



**WCIO Workers Compensation Data
Specifications Manual**

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

Added Data Element Reporting Requirement

| Record | Field Name | Change Reason |
|--|---|-------------------------|
| 00 | REPLACEMENT TRANSACTION SEQUENCE NUMBER (24-25) | WCIO Requirement Change |
| New Reporting Requirement : This field will be effective January 1, 2024. Refer to the Data Reporting Handbook for further instructions. | | |

Added New Code

| Record | Field Name | Change Reason |
|--|-------------------------------------|---------------|
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| New Code: 1 New Code Description: Reserved For Future Use | | |
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| New Code: 2 New Code Description: Reserved For Future Use | | |
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| New Code: 4 New Code Description: Reserved For Future Use | | |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| New Code: 1 New Code Description: Reserved For Future Use | | |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| New Code: 2 New Code Description: Reserved For Future Use | | |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| New Code: 4 New Code Description: Reserved For Future Use | | |

Added New Field

| Record | Field Name | Change Reason |
|--------|---|---------------|
| 00 | REPLACEMENT TRANSACTION SEQUENCE NUMBER (24-25) | |
| 00 | RESERVED FOR FUTURE USE (26-30) | |

Changed Code Description

| Record | Field Name | Change Reason |
|---|---|---|
| 01 | EMPLOYEE LEASING POLICY TYPE CODE (75-75) | |
| Code: 2 | | |
| From : Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers | | To : Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers |

Changed Code Description

| Record | Field Name | Change Reason |
|--|--|---|
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| Code: 1 | | |
| From : Retrospective Rated— Endorsements submitted via an electronic record | | To : Reserved For Future Use |
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| Code: 2 | | |
| From : Retrospective Rated—Endorsements submitted via hard copy | | To : Reserved For Future Use |
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| Code: 4 | | |
| From : Retrospective Rated—Endorsements submitted via an electronic record and hard copy | | To : Reserved For Future Use |
| 05 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (67-68) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (106-107) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (128-129) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (150-151) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (172-173) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (194-195) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (216-217) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |

Changed Code Description

| Record | Field Name | Change Reason |
|---|--|---|
| 85 | EMPLOYEE LEASING POLICY TYPE CODE (83-83) | |
| Code: 2 | | |
| From : Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers | | To : Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| Code: 1 | | |
| From : Retrospective Rated— Endorsements submitted via an electronic record | | To : Reserved For Future Use |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| Code: 2 | | |
| From : Retrospective Rated—Endorsements submitted via hard copy | | To : Reserved For Future Use |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| Code: 4 | | |
| From : Retrospective Rated—Endorsements submitted via an electronic record and hard copy | | To : Reserved For Future Use |
| 86 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE (82-83) | |
| Code: 04 | | |
| From : Federal Mine Safety and Health Act and/or the State Act | | To : Federal Mine Safety and Health Act and the State Act |

Changed Code List Note State Applicability

| Record | Field Name | Change Reason |
|--|--------------------------|--|
| 01 | POLICY TERM CODE (76-76) | DCO Requirement Change |
| Note: This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. | | |
| From Not Applicable in: MI, MN, NCCI | | To Not Applicable in: MI, MN, NCCI, NY |
| 85 | POLICY TERM CODE (84-84) | DCO Requirement Change |
| Note: This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. | | |
| From Not Applicable in: MI, MN, NCCI | | To Not Applicable in: MI, MN, NCCI, NY |

Changed Code List State Applicability

| Record | Field Name | Change Reason |
|--|--------------------------------|--|
| 01 | TYPE OF PLAN ID CODE (108-108) | DCO Requirement Change |
| Code: 7 | | |
| From Not Applicable in: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI | | To Not Applicable in: DE, MA, MI, MN, NJ, NY, PA, WI |

Changed Code List State Applicability

| Record | Field Name | Change Reason |
|--|--|--|
| 04 | EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (97-97) | DCO Requirement Change |
| Code: 4 | | |
| From Not Applicable in: NY | | To Not Applicable in: CA, MN, NY |
| 10 | EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (81-81) | DCO Requirement Change |
| Code: 4 | | |
| From Not Applicable in: NY | | To Not Applicable in: CA, MN, NY |
| 85 | TYPE OF PLAN ID CODE (109-109) | DCO Requirement Change |
| Code: 7 | | |
| From Not Applicable in: DE, MA, MI, MN, NCCI, NJ, NY, PA, WI | | To Not Applicable in: DE, MA, MI, MN, NJ, NY, PA, WI |

Changed Data Element Note

| Record | Field Name | Change Reason |
|--|---|--|
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From : WC850601 Experience Rating Code N/A : CA | | To : WC850601 Experience Rating Code N/A : CA |
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From : WC850611 Policy Minimum Premium State Code N/A : CA | | To : WC850611 Policy Minimum Premium State Code N/A : CA |
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From : WC850612 Policy Estimated Standard Premium Total N/A : CA | | To : WC850612 Policy Estimated Standard Premium Total N/A : CA |
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From : WC850613 Policy Deposit Premium Amount N/A : CA | | To : WC850613 Policy Deposit Premium Amount N/A : CA |
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From : WC850618 Assignment Date N/A : CA | | To : WC850618 Assignment Date N/A : CA |
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From : WC850603 Type of Coverage ID Code N/A : CA | | To : WC850603 Type of Coverage ID Code N/A : CA |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| From : Enter WC890619 for changes to Carrier Code. | | To : Enter WC890619 for changes to Carrier Code. N/A : CA |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| From : Enter WC890613 for changes to Item 3.C. State Codes. N/A : NCCI | | To : Enter WC890613 for changes to Item 3.C. State Codes. N/A : CA, NCCI |

Changed Data Element Note

| Record | Field Name | Change Reason |
|--|----------------------------|--|
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| From : Enter WC890416 for changes to Interim Adjustment Of Premium. N/A : NCCI,NJ | | To : Enter WC890416 for changes to Interim Adjustment Of Premium. N/A : CA,CA,NCCI,NJ |
| 89 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| From : Enter WC890625 for changes to Producer [Issuing Agency] Office | | To : Enter WC890625 for changes to Producer [Issuing Agency] Office N/A : CA |

Changed Data Element Note State Applicability

| Record | Field Name | Change Reason |
|---|--|--|
| 04 | EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR (93-96) | DCO Requirement Change |
| Note: If a merit rating factor is reported in positions 93-96, report Code 4 in the Experience Modification Status Code, position 97, of this record. | | |
| From Not Applicable in: CA, DE, MA, MN, NC, NJ, NY, PA, WI | | To Not Applicable in: CA, DE, MA, NC, NJ, NY, PA, WI |
| 08 | CORRESPONDING CANCELLATION EFFECTIVE DATE (283-288) | DCO Requirement Change |
| Note: This field is to be used on reinstatements only. | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 11 | MANUAL/CHARGED RATE (218-227) | DCO Requirement Change |
| Note: This is a recurring field. Repeat as needed. | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840401 Experience Modification Plan Type Code | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840402 Other Individual Risk Rating Factor | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840406 Expense Constant Amount | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840408 Premium Discount Amount | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840409 Pro-Rated Expense Constant Amount Reason Code | | |
| From Not Applicable in: | | To Not Applicable in: CA |

Changed Data Element Note State Applicability

| Record | Field Name | Change Reason |
|---|---|------------------------------------|
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840410 Pro-Rated Minimum Premium Amount Reason Code | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840411 Reason State Was Added to Policy Code | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840412 Assigned Risk Adjustment Program (ARAP) Factor | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| Note: WC840413 Type of Non-Standard ID Code | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890602 for changes to Policy Number Identifier. | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890603 for changes to Policy Effective Date. | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890611 for changes to Item 3.A. States | | |
| From Not Applicable in: NCCI | | To Not Applicable in: CA, NCCI |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890612 for changes to Item 3.B. Employer Liability Limit Amounts. | | |
| From Not Applicable in: NCCI | | To Not Applicable in: CA, NCCI |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890618 for changes to Interstate/Intrastate Risk ID. | | |
| From Not Applicable in: NCCI, NJ | | To Not Applicable in: CA, NCCI, NJ |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890613 for changes to Item 3.C. State Codes. | | |
| From Not Applicable in: | | To Not Applicable in: CA, NCCI |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890416 for changes to Interim Adjustment Of Premium. | | |
| From Not Applicable in: | | To Not Applicable in: CA, NCCI, NJ |
| 87 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890619 for changes to Carrier Code. | | |
| From Not Applicable in: | | To Not Applicable in: CA |

Changed Data Element Note State Applicability

| Record | Field Name | Change Reason |
|--|--|--------------------------|
| 87 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) (199-199) | DCO Requirement Change |
| Note: The Endorsement Number is in positions 191-198. | | |
| From Not Applicable in: | | To Not Applicable in: CA |
| 89 | ENDORSEMENT NUMBER (51-58) | DCO Requirement Change |
| Note: Enter WC890625 for changes to Producer [Issuing Agency] Office | | |
| From Not Applicable in: | | To Not Applicable in: CA |

Changed Data Elements State Applicability

| Record | Field Name | Change Reason |
|--|--|--|
| 04 | EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE (97-97) | DCO Requirement Change |
| From Not Applicable in: DE, MA, PA, WI | | To Not Applicable in: CA, DE, MA, PA, WI |
| 08 | CORRESPONDING CANCELLATION EFFECTIVE DATE (283-288) | DCO Requirement Change |
| From Not Applicable in: NCCI, NJ | | To Not Applicable in: CA, NCCI, NJ |
| 84 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA | | To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA |
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | DCO Requirement Change |
| From Not Applicable in: DE, MA, MI, MN, NC, NCCI, PA | | To Not Applicable in: CA, DE, MA, MI, MN, NC, NCCI, PA |
| 89 | ADDRESS TYPE CODE (71-71) | DCO Requirement Change |
| From Not Applicable in: DE, MA, MI, MN, NCCI, PA | | To Not Applicable in: CA, DE, MA, MI, MN, NCCI, PA |
| 99 | TRANSACTION FROM DATE (66-73) | DCO Requirement Change |
| From Not Applicable in: NCCI | | To Not Applicable in: CA, NCCI |
| 99 | TRANSACTION TO DATE (74-81) | DCO Requirement Change |
| From Not Applicable in: NCCI | | To Not Applicable in: CA, NCCI |

Deleted Code

| Record | Field Name | Change Reason |
|--|-------------------------------------|---------------|
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| Deleted Code: 1 | | |
| Deleted Code Description: Retrospective Rated— Endorsements submitted via an electronic record | | |
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| Deleted Code: 2 | | |
| Deleted Code Description: Retrospective Rated—Endorsements submitted via hard copy | | |

Deleted Code

| Record | Field Name | Change Reason |
|--|-------------------------------------|----------------------|
| 01 | RETROSPECTIVE RATING CODE (151-151) | |
| Deleted Code: 4 Deleted Code Description: Retrospective Rated—Endorsements submitted via an electronic record and hard copy | | |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| Deleted Code: 1 Deleted Code Description: Retrospective Rated— Endorsements submitted via an electronic record | | |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| Deleted Code: 2 Deleted Code Description: Retrospective Rated—Endorsements submitted via hard copy | | |
| 85 | RETROSPECTIVE RATING CODE (151-151) | |
| Deleted Code: 4 Deleted Code Description: Retrospective Rated—Endorsements submitted via an electronic record and hard copy | | |

Deleted Data Element Note

| Record | Field Name | Change Reason |
|--|---|-------------------------|
| 85 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER (51-58) | WCIO Requirement Change |
| Deleted Note: WC850602 Third Party Entity FEIN | | |

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

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|--|-------------------------|
| ADDRESS OF CLIENT - ZIP CODE | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 244-252 |
| ADDRESS OF CLIENT OR ADDRESS OF LABOR CONTRACTOR | Labor Contractor Endorsement - New York Record | 161-220 |
| | New Jersey Employee Leasing Endorsement Record | 161-220 |
| ADDRESS OF CLIENT OR PEO - CITY | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 220-249 |
| ADDRESS OF CLIENT OR PEO - STATE | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 250-251 |
| ADDRESS OF CLIENT OR PEO – STREET | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 160-219 |
| ADDRESS OF CLIENT OR PEO - ZIP CODE | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 252-260 |
| ADDRESS OF INSURED | Cancellation/Reinstatement Record | 143-232 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 71-110 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 111-150 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 151-190 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 191-230 |
| | Preferred Provider Organization Endorsement - New York Record | 71-105 |
| | Preferred Provider Organization Endorsement - New York Record | 141-175 |
| ADDRESS OF LABOR CONTRACTOR - CITY | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 212-241 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 214-243 |
| ADDRESS OF LABOR CONTRACTOR - STATE | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 242-243 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 244-245 |
| ADDRESS OF LABOR CONTRACTOR - STREET | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 152-211 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 158-213 |
| ADDRESS OF LABOR CONTRACTOR - ZIP CODE | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 244-252 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 246-254 |
| ADDRESS OF LOCATION | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 154-213 |
| ADDRESS OF POST OFFICE | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 177-216 |
| ADDRESS REVISION CODE | Policy Information Page Address Change Endorsement Record | 254-254 |
| ADDRESS STRUCTURE CODE | Address Record | 50-50 |
| | Policy Information Page Address Change Endorsement Record | 72-72 |
| ADDRESS TYPE CODE | Address Record | 48-48 |
| | Policy Information Page Address Change Endorsement Record | 71-71 |
| ANNIVERSARY RATING DATE | Anniversary Rating Date Endorsement Record | 71-76 |
| | State Premium Record | 160-165 |
| ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR | Policy Information Page State Premium Change Record | 136-139 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|---|-------------------------|
| ASSIGNED RISK BINDER NUMBER - FIRST SEVEN POSITIONS | State Premium Record | 166-169 |
| | Header Record | 212-218 |
| ASSIGNED RISK BINDER NUMBER - LAST ELEVEN POSITIONS | Header Record | 276-286 |
| ASSIGNMENT DATE | Header Record | 270-275 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 153-158 |
| AUDIT FREQUENCY CODE | Header Record | 149-149 |
| AVERAGE PERCENTAGE DISCOUNT | Premium Discount Endorsement Record | 101-103 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 99-101 |
| B | | |
| BALANCE PREMIUM DISCOUNT LAYER | Premium Discount Endorsement Record | 94-97 |
| | Premium Discount Endorsement Record | 127-130 |
| | Premium Discount Endorsement Record | 157-160 |
| | Premium Discount Endorsement Record | 187-190 |
| | Premium Discount Endorsement Record | 217-220 |
| | Premium Discount Endorsement Record | 247-250 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 92-95 |
| BALANCE PREMIUM DISCOUNT PERCENTAGE | Premium Discount Endorsement Record | 98-100 |
| | Premium Discount Endorsement Record | 131-133 |
| | Premium Discount Endorsement Record | 161-163 |
| | Premium Discount Endorsement Record | 191-193 |
| | Premium Discount Endorsement Record | 221-223 |
| | Premium Discount Endorsement Record | 251-253 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 96-98 |
| BASIC PREMIUM FACTOR - 100% | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 168-172 |
| BASIC PREMIUM FACTOR - 150% | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 173-177 |
| BASIC PREMIUM FACTOR - 50% | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 163-167 |
| BASIS OF AUDIT NONCOMPLIANCE CHARGE | Audit Noncompliance Charge Endorsement | 73-122 |
| | Audit Noncompliance Charge Endorsement | 129-178 |
| | Audit Noncompliance Charge Endorsement | 185-234 |
| BASIS OF DEDUCTIBLE CALCULATION CODE | Deductible Endorsement Record | 73-74 |
| BILLING FREQUENCY CODE | Header Record | 150-150 |
| BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) | Aircraft Premium Endorsement Record | 59-59 |
| | Alternate Employer Endorsement Record | 59-59 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 59-59 |
| | Anniversary Rating Date Endorsement Record | 59-59 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 59-59 |
| | Audit Noncompliance Charge Endorsement | 59-59 |
| | Benefits Deductible Endorsement - New York Record | 59-59 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 59-59 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 59-59 |
| | Corporation Coverage/Exclusion Endorsement - California Record | 59-59 |
| | Deductible Endorsement - Delaware Record | 59-59 |
| | Deductible Endorsement (Small or Large) | 59-59 |
| | Deductible Endorsement Record | 59-59 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
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| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 59-59 |
| | Designated Workplaces Exclusion Endorsement Record | 59-59 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 59-59 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 59-59 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 59-59 |
| | Employer Assessment Endorsement - Pennsylvania Record | 59-59 |
| | Employers Liability Coverage Endorsement Record | 59-59 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 59-59 |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 59-59 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 59-59 |
| | Endorsement Identification Record | 59-59 |
| | Endorsement Identification Record | 79-79 |
| | Endorsement Identification Record | 99-99 |
| | Endorsement Identification Record | 119-119 |
| | Endorsement Identification Record | 139-139 |
| | Endorsement Identification Record | 159-159 |
| | Endorsement Identification Record | 179-179 |
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| | Endorsement Identification Record | 219-219 |
| | Endorsement Identification Record | 239-239 |
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| | Excess Medical Coverage Endorsement - New York Record | 59-59 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 59-59 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 59-59 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 59-59 |
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| | Experience Rating Modification Change Endorsement Record | 59-59 |
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| | Federal Mine Safety & Health Act Coverage Endorsement Record | 59-59 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 59-59 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 59-59 |
| | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation | 59-59 |
| | Group Insurance Coverage Information - | 59-59 |

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

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| | Sole Proprietors & Partners Endorsement - New York Record | 59-59 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 59-59 |
| | Statutory Employer Endorsement - Pennsylvania Record | 59-59 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 59-59 |
| | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 59-59 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 59-59 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 59-59 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 59-59 |
| | Waiver Of Our Right To Recover From Others Endorsement Record | 59-59 |
| | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 59-59 |
| | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 59-59 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 59-59 |
| | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 59-59 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 59-59 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 59-59 |
| BUSINESS SEGMENT IDENTIFIER | Header Record | 110-116 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 110-116 |
| C | | |
| CANCELLATION EFFECTIVE DATE | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 111-116 |
| CANCELLATION MAILED TO INSURED DATE | Cancellation/Reinstatement Record | 253-258 |
| CANCELLATION TYPE CODE | Cancellation/Reinstatement Record | 49-49 |
| CANCELLATION/REINSTATEMENT EFFECTIVE DATE | Cancellation/Reinstatement Record | 289-294 |
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| CARRIER VERSION IDENTIFIER | Aircraft Premium Endorsement Record | 60-70 |
| | Alternate Employer Endorsement Record | 60-70 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 60-70 |
| | Anniversary Rating Date Endorsement Record | 60-70 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 60-70 |
| | Audit Noncompliance Charge Endorsement | 60-70 |
| | Benefits Deductible Endorsement - New York Record | 60-70 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 60-70 |

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| | Contingent Experience Rating Modification Factor Endorsement Record | 60-70 |
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| | Deductible Endorsement - Delaware Record | 60-70 |
| | Deductible Endorsement (Small or Large) | 60-70 |
| | Deductible Endorsement Record | 60-70 |
| | Defense Base Act Coverage Endorsement Record | 60-70 |
| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 60-70 |
| | Designated Workplaces Exclusion Endorsement Record | 60-70 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 60-70 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 60-70 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 60-70 |
| | Employer Assessment Endorsement - Pennsylvania Record | 60-70 |
| | Employers Liability Coverage Endorsement Record | 60-70 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 60-70 |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 60-70 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 60-70 |
| | Endorsement Identification Record | 60-70 |
| | Endorsement Identification Record | 80-90 |
| | Endorsement Identification Record | 100-110 |
| | Endorsement Identification Record | 120-130 |
| | Endorsement Identification Record | 140-150 |
| | Endorsement Identification Record | 160-170 |
| | Endorsement Identification Record | 180-190 |
| | Endorsement Identification Record | 200-210 |
| | Endorsement Identification Record | 220-230 |
| | Endorsement Identification Record | 240-250 |
| | Endorsement Identification Record | 260-270 |
| | Excess Medical Coverage Endorsement - New York Record | 60-70 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 60-70 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 60-70 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 60-70 |
| | Executive Officers Endorsement - New York Record | 60-70 |
| | Experience Rating Modification Change Endorsement Record | 60-70 |
| | Federal Employers' Liability Act Endorsement Record | 60-70 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 60-70 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement | 60-70 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
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| | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation | 60-70 |
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| | Labor Contractor Endorsement - New York Record | 60-70 |
| | Limited Liability Company Coverage/Exclusion Endorsement | 60-70 |
| | Maritime Coverage Endorsement Record | 60-70 |
| | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 60-70 |
| | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 60-70 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 60-70 |
| | Minnesota Employee Leasing Endorsement | 60-70 |
| | Minnesota Independent Contractors Coverage Endorsement | 60-70 |
| | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 60-70 |
| | Multipurpose Text - California Record | 60-70 |
| | New Jersey Certified Managed Care Program Endorsement Record | 60-70 |
| | New Jersey Employee Leasing Endorsement Record | 60-70 |
| | New Jersey Large Risk - Large Deductible Endorsement Record | 60-70 |
| | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 60-70 |
| | Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record | 60-70 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 60-70 |
| | Outer Continental Shelf Lands Act Coverage Endorsement Record | 60-70 |
| | Partners, Officers And Others Exclusion Endorsement Record | 60-70 |
| | Partnership Coverage/Exclusion Endorsement - California Record | 60-70 |
| | Policy Information Page Address Change Endorsement Record | 60-70 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 60-70 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 60-70 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 200-210 |
| | Policy Information Page Name Change Endorsement Record | 60-70 |
| | Policy Information Page State Premium Change Record | 60-70 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 60-70 |
| | Policy Period Endorsement Record | 60-70 |
| | Preferred Provider Organization Endorsement - New York Record | 60-70 |
| | Premium Discount Endorsement Record | 60-70 |
| | Principal As Additional Insured - Pennsylvania Record | 60-70 |
| | Rate Change Endorsement Record | 60-70 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
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| | Real Estate Management Endorsement - Pennsylvania Record | 60-70 |
| | Retrospective Premium Endorsement Aviation Exclusion Record | 60-70 |
| | Retrospective Premium Endorsement Changes Record | 60-70 |
| | Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record | 60-70 |
| | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 60-70 |
| | Retrospective Premium Endorsement Short-Term Record | 60-70 |
| | Sole Proprietors & Partners Endorsement - New York Record | 60-70 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 60-70 |
| | Statutory Employer Endorsement - Pennsylvania Record | 60-70 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 60-70 |
| | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 60-70 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 60-70 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 60-70 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 60-70 |
| | Waiver Of Our Right To Recover From Others Endorsement Record | 60-70 |
| | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 60-70 |
| | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 60-70 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 60-70 |
| | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 60-70 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 60-70 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 60-70 |
| CLAIM ADMINISTRATOR FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | State Premium Record | 49-57 |
| CLASSIFICATION CODE | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 214-217 |
| | Excess Medical Coverage Endorsement - New York Record | 81-84 |
| | Excess Medical Coverage Endorsement - New York Record | 110-113 |
| | Excess Medical Coverage Endorsement - New York Record | 139-142 |
| | Excess Medical Coverage Endorsement - New York Record | 168-171 |
| | Excess Medical Coverage Endorsement - New York Record | 197-200 |
| | Excess Medical Coverage Endorsement - New York Record | 226-229 |
| | Exposure Record | 51-54 |
| | Minnesota Independent Contractors Coverage Endorsement | 161-164 |

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| | Rate Change Endorsement Record | 96-99 |
| | Rate Change Endorsement Record | 118-121 |
| | Rate Change Endorsement Record | 140-143 |
| | Rate Change Endorsement Record | 162-165 |
| | Rate Change Endorsement Record | 184-187 |
| | Rate Change Endorsement Record | 206-209 |
| CLASSIFICATION CODE REVISION CODE | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 77-77 |
| CLASSIFICATION USE CODE | Exposure Record | 55-55 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 229-229 |
| CLASSIFICATION WORDING | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 220-249 |
| | Exposure Record | 118-218 |
| | Minnesota Independent Contractors Coverage Endorsement | 165-211 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 118-218 |
| CLASSIFICATION WORDING SUFFIX | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 218-219 |
| | Exposure Record | 65-66 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 116-117 |
| CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | Minnesota Employee Leasing Endorsement | 225-233 |
| CLIENT OR PEO FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 151-159 |
| CLIENT PREMIUM AMOUNT | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 241-250 |
| CLIENT'S UNEMPLOYMENT INSURANCE (UI) NUMBER | Minnesota Employee Leasing Endorsement | 234-248 |
| COMPLIANCE EFFECTIVE DATE | Noncompliance/Compliance of Policy Terms and Conditions Record | 289-294 |
| CONSTRUCTION CLASSIFICATION PREMIUM CREDIT PERCENTAGE | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 71-73 |
| CONTINGENT EXPERIENCE MODIFICATION FACTOR | Contingent Experience Rating Modification Factor Endorsement Record | 77-80 |
| CONTINGENT MODIFICATION EFFECTIVE DATE | Contingent Experience Rating Modification Factor Endorsement Record | 71-76 |
| CONTINUATION SEQUENCE NUMBER | Name Record | 158-160 |
| | Policy Information Page Name Change Endorsement Record | 174-176 |
| CORRESPONDING CANCELLATION EFFECTIVE DATE | Cancellation/Reinstatement Record | 283-288 |
| COUNTRY CODE | Address Record | 267-268 |
| | Policy Information Page Address Change Endorsement Record | 235-236 |
| CREDIT FACTOR | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 173-176 |
| CURRENT OUTSTANDING PREMIUM DUE AMOUNT | Noncompliance/Compliance of Policy Terms and Conditions Record | 81-90 |
| D | | |
| DATA ELEMENT CHANGE IDENTIFICATION NUMBER | Policy Information Page State Premium Change Record | 51-58 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 51-58 |
| DATE SENT | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 249-254 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|--|-------------------------|
| | Wisconsin Franchisor-Agreement Termination Endorsement | 249-254 |
| DCO GENERATED TRANSACTION CODE | Cancellation/Reinstatement Record | 282-282 |
| | Header Record | 287-287 |
| | Noncompliance/Compliance of Policy Terms and Conditions Record | 282-282 |
| DEDUCTIBLE ALLOCATED LOSS EXPENSES INCLUDED/EXCLUDED INDICATOR | Deductible Endorsement (Small or Large) | 98-98 |
| DEDUCTIBLE AMOUNT | Benefits Deductible Endorsement - New York Record | 71-75 |
| | Deductible Endorsement - Delaware Record | 71-76 |
| DEDUCTIBLE AMOUNT - AGGREGATE | Deductible Endorsement (Small or Large) | 80-88 |
| | Deductible Endorsement Record | 86-94 |
| DEDUCTIBLE AMOUNT PER ACCIDENT | Deductible Endorsement (Small or Large) | 71-79 |
| DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT | Deductible Endorsement Record | 77-85 |
| DEDUCTIBLE AMOUNT SCHEDULE - ALL COVERED BODILY INJURY - AGGREGATE AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 91-100 |
| DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 71-80 |
| DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 81-90 |
| DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - ALL COVERED BODILY INJURY - OCCURRENCE AGGREGATE AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 121-130 |
| DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - ALL COVERED BODILY INJURY - POLICY AGGREGATE AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 131-140 |
| DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - BODILY INJURY BY ACCIDENT - EACH PERSON OR EACH OCCURRENCE AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 101-110 |
| DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - BODILY INJURY BY DISEASE - EACH PERSON OR EACH OCCURRENCE AMOUNT | New Jersey Large Risk - Large Deductible Endorsement Record | 111-120 |
| DEDUCTIBLE FIXED EXPENSE CHARGE INDICATOR | Deductible Endorsement (Small or Large) | 99-99 |
| DEDUCTIBLE NEGOTIATED CHARGE | Deductible Endorsement (Small or Large) | 89-97 |
| DEDUCTIBLE PERCENTAGE | Deductible Endorsement Record | 75-76 |
| DESCRIPTION AND LOCATION OF WORK | Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record | 71-195 |
| DESCRIPTION OF OPERATIONS | Exclusion Of Employees Endorsement - Pennsylvania Record | 121-190 |
| | Principal As Additional Insured - Pennsylvania Record | 121-190 |
| DESCRIPTION OF PREMISES | Real Estate Management Endorsement - Pennsylvania Record | 121-190 |
| DESCRIPTION OF WORK | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 201-240 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 141-180 |
| DESCRIPTOR CODE | Partners, Officers And Others Exclusion Endorsement Record | 71-71 |
| | Partners, Officers And Others Exclusion Endorsement Record | 132-132 |
| | Partners, Officers And Others Exclusion Endorsement Record | 193-193 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 71-71 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 124-124 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 177-177 |
| DESIGNATED WORKERS COMPENSATION LAW | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 145-146 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 211-212 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|--|-------------------------|
| DESIGNATED WORKERS COMPENSATION LAW OR DESCRIPTION | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 211-250 |
| E | | |
| EFFECTIVE DATE | Policy Period Endorsement Record | 71-76 |
| | Policy Period Endorsement Record | 83-88 |
| | Policy Period Endorsement Record | 95-100 |
| ELIGIBILITY DATE | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 167-172 |
| EMAIL ADDRESS | Address Record | 225-263 |
| | Policy Information Page Address Change Endorsement Record | 196-217 |
| EMAIL ADDRESS - CONTINUED | Policy Information Page Address Change Endorsement Record | 237-253 |
| EMPLOYEE LEASING POLICY TYPE CODE | Header Record | 75-75 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 83-83 |
| EMPLOYEES SUBJECT TO THIS ENDORSEMENT | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 71-190 |
| EMPLOYER ASSESSMENT AMOUNT | Employer Assessment Endorsement - Pennsylvania Record | 76-85 |
| EMPLOYER ASSESSMENT FACTOR | Employer Assessment Endorsement - Pennsylvania Record | 71-75 |
| EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement - New York Record Continuation | 71-80 |
| | Header Record | 152-161 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 160-169 |
| EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement - New York Record Continuation | 91-100 |
| | Header Record | 172-181 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 180-189 |
| EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement - New York Record Continuation | 81-90 |
| | Header Record | 162-171 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 170-179 |
| EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL) - BODILY INJURY BY ACCIDENT AMOUNT | Federal Employers' Liability Act Endorsement Record | 71-80 |
| EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL)- BODILY INJURY BY DISEASE AMOUNT | Federal Employers' Liability Act Endorsement Record | 81-90 |
| EMPLOYER LIABILITY LIMIT AMOUNT (MARITIME) - BODILY INJURY BY ACCIDENT AMOUNT | Maritime Coverage Endorsement Record | 71-80 |
| EMPLOYER LIABILITY LIMIT AMOUNT (MARITIME) - BODILY INJURY BY DISEASE AMOUNT | Maritime Coverage Endorsement Record | 81-90 |
| ENDORSEMENT EFFECTIVE DATE | Aircraft Premium Endorsement Record | 289-294 |
| | Alternate Employer Endorsement Record | 289-294 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 289-294 |
| | Anniversary Rating Date Endorsement Record | 289-294 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 289-294 |
| | Audit Noncompliance Charge Endorsement | 289-294 |
| | Benefits Deductible Endorsement - New York Record | 289-294 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 289-294 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 289-294 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
| | Corporation Coverage/Exclusion Endorsement - California Record | 289-294 |
| | Deductible Endorsement - Delaware Record | 289-294 |
| | Deductible Endorsement (Small or Large) | 289-294 |
| | Deductible Endorsement Record | 289-294 |
| | Defense Base Act Coverage Endorsement Record | 289-294 |
| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 289-294 |
| | Designated Workplaces Exclusion Endorsement Record | 289-294 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 289-294 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 289-294 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 289-294 |
| | Employer Assessment Endorsement - Pennsylvania Record | 289-294 |
| | Employers Liability Coverage Endorsement Record | 289-294 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 289-294 |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 289-294 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 289-294 |
| | Excess Medical Coverage Endorsement - New York Record | 289-294 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 289-294 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 289-294 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 289-294 |
| | Executive Officers Endorsement - New York Record | 289-294 |
| | Experience Rating Modification Change Endorsement Record | 289-294 |
| | Federal Employers' Liability Act Endorsement Record | 289-294 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 289-294 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 289-294 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 289-294 |
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| | Labor Contractor Endorsement - New York Record | 289-294 |
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| | Minnesota Independent Contractors Coverage Endorsement | 289-294 |
| | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 289-294 |
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| | New Jersey Employee Leasing Endorsement Record | 289-294 |
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| | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 289-294 |
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| | Retrospective Premium Endorsement Changes Record | 289-294 |
| | Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record | 289-294 |
| | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 289-294 |
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| | Sole Proprietors & Partners Endorsement - New York Record | 289-294 |

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| | Voluntary Compensation Maritime Coverage Endorsement Record | 289-294 |
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| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 289-294 |
| | Waiver Of Our Right To Recover From Others Endorsement Record | 289-294 |
| | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 289-294 |
| | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 289-294 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 289-294 |
| | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 289-294 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 289-294 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 289-294 |
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| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 295-300 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 295-300 |
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| | Deductible Endorsement - Delaware Record | 51-58 |
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| | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 51-58 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 51-58 |
| | Minnesota Employee Leasing Endorsement | 51-58 |
| | Minnesota Independent Contractors Coverage Endorsement | 51-58 |
| | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 51-58 |
| | Multipurpose Text - California Record | 51-58 |
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| | New Jersey Employee Leasing Endorsement Record | 51-58 |
| | New Jersey Large Risk - Large Deductible Endorsement Record | 51-58 |
| | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 51-58 |
| | Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record | 51-58 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 51-58 |
| | Outer Continental Shelf Lands Act Coverage Endorsement Record | 51-58 |
| | Partners, Officers And Others Exclusion Endorsement Record | 51-58 |
| | Partnership Coverage/Exclusion Endorsement - California Record | 51-58 |
| | Policy Information Page Address Change Endorsement Record | 51-58 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 51-58 |
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| | Retrospective Premium Endorsement Changes Record | 51-58 |
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| | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 51-58 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 51-58 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 51-58 |
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| | Maritime Coverage Endorsement Record | 253-254 |
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| ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT | Excess Medical Coverage Endorsement - New York Record | 100-109 |
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| | Excess Medical Coverage Endorsement - New York Record | 158-167 |
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| | Excess Medical Coverage Endorsement - New York Record | 216-225 |
| | Excess Medical Coverage Endorsement - New York Record | 245-254 |
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| ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT | State Premium Record | 108-117 |
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| | Excess Medical Coverage Endorsement - New York Record | 172-181 |
| | Excess Medical Coverage Endorsement - New York Record | 201-210 |
| | Excess Medical Coverage Endorsement - New York Record | 230-239 |
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| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 151-190 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 191-230 |
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| EXCESS LOSS FACTOR - STATE (OTHER THAN F-CLASSES) | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 208-210 |
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| EXCESS LOSS PREMIUM FACTOR CHANGE - STATE (OTHER THAN F-CLASSES) | Retrospective Premium Endorsement Changes Record | 71-73 |
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| | Excess Medical Coverage Endorsement - New York Record | 124-128 |
| | Excess Medical Coverage Endorsement - New York Record | 153-157 |
| | Excess Medical Coverage Endorsement - New York Record | 182-186 |
| | Excess Medical Coverage Endorsement - New York Record | 211-215 |
| | Excess Medical Coverage Endorsement - New York Record | 240-244 |
| EXCLUDED ADDRESS | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 71-110 |
| EXCLUDED COUNTRY | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 213-242 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 243-272 |
| EXCLUDED OPERATION DESCRIPTION | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 73-152 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 153-232 |
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| EXPERIENCE RATING CODE | State Premium Record | 97-97 | |
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| | Policy Period Endorsement Record | 89-94 | |
| | Policy Period Endorsement Record | 101-106 | |
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| | Rate Change Endorsement Record | 106-107 | |
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| | Rate Change Endorsement Record | 150-151 | |
| | Rate Change Endorsement Record | 172-173 | |
| | Rate Change Endorsement Record | 194-195 | |
| | Rate Change Endorsement Record | 216-217 | |
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| EXPOSURE PERIOD CODE | Exposure Record | 79-84 | |
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| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 224-228 | |
| EXPOSURE RECORD LINK FOR LOCATION CODE | Address Record | 157-161 | |
| | Policy Information Page Address Change Endorsement Record | 179-183 | |
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| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | Name Record | 149-157 | |
| | Policy Information Page Name Change Endorsement Record | 165-173 | |
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| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 232-240 | |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 149-157 | |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OF LABOR CONTRACTOR | Premium Discount Endorsement Record | 73-76 | |
| | Premium Discount Endorsement Record | 106-109 | |
| | Premium Discount Endorsement Record | 136-139 | |
| | Premium Discount Endorsement Record | 166-169 | |
| | Premium Discount Endorsement Record | 196-199 | |
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| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 71-74 | |
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| | | Premium Discount Endorsement Record | 110-112 |
| | | Premium Discount Endorsement Record | 140-142 |
| Premium Discount Endorsement Record | | 170-172 | |
| Premium Discount Endorsement Record | | 200-202 | |
| Premium Discount Endorsement Record | | 230-232 | |
| FIRST PREMIUM DISCOUNT PERCENTAGE | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 75-77 | |
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| FOREIGN ADDRESS INDICATOR | Address Record Policy Information Page Address Change Endorsement Record | 49-49 218-218 |
| FOREIGN VOLUNTARY COVERAGE PREMIUM AMOUNT | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 71-80 |
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| GEOGRAPHIC AREA | Address Record Policy Information Page Address Change Endorsement Record | 209-224 219-234 |
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| GROUP INSURANCE EXPIRATION DATE | Group Insurance Coverage Information - California Record | 168-173 |
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| HAZARD GROUP CODE | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long- Term Construction Project) Record | 84-84 |
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| I | | |
| IDENTIFY EMPLOYEES | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 71-170 |
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| INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER | Policy Information Page State Premium Change Record State Premium Record | 142-156 58-72 |
| INDUSTRY CODE | Address Record | 203-208 |
| INSURER CODE FOR THE ALTERNATE COVERAGE | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 133-137 |
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| INTERSTATE RISK ID NUMBER | Header Record Policy Information Page Data Element(s) Change Endorsement Record | 49-57 241-249 |
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| ITEM 3.C INCLUSION / EXCLUSION CODE | Policy Information Page Data Element(s) Change Endorsement Record | 129-129 |
| L | | |
| LAWFULLY UNINSURED INDICATOR | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 204-204 |
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| | Benefits Deductible Endorsement - New York Record | 1-43 |
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| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 1-43 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 1-43 |
| | Corporation Coverage/Exclusion Endorsement - California Record | 1-43 |
| | Deductible Endorsement - Delaware Record | 1-43 |
| | Deductible Endorsement (Small or Large) | 1-43 |
| | Deductible Endorsement Record | 1-43 |
| | Defense Base Act Coverage Endorsement Record | 1-43 |
| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 1-43 |
| | Designated Workplaces Exclusion Endorsement Record | 1-43 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 1-43 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 1-43 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 1-43 |
| | Employer Assessment Endorsement - Pennsylvania Record | 1-43 |
| | Employers Liability Coverage Endorsement Record | 1-43 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 1-43 |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 1-43 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 1-43 |
| | Endorsement Identification Record | 1-43 |
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| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 1-43 |
| | Executive Officers Endorsement - New York Record | 1-43 |
| | Experience Rating Modification Change Endorsement Record | 1-43 |
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| | Federal Employers' Liability Act Endorsement Record | 1-43 |
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| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 1-43 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 1-43 |

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| | Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record | 119-122 |
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| | Sole Proprietors & Partners Endorsement - New York Record | 176-210 |
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| NAME OF CARRIER IF INSURED ELSEWHERE | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 265-288 |
| NAME OF CERTIFIED MANAGED CARE PROGRAM | New Jersey Certified Managed Care Program Endorsement Record | 71-130 |
| NAME OF CLIENT | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 73-151 |
| | Minnesota Employee Leasing Endorsement | 71-120 |
| | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 131-190 |
| NAME OF CLIENT OR NAME OF LABOR CONTRACTOR | Labor Contractor Endorsement - New York Record | 71-160 |
| | New Jersey Employee Leasing Endorsement Record | 71-160 |
| | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 71-130 |
| NAME OF CLIENT OR PEO | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 71-150 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|--|-------------------------|
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| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 81-114 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 147-180 |
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| NAME OF EMPLOYER | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 117-156 |
| NAME OF EXECUTIVE OFFICER OR LIMITED LIABILITY COMPANY (LLC) MANAGER | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 161-220 |
| NAME OF FARM OR AGRICULTURAL WORKERS | Domestic And Agricultural Workers Exclusion Endorsement Record | 71-145 |
| NAME OF FRANCHISEE | Wisconsin Franchisor-Agreement Termination Endorsement | 131-190 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 71-130 |
| NAME OF FRANCHISOR | Wisconsin Franchisor-Agreement Termination Endorsement | 71-130 |
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| | Alternate Employer Endorsement Record | 255-288 |
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| | Anniversary Rating Date Endorsement Record | 255-288 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 255-288 |
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| | Benefits Deductible Endorsement - New York Record | 255-288 |
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| | Deductible Endorsement Record | 255-288 |
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| | Domestic And Agricultural Workers Exclusion Endorsement Record | 255-288 |
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| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 255-288 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 255-288 |
| | Excess Medical Coverage Endorsement - New York Record | 255-288 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 255-288 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 255-288 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 255-288 |
| | Executive Officers Endorsement - New York Record | 255-288 |
| | Experience Rating Modification Change Endorsement Record | 255-288 |
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| | Group Insurance Coverage Information - California Record | 255-288 |
| | Labor Contractor Endorsement - New York Record | 255-288 |
| | Limited Liability Company Coverage/Exclusion Endorsement | 255-288 |
| | Maritime Coverage Endorsement Record | 255-288 |
| | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 261-294 |
| | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 177-210 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 255-288 |
| | Minnesota Employee Leasing Endorsement | 255-288 |
| | Minnesota Independent Contractors Coverage Endorsement | 255-288 |
| | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 255-288 |
| | Multipurpose Text - California Record | 255-288 |
| | Name Record | 53-142 |
| | New Jersey Certified Managed Care Program Endorsement Record | 255-288 |
| | New Jersey Employee Leasing Endorsement Record | 255-288 |
| | New Jersey Large Risk - Large Deductible Endorsement Record | 255-288 |
| | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 255-288 |
| | Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record | 255-288 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 255-288 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|---|-------------------------|
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| | Partners, Officers And Others Exclusion Endorsement Record | 255-288 |
| | Partnership Coverage/Exclusion Endorsement - California Record | 255-288 |
| | Policy Information Page Address Change Endorsement Record | 255-288 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 255-288 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 255-288 |
| | Policy Information Page Name Change Endorsement Record | 75-164 |
| | Policy Information Page Name Change Endorsement Record | 255-288 |
| | Policy Information Page State Premium Change Record | 255-288 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 255-288 |
| | Policy Period Endorsement Record | 255-288 |
| | Preferred Provider Organization Endorsement - New York Record | 255-288 |
| | Premium Discount Endorsement Record | 255-288 |
| | Principal As Additional Insured - Pennsylvania Record | 255-288 |
| | Rate Change Endorsement Record | 255-288 |
| | Real Estate Management Endorsement - Pennsylvania Record | 255-288 |
| | Retrospective Premium Endorsement Aviation Exclusion Record | 255-288 |
| | Retrospective Premium Endorsement Changes Record | 255-288 |
| | Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record | 255-288 |
| | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 255-288 |
| | Retrospective Premium Endorsement Short-Term Record | 255-288 |
| | Sole Proprietors & Partners Endorsement - New York Record | 255-288 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 255-288 |
| | Statutory Employer Endorsement - Pennsylvania Record | 255-288 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 255-288 |
| | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 255-288 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 255-288 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 255-288 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 255-288 |
| | Waiver Of Our Right To Recover From Others Endorsement Record | 255-288 |
| | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 255-288 |
| | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 255-288 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 255-288 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
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| | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 255-288 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 255-288 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 241-275 |
| NAME OF INSURED FOR THE ALTERNATE COVERAGE | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 73-132 |
| NAME OF INSURER FOR THE ALTERNATE COVERAGE | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 138-167 |
| NAME OF LABOR CONTRACTOR | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 73-151 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 71-130 |
| NAME OF MANAGING AGENT | Real Estate Management Endorsement - Pennsylvania Record | 71-120 |
| NAME OF NEW CARRIER | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 101-200 |
| NAME OF OFFICER | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 72-111 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 126-165 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 180-219 |
| | Executive Officers Endorsement - New York Record | 71-110 |
| | Executive Officers Endorsement - New York Record | 141-180 |
| NAME OF OPERATION | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 104-133 |
| NAME OF ORGANIZATION | Waiver Of Our Right To Recover From Others Endorsement Record | 131-190 |
| NAME OF ORIGINAL CARRIER | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 71-100 |
| NAME OF ORIGINAL CARRIER SIGNATORY | Assumption of Liability Endorsement Record - Wisconsin Record | 144-173 |
| NAME OF PERSON | Waiver Of Our Right To Recover From Others Endorsement Record | 71-130 |
| NAME OF PERSON TO BE EXCLUDED | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 71-130 |
| | Partners, Officers And Others Exclusion Endorsement Record | 72-131 |
| | Partners, Officers And Others Exclusion Endorsement Record | 133-192 |
| | Partners, Officers And Others Exclusion Endorsement Record | 194-253 |
| NAME OF PERSON TO BE INCLUDED | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 72-121 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 125-174 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 178-227 |
| NAME OF PREFERRED PROVIDER ORGANIZATION (PPO) | Preferred Provider Organization Endorsement - New York Record | 106-140 |
| | Preferred Provider Organization Endorsement - New York Record | 176-210 |
| NAME OF PRINCIPAL | Principal As Additional Insured - Pennsylvania Record | 71-120 |
| NAME OF PRODUCER | Header Record | 182-211 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 211-240 |
| NAME OF QUALIFIED LOSS MANAGEMENT PROGRAM | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts | 71-160 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|--|---|
| NAME OF SOLE PROPRIETOR OR OF A PARTNER | Record Sole Proprietors & Partners Endorsement - New York Record | 71-105 |
| NAME OF STATUTORY EMPLOYER | Exclusion Of Employees Endorsement - Pennsylvania Record | 71-120 |
| NAME OF VESSEL(S) | Voluntary Compensation Maritime Coverage Endorsement Record | 71-130 |
| NAME OF WIFE | Amendatory Endorsement - Farming Operations - Delaware Record | 71-130 |
| NAME REVISION CODE | Policy Information Page Name Change Endorsement Record | 252-252 |
| NAME TYPE CODE | Name Record Policy Information Page Name Change Endorsement Record | 48-48 71-71 |
| NAMES OF MINOR CHILDREN | Amendatory Endorsement - Farming Operations - Delaware Record | 131-250 |
| NATURE OF BUSINESS | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 157-176 |
| NATURE OF INSURED | Cancellation/Reinstatement Record | 233-252 |
| NEW UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT COVERAGE PERCENTAGE FACTOR | Rate Change Endorsement Record | 87-90 |
| NONCOMPLIANCE EFFECTIVE DATE | Noncompliance/Compliance of Policy Terms and Conditions Record | 283-288 |
| NONCOMPLIANCE/COMPLIANCE NOTIFICATION TYPE CODE | Noncompliance/Compliance of Policy Terms and Conditions Record | 48-48 |
| NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER | Noncompliance/Compliance of Policy Terms and Conditions Record | 259-260 |
| NON-RETROSPECTIVE DEVELOPMENT PREMIUM AMOUNT STATE(S) | Retrospective Premium Endorsement Changes Record | 83-182 |
| NOTICE SENT TO CHAIRPERSON DATE | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 229-234 |
| NUMBER OF EMPLOYEES | Address Record | 197-202 |
| NUMBER OF PIECES OF APPARATUS | Exposure Record Policy Information Page Class and/or Rate Change and Other Endorsement Record | 261-263 231-233 |
| NUMBER OF VOLUNTEERS | Exposure Record Policy Information Page Class and/or Rate Change and Other Endorsement Record | 264-266 234-236 |
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| OFFICE HELD | Exclusion Of Executive Officers Endorsement - Pennsylvania Record Exclusion Of Executive Officers Endorsement - Pennsylvania Record Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 112-120 166-174 220-228 |
| OFFICER, EMPLOYEE OR CLASS THEREOF | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 71-110 111-150 151-190 191-230 |
| OPERATION TITLE | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 134-153 |
| ORIGINAL CARRIER CODE | Header Record | 221-225 |
| ORIGINAL CARRIER SIGNATORY DATE | Assumption of Liability Endorsement Record - Wisconsin Record | 138-143 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|---|-------------------------|
| ORIGINAL CARRIER SIGNATORY TITLE | Assumption of Liability Endorsement Record – Wisconsin Record | 174-193 |
| ORIGINAL POLICY EFFECTIVE DATE | Header Record | 244-249 |
| ORIGINAL POLICY NUMBER IDENTIFIER | Header Record | 226-243 |
| OTHER INDIVIDUAL RISK RATING FACTOR | Policy Information Page State Premium Change Record | 72-75 |
| | State Premium Record | 99-102 |
| OTHER POLICY NUMBER IDENTIFIER | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 223-240 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 102-119 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 120-137 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 138-155 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 156-173 |
| P | | |
| PARTICIPATION IN PROGRAM EFFECTIVE DATE | Preferred Provider Organization Endorsement - New York Record | 211-216 |
| PASSENGER SEAT CHARGE AMOUNT | Aircraft Premium Endorsement Record | 93-96 |
| | Aircraft Premium Endorsement Record | 129-132 |
| | Aircraft Premium Endorsement Record | 165-168 |
| | Aircraft Premium Endorsement Record | 201-204 |
| | Aircraft Premium Endorsement Record | 237-240 |
| PERCENTAGE OF OWNERSHIP INTEREST | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 121-125 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 175-179 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 229-233 |
| PHONE NUMBER OF INSURED | Address Record | 187-196 |
| PLAN PREMIUM ADJUSTMENT FACTOR | Exposure Record | 277-279 |
| POLICY CHANGE EFFECTIVE DATE | Address Record | 289-294 |
| | Endorsement Identification Record | 289-294 |
| | Exposure Record | 289-294 |
| | Header Record | 289-294 |
| | Name Record | 289-294 |
| | Other States Coverage Record | 289-294 |
| | State Premium Record | 289-294 |
| POLICY CHANGE EXPIRATION DATE | Address Record | 295-300 |
| | Endorsement Identification Record | 295-300 |
| | Exposure Record | 295-300 |
| | Header Record | 295-300 |
| | Name Record | 295-300 |
| | Other States Coverage Record | 295-300 |
| | State Premium Record | 295-300 |
| POLICY DEPOSIT PREMIUM AMOUNT | Header Record | 139-148 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 139-148 |
| POLICY EFFECTIVE DATE | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 217-222 |
| | Link Data Common to All Records | 31-36 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 94-99 |
| POLICY ESTIMATED STANDARD PREMIUM TOTAL | Header Record | 129-138 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 129-138 |
| POLICY EXPIRATION DATE | Assumption of Liability Endorsement Record – Wisconsin Record | 71-76 |
| | Designated Workplace Cancellation | 223-228 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|--|-------------------------|
| | Endorsement And Notice Of Partial Cancellation - New York Record | |
| | Header Record | 58-63 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 100-105 |
| POLICY EXPIRATION DATE FOR THE ALTERNATE COVERAGE | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 198-203 |
| POLICY INCEPTION DATE FOR THE ALTERNATE COVERAGE | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 192-197 |
| POLICY MINIMUM PREMIUM AMOUNT | Header Record | 117-126 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 117-126 |
| POLICY MINIMUM PREMIUM STATE CODE | Header Record | 127-128 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 127-128 |
| POLICY NUMBER FOR THE ALTERNATE COVERAGE | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 168-185 |
| POLICY NUMBER IDENTIFIER | Link Data Common to All Records | 6-23 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 71-88 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 89-106 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 107-124 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 125-142 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 143-160 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 161-178 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 179-196 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 197-214 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 215-232 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 76-93 |
| POLICY NUMBER IDENTIFIER THAT CARRIES THE RETROSPECTIVE PREMIUM ENDORSEMENT | Retrospective Premium Endorsement Short-Term Record | 71-88 |
| POLICY NUMBER OF LABOR CONTRACTOR | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 131-148 |
| POLICY SURCHARGE FACTOR | Exposure Record | 267-276 |
| POLICY TERM CODE | Header Record | 76-76 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 84-84 |
| PREMIUM ADJUSTMENT PERIOD CODE | Policy Information Page Data Element(s) Change Endorsement Record | 190-190 |
| PREMIUM AMOUNT TOTAL | State Premium Record | 186-186 |
| | Preferred Provider Organization Endorsement - New York Record | 229-238 |
| PREMIUM DISCOUNT AMOUNT | Policy Information Page State Premium Change Record | 111-120 |
| PREMIUM REDUCTION PERCENTAGE | State Premium Record | 138-147 |
| | Deductible Endorsement Record | 95-99 |
| | New Jersey Certified Managed Care Program Endorsement Record | 137-140 |
| | Preferred Provider Organization Endorsement - New York Record | 225-228 |
| PREMIUM REDUCTION PERCENTAGE FACTOR | Deductible Endorsement - Delaware Record | 77-81 |
| PREVIOUSLY REPORTED ANNIVERSARY RATING DATE | Policy Information Page State Premium Change Record | 130-135 |
| PREVIOUSLY REPORTED EXPERIENCE MODIFICATION EFFECTIVE DATE | Policy Information Page State Premium Change Record | 124-129 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|--|-------------------------|
| PRIMARY COMPLIANCE REASON CODE | Noncompliance/Compliance of Policy Terms and Conditions Record | 65-66 |
| PRIMARY NONCOMPLIANCE REASON CODE | Noncompliance/Compliance of Policy Terms and Conditions Record | 49-50 |
| PRIOR POLICY NUMBER IDENTIFIER | Header Record | 77-94 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 85-102 |
| PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE | Name Record | 52-52 |
| | Policy Information Page Name Change Endorsement Record | 254-254 |
| PROGRAM EFFECTIVE DATE | New Jersey Certified Managed Care Program Endorsement Record | 131-136 |
| PRO-RATED EXPENSE CONSTANT AMOUNT REASON CODE | Policy Information Page State Premium Change Record | 121-121 |
| | State Premium Record | 148-148 |
| PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE | Policy Information Page State Premium Change Record | 122-122 |
| | State Premium Record | 149-149 |
| R | | |
| RATE/CHARGED RATE | Minnesota Independent Contractors Coverage Endorsement | 222-228 |
| RATES EFFECTIVE ON POLICY DATE | Rate Change Endorsement Record | 71-76 |
| REASON FOR CANCELLATION CODE | Cancellation/Reinstatement Record | 50-51 |
| REASON FOR PARTIAL CANCELLATION | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 235-264 |
| REASON FOR REINSTATEMENT CODE | Cancellation/Reinstatement Record | 261-262 |
| REASON STATE WAS ADDED TO THE POLICY CODE | Policy Information Page State Premium Change Record | 123-123 |
| | State Premium Record | 150-150 |
| RECORD TOTALS | File Control Record | 48-57 |
| RECORD TYPE CODE | Address Record | 46-47 |
| | Aircraft Premium Endorsement Record | 46-47 |
| | Alternate Employer Endorsement Record | 46-47 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 46-47 |
| | Anniversary Rating Date Endorsement Record | 46-47 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 46-47 |
| | Audit Noncompliance Charge Endorsement | 46-47 |
| | Benefits Deductible Endorsement - New York Record | 46-47 |
| | Cancellation/Reinstatement Record | 46-47 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 46-47 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 46-47 |
| | Corporation Coverage/Exclusion Endorsement - California Record | 46-47 |
| | Deductible Endorsement - Delaware Record | 46-47 |
| | Deductible Endorsement (Small or Large) | 46-47 |
| | Deductible Endorsement Record | 46-47 |
| | Defense Base Act Coverage Endorsement Record | 46-47 |
| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 46-47 |
| | Designated Workplaces Exclusion Endorsement Record | 46-47 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 46-47 |
| | Employee Leasing Endorsement (Policy) | 46-47 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-----------------------|
| | Issued In Name Of Client) - California Record | |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 46-47 |
| | Employer Assessment Endorsement - Pennsylvania Record | 46-47 |
| | Employers Liability Coverage Endorsement Record | 46-47 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 46-47 |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 46-47 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 46-47 |
| | Endorsement Identification Record | 46-47 |
| | Excess Medical Coverage Endorsement - New York Record | 46-47 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 46-47 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 46-47 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 46-47 |
| | Executive Officers Endorsement - New York Record | 46-47 |
| | Experience Rating Modification Change Endorsement Record | 46-47 |
| | Exposure Record | 46-47 |
| | Federal Employers' Liability Act Endorsement Record | 46-47 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 46-47 |
| | File Control Record | 46-47 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 46-47 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 46-47 |
| | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation | 46-47 |
| | Group Insurance Coverage Information - California Record | 46-47 |
| | Header Record | 46-47 |
| | Labor Contractor Endorsement - New York Record | 46-47 |
| | Limited Liability Company Coverage/Exclusion Endorsement | 46-47 |
| | Maritime Coverage Endorsement Record | 46-47 |
| | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 46-47 |
| | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 46-47 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 46-47 |
| | Minnesota Employee Leasing Endorsement | 46-47 |
| | Minnesota Independent Contractors Coverage Endorsement | 46-47 |
| | Minnesota Third Degree Of Kindred Family | 46-47 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|---|-----------------------|
| | Member Exclusion Endorsement | |
| | Multipurpose Text - California Record | 46-47 |
| | Name Record | 46-47 |
| | New Jersey Certified Managed Care Program Endorsement Record | 46-47 |
| | New Jersey Employee Leasing Endorsement Record | 46-47 |
| | New Jersey Large Risk - Large Deductible Endorsement Record | 46-47 |
| | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 46-47 |
| | Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record | 46-47 |
| | Noncompliance/Compliance of Policy Terms and Conditions Record | 46-47 |
| | Other Policies Subject To Retrospective Rating Or Premium Discount Record | 46-47 |
| | Other States Coverage Record | 46-47 |
| | Outer Continental Shelf Lands Act Coverage Endorsement Record | 46-47 |
| | Partners, Officers And Others Exclusion Endorsement Record | 46-47 |
| | Partnership Coverage/Exclusion Endorsement - California Record | 46-47 |
| | Policy Information Page Address Change Endorsement Record | 46-47 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 46-47 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 46-47 |
| | Policy Information Page Name Change Endorsement Record | 46-47 |
| | Policy Information Page State Premium Change Record | 46-47 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 46-47 |
| | Policy Period Endorsement Record | 46-47 |
| | Preferred Provider Organization Endorsement - New York Record | 46-47 |
| | Premium Discount Endorsement Record | 46-47 |
| | Principal As Additional Insured - Pennsylvania Record | 46-47 |
| | Rate Change Endorsement Record | 46-47 |
| | Real Estate Management Endorsement - Pennsylvania Record | 46-47 |
| | Retrospective Premium Endorsement Aviation Exclusion Record | 46-47 |
| | Retrospective Premium Endorsement Changes Record | 46-47 |
| | Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record | 46-47 |
| | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 46-47 |
| | Retrospective Premium Endorsement Short-Term Record | 46-47 |
| | Sole Proprietors & Partners Endorsement - New York Record | 46-47 |
| | Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record | 46-47 |
| | State Premium Record | 46-47 |
| | Statutory Employer Endorsement - Pennsylvania Record | 46-47 |
| | This Record is Reserved for Future Use | 46-47 |
| | This Record is Reserved for Future Use | 46-47 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|---|-------------------------|
| | This Record is Reserved for Future Use | 46-47 |
| | This Record is Reserved for Future Use | 46-47 |
| | This Record is Reserved for Future Use | 46-47 |
| | This Record Is Reserved For Future Use | 46-47 |
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| | This Record Is Reserved For Future Use | 46-47 |
| | This Record is Reserved for ISO Use | 46-47 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 46-47 |
| | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 46-47 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 46-47 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 46-47 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 46-47 |
| | Waiver Of Our Right To Recover From Others Endorsement Record | 46-47 |
| | Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record | 46-47 |
| | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 46-47 |
| | Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement | 46-47 |
| | Wisconsin Employee Leasing Endorsement - Wisconsin Record | 46-47 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 46-47 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 46-47 |
| REINSTATEMENT TYPE CODE | Cancellation/Reinstatement Record | 52-52 |
| RELATIONSHIP TO EXECUTIVE OFFICER OR LIMITED LIABILITY COMPANY (LLC) MANAGER | Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement | 131-160 |
| REPLACEMENT TRANSACTION SEQUENCE NUMBER | Link Data Common to All Records | 24-25 |
| RESERVED FOR FUTURE USE | Audit Noncompliance Charge Endorsement | 44-45 |
| | State Premium Record | 98-98 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 48-50 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 295-300 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 48-50 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 276-288 |
| | Wisconsin Franchisor-Franchisee Coverage Endorsement | 295-300 |
| RESERVED FOR FUTURE USE | Address Record | 44-45 |
| | Address Record | 162-186 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|---|-------------------------|
| | Address Record | 264-266 |
| | Address Record | 271-288 |
| | Aircraft Premium Endorsement Record | 44-45 |
| | Aircraft Premium Endorsement Record | 48-50 |
| | Aircraft Premium Endorsement Record | 251-254 |
| | Aircraft Premium Endorsement Record | 295-300 |
| | Alternate Employer Endorsement Record | 44-45 |
| | Alternate Employer Endorsement Record | 48-50 |
| | Alternate Employer Endorsement Record | 235-252 |
| | Alternate Employer Endorsement Record | 295-300 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 48-50 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 251-254 |
| | Amendatory Endorsement - Farming Operations - Delaware Record | 295-300 |
| | Anniversary Rating Date Endorsement Record | 48-50 |
| | Anniversary Rating Date Endorsement Record | 77-254 |
| | Anniversary Rating Date Endorsement Record | 295-300 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 48-50 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 194-254 |
| | Assumption of Liability Endorsement Record - Wisconsin Record | 295-300 |
| | Audit Noncompliance Charge Endorsement | 48-50 |
| | Audit Noncompliance Charge Endorsement | 239-254 |
| | Audit Noncompliance Charge Endorsement | 295-300 |
| | Benefits Deductible Endorsement - New York Record | 48-50 |
| | Benefits Deductible Endorsement - New York Record | 76-254 |
| | Benefits Deductible Endorsement - New York Record | 295-300 |
| | Cancellation/Reinstatement Record | 263-281 |
| | Cancellation/Reinstatement Record | 295-300 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 48-50 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 74-254 |
| | Construction Classification Premium Adjustment Factor Endorsement - New York Record | 295-300 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 48-50 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 81-254 |
| | Contingent Experience Rating Modification Factor Endorsement Record | 295-300 |
| | Corporation Coverage/Exclusion Endorsement - California Record | 48-50 |
| | Corporation Coverage/Exclusion Endorsement - California Record | 251-254 |
| | Corporation Coverage/Exclusion Endorsement - California Record | 295-300 |
| | Deductible Endorsement - Delaware Record | 48-50 |
| | Deductible Endorsement - Delaware Record | 82-254 |
| | Deductible Endorsement - Delaware Record | 295-300 |
| | Deductible Endorsement (Small or Large) | 48-50 |
| | Deductible Endorsement (Small or Large) | 100-254 |
| | Deductible Endorsement (Small or Large) | 295-300 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
| | Deductible Endorsement Record | 48-50 |
| | Deductible Endorsement Record | 100-254 |
| | Deductible Endorsement Record | 295-300 |
| | Defense Base Act Coverage Endorsement Record | 44-45 |
| | Defense Base Act Coverage Endorsement Record | 48-50 |
| | Defense Base Act Coverage Endorsement Record | 191-252 |
| | Defense Base Act Coverage Endorsement Record | 295-300 |
| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 48-50 |
| | Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record | 295-300 |
| | Designated Workplaces Exclusion Endorsement Record | 44-45 |
| | Designated Workplaces Exclusion Endorsement Record | 48-50 |
| | Designated Workplaces Exclusion Endorsement Record | 191-252 |
| | Designated Workplaces Exclusion Endorsement Record | 295-300 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 44-45 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 48-50 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 221-254 |
| | Domestic And Agricultural Workers Exclusion Endorsement Record | 295-300 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 48-50 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record | 295-300 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 48-50 |
| | Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record | 295-300 |
| | Employer Assessment Endorsement - Pennsylvania Record | 48-50 |
| | Employer Assessment Endorsement - Pennsylvania Record | 86-254 |
| | Employer Assessment Endorsement - Pennsylvania Record | 295-300 |
| | Employers Liability Coverage Endorsement Record | 44-45 |
| | Employers Liability Coverage Endorsement Record | 48-50 |
| | Employers Liability Coverage Endorsement Record | 171-254 |
| | Employers Liability Coverage Endorsement Record | 295-300 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 48-50 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 233-252 |
| | Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record | 48-50 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
| | Restricting This Insurance (Alternate Coverage Information) - California Record | |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 186-191 |
| | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 206-252 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 48-50 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 73-73 |
| | Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record | 250-252 |
| | Endorsement Identification Record | 48-50 |
| | Endorsement Identification Record | 271-288 |
| | Excess Medical Coverage Endorsement - New York Record | 48-50 |
| | Excess Medical Coverage Endorsement - New York Record | 295-300 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 48-50 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 231-254 |
| | Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record | 295-300 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 48-50 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 191-254 |
| | Exclusion Of Employees Endorsement - Pennsylvania Record | 295-300 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 48-50 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 234-254 |
| | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 295-300 |
| | Executive Officers Endorsement - New York Record | 48-50 |
| | Executive Officers Endorsement - New York Record | 211-254 |
| | Executive Officers Endorsement - New York Record | 295-300 |
| | Experience Rating Modification Change Endorsement Record | 48-50 |
| | Experience Rating Modification Change Endorsement Record | 82-254 |
| | Experience Rating Modification Change Endorsement Record | 295-300 |
| | Exposure Record | 48-50 |
| | Exposure Record | 56-64 |
| | Exposure Record | 85-94 |
| | Exposure Record | 219-220 |
| | Exposure Record | 233-260 |
| | Exposure Record | 280-288 |
| | Federal Employers' Liability Act Endorsement Record | 44-45 |
| | Federal Employers' Liability Act | 48-50 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
| | Endorsement Record | |
| | Federal Employers' Liability Act Endorsement Record | 191-254 |
| | Federal Employers' Liability Act Endorsement Record | 295-300 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 44-45 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 48-50 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 171-254 |
| | Federal Mine Safety & Health Act Coverage Endorsement Record | 295-300 |
| | File Control Record | 1-45 |
| | File Control Record | 82-300 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 48-50 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 231-254 |
| | Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record | 295-300 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 48-50 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 273-288 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 295-300 |
| | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation | 48-50 |
| | Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation | 107-300 |
| | Group Insurance Coverage Information - California Record | 48-50 |
| | Group Insurance Coverage Information - California Record | 151-161 |
| | Group Insurance Coverage Information - California Record | 174-254 |
| | Group Insurance Coverage Information - California Record | 295-300 |
| | Header Record | 44-45 |
| | Header Record | 64-72 |
| | Header Record | 95-105 |
| | Header Record | 220-220 |
| | Header Record | 288-288 |
| | Labor Contractor Endorsement - New York Record | 48-50 |
| | Labor Contractor Endorsement - New York Record | 221-254 |
| | Labor Contractor Endorsement - New York Record | 295-300 |
| | Limited Liability Company Coverage/Exclusion Endorsement | 48-50 |
| | Limited Liability Company Coverage/Exclusion Endorsement | 251-254 |
| | Limited Liability Company Coverage/Exclusion Endorsement | 295-300 |
| | Link Data Common to All Records | 26-30 |
| | Maritime Coverage Endorsement Record | 44-45 |
| | Maritime Coverage Endorsement Record | 48-50 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|-------------------|--|-------------------------|
| | Maritime Coverage Endorsement Record | 221-252 |
| | Maritime Coverage Endorsement Record | 295-300 |
| | Massachusetts Employee Leasing Endorsement - Massachusetts Record | 48-50 |
| | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 48-50 |
| | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 217-300 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 48-50 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 231-254 |
| | Medical Benefits Reimbursement Endorsement - New York Record | 295-300 |
| | Minnesota Employee Leasing Endorsement | 48-50 |
| | Minnesota Employee Leasing Endorsement | 223-224 |
| | Minnesota Employee Leasing Endorsement | 249-254 |
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| | Exposure Record | 224-225 |
| | Policy Information Page Address Change Endorsement Record | 177-178 |
| | Policy Information Page Class and/or Rate Change and Other Endorsement Record | 222-223 |
| STATE CODES FOR ITEM 3.A. OR ITEM 3.C. | Policy Information Page Data Element(s) Change Endorsement Record | 130-131 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 132-133 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 134-135 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 136-137 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 138-139 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 140-141 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 142-143 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 144-145 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 146-147 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 148-149 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 150-151 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 152-153 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 154-155 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 156-157 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 158-159 |
| STATE COVERAGE PERCENTAGE CHANGE FACTOR | Rate Change Endorsement Record | 77-80 |
| STATE OF EMPLOYMENT | Voluntary Compensation And Employers Liability Coverage Endorsement Record | 171-210 |
| STATE OF SPECIAL TEMPORARY EMPLOYMENT | Alternate Employer Endorsement Record | 183-184 |
| STATE OR COUNTRY OF OPERATIONS | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 115-144 |
| | Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record | 181-210 |
| STATE PERCENTAGE CHANGE INCREASE/DECREASE CODE | Rate Change Endorsement Record | 85-85 |
| STATE UNEMPLOYMENT NUMBER | Name Record | 165-179 |
| | Name Record | 182-196 |
| | Name Record | 199-213 |
| | Policy Information Page Name Change Endorsement Record | 201-215 |
| | Policy Information Page Name Change Endorsement Record | 218-232 |
| | Policy Information Page Name Change Endorsement Record | 235-249 |
| STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE NUMBER | Name Record | 248-249 |
| SUBSCRIPTION DATE | Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record | 161-166 |
| T | | |
| TAX MULTIPLIER FACTOR - FEDERAL (F-CLASSES ONLY) | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 114-118 |
| TAX MULTIPLIER FACTOR - STATE (OTHER THAN F- | Retrospective Premium Endorsement Rating | 109-113 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|---|-------------------------|
| CLASSES) | Option V (One Year, Three Year Or Long-Term Construction Project) Record | |
| TAX MULTIPLIER FACTOR - WEIGHTED AVERAGE TAX MULTIPLIER FACTOR | Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record | 119-123 |
| TAX MULTIPLIER FACTOR CHANGE - EFFECTIVE DATE | Retrospective Premium Endorsement Changes Record | 217-222 |
| TAX MULTIPLIER FACTOR CHANGE - FEDERAL (F-CLASSES ONLY) | Retrospective Premium Endorsement Changes Record | 212-216 |
| TAX MULTIPLIER FACTOR CHANGE - STATE (OTHER THAN F-CLASSES) | Retrospective Premium Endorsement Changes Record | 207-211 |
| TERMINATION EFFECTIVE DATE | Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record | 191-196 |
| | Wisconsin Franchisor-Agreement Termination Endorsement | 191-196 |
| TEXT FOR "OTHER" LEGAL NATURE OF INSURED | Header Record | 250-269 |
| | Policy Information Page Data Element(s) Change Endorsement Record | 108-127 |
| THIRD (NEXT) PREMIUM DISCOUNT LAYER | Premium Discount Endorsement Record | 87-90 |
| | Premium Discount Endorsement Record | 120-123 |
| | Premium Discount Endorsement Record | 150-153 |
| | Premium Discount Endorsement Record | 180-183 |
| | Premium Discount Endorsement Record | 210-213 |
| | Premium Discount Endorsement Record | 240-243 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 85-88 |
| THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE | Premium Discount Endorsement Record | 91-93 |
| | Premium Discount Endorsement Record | 124-126 |
| | Premium Discount Endorsement Record | 154-156 |
| | Premium Discount Endorsement Record | 184-186 |
| | Premium Discount Endorsement Record | 214-216 |
| | Premium Discount Endorsement Record | 244-246 |
| | Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record | 89-91 |
| TITLE | Executive Officers Endorsement - New York Record | 111-140 |
| | Executive Officers Endorsement - New York Record | 181-210 |
| TOTAL ESTIMATED AMOUNT OF EMPLOYEES COVERED BY PREFERRED PROVIDER ORGANIZATION | Preferred Provider Organization Endorsement - New York Record | 219-224 |
| TOWN INCLUDED UNDER GROUP POLICY | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 71-110 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 111-150 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 151-190 |
| | Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record | 191-230 |
| TRANSACTION CODE | Link Data Common to All Records | 42-43 |
| TRANSACTION FROM DATE | File Control Record | 66-73 |
| TRANSACTION ISSUE DATE | Link Data Common to All Records | 37-41 |
| TRANSACTION TO DATE | File Control Record | 74-81 |
| TRANSPORTATION, WAGES, MAINTENANCE & CURE PREMIUM AMOUNT | Maritime Coverage Endorsement Record | 91-100 |
| TYPE OF AIRCRAFT | Aircraft Premium Endorsement Record | 73-92 |
| | Aircraft Premium Endorsement Record | 109-128 |
| | Aircraft Premium Endorsement Record | 145-164 |
| | Aircraft Premium Endorsement Record | 181-200 |
| | Aircraft Premium Endorsement Record | 217-236 |
| TYPE OF CORPORATION CODE | Exclusion Of Executive Officers Endorsement - Pennsylvania Record | 71-71 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|---|--|-------------------------|
| TYPE OF COVERAGE ID CODE | Header Record | 73-74 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 81-82 |
| TYPE OF NON-STANDARD ID CODE | Policy Information Page State Premium Change Record | 140-141 |
| | State Premium Record | 187-188 |
| TYPE OF PLAN ID CODE | Header Record | 108-108 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 109-109 |
| TYPE OF PREMIUM DEVIATION CODE | State Premium Record | 107-107 |
| U | | |
| UNION EMPLOYEES IN THE PROGRAM INDICATOR | Preferred Provider Organization Endorsement - New York Record | 218-218 |
| UNION EMPLOYEES INDICATOR | Preferred Provider Organization Endorsement - New York Record | 217-217 |
| UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT COVERAGE PERCENTAGE CHANGE FACTOR | Rate Change Endorsement Record | 81-84 |
| UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 73-76 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 79-82 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 85-88 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 91-94 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 97-100 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 103-106 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 109-112 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 115-118 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 121-124 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 127-130 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 133-136 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 139-142 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 145-148 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 151-154 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 157-160 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 163-166 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 169-172 |

| TOPIC/ FIELD NAME | SUBJECT HEADING | POSITION |
|--|--|-------------------------|
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 175-178 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 181-184 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 187-190 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 193-196 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 199-202 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 205-208 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 211-214 |
| | United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record | 217-220 |
| UNITED STATES LONGSHORE AND HARBOR WORKERS' PERCENTAGE CHANGE INCREASE/DECREASE CODE | Rate Change Endorsement Record | 86-86 |
| W | | |
| WORK DESCRIPTION | Defense Base Act Coverage Endorsement Record | 71-190 |
| | Maritime Coverage Endorsement Record | 101-220 |
| | Outer Continental Shelf Lands Act Coverage Endorsement Record | 71-190 |
| WORKERS' COMPENSATION LAW | New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record | 191-200 |
| | Voluntary Compensation Maritime Coverage Endorsement Record | 131-140 |
| WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE | Header Record | 109-109 |
| | Policy Information Page Supplemental Data Element(s) Change Endorsement Record | 177-177 |
| WRITTEN AFFIRMATION OBTAINED INDICATOR | Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record | 205-205 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|--|-------|----------|-------|
| LINK DATA COMMON TO ALL RECORDS | | | | |
| 1 | CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO. | N | 1-5 | 5 |
| 2 | POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy. For Transaction Code 16-Proof of Coverage (POC) Notice/Binder, if a policy number identifier is not available, provide a unique number that can be used to identify this notice. This policy number identifier becomes very important when cancelling this notice and when submitting the policy Enter only the actual policy number identifier. Do not enter a "binder" or temporary policy number identifier. N/A: CA, DE, MI, NC, NCCI, NJ, NY, PA, WI Do not report embedded blanks or marks of punctuation. | AN | 6-23 | 18 |
| 3 | REPLACEMENT TRANSACTION SEQUENCE NUMBER Report the number used to determine the proper sequence of multiple Transaction Code 14s or 15s with the same Transaction Issue Date for the same policy. The first replacement transaction will always begin with "01". This field will be effective January 1, 2024. Refer to the Data Reporting Handbook for further instructions. | N | 24-25 | 2 |
| 4 | RESERVED FOR FUTURE USE | | 26-30 | 5 |
| 5 | POLICY EFFECTIVE DATE Report the effective date of the policy or POC. For the second and third year of a three-year variable rate policy, report the effective date of the appropriate annual period being reported. The second and third year of a three-year variable rate policy must be reported using Transaction Code 04. Format YYMMDD. | N | 31-36 | 6 |
| 6 | TRANSACTION ISSUE DATE Report the issue date of the transaction being submitted. This date is the accounting date on which the data represented by this transaction code was processed by the insurer's policy issuance system. This date, for a particular transaction, is not necessarily the date of creation of the file. Example: If an insurer processes transactions on a daily basis and saves these daily transactions to a file from which a submission is created once a week, this date would reflect the daily processing date, not the date of the | N | 37-41 | 5 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

submission creation. Thus, a given file submission may contain transactions with different transaction issue dates.

More than one Transaction Code 06, 08, 10, 14 or 15, or any combination of these transactions with the same Transaction Issue Date for the same policy must not be included on the same submission.

Format YYDDD.

| | | | | |
|---|-------------------------|---|-------|---|
| 7 | TRANSACTION CODE | N | 42-43 | 2 |
|---|-------------------------|---|-------|---|

Report the code identifying the type of transaction being submitted.

Refer to the Data Reporting Handbook for further instructions.

Code Description

- 01 New Policy
- 02 Renewal Policy
- 03 Endorsement N/A: MI, MN
- 04 Annual Rerate Endorsement
- 05 Cancellation/Reinstatement
- 06 Policy Replacement Due to Key Field Change
- 07 Reserved for Future Use
- 08 Policy Replacement Due to Rating Change
- 09 Reserved for Future Use
- 10 Policy Replacement due to Non-Rating Change
- 11 Reserved for Future Use
- 12 Reserved for Future Use
- 13 Reserved for Future Use
- 14 Policy Replacement due to Misc. Change/Non-Key Field Change
- 15 Policy Replacement due to Add/Delete State Change
- 16 Proof Of Coverage (POC) Notice / Binder N/A: MI, NC, NJ
- 17 Noncompliance/Compliance of Policy Terms and Conditions N/A: CA, NJ, NY, PA, WI
 This code is applicable for Assigned Risk only. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 18 | Renewal Certificate/Renewal Agreement N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|----------------------|--|-------|----------|-------|
| HEADER RECORD | | | | |
| 1 | LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | RESERVED FOR FUTURE USE | AN | 44-45 | 2 |
| 3 | RECORD TYPE CODE Report "01". | AN | 46-47 | 2 |
| 4 | EXPERIENCE RATING CODE <i>NOT APPLICABLE: CA, DE, MI, NJ, NY, PA</i> Report the code describing the policy. Code Description 1 Interstate Rated Only 2 Inter- and Intrastate Rated N/A: NC 3 Intrastate Rated Only 4 Reserved for Future Use 5 Not Rated | N | 48-48 | 1 |
| 5 | INTERSTATE RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report the number assigned by NCCI. | N | 49-57 | 9 |
| 6 | POLICY EXPIRATION DATE Report the expiration date of policy or POC expires. For the second and third year of a three-year variable rate policy, or a California annual rating endorsement, report the expiration date of the appropriate annual period being reported. (Note that the second and third year of a three-year variable rate policy must be reported using Transaction Code 04.) Format YYMMDD. | N | 58-63 | 6 |
| 7 | RESERVED FOR FUTURE USE | AN | 64-72 | 9 |
| 8 | TYPE OF COVERAGE ID CODE <i>NOT APPLICABLE: NJ</i> Report the code that indicates the type of coverage. Code Description | N | 73-74 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 01 | Standard Workers Compensation Policy | | | |
| 02 | Alternative Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI | | | |
| 03 | Group Policy N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| 04 | Reserved for Future Use | | | |
| 05 | Large Risk Rated Option / Large Risk Alternative Rating Option N/A: MI, MN, NC, NCCI, NY | | | |
| 09 | Nonstandard Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI This code is not used in this specification. | | | |
| 10 | Reserved for Future Use | | | |
| 9 | EMPLOYEE LEASING POLICY TYPE CODE Report the code that identifies the type of employee leasing policy. | N | 75-75 | 1 |
| | Code Description | | | |
| 1 | Non-Employee Leasing Policy Employers covered under this policy are not part of an Employee Leasing arrangement. | | | |
| 2 | Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers N/A: CA, MA, MN, NJ, NY, WI The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are covered under this policy. This code requires DCO approval before reporting a Master Policy. Contact DCO for requirements. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 3 | Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company (ELC) The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the non-leased workers of the ELC only. The leased workers of the ELC are not covered under this policy. This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY, WI MA endorsement WC200305 – Exclusion of Coverage for Leased Employees must be included on the | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | employee leasing company policy for the non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI | | | |
| 4 | <p>Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company N/A: DE, MA, MN, NJ, PA</p> <p>The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, PA, WI</p> <p>First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA</p> | | | |
| 5 | <p>Employee Leasing Policy For Leased Workers of a Single Client Company</p> <p>The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> <p>This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY</p> <p>The primary name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, MA, MI, MN, NC, NCCI, NY</p> <p>MA endorsement WC200304 – Massachusetts Employee Leasing Endorsement must be included on the policy for the workers leased to a client. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</p> <p>PA endorsement WC370311 - Pennsylvania Multiple Coordinated Policy Endorsement must be included on the policy. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</p> | | | |
| 6 | <p>Client Company Policy For Non-Leased Workers of Client Company N/A: DE</p> <p>The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI</p> <p>This is applicable on policies effective 4/1/20 or after.</p> | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI Endorsement WC000322 - Professional Employer Organization (PEO) Client Exclusion Endorsement must be included on the policy for the Leasing/PEO client's non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 7 | Client Company Policy For Leased And Non-Leased Workers of Client Company N/A: MA, MN, NJ The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company. This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NJ, NY, PA, WI First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA | | | |
| 8 | Employee Leasing Policy For Leased Workers of Multiple Client Companies; Excludes ELC Non-Leased Workers N/A: CA, DE, MA, MN, NJ, NY, PA The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are not covered under this policy. Endorsement WC480314 must be included. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 9 | Employee Leasing Policy for Leased Workers of a Single Client Company where the policy is purchased by the Client. This is applicable on all policies effective 4/1/18 or after. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI This is applicable on policies effective 4/1/20 or after. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI MA endorsement WC200308 - MA Professional Employer Organization (PEO) Extension Endorsement must be included on the PEO client policy purchased by the client. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 10 | POLICY TERM CODE Report the code used to indicate the length/type of the policy term. | N | 76-76 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Code Description | | | |
| 1 | Standard One-Year | | | |
| 2 | Three-Year Fixed Rate N/A: MA, NJ | | | |
| 3 | Continuous Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 4 | Short-Term (Less Than One Year) | | | |
| 5 | Three-Year Variable (First Year) N/A: MN | | | |
| 6 | Three-Year Variable (Second Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. | | | |
| 7 | Three-Year Variable (Third Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. | | | |
| 8 | Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC000405 must be attached to the policy whenever Code 8 is applicable (see Record Type 13). This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. N/A: MI, MN, NCCI, NY | | | |
| 11 | PRIOR POLICY NUMBER IDENTIFIER Report the policy number of the policy providing previous coverage. This field is not to be reported when reporting policy data with Transaction Code 01 - New Policy. Do not report embedded blanks or marks of punctuation. | AN | 77-94 | 18 |
| 12 | RESERVED FOR FUTURE USE | AN | 95-105 | 11 |
| 13 | LEGAL NATURE OF INSURED CODE Report the code that best describes the type of entity(s) being insured. Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed. | N | 106-107 | 2 |
| | Code Description | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | 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 | | | |
| 14 | TYPE OF PLAN ID CODE <i>NOT APPLICABLE: CA</i> | N | 108-108 | 1 |
| | Report the code that defines the type of plan used to underwrite the coverage. | | | |
| | Code Description | | | |
| | 1 Voluntary Policy | | | |
| | 2 Normal Assigned Risk Policy N/A: NY, PA | | | |
| | 3 Reserved for Future Use | | | |
| | 4 Reserved for Future Use | | | |
| | 5 Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program N/A: DE, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| | 6 Reserved for Future Use | | | |
| | 7 Assigned Risk Policy Originally Assigned by Another DCO N/A: DE, MA, MI, MN, NJ, NY, PA, WI | | | |
| 15 | WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE | N | 109-109 | 1 |
| | Report the code that is used to indicate whether the policy covers a wrap-up. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | In the case of a Wrap-Up Policy (Code 1), the project description must be provided on an Address Record (Record Type Code 03) with the Address Type Code 4 (Wrap-Up/OCIP Project Description). N/A: NCCI | | | |
| | Code Description | | | |
| | 1 Wrap-Up/OCIP Policy N/A: CA | | | |
| | 2 Non-Wrap-Up/Non-OCIP Policy | | | |
| | 3 OCIP Job Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| | 4 OCIP Master Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 16 | BUSINESS SEGMENT IDENTIFIER <i>NOT APPLICABLE: DE, MI, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA, MN</i> | N | 110-116 | 7 |
| | Report the series of identifying codes maintained and reported by the data provider. | | | |
| 17 | POLICY MINIMUM PREMIUM AMOUNT <i>NOT APPLICABLE: CA</i> | N | 117-126 | 10 |
| | Report the minimum premium amount that would be charged for the policy, if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts. | | | |
| 18 | POLICY MINIMUM PREMIUM STATE CODE <i>NOT APPLICABLE: CA</i> | N | 127-128 | 2 |
| | Report the code of the state on which the policy minimum premium amount is based. | | | |
| 19 | POLICY ESTIMATED STANDARD PREMIUM TOTAL <i>NOT APPLICABLE: CA, MI</i> | N | 129-138 | 10 |
| | Report the sum of the estimated state standard premium amounts reported on all State Premium Records (Record Type Code 04) submitted for the transaction code. | | | |
| 20 | POLICY DEPOSIT PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MI, NCCI</i> | N | 139-148 | 10 |
| | Report the deposit premium amount to be collected for the policy. | | | |
| 21 | AUDIT FREQUENCY CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: MA, MN, NC</i> | N | 149-149 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the code identifying the audit frequency for the issued policy. | | | |
| | Code Description | | | |
| | 1 Annual | | | |
| | 2 Semiannual | | | |
| | 3 Quarterly | | | |
| | 4 Monthly | | | |
| | 5 Other | | | |
| 22 | BILLING FREQUENCY CODE NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA, WI OPTIONAL: MA, MN, NC Report the code identifying the billing frequency for the issued policy. | N | 150-150 | 1 |
| | Code Description | | | |
| | 1 Annual | | | |
| | 2 Semiannual This code is only applicable for voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY | | | |
| | 3 Quarterly | | | |
| | 4 Monthly | | | |
| | 5 Other This code is only applicable for voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY | | | |
| | 6 Balance due in 90 days N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI This code is not used in this specification. | | | |
| 23 | RETROSPECTIVE RATING CODE OPTIONAL: MI Report the code corresponding to the type of retrospective rating plan applied. | N | 151-151 | 1 |
| | Code Description | | | |
| | 1 Reserved For Future Use | | | |
| | 2 Reserved For Future Use | | | |
| | 3 Not Retrospective Rated | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | 4 Reserved For Future Use | | | |
| | 5 Retrospective Rated N/A: MI, MN, NJ, NY, WI | | | |
| 24 | EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MI, NCCI</i> | N | 152-161 | 10 |
| | Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury caused by accident. | | | |
| 25 | EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MI, NCCI</i> | N | 162-171 | 10 |
| | Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – policy limit. | | | |
| 26 | EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MI, NCCI</i> | N | 172-181 | 10 |
| | Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – each employee. | | | |
| 27 | NAME OF PRODUCER | AN | 182-211 | 30 |
| | 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. | | | |
| 28 | ASSIGNED RISK BINDER NUMBER - FIRST SEVEN POSITIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> | AN | 212-218 | 7 |
| | Report the first 7 positions of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy). This field is required when Type of Plan ID Code (Position 108) is 2 (Normal Assigned Risk Policy). | | | |
| 29 | GROUP COVERAGE STATUS CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 219-219 | 1 |
| | Report the code identifying if the policy was written as part of | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | group coverage. | | | |
| | Code Description | | | |
| | 0 Non-Group Coverage | | | |
| | 1 Group Member Coverage | | | |
| | 2 Group Master Coverage | | | |
| 30 | RESERVED FOR FUTURE USE | AN | 220-220 | 1 |
| 31 | ORIGINAL CARRIER CODE Report the carrier code assigned to a previously issued policy for this insured for the same term. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). | N | 221-225 | 5 |
| 32 | ORIGINAL POLICY NUMBER IDENTIFIER Report the policy number identifier assigned to a previously issued policy for this insured for the same term. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). This field is also used when submitting a New Business or Renewal Transaction that replaces a Proof of Coverage (POC) Notice / Binder (Transaction Code 16). If the policy number identifier on the POC notice and the New Business or Renewal Transaction are different, report the number identifier from the POC notice here. N/A: MA, MN, WI Do not report embedded blanks or marks of punctuation. | AN | 226-243 | 18 |
| 33 | ORIGINAL POLICY EFFECTIVE DATE Report the policy effective date of a previously issued policy for this insured for the same term. This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change). Format YYMMDD. | N | 244-249 | 6 |
| 34 | TEXT FOR "OTHER" LEGAL NATURE OF INSURED <i>NOT APPLICABLE: NCCI</i> Report the text describing the legal nature of insured. This field is to be reported only when reporting Code 99 (Other) in positions 106-107. | AN | 250-269 | 20 |
| 35 | ASSIGNMENT DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> Report the date of notice assigned by the administrator of assigned risk coverage. | N | 270-275 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>This field is required when the Type of Plan ID Code (position 108 of the Header Record) is not "1".</p> <p>Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.</p> <p>Format YYMMDD.</p> | | | |
| 36 | <p>ASSIGNED RISK BINDER NUMBER - LAST ELEVEN POSITIONS</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the last 11 positions of the Assigned Risk Binder Number on each WCIP application for Transaction Code 01 (New Policy).</p> <p>This field is required when Type of Plan ID Code (Position 108) is 2 (Normal Assigned Risk Policy).</p> | AN | 276-286 | 11 |
| 37 | <p>DCO GENERATED TRANSACTION CODE</p> <p><i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</i></p> <p>Report the code identifying the transaction as DCO generated.</p> <p>This field is for population by the DCO only.</p> <p>Code Description</p> <p>1 A transaction generated by a DCO.</p> | AN | 287-287 | 1 |
| 38 | RESERVED FOR FUTURE USE | | 288-288 | 1 |
| 39 | <p>POLICY CHANGE EFFECTIVE DATE</p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>This field is required for Transaction Codes 08, 10, 14 and 15.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 40 | <p>POLICY CHANGE EXPIRATION DATE</p> <p><i>NOT APPLICABLE: NCCI</i></p> <p>Report the date that the endorsement expires on the policy.</p> <p>This field is required for Transaction Codes 08, 10, 14 and 15.</p> <p>Format YYMMDD.</p> | N | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

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

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

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

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

Code Description

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

| | | | | |
|----|-------------------|---|---------|---|
| 12 | STATE CODE | N | 163-164 | 2 |
|----|-------------------|---|---------|---|

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

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

The State Unemployment Number is in positions 165–179.

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

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

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

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

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

Code Description

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

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.

If the mailing address is a PO Box, then a Location of Operation's Address (Address Type Code 2) or No Specific Location (Address Type Code 6) must be reported. N/A: MA, MI, NJ, NY
- 3 Address of Insurer Issuing/Serviceing Office
This record must be reported to permit proper communication with the insurer office servicing this policy.
- 4 Wrap-up/OCIP Project Description N/A: NCCI
Optional: WI
- 5 Producer Address N/A: CA
This record must be reported to provide the address of the producer responsible for placing the business with the insurer. This address must be submitted when a producer/agency name (Positions 182-211) is reported in the Header Record (Record Type 01) of the transaction.

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>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>Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.</p> | | | |
| 17 | <p>INDUSTRY CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NJ, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>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.</p> <p>The Industry Code must be reported for each Address Record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this Address Record).</p> <p>If reporting SIC, carriers must add “SC” suffix to code.</p> <p>Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed.</p> <p>Report the NAICS number only. Do not report the SIC number. N/A: DE, MA, MI, MN, NC, NJ, PA, WI</p> | AN | 203-208 | 6 |
| 18 | <p>GEOGRAPHIC AREA</p> <p><i>NOT APPLICABLE: MI, NCCI, NJ</i></p> <p>Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is “Y”.</p> <p>This field is required when Foreign Address Indicator is "Y".</p> | A | 209-224 | 16 |
| 19 | <p>EMAIL ADDRESS</p> <p><i>NOT APPLICABLE: MA, MI</i> <i>OPTIONAL: CA, DE, MN, NC, PA, WI</i></p> <p>Report the email address of the insured or employer name that is linked to this address record.</p> <p>Report the email address of the producer/agent that is linked to the producer address type 4. N/A: CA, DE, MA, MI, MN, NCCI, PA</p> <p>Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data</p> | AN | 225-263 | 39 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed. | | | |
| 20 | RESERVED FOR FUTURE USE | AN | 264-266 | 3 |
| 21 | COUNTRY CODE <i>NOT APPLICABLE: MI, NCCI, NJ</i> | A | 267-268 | 2 |
| | Report the ISO 3166 Standard Country Code. | | | |
| | This field is required when Foreign Address Indicator is "Y". | | | |
| 22 | NAME LINK COUNTER IDENTIFIER <i>NOT APPLICABLE: DE, MN, PA</i> | AN | 269-270 | 2 |
| | Report the Name Link Counter Identifier corresponding to this particular address. | | | |
| | The Name Link Counter Identifier is in positions 270-271 of the Name Record. | | | |
| 23 | RESERVED FOR FUTURE USE | AN | 271-288 | 18 |
| 24 | POLICY CHANGE EFFECTIVE DATE | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | This field is required for Transaction Codes 08, 10, 14 and 15. | | | |
| | Format YYMMDD. | | | |
| 25 | POLICY CHANGE EXPIRATION DATE | N | 295-300 | 6 |
| | Report the date that the endorsement expires on the policy. | | | |
| | This field is required for Transaction Codes 08, 10, 14 and 15. | | | |
| | Format YYMMDD. | | | |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Applicability is subject to the individual DCO, IAABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAABC POC vendor if further clarification is needed. | | | |
| 6 | INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: CA, DE, NY, PA</i> | AN | 58-72 | 15 |
| | Report the risk identification number assigned by the appropriate DCO other than NCCI. | | | |
| | This field is used to report the Coverage ID. N/A: CA, DE, MI, NCCI, PA | | | |
| | This is required for all assigned risk plan policies. Optional for Voluntary policies. N/A: CA, DE, MA, MI, MN, NY, PA | | | |
| 7 | RESERVED FOR FUTURE USE | AN | 73-87 | 15 |
| 8 | CARRIER CODE <i>NOT APPLICABLE: DE, MI, MN, NC, NJ, NY, PA</i> | N | 88-92 | 5 |
| | Report the code assigned to the reporting company by NCCI or other DCO. | | | |
| | Enter the carrier code corresponding to the particular individual carrier of a carrier group providing the coverage in this state if the carrier is different from that designated by the carrier code in positions 1–5. If there is no difference, report zeros. | | | |
| 9 | EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR | N | 93-96 | 4 |
| | Report the factor that applies to the subject premium. | | | |
| | If no experience modification factor or merit rating factor is applicable, report "0000" . | | | |
| | "1000" may be reported for no experience modification, however "0000" is preferred. N/A: CA, DE, MA, MN, NJ, NY, PA | | | |
| | Provide the experience modification factor only in this field. The merit rating factor is reported on the corresponding Exposure Record using the appropriate statistical code defined for each factor. When a merit rating factor is reported in the Exposure Record, report Code 3 in the Experience Modification Status Code, Position 97, of this record. N/A: CA, MA, MI, NC, NCCI, NJ, WI | | | |
| | If a merit rating factor is reported in positions 93-96, report Code 4 in the Experience Modification Status Code, position 97, of this record. N/A: CA, DE, MA, NC, NJ, NY, PA, WI | | | |
| | The Experience Modification Factor or Merit Rating Factor to be entered is the decimal complement of percentage debits or credits—e.g., 10% credit to be entered as "0900", or 15% debit to be entered as "1150". | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>There is an assumed decimal point between positions 93 and 94.</p> <p>EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE <i>NOT APPLICABLE: CA, DE, MA, PA, WI</i></p> <p>Report the code that identifies the status of the Experience Modification/Merit Rating Factor at time of issuance.</p> <p>The Experience Modification/Merit Rating Factor is in positions 93-96 of this record.</p> <p>Code Description</p> <p>1 Final Modification Factor for Policy Period</p> <p>2 Modification Factor Not Final</p> <p>3 No Modification or Merit Rating Factor Applicable</p> <p>4 Merit Rating Factor N/A: CA, MN, NY</p> | N | 97-97 | 1 |
| 11 | RESERVED FOR FUTURE USE | AN | 98-98 | 1 |
| 12 | <p>OTHER INDIVIDUAL RISK RATING FACTOR <i>NOT APPLICABLE: CA, DE, MA, NJ, PA, WI</i> <i>OPTIONAL: NCCI</i></p> <p>Report the factor used to modify the manual premium.</p> <p>Provide the factor resulting from any rating plan based on the insured's characteristics other than its loss experience and used to modify the manual premium amount on a prospective basis (e.g., schedule rating). If more than one factor is applicable, enter the composite factor.</p> <p>If this factor is not applicable, enter "1000". This field must not be left blank.</p> <p>The factor to be entered is the decimal complement of percentage credits or debits.</p> <p>Insurers may, at their option, report the total dollar effect of these factors on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.</p> <p>There is an assumed decimal point between positions 99 and 100.</p> | N | 99-102 | 4 |
| 13 | <p>INSURER PREMIUM DEVIATION FACTOR <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: NCCI</i></p> <p>Report the factor used to modify the insured's premium amount based on the insurer's filed flat premium amount deviation.</p> <p>If no deviation applies, or if the insurer deviates each particular</p> | N | 103-106 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p>rate and prints the deviated rate on the policy Information Page, enter "1000".</p> <p>If the insurer deviates each particular rate and prints the deviated rate on the policy Information Page the insurer premium deviation factor may be reported if the factor applies to all classes.</p> <p>If this factor is not applicable, enter "1000".</p> <p>The factor to be entered is the decimal complement of percentage debits and credits.</p> <p>At the DCO direction or offering of the option the insurers may, at their option, report the total dollar effect of their flat premium deviation on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report "1000" in this field and code 4 in position 107.</p> <p>There is an assumed decimal point between positions 103 and 104.</p> | | | |
| 14 | <p>TYPE OF PREMIUM DEVIATION CODE</p> <p><i>NOT APPLICABLE: CA, DE, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: MN</i></p> <p>Report the code identifying the type of deviation used.</p> <p>This code pertains to the Insurer Premium Deviation Factor in positions 103-106.</p> <p>Code Description</p> <p>0 No Premium Deviation Factor Applies. If this code is used, Insurer Premium Deviation Factor must be "1000".</p> <p>1 Premium Deviation Factor Applicable Prior to Experience Modification N/A: MA This code requires Insurer Premium Deviation Factor to be reported.</p> <p>2 Premium Deviation Factor Applicable After Experience Modification N/A: MA This code requires Insurer Premium Deviation Factor to be reported.</p> <p>3 Deviation Applied to Individual Rates N/A: MA This code requires Insurer Premium Deviation Factor to be reported.</p> <p>4 Premium Deviation Reported as Exposure Record If this code is used, Insurer Premium Deviation Factor may be "1000".</p> | N | 107-107 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 15 | <p>ESTIMATED STATE STANDARD PREMIUM TOTAL</p> <p>Report the total state standard premium amount.</p> <p>Refer to individual DCO Manual for definition of standard premium.</p> | N | 108-117 | 10 |
| 16 | <p>EXPENSE CONSTANT AMOUNT</p> <p><i>NOT APPLICABLE: CA</i></p> <p>Report the amount representing a premium charge that applies to every policy.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05). N/A: NCCI</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the expense constant amount. N/A: NCCI</p> <p>Insurers may, at their option, additionally report the total dollar amount on an Exposure Record (Record Type Code 05) under the appropriate statistical code. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> | N | 118-127 | 10 |
| 17 | <p>LOSS CONSTANT AMOUNT</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, NY, WI</i></p> <p><i>OPTIONAL: NCCI</i></p> <p>Report the amount which may be added to the premium of policies for small risks (premium, exclusive of the expense constant, is less than the amount set by the DCO) to compensate for their higher loss ratio.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05). N/A: NCCI</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the loss constant amount. N/A: NCCI</p> <p>Insurers may, at their option, additionally report the total dollar amount on an Exposure Record (Record Type Code 05) under the appropriate statistical code. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> | N | 128-137 | 10 |
| 18 | <p>PREMIUM DISCOUNT AMOUNT</p> <p><i>NOT APPLICABLE: CA</i></p> <p>Report the amount that is discounted from the total premium.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05). N/A: NCCI</p> <p>If multiple records are being reported due to split exposure periods, the initial record must contain zeros and the final record must contain the premium discount amount. N/A: NCCI</p> | N | 138-147 | 10 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Insurers may, at their option, additionally report the total dollar amount on an Exposure Record (Record Type Code 05) under the appropriate statistical code. N/A: DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 19 | PRO-RATED EXPENSE CONSTANT AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 148-148 | 1 |
| | Report the code associated with the reason the expense constant is a pro-rated 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 | | | |
| 20 | PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 149-149 | 1 |
| | Report the code associated with the reason the minimum premium is a pro-rated 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 | | | |
| 21 | REASON STATE WAS ADDED TO THE POLICY CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA</i> | N | 150-150 | 1 |
| | Report the code associated with the reason why the state was added to the policy. | | | |
| | Applicability is subject to the individual DCO, IAIABC POC state | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

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

Code Description

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

| | | | | |
|----|--------------------------------|----|---------|---|
| 22 | RESERVED FOR FUTURE USE | AN | 151-153 | 3 |
|----|--------------------------------|----|---------|---|

| | | | | |
|----|---|---|---------|---|
| 23 | EXPERIENCE MODIFICATION/MERIT RATING FACTOR EFFECTIVE DATE | N | 154-159 | 6 |
|----|---|---|---------|---|

Report the Experience Modification/Merit Rating Factor Effective Date that is effective after the Policy Effective Date, for this state.

When an Experience Modification/Merit Rating Factor Effective Date is effective on or before the Policy Effective Date, report the Policy Effective Date or zeros. When an Experience Modification/Merit Rating Factor Effective Date is effective after the Policy Effective Date, then an Experience Modification Effective Date split has occurred and at least two State Premium Records must be reported.

To report an Experience Modification Effective Date split, report the Policy Effective Date or zeros on the initial State Premium Record. On the second and any additional State Premium Record(s), report the Experience Modification Effective Date(s).
 N/A: NCCI

The final State Premium Record must contain the Expense Constant Amount, Loss Constant Amount, and Premium Discount Amount.

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>The premium amount reported should match the individual exposure premium amount from the Exposure Records with the appropriate Exposure Period Effective Date. N/A: WI</p> <p>Refer to the Data Reporting Handbook for further Instructions.</p> <p>Contact the DCO for requirements.</p> <p>Applicable for policies effective 5/1/2017 and after. N/A: CA, DE, MA, MN, NC, NCCI, PA</p> <p>Only one State Premium Record is to be reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>Format YYMMDD.</p> | | | |
| 24 | <p>ANNIVERSARY RATING DATE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NY</i></p> <p>Report the Anniversary Rating Date that is effective after the Policy Effective Date, for this state.</p> <p>Applicable for policies effective prior to 5/1/2017. N/A: CA, NCCI</p> <p>For policies effective 5/1/17 and later, all reported values will be defaulted to the Policy Effective Date. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p> <p>When an Anniversary Rating Date is effective on or before the Policy Effective Date, report the Policy Effective Date or zeros. When an Anniversary Rating Date is effective after the Policy Effective Date, then an Anniversary Rating Date split has occurred and at least two State Premium Records must be reported.</p> <p>To report an Anniversary Rating Date split, report the Policy Effective Date or zeros on the initial State Premium Record. On the second and any additional State Premium Record(s), report the Anniversary Rating Date(s). N/A: NCCI</p> <p>The final State Premium Record must contain the Expense Constant Amount, Loss Constant Amount, and Premium Discount Amount.</p> <p>The premium amount reported should match the individual exposure premium amount from the Exposure Records with the appropriate Exposure Period Effective Date. N/A: WI</p> <p>Refer to the Data Reporting Handbook for further instructions.</p> <p>Only one State Premium Record is to be reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>Format YYMMDD.</p> | N | 160-165 | 6 |
| 25 | <p>ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, PA, WI</i></p> | N | 166-169 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the factor used to report the Assigned Risk Adjustment Program. If no ARAP factor is applicable, report "1000". This is the All Risk Adjustment Factor. N/A: NC When an ARAP factor is applicable, the ARAP premium amount must be reported on the Exposure Record. N/A: NC There is an assumed decimal point between positions 166 and 167. | | | |
| 26 | RESERVED FOR FUTURE USE | AN | 170-185 | 16 |
| 27 | PREMIUM ADJUSTMENT PERIOD CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA</i> <i>OPTIONAL: WI</i> Report the code that represents when the premium will be reviewed/adjusted. Code Description 1 Annual 2 Semiannual 3 Quarterly 4 Monthly 5 Other | N | 186-186 | 1 |
| 28 | TYPE OF NON-STANDARD ID CODE <i>NOT APPLICABLE: CA, MA, MI, NJ</i> <i>OPTIONAL: WI</i> Report the code that indicates the type of non-standard workers compensation policy. Code Description 01 Non-Standard Code Does Not Apply 02 Excluding Medical N/A: DE, MA, NC, PA, WI 03 Reserved for Future Use 04 Reserved for Future Use 05 Excess Policy N/A: DE, MN, NC, NY, PA, WI For NCCI, this code is required for WV only. 06 Excess Medical N/A: DE, MN, NC, NCCI, PA, WI 07 Reserved for Future Use | N | 187-188 | 2 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Enter "00" for Primary Wording. If classification wording suffix is reported, then classification wording (positions 118–218 of this record) is not required. | | | |
| 9 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE Report the code that indicates the Act (Law) under which the exposure for the class code is associated. An Exposure Act/Exposure Coverage Code is required for all exposure records. Statistical codes can be coded to 00 or the Act (Law) governing the policy. N/A: CA, WI Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA | N | 67-68 | 2 |
| | Code Description | | | |
| | 00 For Use with Statistical Codes | | | |
| | 01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act | | | |
| | 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes | | | |
| | 03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| | 04 Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| | 05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| | 06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| | 07 Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| | 08 Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| | 09 Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| | 10 Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-------------------------------------|---|-------|----------|-------|
| OTHER STATES COVERAGE RECORD | | | | |
| 1 | <p>LINK DATA <i>NOT APPLICABLE: CA, MI, NCCI</i></p> <p>Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.</p> | | 1-43 | 43 |
| 2 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MI, NCCI</i></p> | AN | 44-45 | 2 |
| 3 | <p>RECORD TYPE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report "06".</p> <p>When submitting Transaction Code 16-Proof of Coverage (POC) Notice/Binder, use this record to identify the states covered by the POC notice. N/A: MA, NY, WI</p> | AN | 46-47 | 2 |
| 4 | <p>INCLUSION/EXCLUSION CODE <i>NOT APPLICABLE: CA, MI, NC, NCCI</i></p> <p>Report the code that is used to identify whether the states reported are included or excluded from policy coverage.</p> <p>When submitting Transaction Code 16-Proof of Coverage (POC) Notice/Binder, use this record to identify the states covered by the POC notice. N/A: MA, MN, NY</p> <p>Code Description</p> <p>1 State Codes listed are included in policy coverage (Item 3.C., if applicable) or POC notice.</p> <p>2 States Codes listed are excluded from policy coverage (Item 3.C.).</p> <p>3 No other states coverage afforded. This is primarily used with wrap-ups.</p> | N | 48-48 | 1 |
| 5 | <p>STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i></p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 49-50 | 2 |
| 6 | <p>STATE CODE</p> | N | 51-52 | 2 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 13 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 65-66 | 2 |
| 14 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 67-68 | 2 |
| 15 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 69-70 | 2 |
| 16 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 71-72 | 2 |
| 17 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 73-74 | 2 |
| 18 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 75-76 | 2 |
| 19 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> | N | 77-78 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 20 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 79-80 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 21 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NY</i> <i>OPTIONAL: NC</i> | N | 81-82 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 22 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 83-84 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 23 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 85-86 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 24 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 87-88 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 25 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 89-90 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 26 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 91-92 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 27 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 93-94 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 28 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 95-96 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 29 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 97-98 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 30 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 99-100 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 31 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 101-102 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 32 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 103-104 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 33 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> | N | 105-106 | 2 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 47 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 133-134 | 2 |
| 48 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 135-136 | 2 |
| 49 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 137-138 | 2 |
| 50 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 139-140 | 2 |
| 51 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 141-142 | 2 |
| 52 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 143-144 | 2 |
| 53 | <p>STATE CODE NOT APPLICABLE: CA, MI, NCCI OPTIONAL: NC</p> <p>Report the State Code for the included or excluded states.</p> | N | 145-146 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 54 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 147-148 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 55 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 149-150 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 56 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 151-152 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 57 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 153-154 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 58 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 155-156 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 59 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 157-158 | 2 |
| | Report the State Code for the included or excluded states. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 60 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 159-160 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 61 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 161-162 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 62 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 163-164 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 63 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 165-166 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 64 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: NC</i> | N | 167-168 | 2 |
| | Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed. | | | |
| 65 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MI, NCCI</i> | AN | 169-288 | 120 |
| 66 | POLICY CHANGE EFFECTIVE DATE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: MI, NC</i> | N | 289-294 | 6 |
| | Report the date the endorsement becomes effective. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD. | | | |
| 67 | POLICY CHANGE EXPIRATION DATE <i>NOT APPLICABLE: CA, MI, NCCI</i> <i>OPTIONAL: MI, NC</i> | N | 295-300 | 6 |
| | Report the date the endorsement expires. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD. | | | |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 38 | RESERVED FOR FUTURE USE | AN | 271-288 | 18 |
| 39 | POLICY CHANGE EFFECTIVE DATE Report the date the endorsement becomes effective. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD. | N | 289-294 | 6 |
| 40 | POLICY CHANGE EXPIRATION DATE <i>OPTIONAL: NCCI</i> Report the date the endorsement expires. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD. | N | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

CANCELLATION/REINSTATEMENT RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

Report the code for the state covered by this record.

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

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

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

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

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

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

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

Report "08".

| | | | | |
|---|---|---|-------|---|
| 4 | CANCELLATION/REINSTATEMENT ID CODE | N | 48-48 | 1 |
|---|---|---|-------|---|

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

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

Code Description

- 1 Cancellation
- 2 Reinstatement
- 3 Nonrenewal
- 4 Cancellation of Proof of Coverage (POC) Notice/Binder N/A: MI, MN, NC, NJ, WI
Use this code to cancel a POC notice submitted via

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

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | ANNIVERSARY RATING DATE <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> | N | 71-76 | 6 |
| | Report the anniversary rating date applicable to the policy for this state. Format YYMMDD. | | | |
| 9 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NY</i> | AN | 77-254 | 178 |
| 10 | NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 11 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, NY</i> <i>OPTIONAL: MI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 12 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NY</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | version of the endorsement applied to the policy. | | | |
| 8 | MODIFICATION EFFECTIVE DATE <i>NOT APPLICABLE: MA, MI, MN</i> | N | 71-76 | 6 |
| | Report the date on which the revised experience modification factor becomes effective on the policy. Format YYMMDD. | | | |
| 9 | EXPERIENCE MODIFICATION FACTOR <i>NOT APPLICABLE: MA, MI, MN</i> | N | 77-80 | 4 |
| | Report the factor that applies to the subject premium. There is an assumed decimal point between positions 77 and 78. | | | |
| 10 | EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE <i>NOT APPLICABLE: MA, MI, MN, WI</i> | N | 81-81 | 1 |
| | Report the code that identifies the status of the experience modification at time of issuance. The Experience Modification Factor is in positions 77-80 of this record. | | | |
| | Code Description | | | |
| | 1 Final Modification Factor for Policy Period | | | |
| | 2 Modification Factor Not Final | | | |
| | 3 No Modification or Merit Rating Factor Applicable | | | |
| | 4 Merit Rating Factor N/A: CA, MN, NY | | | |
| 11 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: MA, MI, MN</i> | AN | 82-254 | 173 |
| 12 | NAME OF INSURED <i>NOT APPLICABLE: MA, MI, MN, NCCI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 13 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: MA, MI, MN</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 14 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: MA, MI, MN</i> | AN | 295-300 | 6 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Code Description | | | |
| 00 | For Use with Statistical Codes | | | |
| 01 | State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act | | | |
| 02 | USL&HW "F" or USL&HW Coverage on Non-F-Classes | | | |
| 03 | Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 04 | Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 05 | Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| 06 | Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 07 | Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 08 | Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 18 | MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the new rate charged by the carrier for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 113 and 114. | N | 108-117 | 10 |
| 19 | CLASSIFICATION CODE | N | 118-121 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the appropriate classification code corresponding to the classification assigned to the insured.</p> <p>This is required only if rate change is being applied on the basis of classification code and rate.</p> <p>If applied on a flat basis across all classifications, report zeros.</p> <p>This is a recurring field. Repeat as needed.</p> | | | |
| 20 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> | AN | 122-127 | 6 |
| 21 | <p>EXPOSURE ACT/ EXPOSURE COVERAGE CODE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the code describing the coverage for the classification reported above.</p> <p>This is required only if the rate change is applicable on a Schedule of Rate basis.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI</p> <p>Code Description</p> <p>00 For Use with Statistical Codes</p> <p>01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act</p> <p>02 USL&HW "F" or USL&HW Coverage on Non-F-Classes</p> <p>03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY</p> <p>04 Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY</p> <p>05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only.</p> <p>06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>07 Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>08 Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE,</p> | N | 128-129 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>MA, MI, MN, NC, NJ, NY, PA, WI</p> <p>Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act.</p> <p>For NCCI, this code is required for Texas only.</p> | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 22 | <p>MANUAL/CHARGED RATE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the new rate charged by the carrier for the classification reported above.</p> <p>This is required only if the rate change is applicable on a Schedule of Rate basis.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 135 and 136.</p> | N | 130-139 | 10 |
| 23 | <p>CLASSIFICATION CODE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the appropriate classification code corresponding to the classification assigned to the insured.</p> <p>This is required only if rate change is being applied on the basis of classification code and rate.</p> <p>If applied on a flat basis across all classifications, report zeros.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 140-143 | 4 |
| 24 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> | AN | 144-149 | 6 |
| 25 | <p>EXPOSURE ACT/ EXPOSURE COVERAGE CODE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the code describing the coverage for the classification reported above.</p> <p>This is required only if the rate change is applicable on a Schedule of Rate basis.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 150-151 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI | | | |
| | Code Description | | | |
| 00 | For Use with Statistical Codes | | | |
| 01 | State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act | | | |
| 02 | USL&HW "F" or USL&HW Coverage on Non-F-Classes | | | |
| 03 | Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 04 | Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 05 | Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| 06 | Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 07 | Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 08 | Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 26 | MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the new rate charged by the carrier for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. | N | 152-161 | 10 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | There is an assumed decimal point between positions 157 and 158. | | | |
| 27 | CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | N | 162-165 | 4 |
| | Report the appropriate classification code corresponding to the classification assigned to the insured. | | | |
| | This is required only if rate change is being applied on the basis of classification code and rate. | | | |
| | If applied on a flat basis across all classifications, report zeros. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 28 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | AN | 166-171 | 6 |
| 29 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | N | 172-173 | 2 |
| | Report the code describing the coverage for the classification reported above. | | | |
| | This is required only if the rate change is applicable on a Schedule of Rate basis. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI | | | |
| | Code Description | | | |
| | 00 For Use with Statistical Codes | | | |
| | 01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act | | | |
| | 02 USL&HW "F" or USL&HW Coverage on Non-F-Classes | | | |
| | 03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| | 04 Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| | 05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| | 06 Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 07 | Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 08 | Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 30 | MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the new rate charged by the carrier for the classification reported above. This is required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 179 and 180. | N | 174-183 | 10 |
| 31 | CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the appropriate classification code corresponding to the classification assigned to the insured. This is required only if rate change is being applied on the basis of classification code and rate. If applied on a flat basis across all classifications, report zeros. This is a recurring field. Repeat as needed. | N | 184-187 | 4 |
| 32 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | AN | 188-193 | 6 |
| 33 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the code describing the coverage for the classification reported above. | N | 194-195 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Required only if the rate change is applicable on a Schedule of Rate basis. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI | | | |
| | Code Description | | | |
| 00 | For Use with Statistical Codes | | | |
| 01 | State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act | | | |
| 02 | USL&HW "F" or USL&HW Coverage on Non-F-Classes | | | |
| 03 | Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 04 | Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 05 | Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| 06 | Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 07 | Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 08 | Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 34 | MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | N | 196-205 | 10 |
| | Report the new rate charged by the carrier for the classification reported above. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>This is required only if the rate change is applicable on a Schedule of Rate basis.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 201 and 202.</p> | | | |
| 35 | <p>CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the appropriate classification code corresponding to the classification assigned to the insured</p> <p>This is required only if rate change is being applied on the basis of classification code and rate.</p> <p>If applied on a flat basis across all classifications, report zeros.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 206-209 | 4 |
| 36 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> | AN | 210-215 | 6 |
| 37 | <p>EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the code describing the coverage for the classification reported above.</p> <p>This is required only if the rate change is applicable on a Schedule of Rate basis.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Code Description</p> <p>00 For Use with Statistical Codes</p> <p>01 State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act</p> <p>02 USL&HW "F" or USL&HW Coverage on Non-F-Classes</p> <p>03 Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY</p> <p>04 Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY</p> <p>05 Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> | N | 216-217 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | For NCCI, this code is required for Texas only. | | | |
| 06 | Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 07 | Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 08 | Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 38 | MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the new rate charged by the carrier for the classification reported above. Required only if the rate change is applicable on a Schedule of Rate basis. This is a recurring field. Repeat as needed. N/A: CA There is an assumed decimal point between positions 223 and 224. | N | 218-227 | 10 |
| 39 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | AN | 228-254 | 27 |
| 40 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 41 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the date that the endorsement becomes effective on the policy. | N | 289-294 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Format YYMMDD. | | | |
| 42 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> | AN | 295-300 | 6 |

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

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

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: CA, NCCI</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|---|-------|---|
| 2 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 44-45 | 2 |
|---|---|---|-------|---|

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

| | | | | |
|---|---|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 46-47 | 2 |
|---|---|----|-------|---|

Report "15".

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|---|----|-------|---|
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 51-58 | 8 |
|---|---|----|-------|---|

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

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

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

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

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

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

| | | | | |
|---|-----------------------------------|----|-------|----|
| 7 | CARRIER VERSION IDENTIFIER | AN | 60-70 | 11 |
|---|-----------------------------------|----|-------|----|

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | 111. | | | |
| 14 | <p>TAX MULTIPLIER FACTOR - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor used to represent the percentage of basic premium and converted losses when determining taxes to be applied in the premium determination used in the retrospective rating formula.</p> <p>Enter "01000" if not applicable.</p> <p>Only one Tax Multiplier Factor is to be reported.</p> <p>There is an assumed decimal point between positions 115 and 116.</p> | N | 114-118 | 5 |
| 15 | <p>TAX MULTIPLIER FACTOR - WEIGHTED AVERAGE TAX MULTIPLIER FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the factor used in the determination of retrospective premium in instances where both state and federal coverage are provided.</p> <p>This field is required on endorsement WC290512. WC290512 is applicable for policies effective prior to 7/1/2015.</p> <p>Enter "01000" if this factor is not applicable.</p> <p>There is an assumed decimal point between positions 120 and 121.</p> | N | 119-123 | 5 |
| 16 | <p>RETROSPECTIVE DEVELOPMENT FACTOR - FIRST FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor that represents the first adjustment to the calculation of retrospective premium.</p> <p>Enter "00" if this factor is not applicable.</p> <p>There is an assumed decimal point before position 124.</p> | N | 124-125 | 2 |
| 17 | <p>RETROSPECTIVE DEVELOPMENT FACTOR - SECOND FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor that represents the second adjustment to the calculation of retrospective premium.</p> <p>Enter "00" if this factor is not applicable.</p> <p>There is an assumed decimal point before position 126.</p> | N | 126-127 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 18 | <p>RETROSPECTIVE DEVELOPMENT FACTOR - THIRD FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor that represents the third adjustment to the calculation of retrospective premium.</p> <p>Enter "00" if this factor is not applicable.</p> <p>There is an assumed decimal point before position 128.</p> | N | 128-129 | 2 |
| 19 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i></p> | AN | 130-132 | 3 |
| 20 | <p>MINIMUM RETROSPECTIVE PREMIUM FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor used to determine the minimum retrospective premium amount for the estimated standard premium.</p> <p>When reporting endorsement WC290512, enter the factor for 50% in positions 133-137 with an assumed decimal point between positions 134 and 135. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> <p>When reporting endorsement WC290512, enter the factor for 100% in positions 138-142 with an assumed decimal point between positions 139 and 140. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> <p>When reporting endorsement WC290512, enter the factor for 150% in positions 143-147 with an assumed decimal point between positions 144 and 145. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> <p>There is an assumed decimal point between positions 144 and 145.</p> | N | 133-147 | 15 |
| 21 | <p>MAXIMUM RETROSPECTIVE PREMIUM FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the factor used to display the maximum retrospective premium factor.</p> <p>When reporting endorsement WC290512, enter the factor for 50% in positions 148-152 with an assumed decimal point between positions 149 and 150. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> | N | 148-162 | 15 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | When reporting endorsement WC290512, enter the factor for 100% in positions 153-157 with an assumed decimal point between positions 154 and 155. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI | | | |
| | When reporting endorsement WC290512, enter the factor for 150% in positions 158-162 with an assumed decimal point between positions 159 and 160. WC290512 is applicable for policies effective prior to 7/1/2015. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI | | | |
| | There is an assumed decimal point between positions 159 and 160. | | | |
| 22 | BASIC PREMIUM FACTOR - 50% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 163-167 | 5 |
| | Report the basic premium percentage of the standard premium | | | |
| | There is an assumed decimal point between positions 164 and 165. | | | |
| 23 | BASIC PREMIUM FACTOR - 100% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 168-172 | 5 |
| | Report the basic premium percentage of the standard premium. | | | |
| | There is an assumed decimal point between positions 169 and 170. | | | |
| 24 | BASIC PREMIUM FACTOR - 150% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 173-177 | 5 |
| | Report the basic premium percentage of the standard premium | | | |
| | There is an assumed decimal point between positions 174 and 175. | | | |
| 25 | ESTIMATED STANDARD PREMIUM AMOUNT - 50% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 178-187 | 10 |
| | Report the amount of premium an insured would pay if not entitled to any discount, after application of the 50% basic premium factor. | | | |
| 26 | ESTIMATED STANDARD PREMIUM AMOUNT - 100% <i>NOT APPLICABLE: CA, NCCI</i> | N | 188-197 | 10 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <i>OPTIONAL: MA, MI</i> | | | |
| | Report the amount of premium an insured would pay if not entitled to any discount, after application of the 100% basic premium factor. | | | |
| 27 | ESTIMATED STANDARD PREMIUM AMOUNT - 150% <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 198-207 | 10 |
| | Report the amount of premium an insured would pay if not entitled to any discount, after application of the 150% basic premium factor. | | | |
| 28 | EXCESS LOSS FACTOR - STATE (OTHER THAN F-CLASSES) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 208-210 | 3 |
| | Report the factor used to represent losses in excess of the primary amount. | | | |
| | Applies to federal class codes under the USL&HW Act. | | | |
| | Enter "000" if not applicable. | | | |
| | There is an assumed decimal point before position 208. | | | |
| 29 | EXCESS LOSS FACTOR - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 211-213 | 3 |
| | Report the factor used to represent losses in excess of the primary amount. | | | |
| | Applies to federal class codes under the USL&HW Act. | | | |
| | Enter "000" if not applicable. | | | |
| | There is an assumed decimal point before position 211. | | | |
| 30 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 214-216 | 3 |
| 31 | RETROSPECTIVE RATING PLAN EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 217-222 | 6 |
| | Report the effective date of the retrospective rating plan. | | | |
| | Format YYMMDD. | | | |
| 32 | OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 223-240 | 18 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the identifier of the other policy that includes the Retrospective Premium Endorsement. | | | |
| 33 | ADDENDUM (FORM NUMBER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 241-252 | 12 |
| | Report the form number that contains information supplementary to the schedule. Applicable for policies effective prior to 7/1/2015. | | | |
| 34 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 253-254 | 2 |
| 35 | NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 36 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 289-294 | 6 |
| | Report the date that this endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 37 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

OTHER POLICIES SUBJECT TO RETROSPECTIVE RATING OR PREMIUM DISCOUNT RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: CA, MN, NCCI</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|----|-------|---|
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MN, NCCI</i> | AN | 44-45 | 2 |
|---|---|----|-------|---|

| | | | | |
|---|---|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 46-47 | 2 |
|---|---|----|-------|---|

Report "16".

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

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

| | | | | |
|---|--|---|-------|---|
| 4 | ENDORSEMENT TYPE CODE <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 48-48 | 1 |
|---|--|---|-------|---|

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

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

Code Description

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

| | | | | |
|---|---|----|-------|---|
| 5 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MN, NCCI</i> | AN | 49-50 | 2 |
|---|---|----|-------|---|

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 6 | <p>ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the national characters (WCXXXXXX) of the Retro or Premium Discount Endorsement that lists the other policy number(s) identifiers reported in this record.</p> | AN | 51-58 | 8 |
| 7 | <p>BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.</p> | A | 59-59 | 1 |
| 8 | <p>CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.</p> | AN | 60-70 | 11 |
| 9 | <p>POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.</p> | AN | 71-88 | 18 |
| 10 | <p>POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.</p> | AN | 89-106 | 18 |
| 11 | <p>POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.</p> | AN | 107-124 | 18 |
| 12 | <p>POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MN, NCCI</i></p> <p>Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation.</p> | AN | 125-142 | 18 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Do not report embedded blanks or marks of punctuation. | | | |
| 18 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MN, NCCI</i> | AN | 233-254 | 22 |
| 19 | NAME OF INSURED <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 20 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MN, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |
| 21 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MN, NCCI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p> | N | 253-254 | 2 |
| 11 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 12 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA</i> <i>OPTIONAL: MA, MI, NCCI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 13 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|--|-------|----------|-------|
| FEDERAL EMPLOYERS' LIABILITY ACT ENDORSEMENT RECORD | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: CA, NCCI</i> Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 44-45 | 2 |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report "18". | AN | 46-47 | 2 |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report WC000104. | AN | 51-58 | 8 |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | A | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NCCI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 8 | EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL) - BODILY INJURY BY ACCIDENT AMOUNT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by accident. | N | 71-80 | 10 |
| 9 | EMPLOYER LIABILITY LIMIT AMOUNT (FEDERAL)- BODILY | N | 81-90 | 10 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>INJURY BY DISEASE AMOUNT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease.</p> | | | |
| 10 | <p>SCHEDULE - STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the codes of the state(s) in which Part Two (Employers Liability) applies to work subject to Federal Employers' Liability as though that state(s) were listed in Item 3.A of the Information Page.</p> | N | 91-190 | 100 |
| 11 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i></p> | AN | 191-254 | 64 |
| 12 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 13 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 14 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i></p> | AN | 295-300 | 6 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 105 and 106. | | | |
| 20 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 107-108 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 21 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 109-112 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 111 and 112. | | | |
| 22 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 113-114 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 23 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 115-118 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 117 and 118. | | | |
| 24 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 119-120 | 2 |
| | Report the state code. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 25 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 121-124 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 123 and 124. | | | |
| 26 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 125-126 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 27 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 127-130 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 129 and 130. | | | |
| 28 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 131-132 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 29 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 133-136 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 135 and 136. | | | |
| 30 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 137-138 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 31 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 139-142 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 141 and 142. | | | |
| 32 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 143-144 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 33 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 145-148 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 147 and 148. | | | |
| 34 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 149-150 | 2 |
| | Report the state code. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 35 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 151-154 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 153 and 154. | | | |
| 36 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 155-156 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 37 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 157-160 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 159 and 160. | | | |
| 38 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 161-162 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 39 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 163-166 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 165 and 166. | | | |
| 40 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 167-168 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 41 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 169-172 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 171 and 172. | | | |
| 42 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 173-174 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 43 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 175-178 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 177 and 178. | | | |
| 44 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 179-180 | 2 |
| | Report the state code. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 45 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 181-184 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 183 and 184. | | | |
| 46 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 185-186 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 47 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 187-190 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 189 and 190. | | | |
| 48 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 191-192 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 49 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 193-196 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 195 and 196. | | | |
| 50 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 197-198 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 51 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 199-202 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 201 and 202. | | | |
| 52 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 203-204 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 53 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 205-208 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 207 and 208. | | | |
| 54 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 209-210 | 2 |
| | Report the state code. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 55 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 211-214 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 213 and 214. | | | |
| 56 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 215-216 | 2 |
| | Report the state code. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 57 | UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 217-220 | 4 |
| | Report the factor used to identify the percentage increase in the manual/charged rate due to application of the United States Longshore and Harbor Workers' Endorsement. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 219 and 220. | | | |
| 58 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 221-254 | 34 |
| 59 | NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 60 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 289-294 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 61 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p> | N | 253-254 | 2 |
| 11 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 12 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 13 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i></p> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 16 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the states that will provide coverage as defined by their law.</p> | | | |
| 10 | <p>DESCRIPTION OF WORK <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report a description of the work.</p> | AN | 141-180 | 40 |
| 11 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i></p> | AN | 181-252 | 72 |
| 12 | <p>ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p> | N | 253-254 | 2 |
| 13 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 14 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 15 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i></p> | AN | 295-300 | 6 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p> | N | 253-254 | 2 |
| 11 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 12 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, PA</i> <i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 13 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, PA</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|-------|----------|-------|
| THIS RECORD IS RESERVED FOR FUTURE USE | | | | |
| 1 | LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | LINK DATA | AN | 1-43 | 43 |
| 3 | RESERVED FOR FUTURE USE | AN | 44-45 | 2 |
| 4 | RECORD TYPE CODE Report "26". | AN | 46-47 | 2 |
| 5 | RESERVED FOR FUTURE USE | AN | 48-300 | 253 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p> | N | 253-254 | 2 |
| 11 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 12 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 13 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NJ</i></p> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report the state of employment of the group of employees reported.</p> | | | |
| 10 | <p>DESIGNATED WORKERS COMPENSATION LAW OR DESCRIPTION</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report the appropriate state of the workers compensation law.</p> | AN | 211-250 | 40 |
| 11 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i></p> | AN | 251-252 | 2 |
| 12 | <p>ENDORSEMENT SEQUENCE NUMBER</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.</p> <p>The first record will always begin with "01".</p> | N | 253-254 | 2 |
| 13 | <p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 14 | <p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 15 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ</i></p> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the state code.</p> <p>This is a recurring field. Repeat as needed.</p> | | | |
| 9 | <p>FIRST PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the amount that represents the portion of the policy premium using the first premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 73-76 | 4 |
| 10 | <p>FIRST PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the percentage discount applied to the first premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 78 and 79.</p> | N | 77-79 | 3 |
| 11 | <p>SECOND (NEXT) PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the second discount layer used to determine the total premium.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Enter amount in thousands of dollars.</p> | N | 80-83 | 4 |
| 12 | <p>SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the percentage discount applied to the second premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 85 and 86.</p> | N | 84-86 | 3 |
| 13 | <p>THIRD (NEXT) PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the portion of the policy premium using the third premium discount layer.</p> | N | 87-90 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| | Enter amount in thousands of dollars. | | | |
| 14 | THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 91-93 | 3 |
| | Report the percentage discount applied to the third premium discount layer. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 92 and 93. | | | |
| 15 | BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 94-97 | 4 |
| | Report the amount of premium over the last layer used to determine the premium discount. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | Enter amount in thousands of dollars. | | | |
| 16 | BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 98-100 | 3 |
| | Report the premium discount percentage that applies to premium balance. | | | |
| | If fewer than four layers apply, the premium discount layer and percentage fields of the first unused layer must be filled with 9s. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 99 and 100. | | | |
| 17 | AVERAGE PERCENTAGE DISCOUNT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 101-103 | 3 |
| | Report the Average Percentage Discount used to determine the policy premium. | | | |
| | There is an assumed decimal point between positions 102 and 103. | | | |
| 18 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 104-105 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the state code. This is a recurring field. Repeat as needed. | | | |
| 19 | FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 106-109 | 4 |
| | Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed. | | | |
| 20 | FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 110-112 | 3 |
| | Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 111 and 112. | | | |
| 21 | SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 113-116 | 4 |
| | Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars. | | | |
| 22 | SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 117-119 | 3 |
| | Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 118 and 119. | | | |
| 23 | THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 120-123 | 4 |
| | Report the portion of the policy premium using the third premium discount layer. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| | Enter amount in thousands of dollars. | | | |
| 24 | THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 124-126 | 3 |
| | Report the percentage discount applied to the third premium discount layer. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | Enter amount in thousands of dollars. | | | |
| 25 | BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 127-130 | 4 |
| | Report the amount of premium over the last layer used to determine the premium discount. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 26 | BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 131-133 | 3 |
| | Report the premium discount percentage that applies to premium balance. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 27 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 134-135 | 2 |
| | Report the state code(s). | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 28 | FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 136-139 | 4 |
| | Report the amount that represents the portion of the policy premium using the first premium discount layer. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 29 | FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 140-142 | 3 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 141 and 142. | | | |
| 30 | SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 143-146 | 4 |
| | Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed. | | | |
| 31 | SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 147-149 | 3 |
| | Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 148 and 149. | | | |
| 32 | THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 150-153 | 4 |
| | Report the portion of the policy premium using the third premium discount layer. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars. | | | |
| 33 | THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 154-156 | 3 |
| | Report the percentage discount applied to the third premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 155 and 156. | | | |
| 34 | BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 157-160 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed. | | | |
| 35 | BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 161-163 | 3 |
| | Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed. | | | |
| 36 | STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 164-165 | 2 |
| | Report the state code(s). This is a recurring field. Repeat as needed. | | | |
| 37 | FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 166-169 | 4 |
| | Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed. | | | |
| 38 | FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 170-172 | 3 |
| | Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 171 and 172. | | | |
| 39 | SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 173-176 | 4 |
| | Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed. | | | |
| 40 | SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> | N | 177-179 | 3 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p><i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the percentage discount applied to the second premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 178 and 179.</p> | | | |
| 41 | <p>THIRD (NEXT) PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the portion of the policy premium using the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Enter amount in thousands of dollars.</p> | N | 180-183 | 4 |
| 42 | <p>THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the percentage discount applied to the third premium discount layer.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 185 and 186.</p> | N | 184-186 | 3 |
| 43 | <p>BALANCE PREMIUM DISCOUNT LAYER</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the amount of premium over the last layer used to determine the premium discount.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 187-190 | 4 |
| 44 | <p>BALANCE PREMIUM DISCOUNT PERCENTAGE</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> <p>Report the premium discount percentage that applies to premium balance.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 191-193 | 3 |
| 45 | <p>STATE CODE</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i></p> | N | 194-195 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the state code(s). This is a recurring field. Repeat as needed. | | | |
| 46 | FIRST PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 196-199 | 4 |
| | Report the amount that represents the portion of the policy premium using the first premium discount layer. This is a recurring field. Repeat as needed. | | | |
| 47 | FIRST PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 200-202 | 3 |
| | Report the percentage discount applied to the first premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 201 and 202. | | | |
| 48 | SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 203-206 | 4 |
| | Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed. | | | |
| 49 | SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 207-209 | 3 |
| | Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 208 and 209. | | | |
| 50 | THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 210-213 | 4 |
| | Report the portion of the policy premium using the third premium discount layer. This is a recurring field. Repeat as needed. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Enter amount in thousands of dollars. | | | |
| 51 | THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE NOT APPLICABLE: CA, NCCI OPTIONAL: MA, MI, NC, NJ | N | 214-216 | 3 |
| | Report the percentage discount applied to the third premium discount layer. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 215 and 216. | | | |
| 52 | BALANCE PREMIUM DISCOUNT LAYER NOT APPLICABLE: CA, NCCI OPTIONAL: MA, MI, NC, NJ | N | 217-220 | 4 |
| | Report the amount of premium over the last layer used to determine the premium discount. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 53 | BALANCE PREMIUM DISCOUNT PERCENTAGE NOT APPLICABLE: CA, NCCI OPTIONAL: MA, MI, NC, NJ | N | 221-223 | 3 |
| | Report the premium discount percentage that applies to premium balance. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 54 | STATE CODE NOT APPLICABLE: CA, NCCI OPTIONAL: CA, MA, MI, NC, NJ | N | 224-225 | 2 |
| | Report the state code(s). | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 55 | FIRST PREMIUM DISCOUNT LAYER NOT APPLICABLE: CA, NCCI OPTIONAL: MA, MI, NC, NJ | N | 226-229 | 4 |
| | Report the amount that represents the portion of the policy premium using the first premium discount layer. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 56 | FIRST PREMIUM DISCOUNT PERCENTAGE NOT APPLICABLE: CA, NCCI OPTIONAL: MA, MI, NC, NJ | N | 230-232 | 3 |
| | Report the percentage discount applied to the first premium | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 231 and 232. | | | |
| 57 | SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 233-236 | 4 |
| | Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed. | | | |
| 58 | SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 237-239 | 3 |
| | Report the percentage discount applied to the second premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 238 and 239. | | | |
| 59 | THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 240-243 | 4 |
| | Report the portion of the policy premium using the third premium discount layer. This is a recurring field. Repeat as needed. Enter amount in thousands of dollars. | | | |
| 60 | THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 244-246 | 3 |
| | Report the percentage discount applied to the third premium discount layer. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 245 and 246. | | | |
| 61 | BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 247-250 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed. | | | |
| 62 | BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 251-253 | 3 |
| | Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed. | | | |
| 63 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 254-254 | 1 |
| 64 | NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 65 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI, NC, NJ</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 66 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 10 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 75-78 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 11 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 79-82 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 12 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 83-86 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 13 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 87-90 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 14 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 91-94 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 15 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 95-98 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 16 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 99-102 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 17 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 103-106 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 18 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 107-110 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 19 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 111-114 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 20 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 115-118 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 21 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 119-122 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 22 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 123-126 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 23 | LIST THE APPLICABLE CLASSIFICATION CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 127-130 | 4 |
| | Report the aviation classification for which the exposure is not subject to retrospective rating. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 24 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 131-254 | 124 |
| 25 | NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 26 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |
| 27 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | detailed in the second report. | | | |
| | There is an assumed decimal point between positions 192 and 193. | | | |
| 14 | RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - THIRD FACTOR <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 195-200 | 6 |
| | Report the change in the retrospective development factor detailed in the third report. | | | |
| | There is an assumed decimal point between positions 198 and 199. | | | |
| 15 | RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 201-206 | 6 |
| | Report the effective date of change in the retrospective development factor. | | | |
| | Format YYMMDD. | | | |
| 16 | TAX MULTIPLIER FACTOR CHANGE - STATE (OTHER THAN F-CLASSES) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 207-211 | 5 |
| | Report the changed/corrected Tax Multiplier Factor. | | | |
| | Enter "01000" if not applicable. | | | |
| | There is an assumed decimal point between positions 208 and 209. | | | |
| 17 | TAX MULTIPLIER FACTOR CHANGE - FEDERAL (F-CLASSES ONLY) <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 212-216 | 5 |
| | Report the changed/corrected Tax Multiplier Factor applicable to F-Classes only. | | | |
| | Enter "01000" if not applicable. | | | |
| | There is an assumed decimal point between positions 213 and 214. | | | |
| 18 | TAX MULTIPLIER FACTOR CHANGE - EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 217-222 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the date that the Tax Multiplier Factor changed. Format YYMMDD. | | | |
| 19 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 223-254 | 32 |
| 20 | NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 21 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 22 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

RETROSPECTIVE PREMIUM ENDORSEMENT NONRATABLE CATASTROPHE ELEMENT OR SURCHARGE RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: CA, NCCI</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|----|-------|---|
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 44-45 | 2 |
|---|---|----|-------|---|

| | | | | |
|---|---|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 46-47 | 2 |
|---|---|----|-------|---|

Report "33".

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|---|----|-------|---|
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 51-58 | 8 |
|---|---|----|-------|---|

Report WC000510.

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

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

| | | | | |
|---|---|----|-------|----|
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | AN | 60-70 | 11 |
|---|---|----|-------|----|

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

| | | | | |
|---|---|---|-------|---|
| 8 | LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT <i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i> | N | 71-74 | 4 |
|---|---|---|-------|---|

Report the list of class codes which affect the endorsement.

This is a recurring field. Repeat as needed.

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 9 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the list of class codes which affect the endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 75-78 | 4 |
| 10 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the list of class codes which affect the endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 79-82 | 4 |
| 11 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the list of class codes which affect the endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 83-86 | 4 |
| 12 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the list of class codes which affect the endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 87-90 | 4 |
| 13 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the list of class codes which affect the endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 91-94 | 4 |
| 14 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT</p> <p><i>NOT APPLICABLE: CA, NCCI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the list of class codes which affect the endorsement.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 95-98 | 4 |
| 15 | <p>LIST CLASSIFICATION CODES THAT AFFECT THIS</p> | N | 99-102 | 4 |

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

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

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI, NC</i></p> <p>Report the name of the organization waiving the right to recover payments.</p> | | | |
| 10 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NJ</i></p> | AN | 191-254 | 64 |
| 11 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI, NC</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 12 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI, NJ</i> <i>OPTIONAL: MI, NC</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 13 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NJ</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|----|-------|---|
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 44-45 | 2 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 46-47 | 2 |
|---|--|----|-------|---|

Report "37".

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 51-58 | 8 |
|---|--|----|-------|---|

Report WC000310.

| | | | | |
|---|--|---|-------|---|
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | A | 59-59 | 1 |
|---|--|---|-------|---|

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

| | | | | |
|---|--|----|-------|----|
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 60-70 | 11 |
|---|--|----|-------|----|

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

| | | | | |
|---|---|---|-------|---|
| 8 | DESCRIPTOR CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | A | 71-71 | 1 |
|---|---|---|-------|---|

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

This is a recurring field. Repeat as needed.

Code Description

| | |
|---|---------|
| O | Officer |
| P | Partner |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | S Sole Proprietor (This code is not used for Record 38) | | | |
| | X Other | | | |
| 9 | NAME OF PERSON TO BE INCLUDED <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 72-121 | 50 |
| | Report the name of the person included for coverage on the policy. This is a recurring field. Repeat as needed. | | | |
| 10 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | N | 122-123 | 2 |
| | Report the code of the state covered by this endorsement record. This is a recurring field. Repeat as needed. | | | |
| 11 | DESCRIPTOR CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | A | 124-124 | 1 |
| | Report the code describing the corresponding person's position in the company. This is a recurring field. Repeat as needed. | | | |
| | Code Description | | | |
| | O Officer | | | |
| | P Partner | | | |
| | S Sole Proprietor (This code is not used for Record 38) | | | |
| | X Other | | | |
| 12 | NAME OF PERSON TO BE INCLUDED <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | AN | 125-174 | 50 |
| | Report the name of the person included for coverage on the policy. This is a recurring field. Repeat as needed. | | | |
| 13 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | N | 175-176 | 2 |
| | Report the code of the state covered by this endorsement record. This is a recurring field. Repeat as needed. | | | |
| 14 | DESCRIPTOR CODE | A | 177-177 | 1 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i> | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|-------|----------|-------|
| PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT RECORD | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> | | 1-43 | 43 |
| | Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | | |
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> | AN | 44-45 | 2 |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> | AN | 46-47 | 2 |
| | Report "38". | | | |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> | AN | 51-58 | 8 |
| | Report WC000308. | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | DESCRIPTOR CODE <i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i> <i>OPTIONAL: MI</i> | A | 71-71 | 1 |
| | Report the code describing the corresponding person's position in the company. | | | |
| | This is a recurring field. Repeat as needed. | | | |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p>Report the code describing the corresponding person's position in the company.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Code S – Sole Proprietor is not applicable for Endorsement Number WC000308.</p> <p>Code Description</p> <p>O Officer</p> <p>P Partner</p> <p>S Sole Proprietor (This code is not used for Record 38)</p> <p>X Other</p> | | | |
| 13 | <p>NAME OF PERSON TO BE EXCLUDED</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report the name of the person excluded from coverage on the policy.</p> <p>This is a recurring field. Repeat as needed.</p> | AN | 194-253 | 60 |
| 14 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i></p> | AN | 254-254 | 1 |
| 15 | <p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 16 | <p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i></p> <p><i>OPTIONAL: MI</i></p> <p>Report the date that the endorsement to the policy becomes effective.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 17 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA</i></p> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 16 | <p>MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the maximum charge amount per aircraft. This is a recurring field. Repeat as needed.</p> | N | 133-137 | 5 |
| 17 | <p>ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium for the aircraft. This is a recurring field. Repeat as needed.</p> | N | 138-142 | 5 |
| 18 | <p>STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the code of the state in which the aircraft is based. This is a recurring field. Repeat as needed.</p> | AN | 143-144 | 2 |
| 19 | <p>TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the type of the aircraft. This is a recurring field. Repeat as needed.</p> | AN | 145-164 | 20 |
| 20 | <p>PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium per seat. This is a recurring field. Repeat as needed.</p> | N | 165-168 | 4 |
| 21 | <p>MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the maximum charge amount per aircraft. This is a recurring field. Repeat as needed.</p> | N | 169-173 | 5 |
| 22 | <p>ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i></p> <p>Report the amount of additional premium for the aircraft.</p> | N | 174-178 | 5 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 23 | STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 179-180 | 2 |
| | Report the code of the state in which the aircraft is based. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 24 | TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | AN | 181-200 | 20 |
| | Report the type of the aircraft. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 25 | PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 201-204 | 4 |
| | Report the amount of additional premium per seat. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 26 | MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 205-209 | 5 |
| | Report the maximum charge amount per aircraft. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 27 | ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 210-214 | 5 |
| | Report the amount of additional premium for the aircraft. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 28 | STATE CODE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 215-216 | 2 |
| | Report the 2-digit code of the state in which the aircraft is based. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 29 | TYPE OF AIRCRAFT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | AN | 217-236 | 20 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the type of the aircraft. This is a recurring field. Repeat as needed. | | | |
| 30 | PASSENGER SEAT CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 237-240 | 4 |
| | Report the amount of additional premium per seat. This is a recurring field. Repeat as needed. | | | |
| 31 | MAXIMUM CHARGE AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 241-245 | 5 |
| | Report the maximum charge amount per aircraft. This is a recurring field. Repeat as needed. | | | |
| 32 | ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 246-250 | 5 |
| | Report the amount of additional premium for the aircraft. This is a recurring field. Repeat as needed. | | | |
| 33 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> | AN | 251-254 | 4 |
| 34 | NAME OF INSURED <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI, NCCI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 35 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> <i>OPTIONAL: MA, MI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 36 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MN, NC, NCCI, NJ, WI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 75-76 | 2 |
| 11 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 77-78 | 2 |
| 12 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 79-80 | 2 |
| 13 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 81-82 | 2 |
| 14 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 83-84 | 2 |
| 15 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 85-86 | 2 |
| 16 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.</p> | N | 87-88 | 2 |
| 17 | <p>STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i></p> <p>Report the code of the state providing this coverage.</p> | N | 89-90 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 18 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 91-92 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 19 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 93-94 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 20 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 95-96 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 21 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 97-98 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 22 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 99-100 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 23 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 101-102 | 2 |
| | Report the code of the state in providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 24 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 103-104 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 25 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 105-106 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 26 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 107-108 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 27 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 109-110 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 28 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 111-112 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 29 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 113-114 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 30 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 115-116 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 31 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 117-118 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 32 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 119-120 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 33 | STATE CODE | N | 121-122 | 2 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 41 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | N | 137-138 | 2 |
| 42 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | N | 139-140 | 2 |
| 43 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | N | 141-142 | 2 |
| 44 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | N | 143-144 | 2 |
| 45 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | N | 145-146 | 2 |
| 46 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state in providing this coverage. This is a recurring field. Repeat as needed. | N | 147-148 | 2 |
| 47 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | N | 149-150 | 2 |
| 48 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> Report the code of the state providing this coverage. | N | 151-152 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 49 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 153-154 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 50 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 155-156 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 51 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 157-158 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 52 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 159-160 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 53 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 161-162 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 54 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 163-164 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 55 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 165-166 | 2 |
| | Report the code of the state providing this coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 56 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 167-168 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 57 | STATE CODE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 169-170 | 2 |
| | Report the code of the state providing this coverage. This is a recurring field. Repeat as needed. | | | |
| 58 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | AN | 171-254 | 84 |
| 59 | NAME OF INSURED <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 60 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 61 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MA, MI, NCCI, NJ</i> | AN | 295-300 | 6 |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 7 | <p>CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, NJ, NY, WI</i> <i>OPTIONAL: MI, MN</i></p> <p>Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.</p> | AN | 60-70 | 11 |
| 8 | <p>LOSSES SUBJECT TO DEDUCTIBLE CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: MI, MN</i></p> <p>Report the code that identifies the type of deductible being reported.</p> <p>Code Description</p> <p>00 No Deductible</p> <p>01 Medical Losses Only</p> <p>02 Indemnity Losses Only</p> <p>03 Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.</p> | N | 71-72 | 2 |
| 9 | <p>BASIS OF DEDUCTIBLE CALCULATION CODE <i>NOT APPLICABLE: CA, DE, NJ, NY, PA, WI</i> <i>OPTIONAL: MI, MN</i></p> <p>Report the 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 N/A: MA</p> <p>03 Per Policy Deductible Aggregate Limit N/A: MA</p> <p>04 Percent of Claim Cost N/A: MA</p> <p>05 Percent of Premium N/A: MA</p> <p>06 Coinsurance Only Percent With Per Claim Amount Limit N/A: MA</p> <p>07 Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit N/A: MA</p> <p>08 Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit N/A: MA</p> <p>09 Per Accident Deductible Amount With Per Policy</p> | N | 73-74 | 2 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 9 | BASIS OF AUDIT NONCOMPLIANCE CHARGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | AN | 73-122 | 50 |
| | Report the method for calculating the audit noncompliance charge. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 10 | MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | N | 123-126 | 4 |
| | Report the multiplier used in the audit noncompliance charge calculation. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal between positions 123 and 124. | | | |
| | Enter "2" in this field. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | A | 127-128 | 2 |
| | Report the US Postal Services abbreviation of the state. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 12 | BASIS OF AUDIT NONCOMPLIANCE CHARGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | AN | 129-178 | 50 |
| | Report the method for calculating the audit noncompliance charge. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 13 | MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | N | 179-182 | 4 |
| | Report the multiplier used in the audit noncompliance charge calculation. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal between positions 179 and 180. | | | |
| 14 | STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> | A | 183-184 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <i>OPTIONAL: NC</i> | | | |
| | Report the US Postal Services abbreviation of the state. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 15 | BASIS OF AUDIT NONCOMPLIANCE CHARGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | AN | 185-234 | 50 |
| | Report the method for calculating the audit noncompliance charge. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 16 | MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | N | 235-238 | 4 |
| | Report the multiplier used in the audit noncompliance charge calculation. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal between positions 235 and 236. | | | |
| 17 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MI, MN, NCCI, NY, PA</i> | | 239-254 | 16 |
| 18 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | AN | 255-288 | 34 |
| | Report the first 34 positions of the primary name of the insured. | | | |
| | This field is required when the record is submitted using Transaction Code 03. N/A: NCCI | | | |
| 19 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NY, PA</i> <i>OPTIONAL: NC</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |
| 20 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MI, MN, NCCI, NY, PA</i> | | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY INFORMATION PAGE STATE PREMIUM CHANGE RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|--|---|-------|---|
| 2 | STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | N | 44-45 | 2 |
|---|--|---|-------|---|

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

| | | | | |
|---|--|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 46-47 | 2 |
|---|--|----|-------|---|

Report "84".

This Record Type Code will accommodate changes to the policy premium information not included in Record Type Codes 09, 10 and 87.

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

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

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|---|----|-------|---|
| 5 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 51-58 | 8 |
|---|---|----|-------|---|

Report the type of change by reporting one of the corresponding change identification numbers:

WC840401 Experience Modification Plan Type Code
 N/A: CA

WC840402 Other Individual Risk Rating Factor N/A: CA

WC840405 Estimated State Standard Premium Total

WC840406 Expense Constant Amount N/A: CA

WC840408 Premium Discount Amount N/A: CA

WC840409 Pro-Rated Expense Constant Amount Reason Code
 N/A: CA

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | WC840410 Pro-Rated Minimum Premium Amount Reason Code N/A: CA | | | |
| | WC840411 Reason State Was Added to Policy Code N/A: CA | | | |
| | WC840412 Assigned Risk Adjustment Program (ARAP) Factor N/A: CA | | | |
| | WC840413 Type of Non-Standard ID Code N/A: CA | | | |
| | WC840414 Independent DCO Risk ID Number / File Number / Account Number N/A: CA | | | |
| | Format YYMMDD | | | |
| 6 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | EXPERIENCE MODIFICATION PLAN TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 71-71 | 1 |
| | Report the type of experience modification factor. | | | |
| | Code Description | | | |
| | 1 Bureau Plan Modification Factor | | | |
| | 2 Bureau Plan Modification Factor Deviated by Flat Percentage | | | |
| | 3 Independent Company Plan Modification Factor Report this code for any modification factor resulting from an independently filed rating plan based on an insured's loss experience and used to modify the insured's manual premium on a prospective basis. This would include any factor based on a bureau's standard experience rating plan modified for independently filed ELR and D ratios. | | | |
| 9 | OTHER INDIVIDUAL RISK RATING FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 72-75 | 4 |
| | Report the factor resulting from any rating plan based on the insured's characteristics other than its loss experience and used to modify the manual premium amount on a prospective basis (e.g., schedule rating). | | | |
| | If more than one factor is applicable, enter the composite factor. | | | |
| | Insurers may, at their option, report the total dollar effect of these | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>factors on a Record Type Code 05 under the appropriate statistical classification code. If this option is chosen, report "1000" in this field.</p> <p>The factor to be entered is the decimal complement of percentage credits or debits.</p> <p>There is an assumed decimal point between positions 72 and 73.</p> | | | |
| 10 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> | AN | 76-80 | 5 |
| 11 | <p>ESTIMATED STATE STANDARD PREMIUM TOTAL <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the total state standard premium.</p> <p>Refer to individual state Bureau Manual for definition of standard premium.</p> | N | 81-90 | 10 |
| 12 | <p>EXPENSE CONSTANT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the dollar amount representing a premium charge that applies to every policy.</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> | N | 91-100 | 10 |
| 13 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> | AN | 101-110 | 10 |
| 14 | <p>PREMIUM DISCOUNT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the amount that is discounted from the total premium.</p> <p>This should never be reported as an Exposure Record (Record Type Code 05).</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> | N | 111-120 | 10 |
| 15 | <p>PRO-RATED EXPENSE CONSTANT AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i></p> <p>Report the code associated with the reason the Expense Constant Amount is not the full year amount.</p> <p>Code Description</p> | N | 121-121 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | 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 | | | |
| 16 | PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 122-122 | 1 |
| | Report the code associated with the reason the Minimum Premium Amount is not the full year amount. | | | |
| | Code Description | | | |
| | 0 Field Does Not Apply | | | |
| | 1 Where the Short-Term Policy is Issued to Replace a Binder | | | |
| | 2 Where the Short-Term Policy is Issued Solely to Establish Concurrency with Other Policies of Insurance | | | |
| | 3 Where the Short-Term Policy is Issued to Reinstate Coverage with a Lapse | | | |
| | 4 Where the Amount Changes Due to a Change in Anniversary Rating Date | | | |
| 17 | REASON STATE WAS ADDED TO THE POLICY CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 123-123 | 1 |
| | Report the code associated with the reason why the state was added to the policy. | | | |
| | Code Description | | | |
| | 0 Field Does Not Apply For all states reported on a new policy. Continue to report "0" on any subsequent full policy replacement transactions if there are no state changes. | | | |
| | 1 State Added Because of Audit For all states added to a new or renewal policy due to audit findings. Continue to report "1" on any subsequent full policy replacement transactions if there are no additional state changes. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 2 | State Added for any Other Reason For all states added to a current new or renewal policy. Continue to report "2" on any subsequent full policy replacement transactions if there are no additional state changes. | | | |
| 3 | State Added at Time of Renewal N/A: WI For all states added at time of renewal. Continue to report "3" on any subsequent full policy replacement transactions if there are no additional state changes. | | | |
| 4 | State Added to Cover a Lapse in Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA | | | |
| 18 | PREVIOUSLY REPORTED EXPERIENCE MODIFICATION EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the Experience Modification Effective Date previously reported on the corresponding State Premium Record that is being changed. Updates to the Experience Modification Effective Date are not to be made using this record. Use Record Type Code 10 to report the revised Experience Modification Effective Date. Format YYMMDD | N | 124-129 | 6 |
| 19 | PREVIOUSLY REPORTED ANNIVERSARY RATING DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the Anniversary Rating Date previously reported on the corresponding State Premium Record that is being changed. Not Applicable for policies effective 05/01/2017 and after. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA Updates to the Anniversary Rating Date are not to be made using this record. Use Record Type Code 09 to report the revised Anniversary Rating Date. Format YYMMDD | N | 130-135 | 6 |
| 20 | ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the ARAP factor. There is an assumed decimal point between Positions 136 and 137. | N | 136-139 | 4 |
| 21 | TYPE OF NON-STANDARD ID CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA</i> | N | 140-141 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <i>OPTIONAL: WI</i> | | | |
| | Report the code that indicates the type of non-standard workers compensation policy. | | | |
| | Code Description | | | |
| | 01 Non-Standard Code Does Not Apply | | | |
| | 02 Excluding Medical N/A: DE, MA, NC, PA, WI | | | |
| | 03 Reserved for Future Use | | | |
| | 04 Reserved for Future Use | | | |
| | 05 Excess Policy N/A: DE, MN, NC, NY, PA, WI For NCCI, this code is required for WV only. | | | |
| | 06 Excess Medical N/A: DE, MN, NC, NCCI, PA, WI | | | |
| | 07 Reserved for Future Use | | | |
| | 08 Coverage Excludes Certain Individuals Listed on Exclusion Endorsement , such as officers, partners, sole proprietors or others N/A: MN, NC, NY, WI | | | |
| | 09 Voluntary Coverage Not Mandatory by State Act N/A: MN, NC, NY, WI | | | |
| | 99 Self-Insured Groups N/A: DE, MN, NC, NCCI, NY, PA, WI This code is not used in this specification. | | | |
| 22 | INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> <i>OPTIONAL: CA</i> | AN | 142-156 | 15 |
| | Report the risk identification number assigned by the appropriate DCO other than NCCI. | | | |
| 23 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 157-254 | 98 |
| 24 | NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 25 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | N | 289-294 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the date that the endorsement becomes effective on the policy. FORMAT YYMMDD | | | |
| 26 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY INFORMATION PAGE SUPPLEMENTAL DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|--------------------------------|----|-------|---|
| 2 | RESERVED FOR FUTURE USE | AN | 44-45 | 2 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "85".

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

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

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

| | | | | |
|---|--------------------------------|----|-------|---|
| 4 | RESERVED FOR FUTURE USE | AN | 48-50 | 3 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|--|----|-------|---|
| 5 | DATA ELEMENT CHANGE IDENTIFICATION NUMBER | AN | 51-58 | 8 |
|---|--|----|-------|---|

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

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

WC850601 Experience Rating Code N/A: CA

WC850603 Type of Coverage ID Code N/A: CA

WC850604 Employee Leasing Policy Type Code

WC850605 Policy Term Code

WC850606 Prior Policy Number Identifier

WC850608 Type of Plan ID Code

WC850609 Business Segment Identifier

WC850610 Policy Minimum Premium N/A: CA

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | WC850611 Policy Minimum Premium State Code N/A: CA | | | |
| | WC850612 Policy Estimated Standard Premium Total N/A: CA | | | |
| | WC850613 Policy Deposit Premium Amount N/A: CA | | | |
| | WC850616 Retrospective Rating Code | | | |
| | WC850617 Group Coverage Status | | | |
| | WC850618 Assignment Date N/A: CA | | | |
| | WC850620 Wrap-Up/OCIP Code | | | |
| | Format YYMMDD | | | |
| 6 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 8 | EXPERIENCE RATING CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the code describing the policy. Code Description 1 Interstate Rated Only 2 Inter- and Intrastate Rated N/A: NC 3 Intrastate Rated Only 4 Reserved for Future Use 5 Not Rated | N | 71-71 | 1 |
| 9 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 72-80 | 9 |
| 10 | TYPE OF COVERAGE ID CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, PA</i> Report the code that indicates the type of coverage. Code Description 01 Standard Workers Compensation Policy 02 Alternative Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI | N | 81-82 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 03 | Group Policy N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| 04 | Reserved for Future Use | | | |
| 05 | Large Risk Rated Option / Large Risk Alternative Rating Option N/A: MI, MN, NC, NCCI, NY | | | |
| 09 | Nonstandard Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI This code is not used in this specification. | | | |
| 10 | Reserved for Future Use | | | |
| 11 | EMPLOYEE LEASING POLICY TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, PA</i> Report the code that identifies the type of Employee Leasing policy. Code Description | N | 83-83 | 1 |
| | 1 Non-Employee Leasing Policy Employers covered under this policy are not part of an Employee Leasing arrangement. | | | |
| | 2 Employee Leasing Policy - For Leased Workers of Multiple Client Companies; Includes ELC Non-Leased Workers N/A: CA, MA, MN, NJ, NY, WI The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are covered under this policy. This code requires DCO approval before reporting a Master Policy. Contact DCO for requirements. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| | 3 Employee Leasing Policy For Non-Leased Workers of Employee Leasing Company (ELC) The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the non-leased workers of the ELC only. The leased workers of the ELC are not covered under this policy. This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY, WI MA endorsement WC200305 – Exclusion of Coverage for Leased Employees must be included on the employee leasing company policy for the non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI | | | |
| | 4 Employee Leasing Policy -Client Company Policy | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p>For Leased Workers of Client Company N/A: DE, MA, MN, NJ, PA</p> <p>The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NY, PA, WI</p> <p>First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA</p> | | | |
| 5 | <p>Employee Leasing Policy For Leased Workers of a Single Client Company</p> <p>The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI</p> <p>This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY</p> <p>The primary name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, MA, MI, MN, NC, NCCI, NY</p> <p>MA endorsement WC200304 – Massachusetts Employee Leasing Endorsement must be included on the policy for the workers leased to a client. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</p> <p>PA endorsement WC370311 - Pennsylvania Multiple Coordinated Policy Endorsement must be included on the policy. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</p> | | | |
| 6 | <p>Client Company Policy For Non-Leased Workers of Client Company N/A: DE</p> <p>The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI</p> <p>This is applicable on policies effective 4/1/20 or after. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Endorsement WC000322 - Professional Employer Organization (PEO) Client Exclusion Endorsement must be included on the policy for the Leasing/PEO client's</p> | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 7 | <p>Client Company Policy For Leased And Non-Leased Workers of Client Company N/A: MA, MN, NJ</p> <p>The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company.</p> <p>This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, WI</p> <p>This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>First name should be reported (Client Company Name) client of (PEO Company Name). N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p> | | | |
| 8 | <p>Employee Leasing Policy For Leased Workers of Multiple Client Companies; Excludes ELC Non-Leased Workers N/A: CA, DE, MA, MN, NJ, NY, PA</p> <p>The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of multiple Client Companies. The non-leased workers of the ELC are not covered under this policy.</p> <p>Endorsement WC480314 must be included. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</p> <p>This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</p> | | | |
| 9 | <p>Employee Leasing Policy for Leased Workers of a Single Client Company where the policy is purchased by the Client.</p> <p>This is applicable on all policies effective 4/1/18 or after. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</p> <p>This is applicable on policies effective 4/1/20 or after. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>MA endorsement WC200308 - MA Professional Employer Organization (PEO) Extension Endorsement must be included on the PEO client policy purchased by the client. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> | | | |
| 12 | <p>POLICY TERM CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the code used to indicate the length/type of the policy term.</p> <p>Code Description</p> | N | 84-84 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 1 | Standard One-Year | | | |
| 2 | Three-Year Fixed Rate N/A: MA, NJ | | | |
| 3 | Continuous Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 4 | Short-Term (Less Than One Year) | | | |
| 5 | Three-Year Variable (First Year) N/A: MN | | | |
| 6 | Three-Year Variable (Second Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. | | | |
| 7 | Three-Year Variable (Third Year) N/A: MN Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. | | | |
| 8 | Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. Endorsement WC000405 must be attached to the policy whenever Code 8 is applicable (see Record Type 13). This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. N/A: MI, MN, NCCI, NY | | | |
| 13 | PRIOR POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the policy number of the policy providing previous coverage. Do not report any embedded blanks or marks of punctuation. | AN | 85-102 | 18 |
| 14 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 103-108 | 6 |
| 15 | TYPE OF PLAN ID CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> Report the code that defines the type of plan used to underwrite the coverage. Code Description | N | 109-109 | 1 |
| | 1 Voluntary Policy | | | |
| | 2 Normal Assigned Risk Policy N/A: NY, PA | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | 3 Reserved for Future Use | | | |
| | 4 Reserved for Future Use | | | |
| | 5 Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program N/A: DE, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| | 6 Reserved for Future Use | | | |
| | 7 Assigned Risk Policy Originally Assigned by Another DCO N/A: DE, MA, MI, MN, NJ, NY, PA, WI | | | |
| 16 | BUSINESS SEGMENT IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> | N | 110-116 | 7 |
| | Report the series of identifying codes maintained and reported by the data provider. | | | |
| 17 | POLICY MINIMUM PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> | N | 117-126 | 10 |
| | Report the minimum premium amount that would be charged for the policy if the policy ultimately qualifies for minimum premium, based on classification minimum premium amounts. | | | |
| 18 | POLICY MINIMUM PREMIUM STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> | N | 127-128 | 2 |
| | Report the code of the state on which the policy minimum premium amount is based. | | | |
| 19 | POLICY ESTIMATED STANDARD PREMIUM TOTAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> | N | 129-138 | 10 |
| | Report the sum of the estimated state standard premiums reported on all state premium records (Record Type Code 04) submitted for the transaction. | | | |
| 20 | POLICY DEPOSIT PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> | N | 139-148 | 10 |
| | Report the deposit premium amount to be collected for the policy. | | | |
| 21 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 149-150 | 2 |
| 22 | RETROSPECTIVE RATING CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA</i> | N | 151-151 | 1 |
| | Report the code corresponding to the policy. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Code Description 1 Reserved For Future Use 2 Reserved For Future Use 3 Not Retrospective Rated 4 Reserved For Future Use 5 Retrospective Rated N/A: MI, MN, NJ, NY, WI | | | |
| 23 | GROUP COVERAGE STATUS CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the code identifying if the policy was written as part of group coverage. | N | 152-152 | 1 |
| | Code Description 0 Non-Group Coverage 1 Group Member Coverage 2 Group Master Coverage | | | |
| 24 | ASSIGNMENT DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date of notice assigned by the administrator of involuntary market coverage. This field is required when the Type of Plan ID Code (position 108 of the Header Record) is not "1". Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed. Format YYMMDD | N | 153-158 | 6 |
| 25 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 159-176 | 18 |
| 26 | WRAP-UP/OWNER CONTROLLED INSURANCE PROGRAM (OCIP) CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the code that is used to indicate whether the policy covers a wrap-up. 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 | 177-177 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Code Description | | | |
| | 1 Wrap-Up/OCIP Policy N/A: CA | | | |
| | 2 Non-Wrap-Up/Non-OCIP Policy | | | |
| | 3 OCIP Job Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| | 4 OCIP Master Policy N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI | | | |
| 27 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 178-254 | 77 |
| 28 | NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 29 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> Report the date that the endorsement becomes effective on the policy. FORMAT YYMMDD | N | 289-294 | 6 |
| 30 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY INFORMATION PAGE CLASS AND/OR RATE CHANGE AND OTHER ENDORSEMENT RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

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

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

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "86".

This Record Type Code will accommodate changes to a class and/or a rate when associated with Policy Information Page Change Endorsement WC890600.

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

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

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

| | | | | |
|---|--------------------------------|----|-------|---|
| 4 | RESERVED FOR FUTURE USE | AN | 48-50 | 3 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|---------------------------|----|-------|---|
| 5 | ENDORSEMENT NUMBER | AN | 51-58 | 8 |
|---|---------------------------|----|-------|---|

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

Report WC890415.

| | | | | |
|---|---|---|-------|---|
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) | A | 59-59 | 1 |
|---|---|---|-------|---|

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

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

| | | | | |
|---|-----------------------------------|----|-------|----|
| 7 | CARRIER VERSION IDENTIFIER | AN | 60-70 | 11 |
|---|-----------------------------------|----|-------|----|

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | EXPOSURE PERIOD EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | N | 71-76 | 6 |
| | Report the exposure's effective date when exposure amounts are reported on a split period basis. Format YYMMDD | | | |
| 9 | CLASSIFICATION CODE REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | A | 77-77 | 1 |
| | Report the code that describes the action to be taken regarding the classification code reported in positions 78-81. Deletes will be processed first. For codes C and D, use the Exposure Period Effective Date, Classification Code, Exposure Act/Exposure Coverage Code, Classification Wording Suffix (if applicable), Name Link Identifier, State Code Link, and Exposure Record Link for Exposure Code for matching changed data to the original. None of these data items may be changed using code C. Use the delete and add option when changing these items. | | | |
| | Code Description | | | |
| | A Add Classification Code To Policy | | | |
| | C Change Classification Code Information | | | |
| | D Delete Classification Code From the Policy | | | |
| 10 | CLASSIFICATION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | N | 78-81 | 4 |
| | Report the appropriate classification code. | | | |
| 11 | EXPOSURE ACT/ EXPOSURE COVERAGE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | N | 82-83 | 2 |
| | Report the code describing the coverage for the classification code reported. Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00. N/A: DE, MA, MI, MN, NC, NCCI, NY, PA, WI The Classification Code is in positions 78-81 of this record. | | | |
| | Code Description | | | |
| | 00 For Use with Statistical Codes | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 01 | State Act or Federal Act Excluding USL&HW and Federal Mine Safety and Health Act | | | |
| 02 | USL&HW "F" or USL&HW Coverage on Non-F-Classes | | | |
| 03 | Federal Mine Safety and Health Act Only N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 04 | Federal Mine Safety and Health Act and the State Act N/A: CA, DE, MA, MI, MN, NC, NJ, NY | | | |
| 05 | Oil and Other Minerals Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI For NCCI, this code is required for Texas only. | | | |
| 06 | Excluding Medical N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 07 | Excess Benefits Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 08 | Coverage Under USL&HW Act for Oil, Gas or Other Mineral Operations on or Over Water N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Coverage for benefits paid under the United States Longshore and Harbor Workers' Compensation Act or extension of the USL&HW Act. For NCCI, this code is required for Texas only. | | | |
| 09 | Endorsed Maritime Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI | | | |
| 10 | Voluntary Compensation Coverage N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 11 | Reserved for Future Use | | | |
| 12 | MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the rate charged by the carrier for the classification reported. The Classification Code is in positions 78-81 of this record. When reporting the percentage for statistical classification codes 0935, 0936, 0937, 0942, or 9046, report a factor. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI There is an assumed decimal point between positions 89 and 90. | N | 84-93 | 10 |
| 13 | ESTIMATED EXPOSURE AMOUNT <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | N | 94-105 | 12 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p>Report the amount that is the basis for determining premium on a per classification level.</p> <p>For non-payroll exposure amounts, report only to the nearest two decimal places for which there is an assumed decimal point between positions 103 and 104.</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 79–84).</p> | | | |
| 14 | <p>ESTIMATED PREMIUM AMOUNT <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the premium amount corresponding to the classification code on this record.</p> <p>If the exposure amount for the classification code is on an “if any” basis, report zeros.</p> <p>For three-year variable rate policies or continuous policies, report the premium amount for the rating period.</p> <p>For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (positions 71–76).</p> <p>There are many miscellaneous premium amount charges (debits or credits) that may be applicable in addition to classification premium amounts developed by extension of exposure at authorized rates. These miscellaneous premium charges must be reported under the appropriate classification codes given in the appropriate Manual or Statistical Plan.</p> <p>For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> | N | 106-115 | 10 |
| 15 | <p>CLASSIFICATION WORDING SUFFIX <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA, WI</i></p> <p>Report the suffix that will provide a cross-reference to the Manual classification wording.</p> <p>If classification wording suffix is reported, then classification wording (positions 118–218) is not required.</p> <p>Primary Wording is reported as 00.</p> | AN | 116-117 | 2 |
| 16 | <p>CLASSIFICATION WORDING</p> | A | 118-218 | 101 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 21 | <p>EXPOSURE PERIOD CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> <i>OPTIONAL: WI</i></p> <p>Report the code describing the period covered by the reported exposure.</p> <p>The reported exposure is in positions 94-105 of this record.</p> <p>Code Description</p> <p>1 Annual 2 Three Year 3 Less Than Annual or Split Period 4 Greater Than Annual But Less Than Three Years</p> | N | 230-230 | 1 |
| 22 | <p>NUMBER OF PIECES OF APPARATUS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).</p> | N | 231-233 | 3 |
| 23 | <p>NUMBER OF VOLUNTEERS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>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 | 234-236 | 3 |
| 24 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> | AN | 237-254 | 18 |
| 25 | <p>NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 26 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 27 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|----|-------|---|
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 44-45 | 2 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 46-47 | 2 |
|---|--|----|-------|---|

Report "87".

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

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

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

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

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 51-58 | 8 |
|---|--|----|-------|---|

Report the appropriate endorsement number associated with the change.

Enter WC890602 for changes to Policy Number Identifier. N/A: CA

Enter WC890603 for changes to Policy Effective Date. N/A: CA

Enter WC890604 for changes to Policy Expiration Date.

Enter WC890607 for changes to Producer Name.

Enter WC890610 for changes to Legal Nature of Insured.

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Enter WC890611 for changes to Item 3.A. States N/A: CA, NCCI | | | |
| | Enter WC890612 for changes to Item 3.B. Employer Liability Limit Amounts. N/A: CA, NCCI | | | |
| | Enter WC890613 for changes to Item 3.C. State Codes. N/A: CA, NCCI | | | |
| | Enter WC890416 for changes to Interim Adjustment Of Premium. N/A: CA, NCCI, NJ | | | |
| | Enter WC890618 for changes to Interstate/Intrastate Risk ID. N/A: CA, NCCI, NJ | | | |
| | Enter WC890614 for changes to Item 3.D. Endorsement Numbers. N/A: NCCI | | | |
| | Enter WC890619 for changes to Carrier Code. N/A: CA | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | CARRIER CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, PA</i> | N | 71-75 | 5 |
| | Report the code assigned to the reporting company by NCCI or other DCO. | | | |
| | The endorsement effective date must equal the policy effective date. | | | |
| 9 | POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, PA</i> | AN | 76-93 | 18 |
| | Report the characters used to uniquely identify the revised policy. | | | |
| | The endorsement effective date must equal the policy effective date. | | | |
| | Do not report any embedded blanks or marks of punctuation. | | | |
| 10 | POLICY EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, PA</i> | N | 94-99 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the revised effective date of the policy. The endorsement effective date must equal the policy effective date. Format YYMMDD. | | | |
| 11 | POLICY EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | N | 100-105 | 6 |
| | Report the revised expiration date of the policy. Format YYMMDD. | | | |
| 12 | LEGAL NATURE OF INSURED CODE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | N | 106-107 | 2 |
| | Report the code corresponding to the revised legal nature. Applicability is subject to the individual DCO, IAIABC POC state rules, and/or to states with independent DCOs where policy data is required for interstate experience ratings. Contact your DCO or IAIABC POC vendor if further clarification is needed. | | | |
| | Code Description | | | |
| | 01 Individual | | | |
| | 02 Partnership | | | |
| | 03 Corporation | | | |
| | 04 Association, Labor Union, Religious Organization | | | |
| | 05 Limited Partnership | | | |
| | 06 Joint Venture | | | |
| | 07 Common Ownership N/A: MI, WI | | | |
| | 08 Multiple Status N/A: CA, MI, WI | | | |
| | 09 Joint Employers N/A: MI, WI | | | |
| | 10 Limited Liability Company (LLC) | | | |
| | 11 Trust or Estate | | | |
| | 12 Executor or Trustee N/A: CA, MI, WI | | | |
| | 13 Limited Liability Partnership | | | |
| | 14 Governmental Entity | | | |
| | 99 Other | | | |
| 13 | TEXT FOR "OTHER" LEGAL NATURE OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 108-127 | 20 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the text describing the revised legal nature of insured. Only provide if reporting Code 99 (Other) in positions 106-107. | | | |
| 14 | ITEM 3.A/3.C. CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the code that identifies that policy item that has changed. 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. If both Item 3.A. and Item 3.C. are being revised, then multiple change endorsement record(s) are required. Code Description A State codes in Item 3.A. of the policy are being revised. C State codes in Item 3.C. of the policy are being revised. | A | 128-128 | 1 |
| 15 | ITEM 3.C INCLUSION / EXCLUSION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the code used to identify whether the states reported are included or excluded from policy coverage. The State Codes for Item 3.A. or Item 3.C. is in positions 130-159 of this record. Code Description 1 States listed are included in policy coverage or POC notice. 2 States listed are excluded from policy coverage or POC notice. 3 No other states coverage afforded. This is primarily used with wrap-ups/OCIPs. | N | 129-129 | 1 |
| 16 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. More than one record may be used. This is a recurring field. Repeat as needed. | N | 130-131 | 2 |
| 17 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. | N | 132-133 | 2 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | | | |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 18 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 134-135 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 19 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 136-137 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 20 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 138-139 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 21 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 140-141 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 22 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 142-143 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 23 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 144-145 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 24 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 146-147 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 25 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 148-149 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 26 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 150-151 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 27 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 152-153 | 2 |
| | Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. | | | |
| | More than one record may be used. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 28 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 154-155 | 2 |
| | Report the revised codes for all states to be included in Item | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | 3.A. or Item 3.C. after the change if any. More than one record may be used. This is a recurring field. Repeat as needed. | | | |
| 29 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. More than one record may be used. This is a recurring field. Repeat as needed. | N | 156-157 | 2 |
| 30 | STATE CODES FOR ITEM 3.A. OR ITEM 3.C. <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the revised codes for all states to be included in Item 3.A. or Item 3.C. after the change if any. More than one record may be used. This is a recurring field. Repeat as needed. | N | 158-159 | 2 |
| 31 | EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury caused by accident. | N | 160-169 | 10 |
| 32 | EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – policy limit. | N | 170-179 | 10 |
| 33 | EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease – each employee. | N | 180-189 | 10 |
| 34 | PREMIUM ADJUSTMENT PERIOD CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA</i> Report the code that represents when the premium will be reviewed/adjusted. | N | 190-190 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Code Description | | | |
| | 1 Annual | | | |
| | 2 Semiannual | | | |
| | 3 Quarterly | | | |
| | 4 Monthly | | | |
| | 5 Other | | | |
| 35 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 191-198 | 8 |
| | Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy. | | | |
| 36 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | A | 199-199 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| | The Endorsement Number is in positions 191-198. N/A: CA | | | |
| 37 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 200-210 | 11 |
| | Report the carrier specific form number as filed and approved. | | | |
| 38 | NAME OF PRODUCER <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 211-240 | 30 |
| | Report the name of the producer responsible for placing the business with the insurer. | | | |
| 39 | INTERSTATE RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA</i> | N | 241-249 | 9 |
| | Report the revised Interstate Risk ID Number. | | | |
| 40 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, PA</i> | AN | 250-250 | 1 |
| 41 | ENDORSEMENT NUMBER REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | A | 251-251 | 1 |
| | Report the code that describes the action to be taken regarding the endorsements reported. | | | |
| | The endorsements reported are in positions 191-210. | | | |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|----|-------|---|
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 44-45 | 2 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 46-47 | 2 |
|---|--|----|-------|---|

Report "88".

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

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

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

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

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

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

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

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 51-58 | 8 |
|---|--|----|-------|---|

Report WC890601.

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 7 | <p>Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.</p> <p>CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> | AN | 60-70 | 11 |
| 8 | <p>Report the identifier used by the carrier to determine the version of the endorsement applied to the policy</p> <p>NAME TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code representing the type of name.</p> <p>String name type records are to be used by those insurers unable to provide separate formatted personal/commercial Name Records.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p> <p>Code Description</p> <p>1 Personal Name Type This is a separate personal Name Record of a Name Link Identifier. Format last name, first name, middle name or initial. The commas are delimiters.</p> <p>2 Commercial Name Type This is a separate commercial Name Record of a Name Link Identifier.</p> <p>3 String Name Type N/A: CA, DE, MN, PA This is a Name Record consisting of a string of names corresponding to one Name Link Identifier. Format is free-form.</p> | N | 71-71 | 1 |
| 9 | <p>NAME LINK IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the number identifying one name or a group of names.</p> <p>When reporting more than 998 separate names, report positions 295-296—revised Name Link Counter Identifier in conjunction with this field.</p> <p>The primary name(s) on the policy must always be reported as "001".</p> <p>Assigned Name Link Identifiers cannot be reassigned or used again.</p> <p>Refer to the Data Reporting Handbook for further instructions.</p> | N | 72-74 | 3 |
| 10 | <p>NAME OF INSURED</p> | AN | 75-164 | 90 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | | | |
| | Report the name of the insured that corresponds to the Type of Name Code Reported in position 71. | | | |
| 11 | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i> | N | 165-173 | 9 |
| | Report the number assigned to each employer for federal tax purposes. | | | |
| 12 | CONTINUATION SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | N | 174-176 | 3 |
| | Report the number corresponding to the continuation status. | | | |
| | Enter 001 representing the first record for a Name Link Identifier (positions 72-74). | | | |
| | Enter 002–999 representing all continuation records for same Name Link Identifier (positions 72-74). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all Name Records. | | | |
| | Refer to the Data Reporting Handbook for further instructions. | | | |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 177-198 | 22 |
| 14 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | N | 199-200 | 2 |
| | Report the state code for the state unemployment number reported. | | | |
| | The State Unemployment Number is in positions 201-215. | | | |
| 15 | STATE UNEMPLOYMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 201-215 | 15 |
| | Report the revised unemployment number for the state code reported. | | | |
| | The State Code is in positions 199-200. | | | |
| | Provide the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field. The NJTIN must be reported on every Name Record. If the NJTIN is not available, report zeros. Do not submit this information for any other state. | | | |
| 16 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | N | 216-217 | 2 |
| | Report the state code for the state unemployment number reported. | | | |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 22 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 253-253 | 1 |
| 23 | PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, PA</i> <i>OPTIONAL: WI</i> Report the code used to identify whether this is a PEO, Client Company or neither. 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. | A | 254-254 | 1 |
| | Code Description | | | |
| | C Client Company Name | | | |
| | P Professional Employer Organization Company Name | | | |
| 24 | NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 25 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 26 | NAME LINK COUNTER IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> Report "00" for the first 998 names and report "01" –"99" counter records for the following sets of Name Link Identifiers. | AN | 295-296 | 2 |
| 27 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 297-300 | 4 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|---|----|-------|---|
| 2 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 44-45 | 2 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 46-47 | 2 |
|---|--|----|-------|---|

Report "89".

This record type will accommodate changes to addresses on the policy and associated with Policy Information Page Change Endorsement WC890600.

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

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

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

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

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

| | | | | |
|---|---|----|-------|---|
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 48-50 | 3 |
|---|---|----|-------|---|

| | | | | |
|---|--|----|-------|---|
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 51-58 | 8 |
|---|--|----|-------|---|

Report the appropriate endorsement number associated with the change.

Enter WC890605 for changes to Mailing Address of Insured

Enter WC890608 for changes to Other Location(s) of Operations

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Enter WC890617 for changes to Carrier Issuing/Serviceing Office | | | |
| | Enter WC890625 for changes to Producer [Issuing Agency] Office N/A: CA | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | ADDRESS TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, PA</i> | N | 71-71 | 1 |
| | Report the code representing the type of address. | | | |

Code Description

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

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.

If the mailing address is a PO Box, then a Location of Operation's Address (Address Type Code 2) or No Specific Location (Address Type Code 6) must be reported. N/A: MA, MI, NJ, NY
- 3 Address of Insurer Issuing/Serviceing Office
This record must be reported to permit proper communication with the insurer office servicing this policy.
- 4 Wrap-up/OCIP Project Description N/A: NCCI
Optional: WI
- 5 Producer Address N/A: CA
This record must be reported to provide the address of

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

the producer responsible for placing the business with the insurer. This address must be submitted when a producer/agency name (Positions 182–211) is reported in the Header Record (Record Type 01) of the transaction.

6 No Specific Location
 Refers to work done at client sites in the state. If this code is submitted, the Address Structure Code and the Address are not applicable.
 For IAIABC POC reporting states: Contact your IAIABC POC vendor for applicable states.

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

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

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

| | | | | |
|---|--|---|-------|---|
| 9 | ADDRESS STRUCTURE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i> | N | 72-72 | 1 |
|---|--|---|-------|---|

Report the code identifying the structure of the address.

This field is not applicable for Address Type Code 6.

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

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

Code Description

1 Reported address follows structure.
 This code is required for Address Type Code 1, 3 and 5. These three address types must be reported in the structured format.
 For IAIABC POC reporting states: This code is required for Address Type Code 2 when the address is for an IAIABC POC state. Contact your IAIABC POC vendor for applicable states.

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 2 | <p>Reported address is free form.</p> <p>This code may be optional for Address Type Code 2 and may be required for Address Type Code 4. Contact the appropriate DCO for reporting requirements.</p> <p>For IAIABC POC reporting states: This code is not applicable for Address Type Code 2 and may only be used for Address Type Code 4. Contact your IAIABC POC vendor for applicable states.</p> <p>When not an IAIABC POC state, this code is optional for Address Type Code 2. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</p> | | | |
| 10 | <p>ADDRESS - STREET</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the street number and name, post office box, or other description.</p> <p>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>ADDRESS - CITY</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the city name.</p> | AN | 133-162 | 30 |
| 12 | <p>ADDRESS - STATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the U.S. Postal Service abbreviation for the state.</p> <p>If Foreign Address Indicator is "Y", leave blank.</p> | AN | 163-164 | 2 |
| 13 | <p>ADDRESS - ZIP CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the U.S. post office zip code</p> | AN | 165-173 | 9 |
| 14 | <p>NAME LINK IDENTIFIER</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the number identifying one name or a group of names.</p> <p>When reporting more than 998 separate names, report positions 295-296—Name Link Counter Identifier in conjunction with this field.</p> | N | 174-176 | 3 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | <p>exposure is not yet developed, this field may be blank. If exposure is combined with a business with separate Name Link Identifier, the exposure may be included in a separate record.</p> <p>For Address Type Codes 3, 4 and 5; report "99999".</p> <p>Refer to the Data Reporting Handbook for further instructions.</p> | | | |
| 17 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> | AN | 184-195 | 12 |
| 18 | <p>EMAIL ADDRESS <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report the email address of this address if reported on the policy.</p> <p>If additional bytes are needed continue in positions 237-253 of this record.</p> | AN | 196-217 | 22 |
| 19 | <p>FOREIGN ADDRESS INDICATOR <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i></p> <p>Report the applicable indicator code.</p> <p>This field is only applicable to Address Type Code 1.</p> <p>If reporting "Y", enter the Country Code in positions 235-236.</p> <p>Code Description</p> <p>N Reported address is inside the US.</p> <p>Y Reported address is outside the US (e.g., Canada, Japan)</p> | A | 218-218 | 1 |
| 20 | <p>GEOGRAPHIC AREA <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i></p> <p>Report the revised Geographic Area (province, state, etc.) when foreign address should be reported.</p> | A | 219-234 | 16 |
| 21 | <p>COUNTRY CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, NJ, PA</i></p> <p>Report the revised Country Code when a foreign address is being reported.</p> | A | 235-236 | 2 |
| 22 | <p>EMAIL ADDRESS - CONTINUED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> <i>OPTIONAL: CA</i></p> <p>Report any additional characters of the email address of this address if reported on the policy.</p> | AN | 237-253 | 17 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 23 | <p>ADDRESS REVISION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the code that describes the action to be taken regarding the reported address.</p> <p>The Address is in positions 73-173.</p> <p>Locations may not be changed by submitting a net replacement (one record for every address) of all addresses on a policy.</p> <p>To change an address, submit two records, one deleting the address requiring the change and one adding the correct address. Deleted will process first.</p> <p>This field is only required for changes to addresses with Address Type Code (position 71) values 2, 4 or 6.</p> <p>Code Description</p> <p>A Add Address of Location to Policy</p> <p>D Delete Address of Location From Policy</p> | A | 254-254 | 1 |
| 24 | <p>NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 25 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 26 | <p>NAME LINK COUNTER IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA</i></p> <p>Report the identifier from the Name Record that corresponds to this particular Address Record.</p> | AN | 295-296 | 2 |
| 27 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NCCI, PA</i></p> | AN | 297-300 | 4 |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>DESCRIPTION OF WORK <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report a description of the work.</p> | AN | 201-240 | 40 |
| 11 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> | AN | 241-254 | 14 |
| 12 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 13 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 14 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i></p> | AN | 295-300 | 6 |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | disease for the policy period. | | | |
| 15 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 141-254 | 114 |
| 16 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 17 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 18 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Format YYMMDD. | | | |
| 10 | PREMIUM REDUCTION PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | N | 137-140 | 4 |
| | Report the proportion of the discount a carrier provides to the insured that is meant to be used with an approved managed care program or preferred provider. | | | |
| | There is an assumed decimal point between positions 138 and 139. | | | |
| 11 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 141-254 | 114 |
| 12 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 13 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |
| 14 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> | AN | 295-300 | 6 |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 10 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 82-254 | 173 |
| 11 | NAME OF INSURED <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 12 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 295-300 | 6 |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 10 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 191-254 | 64 |
| 11 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 12 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT - PENNSYLVANIA RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

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

Report "37".

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "BI".

| | | | | |
|---|--------------------------------|----|-------|---|
| 4 | RESERVED FOR FUTURE USE | AN | 48-50 | 3 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|---------------------------|----|-------|---|
| 5 | ENDORSEMENT NUMBER | AN | 51-58 | 8 |
|---|---------------------------|----|-------|---|

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

Report WC370310.

| | | | | |
|---|---|---|-------|---|
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) | A | 59-59 | 1 |
|---|---|---|-------|---|

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

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

| | | | | |
|---|-----------------------------------|----|-------|----|
| 7 | CARRIER VERSION IDENTIFIER | AN | 60-70 | 11 |
|---|-----------------------------------|----|-------|----|

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

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

| | | | | |
|---|---------------------------------|----|-------|---|
| 8 | TYPE OF CORPORATION CODE | AN | 71-71 | 1 |
|---|---------------------------------|----|-------|---|

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

Report the code designating the type of corporation in which the officer(s) named has ownership or serves voluntarily.

Code Description

C Subchapter C

S Subchapter S

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | V Voluntary in Non-profit Corporation | | | |
| 9 | NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 72-111 | 40 |
| | Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed. | | | |
| 10 | OFFICE HELD <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 112-120 | 9 |
| | Report the executive officer's elected position. This is a recurring field. Repeat as needed. | | | |
| 11 | PERCENTAGE OF OWNERSHIP INTEREST <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | N | 121-125 | 5 |
| | Report the portion of the business owned; expressed as part of a hundred. This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 123 and 124. | | | |
| 12 | NAME OF OFFICER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 126-165 | 40 |
| | Report the name of the executive officer who is to be excluded. This is a recurring field. Report as needed. | | | |
| 13 | OFFICE HELD <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | AN | 166-174 | 9 |
| | Report the executive officer's elected position. This is a recurring field. Report as needed. | | | |
| 14 | PERCENTAGE OF OWNERSHIP INTEREST <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> | N | 175-179 | 5 |
| | Report the portion of the business owned; expressed as part of a hundred. This is a recurring field. Report as needed. There is an assumed decimal point between positions 177 and 178. | | | |
| 15 | NAME OF OFFICER | AN | 180-219 | 40 |

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

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Format YYMMDD. | | | |
| 10 | NAME OF EMPLOYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the employer. | AN | 117-156 | 40 |
| 11 | NATURE OF BUSINESS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report a brief description of the insured's business. | AN | 157-176 | 20 |
| 12 | ADDRESS OF POST OFFICE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the post office mailing address of the insured. | AN | 177-216 | 40 |
| 13 | POLICY EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the policy became effective. Format YYMMDD. | N | 217-222 | 6 |
| 14 | POLICY EXPIRATION DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the policy expires. Format YYMMDD. | N | 223-228 | 6 |
| 15 | NOTICE SENT TO CHAIRPERSON DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the date that the cancellation notice was sent to the chairperson. Format YYMMDD. | N | 229-234 | 6 |
| 16 | REASON FOR PARTIAL CANCELLATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the reason for the partial cancellation of the policy. | AN | 235-264 | 30 |
| 17 | NAME OF CARRIER IF INSURED ELSEWHERE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the insurer if the partially cancelled policy is insured elsewhere. | AN | 265-288 | 24 |
| 18 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 289-294 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 19 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 295-300 | 6 |

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | 127. | | | |
| 16 | ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 129-138 | 10 |
| | Report the amount that represents the estimated premium amount of excess medical coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 17 | CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 139-142 | 4 |
| | Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 18 | ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 143-152 | 10 |
| | Report the amount that represents the estimated exposure amount of excess medical coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 19 | EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 153-157 | 5 |
| | Report the class rate for excess medical coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | There is an assumed decimal point between positions 155 and 156. | | | |
| 20 | ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 158-167 | 10 |
| | Report the amount that represents the estimated premium amount of excess medical coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 21 | CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 168-171 | 4 |
| | Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction. | | | |
| | This is a recurring field. Repeat as needed. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 22 | <p>ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the amount that represents the estimated exposure amount of excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 172-181 | 10 |
| 23 | <p>EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the class rate for excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 184 and 185.</p> | N | 182-186 | 5 |
| 24 | <p>ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the amount that represents the estimated premium amount of excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 187-196 | 10 |
| 25 | <p>CLASSIFICATION CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation or the statistical code defined by the jurisdiction.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 197-200 | 4 |
| 26 | <p>ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the amount that represents the estimated exposure amount of excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p> | N | 201-210 | 10 |
| 27 | <p>EXCESS MEDICAL RATE PER \$100 OF REMUNERATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the class rate for excess medical coverage.</p> <p>This is a recurring field. Repeat as needed.</p> <p>There is an assumed decimal point between positions 213 and 214.</p> | N | 211-215 | 5 |
| 28 | <p>ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT</p> | N | 216-225 | 10 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 35 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 295-300 | 6 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the percentage discount applied to the first premium discount layer. There is an assumed decimal point between positions 76 and 77. | | | |
| 10 | SECOND (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 78-81 | 4 |
| | Report the second discount layer used to determine the total premium. Report the amount in thousands of dollars. | | | |
| 11 | SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 82-84 | 3 |
| | Report the percentage discount applied to the second premium discount layer. There is an assumed decimal point between positions 83 and 84. | | | |
| 12 | THIRD (NEXT) PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 85-88 | 4 |
| | Report the portion of the policy premium using the third premium discount layer. Report amount in thousands of dollars. | | | |
| 13 | THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 89-91 | 3 |
| | Report the percentage discount applied to the third premium discount layer. There is an assumed decimal point between positions 90 and 91. | | | |
| 14 | BALANCE PREMIUM DISCOUNT LAYER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 92-95 | 4 |
| | Report the amount of premium over the last layer used to determine the premium discount. Enter amount in thousands of dollars. | | | |
| 15 | BALANCE PREMIUM DISCOUNT PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 96-98 | 3 |
| | Report the premium discount percentage that applies to premium balance. There is an assumed decimal point between positions 97 and 98. | | | |
| 16 | AVERAGE PERCENTAGE DISCOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 99-101 | 3 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the average percentage discount used to determine the policy premium. There is an assumed decimal point between positions 100 and 101. | | | |
| 17 | OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 102-119 | 18 |
| | Report the policy number identifier combined under the Discount Rule. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation. | | | |
| 18 | OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 120-137 | 18 |
| | Report the policy number identifier combined under the Discount Rule. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation. | | | |
| 19 | OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 138-155 | 18 |
| | Report the policy number identifier combined under the Discount Rule. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation. | | | |
| 20 | OTHER POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 156-173 | 18 |
| | Report the policy number identifier combined under the Discount Rule. This is a recurring field. Repeat as needed. Do not report embedded blanks or marks of punctuation. | | | |
| 21 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 174-254 | 81 |
| 22 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Transaction Code 03. | | | |
| 23 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 24 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|--|-------|----------|-------|
| EXCLUSION FOR DESIGNATED OFFICERS AND EMPLOYEES OF FIRE/AMBULANCE DISTRICTS ENDORSEMENT - NEW YORK RECORD | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31". | N | 44-45 | 2 |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CG". | AN | 46-47 | 2 |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310602 or WC310611. | AN | 51-58 | 8 |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | A | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 8 | OFFICER, EMPLOYEE OR CLASS THEREOF <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the name of the person or class of persons excluded from coverage. This is a recurring field. Repeat as needed. | AN | 71-110 | 40 |
| 9 | OFFICER, EMPLOYEE OR CLASS THEREOF <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 111-150 | 40 |

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

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

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

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the address of the client for Endorsement WC310318. | | | |
| | Report the address of the labor contractor for Endorsement WC310317. | | | |
| 10 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 221-254 | 34 |
| 11 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 12 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 10 | NAME OF ADDITIONAL PARTNER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 141-175 | 35 |
| | Report the name of an additional partner. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 11 | NAME OF ADDITIONAL PARTNER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 176-210 | 35 |
| | Report the name of an additional partner. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 12 | NAME OF ADDITIONAL PARTNER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 211-245 | 35 |
| | Report the name of an additional partner. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 246-254 | 9 |
| 14 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 15 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |
| 16 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 16 | <p>PREMIUM REDUCTION PERCENTAGE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the proportion of the discount a carrier provides to the insured for Endorsement WC310403.</p> <p>There is an assumed decimal point between positions 226 and 227.</p> | N | 225-228 | 4 |
| 17 | <p>PREMIUM AMOUNT TOTAL <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the policy premium amount.</p> | N | 229-238 | 10 |
| 18 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> | AN | 239-254 | 16 |
| 19 | <p>NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 20 | <p>ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 21 | <p>RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

**FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE
 ENDORSEMENT - NEW YORK RECORD**

| | | | | |
|---|--|----|--------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "31". | N | 44-45 | 2 |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report "CN". | AN | 46-47 | 2 |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report WC310617. | AN | 51-58 | 8 |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | A | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 8 | FOREIGN VOLUNTARY COVERAGE PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report the premium amount for Repatriation Expenses and EL Increased Limits (if applicable). | N | 71-80 | 10 |
| 9 | NAME OF EMPLOYEE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> Report all or a portion of the name of the employee as accommodated by this field. | AN | 81-114 | 34 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | This is a recurring field. Repeat as needed. | | | |
| 10 | STATE OR COUNTRY OF OPERATIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | A | 115-144 | 30 |
| | Report the state or country where employees are traveling or temporarily reside. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 11 | DESIGNATED WORKERS COMPENSATION LAW <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | A | 145-146 | 2 |
| | Report the U.S. postal abbreviation of the appropriate state. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 12 | NAME OF EMPLOYEE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 147-180 | 34 |
| | Report all or a portion of the name of the employee as accommodated by this field. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 13 | STATE OR COUNTRY OF OPERATIONS <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | A | 181-210 | 30 |
| | Report the state or country where employees are traveling or temporarily reside. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 14 | DESIGNATED WORKERS COMPENSATION LAW <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | A | 211-212 | 2 |
| | Report the U.S. postal abbreviation of the appropriate state. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 15 | EXCLUDED COUNTRY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | A | 213-242 | 30 |
| | Report the country that is excluded from coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 16 | EXCLUDED COUNTRY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | A | 243-272 | 30 |
| | Report the country that is excluded from coverage. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| 17 | RESERVED FOR FUTURE USE | AN | 273-288 | 16 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | | | |
| 18 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 19 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</i> | AN | 295-300 | 6 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (DESIGNATED EMPLOYEE/OPERATION/LOCATION COVERAGE/EXCLUSIONS) - CALIFORNIA RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

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

Report "04".

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "DM".

| | | | | |
|---|--------------------------------|----|-------|---|
| 4 | RESERVED FOR FUTURE USE | AN | 48-50 | 3 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|---------------------------|----|-------|---|
| 5 | ENDORSEMENT NUMBER | AN | 51-58 | 8 |
|---|---------------------------|----|-------|---|

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

Report the type of change by reporting the corresponding Standard Form Number.

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

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

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

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

WC040343 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) at Designated Location(s) Exclusion Endorsement.

WC040344 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) at Designated Location(s) Coverage

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Endorsement. | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 71-72 | 2 |
| | Report the unique number that will distinguish this record from similar endorsement forms. The first endorsement will always begin with "01". | | | |
| 9 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | | 73-73 | 1 |
| 10 | NAME OF EMPLOYEE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 74-103 | 30 |
| | Report the name of the employee being excluded on WC040338. If multiple employees are being excluded, report multiple records. | | | |
| 11 | NAME OF OPERATION <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 104-133 | 30 |
| | Report the name of the operation being included for WC040340 or WC040344. Report the name of the operation being excluded for WC040341, WC040342, or WC040343. | | | |
| 12 | OPERATION TITLE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> | AN | 134-153 | 20 |
| | Report the title of the operation being included for WC040340. Report the title of the operation being excluded for WC040341. | | | |
| 13 | ADDRESS OF LOCATION <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 154-213 | 60 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the location of the operation being included for WC040340 or WC040344. | | | |
| | Report the name of the operation being excluded for WC040341 or WC040343. | | | |
| 14 | CLASSIFICATION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 214-217 | 4 |
| | Report the classification code of the operation being excluded WC040342 or WC040343. | | | |
| | Report the classification code of the operation being included for WC040344. | | | |
| | If multiple classifications are being included or excluded, report multiple records. | | | |
| 15 | CLASSIFICATION WORDING SUFFIX <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> | AN | 218-219 | 2 |
| | Report the suffix that will provide a cross-reference to the Manual classification wording. | | | |
| | Report the classification suffix of the operation being excluded for WC040342 or WC040343. | | | |
| | Report the classification suffix of the operation being included for WC040344. | | | |
| 16 | CLASSIFICATION WORDING <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 220-249 | 30 |
| | Report the abbreviated classification wording of the operation being excluded for WC040342 or WC040343. | | | |
| | Report the abbreviated classification wording of the operation being included for WC040344. | | | |
| 17 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 250-252 | 3 |
| 18 | ENDORSEMENT SEQUENCE NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 253-254 | 2 |
| | Report the number used to determine the proper sequence of multiple records with the same endorsement serial number. | | | |
| | The first record will always begin with "01". | | | |
| 19 | NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | | | |
| 20 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 21 | ENDORSEMENT EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement expires on the policy. Format YYMMDD. | N | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (ALTERNATE COVERAGE INFORMATION) - CALIFORNIA RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

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

Report "04".

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "DO".

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

| | | | | |
|---|--------------------------------|----|-------|---|
| 4 | RESERVED FOR FUTURE USE | AN | 48-50 | 3 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|---------------------------|----|-------|---|
| 5 | ENDORSEMENT NUMBER | AN | 51-58 | 8 |
|---|---------------------------|----|-------|---|

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

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

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

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

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

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

WC040342 for ENDORSEMENT AGREEMENT LIMITING

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | AND RESTRICTING THIS INSURANCE. Designated Operation(s) Exclusion. | | | |
| | WC040343 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) At Designated Location(s) Exclusion. | | | |
| | WC040344 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE. Designated Operation(s) At Designated Location(s) Coverage. | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | ENDORSEMENT SERIAL NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 71-72 | 2 |
| | Report the unique number that will distinguish this record from similar endorsement forms. | | | |
| | If the alternate coverage information is in correlation with a form using a DM record use the same number as used on the Record Type Code DM. Otherwise report as 01. | | | |
| 9 | NAME OF INSURED FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> | AN | 73-132 | 60 |
| | Report the primary named insured for the policy providing alternate coverage. | | | |
| 10 | INSURER CODE FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> | N | 133-137 | 5 |
| | Report the insurer code for the policy providing alternate coverage if known. | | | |
| | If you do not know the Insurer Code for the Alternate Coverage, reports zeros and submit the Name of Insurer for the Alternate Coverage. | | | |
| 11 | NAME OF INSURER FOR THE ALTERNATE COVERAGE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: CA</i> | AN | 138-167 | 30 |

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | documents. | | | |
| 9 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 151-161 | 11 |
| 10 | GROUP INSURANCE EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the group insurance application is effective. Format YYMMDD. | N | 162-167 | 6 |
| 11 | GROUP INSURANCE EXPIRATION DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the group insurance application expires. Format YYMMDD. | N | 168-173 | 6 |
| 12 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 174-254 | 81 |
| 13 | NAME OF INSURED <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 14 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 15 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|---|-------|----------|-------|
| DEDUCTIBLE ENDORSEMENT (SMALL OR LARGE) | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | | 1-43 | 43 |
| | Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | | |
| 2 | STATE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 44-45 | 2 |
| | Report "04". | | | |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 46-47 | 2 |
| | Report "DR". | | | |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 51-58 | 8 |
| | Report WC040602 or WC040603. | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | DEDUCTIBLE AMOUNT PER ACCIDENT <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 71-79 | 9 |
| | Report the loss amount by accident or for each occurrence to be paid by the insured, as defined by the deductible program. | | | |
| 9 | DEDUCTIBLE AMOUNT - AGGREGATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 80-88 | 9 |
| | 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 | | | |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 16 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 295-300 | 6 |

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| 10 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 201-254 | 54 |
| 11 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 12 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 13 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

WISCONSIN EMPLOYEE LEASING ENDORSEMENT - WISCONSIN RECORD

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

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

Report "48".

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "EC".

| | | | | |
|---|--------------------------------|----|-------|---|
| 4 | RESERVED FOR FUTURE USE | AN | 48-50 | 3 |
|---|--------------------------------|----|-------|---|

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

| | | | | |
|---|---------------------------|----|-------|---|
| 5 | ENDORSEMENT NUMBER | AN | 51-58 | 8 |
|---|---------------------------|----|-------|---|

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

Report WC480314, WC480315, WC480317 or WC480318.

| | | | | |
|---|---|---|-------|---|
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) | A | 59-59 | 1 |
|---|---|---|-------|---|

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

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

| | | | | |
|---|-----------------------------------|----|-------|----|
| 7 | CARRIER VERSION IDENTIFIER | AN | 60-70 | 11 |
|---|-----------------------------------|----|-------|----|

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

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

| | | | | |
|---|---|----|--------|----|
| 8 | NAME OF CLIENT OR NAME OF LABOR CONTRACTOR | AN | 71-130 | 60 |
|---|---|----|--------|----|

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

Report the name.

For Endorsement Number WC480314, report the client company name.

For Endorsement Number WC480315, report the employee leasing company name.

For Endorsement Number WC480317, report the labor contractor

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | name. | | | |
| 9 | ADDRESS - STREET <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the street number and name, post office box, or other description. For Endorsement Number WC480314, report the client company address. For Endorsement Number WC480315, report the employee leasing company address. For Endorsement Number WC480317, report the labor contractor address. For Endorsement Number WC480318, report the client company mailing street address. | AN | 131-190 | 60 |
| 10 | ADDRESS - CITY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the city name. For Endorsement Number WC480314, report the client company address city. For Endorsement Number WC480315, report the employee leasing company address city. For Endorsement Number WC480317, report the labor contractor address city. For Endorsement Number WC480318, report the client company mailing address city. | AN | 191-220 | 30 |
| 11 | ADDRESS - STATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the US Postal Service abbreviation for the state. For Endorsement Number WC480314, report the client company address state. For Endorsement Number WC480315, report the employee leasing company address state. For Endorsement Number WC480317, report the labor contractor address state. For Endorsement Number WC480318, report the client company mailing address state. | AN | 221-222 | 2 |
| 12 | ADDRESS - ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 223-231 | 9 |

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

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | the policy. | | | |
| 19 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|--|-------|----------|-------|
| WISCONSIN FRANCHISOR-FRANCHISEE COVERAGE ENDORSEMENT | | | | |
| 1 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | | 0-0 | 1 |
| 2 | LINK DATA <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | AN | 1-43 | 43 |
| 3 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48". | N | 44-45 | 2 |
| 4 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "EG". | AN | 46-47 | 2 |
| 5 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | | 48-50 | 3 |
| 6 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "WC480320". | AN | 51-58 | 8 |
| 7 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | A | 59-59 | 1 |
| 8 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 9 | NAME OF FRANCHISEE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name of the Franchisee. | AN | 71-130 | 60 |
| 10 | ADDRESS - STREET <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 131-190 | 60 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Report the street number and name, post office box, or other description. | | | |
| 11 | ADDRESS - CITY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 191-220 | 30 |
| | Report the City Name. | | | |
| 12 | ADDRESS - STATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 221-222 | 2 |
| | Report the US Postal Service abbreviation for the state. | | | |
| 13 | ADDRESS - ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 223-231 | 9 |
| | Report the US Postal Service zip code. | | | |
| 14 | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 232-240 | 9 |
| | Report the Federal Employer Identification Number corresponding to the name being reported. | | | |
| 15 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 241-275 | 35 |
| 16 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | | 276-288 | 13 |
| 17 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 289-294 | 6 |
| | Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | | | |
| 18 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|-------|----------|-------|
| WISCONSIN FRANCHISOR-AGREEMENT TERMINATION ENDORSEMENT | | | | |
| 1 | LINK DATA Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "48". | N | 44-45 | 2 |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "EH". | AN | 46-47 | 2 |
| 4 | RESERVED FOR FUTURE USE | | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report "WC480321". | AN | 51-58 | 8 |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | A | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 8 | NAME OF FRANCHISOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the Name of the Franchisor. | AN | 71-130 | 60 |
| 9 | NAME OF FRANCHISEE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the name of the Franchisee. | AN | 131-190 | 60 |
| 10 | TERMINATION EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the Franchisee Termination Effective Date. | N | 191-196 | 6 |
| 11 | ENTITIES RECEIVING THIS FORM | AN | 197-248 | 52 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|-------|----------|-------|
| WISCONSIN EMPLOYEE LEASING COMPANY LEASED EMPLOYEE INCLUSION ENDORSEMENT | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 1-43 | 43 |
| | Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | | |
| 2 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | N | 44-45 | 2 |
| | Report the code of the state covered by this endorsement record. | | | |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | A | 46-47 | 2 |
| | Report "EI". | | | |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 51-58 | 8 |
| | Report "WC480322". | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | NAME OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 71-130 | 60 |
| | Report all or a portion of the name of the Labor Contractor as accommodated by this field. | | | |
| 9 | POLICY NUMBER OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 131-148 | 18 |
| | Report the policy number of the Labor Contractor. | | | |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OF LABOR CONTRACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the Federal Employer Identification Number corresponding to the Labor Contractor being reported. | N | 149-157 | 9 |
| 11 | ADDRESS OF LABOR CONTRACTOR - STREET <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the street number and name, post office box, or other description. | AN | 158-213 | 56 |
| 12 | ADDRESS OF LABOR CONTRACTOR - CITY <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the City Name. | AN | 214-243 | 30 |
| 13 | ADDRESS OF LABOR CONTRACTOR - STATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the US Postal Service abbreviation for the state. | AN | 244-245 | 2 |
| 14 | ADDRESS OF LABOR CONTRACTOR - ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the US Postal Service zip code. | AN | 246-254 | 9 |
| 15 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report all or a portion of the name of the insured as accommodated by this field. | AN | 255-288 | 34 |
| 16 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 17 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|--|---|-------|----------|-------|
| MASSACHUSETTS EMPLOYEE LEASING ENDORSEMENT - MASSACHUSETTS RECORD | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | | 1-43 | 43 |
| | Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | | |
| 2 | STATE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 44-45 | 2 |
| | Report "20". | | | |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 46-47 | 2 |
| | Report "FA". | | | |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 51-58 | 8 |
| | Report WC200304 (Client), WC200308 (PEO Extension) or WC000322 (PEO Client Exclusion). | | | |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | A | 59-59 | 1 |
| | Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | | | |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 60-70 | 11 |
| | Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | | | |
| 8 | NAME OF CLIENT OR PEO <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | AN | 71-150 | 80 |
| | For endorsement WC200304, report the client name. | | | |
| | For endorsement WC200308, report the PEO name. | | | |
| | For endorsement WC000322, report the PEO name. | | | |
| 9 | CLIENT OR PEO FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) | N | 151-159 | 9 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>For endorsement WC200304, report the client FEIN.</p> <p>For endorsement WC200308, report the PEO FEIN.</p> <p>For endorsement WC000322, report the PEO FEIN.(Optional).</p> | | | |
| 10 | <p>ADDRESS OF CLIENT OR PEO – STREET</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>For endorsement WC200304, report the client street number and name, post office box, or other description.</p> <p>For endorsement WC200308, report the PEO street number and name, post office box, or other description.</p> <p>For endorsement WC000322, report the PEO street number and name, post office box, or other description.</p> | AN | 160-219 | 60 |
| 11 | <p>ADDRESS OF CLIENT OR PEO - CITY</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>For endorsement WC200304, report the client city name.</p> <p>For endorsement WC200308, report the PEO city name.</p> <p>For endorsement WC000322, report the PEO city name.</p> | AN | 220-249 | 30 |
| 12 | <p>ADDRESS OF CLIENT OR PEO - STATE</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>For endorsement WC200304, report the U.S. Postal Service abbreviation for the client state.</p> <p>For endorsement WC200308, report the U.S. Postal Service abbreviation for the PEO state.</p> <p>For endorsement WC000322, report the U.S. Postal Service abbreviation for the PEO state.</p> | AN | 250-251 | 2 |
| 13 | <p>ADDRESS OF CLIENT OR PEO - ZIP CODE</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>For endorsement WC200304, report the client postal or zip code.</p> <p>For endorsement WC200308, report the PEO postal or zip code.</p> <p>For endorsement WC000322, report the PEO postal or zip code.</p> | AN | 252-260 | 9 |
| 14 | <p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> | AN | 261-294 | 34 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | For endorsement WC200304, report the Leasing Company or PEO name. | | | |
| | For endorsement WC200308, report the client name. | | | |
| | For endorsement WC000322, report the client name. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 15 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI</i> | N | 295-300 | 6 |
| | Report the date that the endorsement becomes effective on the policy. | | | |
| | Format YYMMDD. | | | |

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

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

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 10 | <p>CLASSIFICATION WORDING</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report all or a portion of the classification code wording as accommodated by this field.</p> | AN | 165-211 | 47 |
| 11 | <p>ESTIMATED EXPOSURE AMOUNT</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the amount that is the basis for determining premium on a per classification level.</p> <p>Exposure amount is normally on a payroll basis.</p> <p>Exceptions include per capita, seat surcharge, etc. Refer to the Minnesota Statistical Plan Manual for classification code exceptions.</p> <p>For non-payroll exposure, report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point. For non-payroll exposure amounts, there is an assumed decimal point between positions 220 and 221.</p> <p>For payroll exposure, report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.</p> | N | 212-221 | 10 |
| 12 | <p>RATE/CHARGED RATE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the charge per unit of exposure for each classification.</p> <p>There is an assumed decimal point between positions 225 and 226.</p> | N | 222-228 | 7 |
| 13 | <p>MINIMUM PREMIUM AMOUNT</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the lowest amount of premium required for coverage being provided.</p> | N | 229-238 | 10 |
| 14 | <p>ESTIMATED ANNUAL PREMIUM AMOUNT</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the premium amount corresponding to the classification.</p> <p>For non-exposure classifications the premium is defined by the classification/statistical code.</p> <p>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.</p> | N | 239-248 | 10 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | For other than payroll exposure classifications the premium is the exposure amount times the manual/charged rate. | | | |
| 15 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 249-254 | 6 |
| 16 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report all or a portion of the name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03. | AN | 255-288 | 34 |
| 17 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the date that the endorsement becomes effective on the policy. Format YYMMDD. | N | 289-294 | 6 |
| 18 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 295-300 | 6 |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | Report the relatedness or connection, either by blood or marriage, to the excluded family member listed on the endorsement. | | | |
| 10 | NAME OF EXECUTIVE OFFICER OR LIMITED LIABILITY COMPANY (LLC) MANAGER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 161-220 | 60 |
| | Report the name of the individual to which the excluded family member listed on the endorsement is related. | | | |
| 11 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 221-254 | 34 |
| 12 | NAME OF INSURED <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 255-288 | 34 |
| | Report all or a portion of the name of the insured as accommodated by this field. | | | |
| | This field is required when this record is submitted using Transaction Code 03. | | | |
| 13 | ENDORSEMENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | N | 289-294 | 6 |
| | Report the date that the endorsement to the policy becomes effective. | | | |
| | Format YYMMDD. | | | |
| 14 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|--|-------|----------|-------|
| MINNESOTA EMPLOYEE LEASING ENDORSEMENT | | | | |
| 1 | LINK DATA <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record. | | 1-43 | 43 |
| 2 | STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report "22". | N | 44-45 | 2 |
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report "HC". | AN | 46-47 | 2 |
| 4 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 48-50 | 3 |
| 5 | ENDORSEMENT NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report WC220304. | AN | 51-58 | 8 |
| 6 | BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the bureau-approved version identifier that corresponds to the Endorsement Number reported. | A | 59-59 | 1 |
| 7 | CARRIER VERSION IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the identifier used by the carrier to determine the version of the endorsement applied to the policy. | AN | 60-70 | 11 |
| 8 | NAME OF CLIENT <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the name of the client. | AN | 71-120 | 50 |
| 9 | LEASING ADDRESS TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the code that identifies the address type being reported. | A | 121-121 | 1 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Code Description | | | |
| | 1 Client Mailing Address One and only one client mailing address code is required. | | | |
| | 2 Workplace Address Must report a minimum of one workplace address per endorsement. As many of these records as are needed may be reported. | | | |
| 10 | ADDRESS - STREET <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the street number and name, post office box, or other description. | AN | 122-181 | 60 |
| 11 | ADDRESS - CITY <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the city name. | AN | 182-211 | 30 |
| 12 | ADDRESS - STATE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the U.S. Postal Service abbreviation for the state. | AN | 212-213 | 2 |
| 13 | ADDRESS - ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the postal or zip code. | AN | 214-222 | 9 |
| 14 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 223-224 | 2 |
| 15 | CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the FEIN of the client. | N | 225-233 | 9 |
| 16 | CLIENT'S UNEMPLOYMENT INSURANCE (UI) NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the Minnesota State Employer Unemployment Insurance Identification Number. If the Employer is exempt from this Minnesota State requirement, report "EXEMPT". | AN | 234-248 | 15 |
| 17 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> | AN | 249-254 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| 18 | <p>NAME OF INSURED</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report all or a portion of the name of the insured as accommodated by this field.</p> <p>This field should never have the name of the client.</p> <p>This field is required when this record is submitted using Transaction Code 03.</p> | AN | 255-288 | 34 |
| 19 | <p>ENDORSEMENT EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date that the endorsement becomes effective on the policy.</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 20 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

NONCOMPLIANCE/COMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD

| | | | | |
|---|---|--|------|----|
| 1 | LINK DATA <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> | | 1-43 | 43 |
|---|---|--|------|----|

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

| | | | | |
|---|--|---|-------|---|
| 2 | STATE CODE <i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY, PA, WI</i> | N | 44-45 | 2 |
|---|--|---|-------|---|

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

| | | | | |
|---|--|----|-------|---|
| 3 | RECORD TYPE CODE <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> | AN | 46-47 | 2 |
|---|--|----|-------|---|

Report "Z1".

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

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

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

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

Code Description

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

| | | | | |
|---|--|---|-------|---|
| 5 | PRIMARY NONCOMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i> | N | 49-50 | 2 |
|---|--|---|-------|---|

Report the code that identifies the primary reason for noncompliance.

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

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | Code Description | | | |
| | 01 Nonpayment of Amount Billed at Final Audit | | | |
| | 02 Nonpayment – Dispute Resolved | | | |
| | 03 Nonpayment – Default on Payment Plan (i.e. deposit, installment, or endorsement premium) | | | |
| | 04 Noncompliance – Audit | | | |
| | 05 Noncompliance – Loss Control or Inspections | | | |
| | 98 Nonpayment – Other (e.g. nonpayment of claim deductible) | | | |
| | 99 Noncompliance – Other | | | |
| 6 | ADDITIONAL NONCOMPLIANCE REASON CODE NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI OPTIONAL: MI | N | 51-52 | 2 |
| | Report additional noncompliance reason code if one exists. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | Code Description | | | |
| | 01 Nonpayment of Amount Billed at Final Audit | | | |
| | 02 Nonpayment – Dispute Resolved; Debt not Paid | | | |
| | 03 Nonpayment – Default on Payment Plan (i.e. deposit, installment, or endorsement premium) | | | |
| | 04 Noncompliance – Audit | | | |
| | 05 Noncompliance – Loss Control or Inspections | | | |
| | 98 Nonpayment – Other (e.g. nonpayment of claim deductible) | | | |
| | 99 Noncompliance – Other | | | |
| 7 | ADDITIONAL NONCOMPLIANCE REASON CODE NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI OPTIONAL: MI | N | 53-54 | 2 |
| | Report additional noncompliance reason code if one exists. | | | |
| | This is a recurring field. Repeat as needed. | | | |
| | Code Description | | | |
| | 01 Nonpayment of Amount Billed at Final Audit | | | |
| | 02 Nonpayment – Dispute Resolved; Debt not Paid | | | |

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

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | 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 | | | |
| 08 | Compliance of Nonpayment - Due to Carrier Error on Last Compliance for Nonpayment N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI | | | |
| 97 | Compliance of Nonpayment N/A: DE, MA, MN, NC | | | |
| 98 | Compliance of Nonpayment – Other N/A: NCCI | | | |
| 99 | Compliance - Other | | | |

11 **ADDITIONAL COMPLIANCE REASON CODE** N 67-68 2
NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI
OPTIONAL: MI

Report additional compliance reason code if one exists.

This is a recurring field. Repeat as needed.

Code Description

| | |
|----|--|
| 01 | Compliance of Nonpayment - Paid in Full N/A: NCCI |
| 02 | Compliance of Nonpayment – Payment Plan N/A: NCCI |
| 03 | Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI |
| 04 | Compliance of Nonpayment - Audit to Zero N/A: NCCI |
| 05 | Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI |
| 06 | Compliance of Audit |
| 07 | Compliance of Loss Control or Inspections |
| 97 | Compliance of Nonpayment N/A: DE, MA, MN, NC |
| 98 | Compliance of Nonpayment – Other N/A: NCCI |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

| | | | | |
|----|--|---|-------|---|
| | 99 Compliance - Other | | | |
| 12 | ADDITIONAL COMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i> | N | 69-70 | 2 |

Report additional compliance reason code if one exists.
 This is a recurring field. Repeat as needed.

Code Description

- 01 Compliance of Nonpayment - Paid in Full N/A: NCCI
- 02 Compliance of Nonpayment – Payment Plan N/A: NCCI
- 03 Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI
- 04 Compliance of Nonpayment - Audit to Zero N/A: NCCI
- 05 Compliance of Nonpayment - Bankruptcy/Creditor N/A: NCCI
- 06 Compliance of Audit
- 07 Compliance of Loss Control or Inspections
- 97 Compliance of Nonpayment N/A: DE, MA, MN, NC
- 98 Compliance of Nonpayment – Other N/A: NCCI
- 99 Compliance - Other

| | | | | |
|----|--|---|-------|---|
| 13 | ADDITIONAL COMPLIANCE REASON CODE <i>NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i> | N | 71-72 | 2 |
|----|--|---|-------|---|

Report additional compliance reason code if one exists.
 This is a recurring field. Repeat as needed.

Code Description

- 01 Compliance of Nonpayment - Paid in Full N/A: NCCI
- 02 Compliance of Nonpayment – Payment Plan N/A: NCCI
- 03 Compliance of Nonpayment - Bona-fide Dispute N/A: NCCI
- 04 Compliance of Nonpayment - Audit to Zero N/A: NCCI
- 05 Compliance of Nonpayment - Bankruptcy/Creditor

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|---|-------|----------|-------|
| | N/A: NCCI | | | |
| | 06 Compliance of Audit | | | |
| | 07 Compliance of Loss Control or Inspections | | | |
| | 97 Compliance of Nonpayment N/A: DE, MA, MN, NC | | | |
| | 98 Compliance of Nonpayment – Other N/A: NCCI | | | |
| | 99 Compliance - Other | | | |
| 14 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> | AN | 73-80 | 8 |
| 15 | CURRENT OUTSTANDING PREMIUM DUE AMOUNT <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i> Report the premium amount still owed to the insured. This field is required if Primary Noncompliance Reason Code is reported as “01”, “02”, “03” or “98”. | N | 81-90 | 10 |
| 16 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> | AN | 91-258 | 168 |
| 17 | NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i> Report the unique identifier sequence number used to order multiple Z1 Type Records with the same transaction issue date for the same policy. The first record will always begin with “01”. | N | 259-260 | 2 |
| 18 | RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> | AN | 261-281 | 21 |
| 19 | DCO GENERATED TRANSACTION CODE <i>NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i> Report the code identifying the transaction as DCO generated. This field is for population by the DCO only. Code Description 1 A transaction generated by a DCO. | AN | 282-282 | 1 |
| 20 | NONCOMPLIANCE EFFECTIVE DATE | N | 283-288 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|--|-------|----------|-------|
| | <p><i>NOT APPLICABLE: CA, NCCI, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i></p> <p>Report the date that the noncompliance becomes effective.</p> <p>Format YYMMDD.</p> | | | |
| 21 | <p>COMPLIANCE EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i> <i>OPTIONAL: MI</i></p> <p>Report the date that the compliance becomes effective.</p> <p>This field is required if the Noncompliance/Compliance Notification Type Code (position 48) is "2".</p> <p>Format YYMMDD.</p> | N | 289-294 | 6 |
| 22 | <p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: CA, NJ, NY, PA, WI</i></p> | AN | 295-300 | 6 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|-----------|-------------------------|-------|----------|-------|
|-----------|-------------------------|-------|----------|-------|

THIS RECORD IS RESERVED FOR ISO USE

| | | | | |
|---|------------------|--|------|----|
| 1 | LINK DATA | | 1-43 | 43 |
|---|------------------|--|------|----|

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

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

| | | | | |
|---|-------------------|---|-------|---|
| 2 | STATE CODE | N | 44-45 | 2 |
|---|-------------------|---|-------|---|

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

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

| | | | | |
|---|-------------------------|----|-------|---|
| 3 | RECORD TYPE CODE | AN | 46-47 | 2 |
|---|-------------------------|----|-------|---|

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

Report "ZZ".

| | | | | |
|---|--------------------------------|----|--------|-----|
| 4 | RESERVED FOR FUTURE USE | AN | 48-300 | 253 |
|---|--------------------------------|----|--------|-----|

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

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