N/A	N/A			N/A
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Name of Farm or Agricultural Workers											
Name of Domestic or Household Workers											
Name of Insured											
Endorsement Effective Date											
CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR END—42	OPT	N/A		N/A			N/A	N/A		N/A	
State Code											
Record Type Code											
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Contingent Mod Effective Date											
Contingent Experience Mod Factor											
Name of Insured											
Endorsement Effective Date											
DEDUCTIBLE END REC—43	N/A	N/A		OPT			N/A	N/A			N/A
State Code											
Record Type Code											
Endorsement Number				+						+	
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Losses Subject to Deductible Code		N/A								N/A	
Basis of Deductible Calculation Code		N/A								N/A	
Deductible Percentage		N/A								N/A	
Deductible Amount per Claim/Accident											
Deductible Amount—Aggregate		N/A								N/A	
Premium Reduction Percentage						OPT					
Name of Insured						OPT					
Endorsement Effective Date											
<u>STATE PREMIUM CHANGE RECORD—84</u>			<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				<u>N/A</u>		
<u>State Code</u>											
<u>Record Type Code</u>											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Data Element Change Identification Number											
Carrier Version Identifier											
Experience Modification Plan Type Code	N/A	N/A				OPT	N/A	N/A		N/A	
Other Individual Risk Rating Factor	OPT						N/A	N/A		N/A	N/A
Insurer Premium Deviation Factor	OPT	N/A					N/A	N/A		N/A	N/A
Type of Insurer Premium Deviation Code	OPT	N/A				OPT	N/A	N/A		N/A	N/A
Estimated State Standard Premium Total	OPT										
Expense Constant Amount	OPT										
Loss Constant Amount	OPT	N/A					N/A	N/A			N/A
Premium Discount Amount	OPT										
Prorated Expense Constant Amount Reason Code	N/A	N/A				N/A	N/A	N/A		N/A	
Prorated Minimum Premium Amount Reason Code	N/A	N/A				N/A	N/A	N/A		N/A	
Reason State Was Added To Policy Code	N/A	N/A				N/A	N/A	N/A		N/A	
Previously Reported Experience Modification Effective Date		N/A				OPT	N/A	N/A		N/A	
Previously Reported Anniversary Rating Date						OPT					
Assigned Risk Adjustment Program (ARAP) Factor	N/A	N/A				N/A	N/A	N/A		N/A	N/A
Type of Non-Standard ID Code	N/A						N/A				OPT
Name of Insured						OPT					
Policy Change Effective Date											
POLICY INFORMATION PAGE SUPPLIMENTAL DATA ELEMENT(S) CHANGE END—85				N/A	N/A				N/A		
Record Type Code											
Data Element Change Identification Number											
Carrier Version Identifier											
Experience Rating Code	N/A	N/A					N/A			N/A	
Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number		N/A				N/A	N/A	N/A		N/A	N/A
Type of Coverage ID Code							N/A				
Employee Leasing Policy Type Code	±	±	±			±	N/A	±		±	±
Policy Term Code	±	±	±			±	±	±		±	±
Prior Policy Number Identifier											
Prior Unit/Certificate Number Identifier		N/A	N/A			N/A	N/A	N/A		N/A	N/A
Type of Plan ID Code	N/A	±	±			±	±	±		±	±
Business Segment Identifier		N/A				N/A	N/A	N/A		N/A	N/A

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Policy Minimum Premium Amount	OPT										
Policy Minimum Premium State Code	OPT										
Policy Estimated Standard Premium Total	OPT										
Policy Deposit Premium Amount	OPT					OPT					
Audit Frequency Code	OPT	N/A	OPT			OPT	N/A	N/A		N/A	
Billing Frequency Code	OPT	N/A	OPT			OPT	N/A	N/A		N/A	±
Retrospective Rating Code	N/A		±			±	±	±		±	±
Group Coverage Status Code		N/A	N/A			N/A	N/A	N/A		N/A	N/A
Assignment Date	#	#	#			#	#	#		#	#
Assigned Risk Binder Number	N/A	N/A	N/A				N/A	N/A		N/A	N/A
Wrap-Up/Owner Controlled Insurance Program	±	±	±			±	±	±		±	±
Name of Insured						OPT					
Policy Change Effective Date											
POLICY INFORMATION PAGE CLASS AND/OR RATE CHANGE AND OTHER END—86				N/A	N/A	OPT					
Record Type Code											
Endorsement Number						+	+				
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Exposure Period Effective Date											
Classification Code Revision Code											
Classification Code											
Exposure Act/Exposure Coverage Code											
Manual/Charged Rate							+				
Estimated Exposure Amount											
Estimated Premium Amount											
Classification Wording Suffix		N/A	N/A			N/A			N/A	N/A	N/A
Classification Wording		N/A	N/A			N/A			N/A	N/A	N/A
Name Link Identifier											
State Code Link											
Exposure Record Link for Exposure Code						OPT					
Classification Use Code	±	±	±			±	±	±	±	±	±
Exposure Period Code	OPT			OPT		OPT					OPT
Number of Pieces of Apparatus	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Number of Volunteers	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Name of Insured						OPT					
Endorsement Effective Date											
POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE END—87				N/A							

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Record Type Code											
Endorsement Number					+		+				
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Revised Carrier Code						+					
Revised Policy Number Identifier											
Revised Policy Effective Date											
Revised Policy Expiration Date											
Revised Legal Nature of Insured Code											
Revised Text for "Other" Legal Nature of Insured					N/A	OPT					
Item 3.A./3.C. Code	OPT					OPT					
Item 3.C. Inclusion./Exclusion Code	OPT					OPT					
Revised State Codes for Item 3.A. or 3.C.	OPT					OPT					
Revised Employer Liability Limit Amounts- Bodily Injury by Accident – Each Accident Amount	OPT					OPT					
Revised Employer Liability Limit Amounts- Bodily Injury by Disease- Policy Limit Amount	OPT					OPT					
Revised Employer Liability Limit Amounts- Bodily Injury by Disease- Each Employee Amount	OPT					OPT					
Revised Premium Adjustment Period Code	OPT	N/A	N/A			OPT	N/A	N/A		N/A	
Endorsement Number											
Bureau Version Identifier											
Carrier Version Identifier											
Revised Name of Producer											
Revised Interstate/Intrastate Risk ID Number or Revised Independent DCO Risk ID Number/ File Number/Account Number	OPT	N/A				N/A	N/A	N/A		N/A	
Revised Interstate/Intrastate Risk ID Number or Revised Independent Rating Bureau Risk ID Number/ File Number/Account Code	N/A										
Endorsement Number Revision Code						N/A					
Endorsement Sequence Number											
Name of Insured						OPT					
Policy Change Effective Date											
POLICY INFORMATION PAGE NAME CHANGE END—88				N/A	N/A						
Record Type Code											

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 # Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Endorsement Number											
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Revised Name Type Code	+										
Revised Name Link Identifier											
Revised Name of Insured											
Revised Federal Employer ID Number							N/A	N/A			
Revised Continuation Sequence Number											
Revised Legal Nature of Entity Code	N/A	N/A	N/A			OPT	N/A	N/A	N/A	N/A	N/A
Revised Text for "Other" Legal Nature of Entity	N/A	N/A	N/A			OPT	N/A	N/A	N/A	N/A	N/A
Revised State Code	N/A	N/A	N/A					N/A	N/A	N/A	N/A
Revised State Unemployment Number	N/A	N/A	N/A			+	+	N/A	N/A	N/A	N/A
Revised State Unemployment Number Record Sequence	N/A	N/A	N/A				N/A	N/A	N/A	N/A	N/A
Name Revision Code											
Revised Professional Employer Organization or Client Company Code							N/A	N/A	N/A		
Name of Insured						OPT					
Policy Change Effective Date											
Revised Name Link Counter Identifier											
POLICY INFORMATION PAGE ADDRESS CHANGE END—89				N/A							
Record Type Code											
Endorsement Number					+						
Bureau Version ID (Edition ID)											
Carrier Version Identifier											
Revised Address Type Code	+	+	+		+	+	+	+	+	+	+
Revised Address Structure Code											
Revised Address- Street											
Revised Address- City											
Revised Address- State											
Revised Address- Zip Code											
Revised Name Link Identifier						+					
Revised State Code Link						+					
Revised Exposure Record Link for Location Code						+					
Revised Number of Employees		N/A	N/A		N/A	#	N/A	N/A	N/A	N/A	N/A
Revised Industry Code		N/A	N/A		N/A	#	N/A	N/A	N/A	N/A	N/A
Revised Phone Number of Insured		N/A	N/A		N/A	#	N/A	N/A	N/A	N/A	N/A
Revised Geographic Area						N/A	N/A				
Revised Country Code						N/A	N/A				

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.
Applicable only to IAIABC POC states in this jurisdiction.

	CA	DE	MA	MI	MN	NCCI	NJ	NY	NC	PA	WI
Address Revision Code						#					
Name of Insured						OPT					
Policy Change Effective Date											
Revised Name Link Counter Identifier									N/A		
NONCOMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD-Z1	N/A			N/A			N/A	N/A		N/A	N/A
State Code						N/A					
Record Type Code											
Non Compliance/Compliance Notification Type Code			+						+		
Primary Noncompliance Reason Code (#1)											
Additional Noncompliance Reason Code (#2)									N/A		
Additional Noncompliance Reason Code (#3)									N/A		
Additional Noncompliance Reason Code (#4)									N/A		
Primary Compliance Reason Code (#1)						+			+		
Additional Compliance Reason Code (#2)									N/A		
Additional Compliance Reason Code (#3)									N/A		
Additional Compliance Reason Code (#4)									N/A		
Current Outstanding Premium Amount Due											
Noncompliance/Compliance Transaction Sequence Number											
Noncompliance Effective Date											
Compliance Effective Date											

+ The data element is applicable; however special data population rules may apply and/or some code values may be optional or not applicable for this DCO. Refer to the data element description for details.
 # Applicable only to IA/ABC POC states in this jurisdiction.